

Bundle Finance and Performance OPEN 17 March 2026

Agenda attachments

- Item 00 FPC Agenda 17 March 2026 – Public updated 130326
- 0 09:30 – OPENING ITEMS
- 1 Chair's Welcome, Apologies and Quorum
- 2 Declarations of Interest
- 3 Minutes of the last meeting: 20 January 2026
Item 03 Draft OPEN FPC Minutes 20 January 2026
- 4 Action Log & Matters Arising
Item 04 Action Log
Item 04.1 Finance and Performance Committee Highlight Report 20 January 2026
- 4.1 FOR APPROVAL, ASSURANCE AND DISCUSSION
- 5 09:35 – Integrated Medium Term Plan (IMTP) 2026–29 including Financial Plan 2026–27
Item 05 IMTP 2026–29 Finance & Performance Committee paper March FINAL
Item 05.1 Appendix 1 – WAST_IMTP 26–29 v0.2 (DRAFT)
Item 05.2 Appendix 2 – Challenges and opportunities 26–29 v0.1
Item 05.3 Appendix 3 – IMTP 2629 Deliverables Cross-Referencing Matrix V0.4
Item 05.4 Appendix 4 – Strategic Objective 2 (DRAFT) Plan on a Page example V0.1
Item 05.5 Appendix 5 – EQIA IMTP 26–29 v0.1 DRAFT
Item 05.6 Appendix 6 – Financial plan 2026–27
- 6 09:55 – WAST Initial Revenue Budget 2026/27
Item 06 WAST Initial Revenue Budget 2026 27
- 7 10:10 – Finance Report Month 10, 2025/26 and Financial Position for Month 11, 2025/26
The following papers are available to view in the Reading Room:
– Monitoring Return Month 10 2025–26
– Month 10 2025–26 Day 9 tables
Item 07 Finance Report Month 10 25–26 Final
- 8 10:20 – Financial Sustainability Report
Item 08 Financial Sustainability Report
- 9 10:30 – Internal Audit Report: Budget Setting
Item 09 Internal Audit Report – Budget Setting
Item 09.1 Annex 1 Budget Setting Final Internal Audit Report
- 10 10:35 – Integrated Medium Term Plan (IMTP) Delivery /Assurance Update 2025/26
Item 10 FPC_IMTP 2025_26 Mid-Point Q4 Assurance Paper_March 2026 V0.1 Final
- 11 10:50 – Internal Audit Report: CMT Programme Management
Item 11 Internal Audit Report CMT Programme Management
Item 11.1 Annex 1 CMTP Final Internal Audit Report
- 11.1 11:00 – Comfort Break
- 12 11:15 – Rurality [DEEFERRED TO MAY 2026, item removed 130326]
- 13 11:15 – Monthly Integrated Quality Performance Report
Item 13 MIQPR SBARN FPC January February 2026
Item 13 Annex 1 MIQPR FPC January February 2026
- 14 11:30 – Digital Reporting
Item 14 Digital Reporting Mar 26
Item 14.1 Appendix 1 – Digital Reporting March 2026 – Metrics
- 15 11:40 – Information Governance Reporting March 2026
Item 15 Information Governance Reporting Mar 26
- 16 11:50 – Committee Annual Report 2025/26 and Cycle of Business 2026/27
Item 16 FPC 2025–26 Quality and Governance Review
Item 16.1 Annex 1 Draft FPC Annual Report 2025–26
Item 16.2a Annex 2 FPC Cycle of Business 2026–27 for approval by FPC 170326
Item 16.2b Annex 2 FPC Cycle of Business 2026–27 for approval by FPC 170326 cycle notes

- 17 12:00 – Risk Management Report
Item 17 Risk Management Report
- 18 12:05 – Audit Tracker 2025–26 Q3 Reporting
Item 18 Audit Tracker 25–26 Q3 Reporting (Oct–Dec25)
Item 18.1 Annex 1 – Audit Tracker 3.0 (excel) – Internal Audit Q3 Updates – Mar26 FPC (Public)
Item 18.2 Annex 2 – Audit Tracker 3.0 (excel) – External Audit Q3 Updates – Mar26 FPC (Public)
- 19 12:15 – CCTV and Surveillance Systems Policy Summary
Item 19 CCTV and Surveillance Systems Policy
Item 19.1 Annex 1 CCTV and Surveillance Systems Policy v0
- 19.1 CONSENT ITEMS
- 20 12:20 – Committee Cycle of Business Monitoring Report 2025/26 and Priorities
Item 20 Priorities and Cycle Monitoring Report – March 2026
Item 20.1 Annex 1 Finance and Performance Committee Cycle of Business Monitoring Report 2025–26 tab1
Item 20.1 Annex 1 Finance and Performance Committee Cycle of Business Monitoring Report 2025–26 tab2
- 20.1 12:20 – CLOSING ITEMS
- 21 Reflections
- 22 Any Other Business
- 23 Date & Time of the next meeting: 19 May 2026

Length of Meeting: 02:55		Agenda Status:	[PUBLIC] FINANCE AND PERFORMANCE COMMITTEE - 17 MARCH 2026					Deadline for Papers: 06 March 2026	
Time	Mins allotted	Agendum	Title	Format	Item for	Item requested by	Paper prepared by	Item presented by	Colleagues to cc
OPENING ITEMS									
09:30	00:05	1	Chair's Welcome, Apols and Quorum	Verbal	Information	Standing	n/a	Chair	n/a
		2	Declarations of Interest	Verbal	To State Conflicts	Standing	n/a	Chair	n/a
		3	Minutes of the last meeting: 20 January 2026	Paper	Approval	Standing	n/a	Chair	n/a
		4	Action Log & Matters Arising	Paper	Discussion	Standing	n/a	Chair	n/a
		4.1	Committee AAA Highlight Report - 20 January 2026	Paper	Discussion	Standing	n/a	Chair	Trish Mills
FOR APPROVAL, ASSURANCE AND DISCUSSION									
09:35	00:20	5	Integrated Medium Term Plan (IMTP) 2026-29 including Financial Plan 2026-27	Paper	Endorsement	CoB	SPP	Rachel Marsh	Ed Roberts, James Houston
09:55	00:15	6	WAST Initial Revenue Budget 2026/27	Paper	Endorsement	CoB	FinCor	Ed Roberts (Chris Turley)	Ed Roberts
10:10	00:10	7	Finance Report Month 10, 2025/26 Financial Position for Month 11, 2025/26	Paper Presentation	Assurance	CoB	FinCor	Ed Roberts (Chris Turley)	Ed Roberts
10:20	00:10	8	Finanical Sustainability Report	Paper	Assurance	CoB	People	Carl Kneeshaw	Sarah Parry, Richard Baxter
10:30	00:05	9	Internal Audit Report: Budget Setting 9.1 Annex 1 Budget Setting Final Internal Audit Report	Paper	Assurance	Adhoc	Gov	Ed Roberts (Chris Turley)	Ed Roberts
10:35	00:15	10	Integrated Medium Term Plan (IMTP) Delivery /Assurance Update 2026-29	Paper	Assurance	CoB	SPP	Rachel Marsh	Ed Roberts, James Houston
10:50	00:10	11	Internal Audit Report: CMT Programme Management	Paper	Assurance	Adhoc	Gov	Rachel Marsh	n/a
11:00	00:15	COMFORT BREAK							
11:15	00:00	12	Rurality (including Overruns) DEFERRED TO MAY 2026 [item removed 130326]	Paper	Assurance	Forward Planner	SPP	Rachel Marsh	Hugh Bennett, Mark Thomas, Melanie O'Connor
11:15	00:15	13	Monthly Integrated Quality Performance Report	Paper	Assurance	CoB	SPP	Rachel Marsh, Hugh Bennett	Hugh Bennett, Mark Thomas, Melanie O'Connor
11:30	00:10	14	Digital Reporting March 2026	Paper	Assurance	CoB	Digital	Keith Dorrington [Jonny Samuut]	Leanne Smith
11:40	00:10	15	Information Governance Reporting March 2026	Paper	Assurance	CoB	Digital	Keith Dorrington [Jonny Samuut]	Leanne Smith
11:50	00:10	16	Committee Annual Report 2025/26 and Cycle of Business 2026/27	Paper	Approval	CoB	Gov	Trish Mills	Alex Payne
12:00	00:05	17	Risk Management Report	Paper	Assurance	CoB	Gov	Trish Mills	Julie Boalch
12:05	00:10	18	Audit Tracker 2025-26 Q3 Reporting	Paper	Assurance	CoB	Gov	Trish Mills	Lisa Trounce
12:15	00:05	19	CCTV and Surveillance Systems Policy Summary	Paper	Approval	CoB	Gov	Trish Mills	Lisa Trounce
CONSENT ITEMS The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so.									
12:20	00:00	20	Cycle of Business Monitoring Report and Priorities Update - March 2026	Paper	Information	CoB	Gov	Trish Mills	Alex Payne
CLOSING ITEMS									
12:20	00:05	21	Reflections	Verbal	Discussion	Standing	n/a	Chair	n/a
		22	Any Other Business	Verbal	Discussion	Standing	n/a	Chair	n/a
		23	Date & Time of the next meeting: 19 May 2026	Verbal	Information	Standing	n/a	Chair	n/a
12:25	02:55	CLOSE							

LEAD PRESENTERS

Name	Position
Jayne Beeslee	Chair and Non-Executive Director
Carl Kneeshaw	Director of People
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Director of Corporate Governance/Board Secretary
Keith Dorrington	Assistant Director, Digital
Ed Roberts	Interim Assistant Director of Finance



GIG
CYMRU
NHS
WALES

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

MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 20 JANUARY 2026 IN THE CARDIFF MRD AND VIA TEAMS

Meeting started at 09:30

MEMBERS:

Jayne Beeslee	Non-Executive Director and Chair
Peter Curran	Non-Executive Director
Colin Dennis	Trust Board Chair

PRESCRIBED ATTENDEES:

Lee Brooks	Executive Director of Operations
Matthew Dugdale	Head of Commercial Development
Carl Kneeshaw	Director of People
Trish Mills	Director of Corporate Governance/Board Secretary
Hugh Parry	Trade Union Partner (Joined at Item 6)
Jonny Sammut	Director of Digital
Chris Turley	Executive Director of Finance and Corporate Resources
Liam Williams	Executive Director of Quality and Nursing

ATTENDEES:

Hugh Bennett	Assistant Director Commissioning and Performance
Julie Boalch	Assistant Director of Corporate Governance and Risk
James Fletcher	Head of Business Change and Benefits (Observing)
Sarah Harland	Corporate Governance Officer
Mark Harris	Assistant Director of Operations NEPTS (Item 5)
James Houston	Assistant Director for Planning and Transformation
Fflur Jones	Audit Wales
Osian Lloyd	Head of Internal Audit, NWSSP
Toni-Marie Norman	Business Manager (Observing)
Alex Payne	Corporate Governance Manager
Aiden Rave	Corporate Governance Institute
	(Observing, left at comfort break)
Ed Roberts	Assistant Director of Finance

APOLOGIES:

Bethan Evans	Non-Executive Director
Rachel Marsh	Executive Director of Strategy, Planning & Performance
Damon Turner	Trade Union Partner

OPENING ITEMS

1. CHAIR'S WELCOME, APOLOGIES AND QUORUM

- 1.1 Apologies from Bethan Evans, Rachel Marsh and Damon Turner were noted. It was also noted that Trade Union Representatives were in attendance virtually. Quorum was confirmed.

2. DECLARATIONS OF INTEREST

- 2.1 There were no other declarations recorded.

3. MINUTES OF PREVIOUS MEETING 18 NOVEMBER 2025

- 3.1 The minutes of the open meeting of the Finance and Performance Committee held on 18 November 2025 were received and approved.

4. ACTION LOG AND MATTERS ARISING

- 4.1 The Action Log was received and discussed, as follows:

Action 51/25 Quality and Performance Management Framework (QPMF) Logic Benefits Map Hugh Bennett provided a simplified QPMF Logic Benefits Map, approved by Rachel, Liam and Trish, which was attached to the Action Log on publication of papers. The committee were satisfied with the information provided and the action was closed. *Update at meeting* *Hugh explained that the revised benefits map has been simplified for committee use by replacing the previous complex "wiring diagram" with a clearer overview that highlights key inputs such as time, money and effort, alongside main activities, processes, and expected assurance mechanisms, while clarifying the framework's purpose and outcomes to better align with strategic intent and using acronyms to condense the information onto a single page.*

Action 82/55 Finance report - Shift overruns cost analysis Members reviewed the financial implications of shift overruns for the Trust and agreed that an analysis of this matter would be included in the Finance Report at the upcoming Committee meeting in January 2026. *Update for January 2026 meeting.* *Ed Roberts confirmed this will be included in the month 8 Finance Paper.*

Action 85/25 Digital Reporting Jonny Sammut suggested a future deep-dive session on AI-driven cyber threats for the committee, given the fast-moving nature of these risks and the need for better understanding and questioning, which was supported by the Chair. *Update 28 November 2025*
This action has been transferred to the closed FPC given the sensitivities around cyber. The deep dive will be scheduled for the March FPC meeting.

4.1 HIGHLIGHT REPORT 18 NOVEMBER 2025

4.1.1 The Highlight Report from the meeting held on 18 November 2025 was noted.

ITEMS FOR ASSURANCE, DISCUSSION OR APPROVAL

5. OPERATIONS UPDATE – Q3 2025/26

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

- 5.1 Lee Brooks highlighted successful participation in the COVID Inquiry and Exercise Pegasus, operational challenges with handover delays, the first operational use of the Hazardous Area Response Team (HART) drone, rapid deployment of a patient text update solution, ongoing roster review, positive results from the Falls Desk trial, and smooth implementation of the revised Ambulance Performance Framework, with no patient safety incidents attributed to the model changes.
- 5.2 Peter Curran commended the Trust on the revised Ambulance Performance Framework launch, noted the drone's cross-agency benefits, questioned 45-minute release targets, and praised improved staff survey response rates. Lee Brooks and Jonny Sammut stressed the importance of teamwork and careful management to ensure drones are used appropriately and collaboratively across emergency services.
- 5.3 Colin Dennis asked about the progress towards recruiting 290 Specialist Operational Response Team (SORT) team members, their rostering, and their importance given the single HART team, to which Lee confirmed recruitment is ongoing, staff are regular rostered members with additional skills, and while valuable, SORT is not a substitute for HART; Colin also enquired about texting to landlines, with Lee explaining technical limitations are being addressed, and asked about advanced paramedic re-rostering, with Lee stating the aim is to have more Advanced Paramedic Practitioners (APPs) on rosters when needed, though rotational models add complexity.

6. **AMBULANCE CARE CAPACITY (NEPTS)**

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 The Quality, Patient Experience and Safety Committee (QUEST) asked this committee to take a deeper dive into the action underway to address persistent high demand for Non-Emergency Patient Transport Services (NEPTS), noting the resultant level of complaints relating to unmet patient needs. Within this context, the committee's discussion on NEPTS capacity confirmed that the service continues to operate within significant limitations, with demand regularly exceeding available and funded capacity.
- 6.2 In 2025, NEPTS completed 552,602 journeys. 184,901 journeys were cancelled. Of the total demand, 7.6% was cancelled by health boards and 5.1% was cancelled by service users. Capital Management Plan (CMP) cancellations amounted to 3.9%. Members noted the impact of reduced volunteer availability, longer journey distances, and increasingly complex patient requirements, all of which contribute to cancellations, delays and poor patient experience. These issues directly align with the concerns raised through Putting Things Right (PTR) and the QuEST action regarding unmet need and potential patient harm.
- 6.3 The committee reviewed internal actions already underway, including roster optimisation, efficiency improvements and closer monitoring of activity patterns. While these measures were recognised as necessary and appropriate, the committee emphasised that they will not fully bridge the gap between capacity and rising demand. As a result, the committee concluded that system level engagement, particularly with health boards and commissioners, remains essential. Ongoing discussions through the Joint Commissioning Committee (JCC) were highlighted as key to exploring eligibility criteria, funding arrangements and wider opportunities for service redesign.
- 6.4 Non-Executive Director triangulation confirmed that these points align with their own experiences, providing further assurance that the constraints and risks are well understood and that the actions being taken are proportionate.
- 6.5 In addressing the QuEST action directly, the committee confirmed that the organisation is taking reasonable and responsible steps to mitigate patient harm and improve the service. However, the committee acknowledged that, given current demand and capacity pressures, some level of poor patient experience is likely to continue. Trish Mills said they will ensure that the AAA report is comprehensive on this topic and suggested that the QuEST

action log should link to this discussion. Trish added that the AAA will be detailed enough to give QuEST the necessary assurance, and that Liam will be present at the meeting to support this, concluding that this approach should be sufficient.

- 6.6 Osian Lloyd confirmed that an internal audit was already in progress, noting that they were just starting the early stages of fieldwork, and that a visit with Mark Harris was arranged for that week. The resulting report would come to the committee once finalised

The Committee: Noted the information provided within the report and confirmed its assurance that the Trust is taking the necessary steps to address the position with regards to the demand and capacity issues in NEPTS.

7. FINANCIAL PERFORMANCE AT MONTH 8, 2025/26

The papers for this item in relation to the financial performance at month 8, 2025/26 are in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.

- 7.1 Ed Roberts delivered an overview of his presentation for the position at month 9 2025/26. The committee heard that the month 9 financial position shows a year-to-date revenue underspend of £180,000 and a monthly surplus of £246,000. Welsh Government's decision to fund the increase in the Welsh Risk Pool forecast improved the Trust's reported position and enabled acceleration of some expenditure that would otherwise have impacted next year. The Trust continues to forecast a break-even year-end, with the capital plan progressing well against a £32 million budget. Gross savings achieved are £6.492 million, exceeding the £6.362 million target, and payment performance remains strong at 98.4%. Members commended the strong financial management demonstrated by the Trust.
- 7.2 The Chair confirmed the month nine report would go to the Trust Board, and asked about the commercialisation savings line, specifically whether the forecasted £100k would remain at zero by year end. Ed confirmed that it would remain at zero. The Chair noted this was helpful for managing expectations and linked it to future financial sustainability work.

The Committee:

- 1. Noted and were assured in relation to the Month 8 revenue financial position and performance of the Trust as at 30 November 2025;**
- 2. Noted the delivery of the 2025/16 savings plan, and the context of this within the overall financial position of the Trust;**
- 3. Noted the capital programme for 2026/26; and**

4. Noted the Month 8 Welsh Government monitoring returns submission (as required by Welsh Government).

8. MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT (MIQPR)

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 Hugh Bennett presented the MIQPR update for November/December 2025, adding clarification that the consultant close rate mentioned in the MIQPR report was not a Welsh Government target but a modelled position, correcting an error in the paper.
- 8.2 The MIQPR discussion centred on concerns about NHS 111 call abandonment rates, staff sickness absence and call answering performance against targets. Members highlighted the unusually high abandonment rate in December and questioned whether seasonal factors contributed to increased staff sickness, noting the absence of December data. The low percentage of calls answered within 60 seconds was also raised, with suggestions to include median and 95th percentile analysis for better context. In response, it was clarified that abandonment rates were linked to insufficient call handler capacity and rising demand, and that sickness absence typically increases in winter, with benchmarking showing rates in line with other ambulance sectors. Members that future reporting should consider more informative metrics, such as median and percentile measures, and that ongoing monitoring and engagement with commissioners would address capacity and performance issues.
- 8.3 The Chair asked about the purple dashboard marker for national reportable incidents and the status of the 999 Amber 1 median, seeking clarification on both. Liam clarified ongoing work on national reportable incidents and referenced the BTR recovery plan being overseen by QuEST Committee, while Hugh Bennett confirmed the 999 Amber 1 indicator would transition to new categories in the next report.
- 8.4 The committee took assurance that the MIQPR provides a consolidated, strategic view of performance across key areas and that agreed actions, such as reviewing KPIs, strengthening predictive analytics and enhancing reporting quality, are actively being progressed to improve oversight and decision-making.

The Committee: Considered the November/December 2025 Integrated Quality and Performance Report and the action being taken.

9. DIGITAL REPORTING

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 Jonny Sammut highlighted ongoing challenges with the Digital Team capacity and recruitment, the impact of market competitiveness on filling technical roles, and progress on AI governance and national digital initiatives; while also noting positive developments such as award recognition for the Albot virtual agent.
- 9.2 Members asked Jonny about specific risks to digital strategy from recruitment difficulties, whether there is increased staff attrition or poaching, and if hybrid working is affecting staff turnover. Jonny explained that the main risks are attracting specialist skills and maintaining delivery pace, and confirmed there is some loss of talent especially in higher banded roles. Jonny added that hybrid working is now standard for technical roles and not currently impacting turnover.
- 9.3 Peter asked if the lowlights in digital delivery are directly linked to the 26 vacancies, and whether these vacancies offer an opportunity to rethink future workforce needs given rapid changes in technology and AI. Jonny Sammut confirmed the lowlights are due to unfilled specialist roles, explained that current vacancies limit delivery pace but do not provide excess capacity, and described ongoing efforts to align future digital roles with evolving technology and organisational strategy.
- 9.4 Members noted the strong progress across digital delivery despite significant capacity and recruitment challenges, and welcomed the continued focus on governance, innovation and responsible implementation of emerging technologies.

The Committee: Acknowledged the contents of the papers and determined they provided assurance on the progress of the Digital Plan activities, IMTP commitments and CMT involvement of the Digital Directorate Teams.

10. INFORMATION GOVERNANCE REPORT

(Data and intelligence from the period of 1 October to 30 November 2025)

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 flagged that a missed Data Protection Impact Assessment (DPIA) for the Paxton ID card system is now being addressed with lessons learned. Disaster recovery testing schedules are in place with a full business

continuity review planned. A significant records management backlog is being managed as a potential corporate risk. An increase in reported data breaches reflects improved monitoring rather than more incidents. The Information Governance (IG) toolkit submission is on track for 100% completion with only CCTV compliance outstanding.

10.2 Members discussed concerns regarding declining Freedom of Information (FOI) compliance rates, with Peter questioning the reasons behind the drop and whether the figures represented specific data points over time, as well as what actions were being taken to address the issue and improve future compliance. Trish responded by clarifying that FOI compliance is challenging to measure consistently due to significant variation in the number and complexity of requests each month; some requests contain many questions, requiring extensive coordination across multiple directorates, which can slow response times. Trish emphasised that while the team is working to streamline processes and increase efficiency, complex multi-directorate requests, especially those involving the PTR and records teams, remain time-consuming. Trish also noted that exemptions are applied where possible, but redacting information is not included in the exemption calculation, and the statutory requirement to respond within 20 days is difficult to meet given current capacity increasing request volumes.

10.3 The committee encouraged exploring more assertive approaches to managing FOI requests and offered support for any changes needed to address the growing challenge.

The Committee: Considered the contents of the paper and were assured on the progress of the Trust's Information Governance arrangements and related specialist activities for Data Quality, Records Management, Freedom of Information requests and Information Security.

11.1 INTEGRATED MEDIUM-TERM PLAN (IMTP) PROGRESS REPORT, Q3 UPDATE

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

11.1.1 Hugh Bennett provided an overview of the Integrated Medium-Term Plan.

11.1.2 The Chair commented that the one-page summary of the RAG status was much easier to read, and asked Hugh specifically which elements of the strategic objectives are most at risk. Without the information to hand, Hugh advised that he would ensure that the position would be clearly articulated in the associated paper to be presented at the meeting of the Trust Board on 29 January 2026.

The Committee: Noted progress for quarter 3 IMTP deliverables (CMT & Directorate level reported deliverables).

11.2 INTEGRATED MEDIUM-TERM PLAN (IMTP) 26-29 DEVELOPMENT UPDATE, INCLUDING FINANCIAL PLAN 26-27

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.

- 11.2.1 Hugh Bennett reported that development of the 2026-29 IMTP is on track for submission to Welsh Government on 31 March 2026 with a number of further touchpoints for the board in February and March. The financial year 2026-27 is expected to be the most financially challenging for the Trust in many years, with a maximum 1.11% uplift already offset by unavoidable pressures, including employers National Insurance and Welsh Risk Pool contributions. Further challenges include non-pay inflation, digital contract costs, cost pressures, and substantial savings targets requiring difficult investment and disinvestment decisions. A closed board session is scheduled for 29 January 2026 to address these issues.
- 11.2.2 Chris Turley outlined that the coming financial year is expected to be the most challenging he has experienced, with a maximum commissioner uplift of 1.11% that is not yet confirmed and, even if received, will be fully absorbed by the employer's NI shortfall and Welsh risk pool costs. This leaves an opening gap of £7 million before factoring in additional pressures, including the full-year impact of prior investments and the requirement to re-achieve around £2.5 million in non-recurrent savings, alongside potential new investments totalling a further £10–12 million.
- 11.2.3 Chris presented both best-case and worst-case scenarios, noting that even the best case does not achieve balance and the worst case would require around £20 million in savings, which he described as unachievable. The Trust will therefore undertake intensive work over the coming weeks through executive and board sessions to identify a realistic position, recognising that some desired investments may not be affordable. Chris also advised that if a balanced plan cannot be produced, an Accountable Officer letter may need to be issued to Welsh Government by 13 February. It was agreed that the role of the Finance and Performance Committee in budget development would be revisited after the upcoming board session to determine the level of further involvement required as the financial plan progresses.
- 11.2.4 Peter Curran expressed support for the transparent approach to financial planning, acknowledged the significant challenges ahead, and emphasised

confidence in the executive team's methodical process. Peter highlighted the importance of being clear about the implications of any disinvestment decisions, noted the tight timeline between the late February board development session and the March FPC meeting, and suggested that an additional session for scrutiny may be needed if proposals are not sufficiently developed by then. Peter reiterated the need for clarity on what will be stopped if new investments are made and offered support from the board and committee as needed.

11.2.5 Trish Mills said that after the upcoming board session, she and Chris would discuss possible touch points between the finance team and non-executive directors to ensure engagement and readiness for the board development session, especially given the tight timeline before the next FPC meeting. She suggested this approach might be easier to arrange and could be widened to include other non-executive directors if helpful.

11.2.6 Liam Williams emphasised that any savings at the scale being discussed will likely impact service delivery, patient experience, quality and safety, making alignment between the Finance & Performance Committee and the Quest Committee critical for assurance. Liam also noted that both 111 and NEPTS have commissioned capacity gaps affecting performance, and that wider system pressures (like handover delays in EMS) further reduce effectiveness. Liam cautioned that Health Board partners are facing similar financial pressures, which could worsen these issues for the organisation.

11.2.7 Members were assured on the transparent view and the executive team's methodical approach to preparation of the IMTP and budget for final approval at Board, notwithstanding the magnitude of the challenge ahead.

The Committee: Noted the progress reported to develop the 2026-29 IMTP.

12. FIRE SAFETY ANNUAL REPORT – JANUARY 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.

12.1 The Committee received the annual Fire Safety Compliance update, which outlined significant progress made across the WAST estate, including full compliance with statutory servicing requirements, improvements in fire marshal training and risk assessments, and ongoing challenges around monthly and weekly testing at smaller sites, while highlighting remaining actions and upcoming policy and audit updates.



- 12.2 Colin Dennis expressed concern that the Trust had been significantly behind on Fire Safety Compliance, noting the large number of sites without fire drills and the substantial improvement needed, and suggested that fire safety should be monitored more frequently than annually.
- 12.3 Members raised concerns that annual fire safety reporting might not be sufficient, given past non-compliance and the significant improvements still needed, and suggested more frequent monitoring. Chris Turley and Trish Mills proposed a pragmatic approach: instead of a full six-monthly report, an action was raised to add fire safety to the forward planner for a six-month check-in, using exception reporting to highlight any issues, to ensure ongoing committee assurance without overburdening resources. This approach was agreed by the committee.
- 12.4 Whilst there are always areas of future improvement, the committee took assurance that significant improvements in fire safety have been achieved over the past 12 months and since the previous (reasonable assurance) follow up audit.

The Committee:

- 1. Noted the update and progress made since the appointment of a more dedicated facilities team to progress with the improvement of fire safety compliance across all WAST sites;**
- 2. Noted the appointment of new Fire safety advisor, namely Thomas Carroll Group PLC; and**
- 3. Noted the changes made to the training of fire marshals through Thomas Carroll Group PLC**

13. ENVIRONMENT, DECARBONISATION AND SUSTAINABILITY UPDATE

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 Ed Roberts provided an update on the decarbonisation and sustainability agenda, highlighting the current action plan, progress on capital investments such as electric vehicle infrastructure, challenges with rapid charging suppliers, and the need for additional resources to maintain momentum, noting that much of the work so far has relied on goodwill which is now exhausted.
- 13.2 Chris Turley emphasised that while significant progress has been made in decarbonisation over recent years, it has relied heavily on staff goodwill, which is now depleted. Chris stressed that future delivery will require proper resourcing, and if resources are not available, the organisation may



need to openly inform Welsh Government about what cannot be achieved, making clear the consequences and prioritisation decisions required.

- 13.3 Trish Mills echoed Chris's points, noting that the challenge of resourcing applies to multiple areas, not just decarbonisation, and highlighted the need for the Trust Board to consider its risk appetite as difficult decisions may be required about reducing or stopping activities that teams currently take pride in delivering at a high standard.
- 13.4 The committee took assurance that the Trust's decarbonisation work is progressing as planned, with key programmes (including the Strategic Delivery Plan refresh, Targeted Estates funded capital schemes, Electric Vehicle fleet rollout and charging-infrastructure developments) being actively managed, monitored, and advanced despite recognised resource and system challenges.

The Committee: Noted the update.

14. RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

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

- 14.1 The committee received the Risk and Board Assurance Framework report noting that Risk 623 (*Failure to comply with Data Protection Legislation*) has achieved its target score of 10 (2x5) reducing from (15 (3x5) and will be managed at a directorate level.
- 14.2 The new approach to Risk 542 (*Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan*) and the disaggregation of internal and external factors continues and will be presented at a later meeting.
- 14.3 Financial risks were discussed throughout in the context of ongoing pressures, including the need to revisit Risk 139 (*Failure to Deliver our Statutory Financial Duties in accordance with legislation*). It was noted that there was an error in the paper regarding the score for this risk, the risk score is expected to increase in the next round due to the financial position.
- 14.4 New risks are being considered in relation to the records management backlog and AI/FOI exemptions. The committee took assurance that each of the principal risks have been reviewed during this reporting period in line with the agreed schedule detailed at annex 3, with continual and dynamic focus on the highest rated risk scoring 15-25. Attention has been given to the risk ratings of each risk and the mitigating actions identified and taken

to ensure that risks achieve their target score. This is in addition to the standard and regular review of all controls, assurances, and any gaps.

The Committee: Considered the contents of the report including:

- 1. The reduction in score of Risk 623 to target of 10 (2x5) and ongoing management of the risk at a directorate level;**
- 2. The controls in place against the risks; and**
- 3. The actions described to further mitigate the risks.**

CONSENT ITEMS

15. COMMITTEE CYCLE OF BUSINESS MONITORING AND PRIORITIES REPORT 2025/26

- 15.1 The Committee noted the Cycle of Business Monitoring and Priorities Report 2025/26.

CLOSING ITEMS

15. REFLECTIONS AND SUMMARY OF DECISIONS/ACTIONS

- 16.1 Chris Turley observed that the meeting did not feel genuinely hybrid due to low in-person attendance. The Chair acknowledged this, suggesting that the meeting format should remain under review to determine what works best for the organisation.

17. ANY OTHER BUSINESS

- 17.1 There was no other business discussed.

18. DATE AND TIME OF THE NEXT MEETING

- 18.1 17 March 2026 at 9:30am.

MEETING CLOSE: 13:07

ACTION LOG - CURRENT
FINANCE AND PERFORMANCE COMMITTEE

Action	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
81/25	18 November 2025	Operations Update - Impact of Shift Overruns	Trish Mills proposed a wider discussion on the most suitable forum, taking into account various impacts on the shift overruns both from a rural and urban perspective and will determine where to discuss this. The discussion will also ensure that each Committee's perspective is addressed.	Trish Mills	17 March 2026	<u>Update 30 January 2026</u> At the agenda setting meeting, Rurality was included on the agenda for the 17 March 2026 meeting. <u>Update 18 December 2025</u> Trish Mills advised that the discussions on rurality will be held by the ELT in January, therefore it is proposed that this action be held over to the March FPC Meeting.	Complete
12-21012025	20 January 2026	Fire Safety Annual Report	It was agreed that fire safety reporting will be added to the forward planner for a six-month check-in, with exception reporting as needed, to ensure ongoing committee assurance without overburdening resources.	Sarah Harland	19 May 2026	<u>Updated 23 January 2026</u> Logged on Forward Planner for 19 May 2026 meeting.	Complete



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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	29 January 2026
Committee Meeting Date	20 January 2026
Chair	Jayne Beeslee

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. Development of the **2026-29 IMTP** is on track for submission to Welsh Government on 31 March 2026 with a number of further touchpoints for the board in February and March. The financial year 2026-27 is expected to be the most financially challenging for the Trust in many years, with a maximum 1.11% uplift already offset by unavoidable pressures, including employers National Insurance and Welsh Risk Pool contributions. Further challenges include non-pay inflation, digital contract costs, cost pressures, and substantial savings targets requiring difficult investment and disinvestment decisions. A closed board session is scheduled for 29 January 2026 to address these issues. Members were assured on the transparent view and the executive team's methodical approach to preparation of the IMTP and budget for final approval at Board, notwithstanding the magnitude of the challenge ahead.

ADVISE

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

2. December's Board Development received a presentation on options for the **revised Monthly Integrated Quality and Performance Report (MIQPR)**, based on feedback received from NEDs and Executives. The following actions were agreed and are being progressed:
 - review of current set of KPIs against the Trust's strategic objectives, with a view to reducing the number of KPIs
 - disaggregate the MQIPR into committee specific KPIs but retain the overall scorecard for each committee in order to avoid silo working
 - report by exception where KPIs are off target and for KPIs that are on target, graphs will be provided in an appendix with no supporting narrative
 - retain the balanced scorecard as a way of achieving strategic alignment in a quantitative form
 - seek to add a more predictive element to the reporting



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- remove use of upward/downward trend as a target and replace with agreed benchmarks/targets
- with respect to greater use of SPC the Trust's analysts will have the discretion to determine the best way of visualising the data

These changes will take place over a number of months, with full go live in Q1, once the 2026-29 IMTP has been agreed.

3. Members **reflected** that the meeting felt more like a virtual Teams meeting than hybrid, with most participants joining remotely and only a few attending in person. It was suggested that if a hybrid format is intended, greater in-person attendance would be helpful; although it was acknowledged there are reasons for the current attendance pattern.

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:

4. With respect to the **financial position for months 8 and 9 2025/26**. The month 8 position was noted, and the committee took assurance from the update. The Trust is reporting a revenue year to date deficit of £66,000 and a small in month surplus of £69,000 for month 8 2025/26. In line with the balanced financial plan approved as part of the 2025-28 IMTP the Trust is forecasting to breakeven by the year-end. Gross savings of £5.800m have been achieved in month 8 against a target of £5.621m. The committee heard that for month 9 financial position shows a year-to-date revenue underspend of £180,000 and a monthly surplus of £246,000.
5. Welsh Government's decision to fund the increase in the Welsh Risk Pool forecast improved the Trust's reported position and enabled acceleration of some expenditure that would otherwise have impacted next year. The Trust continues to forecast a break-even year-end, with the capital plan progressing well against a £32 million budget. Gross savings achieved are £6.492 million, exceeding the £6.362 million target, and payment performance remains strong at 98.4%. Members commended the strong financial management demonstrated by the Trust.
6. With respect to the **MIQPR for November/December 2025** with members discussing 111 call abandonment rates and noting that the KPI requires 95% of 111 calls to be answered within 60 seconds which is not realistic given performance has been below that level for some time. Members were assured that proposals have been made to commissioners to shift to a median and 90th percentile measure, aligned with other performance frameworks and noted that the target is not achievable as modelling indicated that the service is 22 FTE short of what would be required to reach target, even before demand peaks.
7. The committee received the **Integrated Medium Term Plan (IMTP) Q3 Assurance Report** and noted that the plan for 2025/26 was ambitious, with strong delivery evident, particularly in relation to the Clinical Model Transformation programme. Members also recognised that delivering at this pace and scale has required sustained effort, dedication, and resilience from staff, and expressed their thanks and appreciation for this commitment. Committee asked what strategic ambitions were most



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at risk of not being delivered. The AD Commissioning & Performance agreed to take this question away and obtain an answer in time for Trust Board.

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

Operations Directorate Q3 Update

8. The Committee heard of the Covid Module 1 associated attendance at the Senedd's Public Accounts and Public Administration Committee in December 2025. The Committee thanked the Executive Director of Operations for his attendance, who shared that preparation was essential to provide meaningful responses to the questions posed.
9. With respect to WAST's participation in Exercise Pegasus the committee heard of the repeated challenges associated with attending multiple LRFs simultaneously and that it was felt there was not sufficient internal exercising of the plan. The intention is to strengthen internal exercising ahead of next winter.
10. The first operational deployment of the HART drone provided further assurance of innovation value, particularly through enhanced multi agency data sharing.
11. Members commended the continued work to modernise clinical safety communications, following national media scrutiny. The introduction of clinician led text messaging to patients has reduced uncertainty and duplicate 999 calls, with further enhancements in development. Early outcomes from the falls desk trial are promising, supporting future expansion.
12. Handover delays in December resulted in more than 13,000 lost hours, with some waits exceeding 24 hours. The NHS Wales directive to Health Boards to deliver the best in three month performance is unlikely to be met, and further guidance is awaited from the centre. The two week winter "reset" demonstrated system benefits through earlier discharges and higher transfer activity, informing future planning.
13. The committee also noted the October 111 digital outage, reinforcing the importance of a reliable digital front end, and received assurance that the implementation of the second phase of the ambulance performance framework had been clinically safe, with incidents linked to demand and capacity constraints rather than the model itself.

Non-Emergency Patient Transport Service (NEPTS) Capacity Management

14. The Quality, Patient Experience and Safety Committee (QUEST) asked this committee to take a deeper dive into the action underway to address persistent high demand for NEPTS, noting the resultant level of complaints relating to unmet patient need.
 - Within this context, the committee's discussion on NEPTS capacity confirmed that the service continues to operate within significant limitations, with demand regularly exceeding available and funded capacity. In 2025, NEPTS completed 552,602 journeys. 184,901 journeys were cancelled. 7.6% of total demand was cancelled by health boards. 5.1% was cancelled by service users themselves. CMP cancellations amounted to 3.9%.
 - Members noted the impact of reduced volunteer availability, longer journey distances, and



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increasingly complex patient requirements, all of which contribute to cancellations, delays, and poor patient experience. These issues directly align with the concerns raised through PTR and the Quest action regarding unmet need and potential patient harm.

- The committee reviewed internal actions already underway, including roster optimisation, efficiency improvements, and closer monitoring of activity patterns. While these measures were recognised as necessary and appropriate, the committee emphasised that they will not fully bridge the gap between capacity and rising demand. As a result, the committee concluded that system level engagement, particularly with health boards and commissioners, remains essential. Ongoing discussions through the JCC were highlighted as key to exploring eligibility criteria, funding arrangements, and wider opportunities for service redesign.
- Non-Executive Director triangulation confirmed that these points align with their own experiences, providing further assurance that the constraints and risks are well understood and that the actions being taken are proportionate. In addressing the QUEST action directly, the committee confirmed that the organisation is taking reasonable and responsible steps to mitigate patient harm and improve the service. However, the committee acknowledged that, given current demand and capacity pressures, some level of poor patient experience is likely to continue.

15. The **Digital KPIs** relating to data and analytics, ICT systems, digital services, projects & programmes, and details on the progress against the Digital Plan were presented. Members noted that current vacancies in the digital team were directly linked to delivery challenges and lowlights in the KPI report, impacting pace and skill availability for key projects. Staff readiness and future workforce planning discussed, emphasising the need for digital roles to align with the People and Culture Plan, including human-centred design, adoption, and benefit realization, to ensure the digital strategy supports organizational goals. There were no issues of escalation to the board.

16. The **Information Governance (IG)** report issues of note included three key alerts. These concerned the missing DPIA for the Paxton ID system, which is now being addressed, strengthening of disaster recovery and business continuity arrangements, and a significant backlog in records management. Prioritisation and risk escalation are underway and there were no issues of escalation to the board. Other issues included:

- Reported data breaches have increased due to better visibility and reporting culture rather than more incidents.
- The IG toolkit submission remains on track, with only CCTV compliance outstanding.
- FOI performance is being affected by the complexity and volume of multi directorate requests. The team is reviewing processes, use of exemptions, and options to push back on requests that require creating new information, alongside considerations of capacity. The rising influence of AI on FOI activity was noted, including more complex and potentially litigation driven requests. Forthcoming regulatory changes, including the listening to people regulations, may help manage this.

The committee was invited to consider which digital and information governance KPIs it wishes to monitor to support effective escalation and strategic oversight, which it will do in the new financial year.



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Fire Safety

17. Assurance was taken from the annual fire safety update, which confirmed good compliance across the estate. Fire risk assessments are current for all sites, undertaken by an external provider, and all resulting actions are categorised and being progressed. The Trust is fully compliant with up to date EICR electrical testing certificates, and there has been a continued increase in trained fire marshals, with overall ESR fire safety compliance at 81.86%. Updates to the Fire Safety Policy are planned for submission through internal governance groups by January 2026, and Internal Audit has completed a review of fire safety which is scheduled for Finance and Performance Committee in March.
18. An alert was noted in relation to specific estate based actions, including the need to address emergency lighting flick tests in the south, with options currently under risk assessment. While weekly fire alarm testing is being completed at larger corporate sites, contact centres, and several ambulance stations, arrangements for nominated site leads to undertake testing across the remaining estate are still to be finalised.
19. Ambition was demonstrated through ongoing work to strengthen fire safety management, including ensuring that annual fire drills are completed at all sites and that consistent records are maintained. This forms part of a wider programme designed to improve assurance and standardise compliance across the estate.
20. Concerns were raised about previous non-compliance, with many sites lacking fire drills, and the need for more frequent reporting rather than just annual updates. It was agreed that exception reporting or interim updates would be considered to ensure ongoing committee assurance without overburdening resources, especially given the small size and low occupancy of many sites. There are no escalations to the board however the committee will have a six-month check-in on progress, and follow up on integration into broader infrastructure reporting, balancing risk and practicality.
21. Members received the **Decarbonisation update** and the ongoing delivery of the action plan. Future resourcing will need to be proportionate as new measures are introduced considering the challenging financial position and priorities for next year.
22. The **committee's annual priorities** are progressing well, and it was noted that the Waste Management update report was delayed from September and would be presented in March.

RISKS

The committee received the **Risk and Board Assurance Framework report** noting that **Risk 623** (Data Protection) has achieved its target score of 10 (2x5) reducing from (15 (3x5) and will be managed at a directorate level.

The new approach to **Risk 542** (Decarbonisation) and the disaggregation of internal and external factors continues and will be presented at a later meeting.

Financial risks were discussed throughout in the context of ongoing pressures, including the need to revisit **Risk 139** (financial sustainability). This is expected to increase in score given the challenging financial climate. Members acknowledged that the financial risks are significant and reiterated the pivotal



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role the committee will play in navigating the future financial situation.

New risks are being considered in relation to the records management backlog and AI/FOI exemptions.

In private session, Members received assurance on the detail of **Risk 260** noting that there were no material changes during this period.

COMMITTEE AGENDA FOR MEETING

Operations Update for Q3	NEPTS Capacity Management	Financial position M8 and M9 2025/26
MIQPR	Digital reporting	Information governance report
IMTP Q3 assurance report and 26-29 development update including financial plan	Fire safety annual report	Environment, decarbonisation and sustainability update
Risk management and BAF	Committee cycle and priorities update	

COMMITTEE ATTENDANCE

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

	Attended
	Deputy attended
	Apologies received
	No longer member

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

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

³ Left for items 6 and 7



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Agenda Item No.

5

REPORT TITLE

Integrated Medium Term Plan (IMTP) 2026 – 2029 (Draft IMTP for endorsement)

MEETING

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

REPORT SPONSOR

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

PURPOSE OF REPORT

☐ 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 paper is to update the Finance and Performance Committee (FPC) on progress developing the Trust's 2026-29 Integrated Medium-Term Plan. This plan has been written in conjunction with the NHS Wales Planning Framework and technical planning guidance and the Joint Commissioning Committee (JCC) Commissioning Intentions for 2026/27. It is requested that the Committee endorses the plan, subject to minor updates ahead of Board approval on 26th March 2026.
2. It is a legal requirement for all NHS Health Boards and Trusts in Wales to submit a three-year Integrated Medium-Term Plan to meet the requirements set out in the NHS Wales Planning Framework and technical planning guidance.
3. From an organisational perspective the IMTP is a key planning and delivery tool to achieve the strategic objectives set out in the long-term strategy 'Delivering Excellence' and setting out the key priorities over the next three years.
4. The Trust's planning cycle runs from June 2025 to March 2026 and combines the production of the IMTP alongside internal development and delivery of its operational and transformational plans.
5. The NHS Wales Planning Framework was issued by the Cabinet Secretary for Health & Social Care services on the 19 December followed by the technical planning guidance and appendices on the 20 January including the Ministerial Priorities template, Minimum Data Set (MDS) and Enabling Actions.
6. The requirement is to submit a three-year IMTP to Welsh Government on the 31 March 2026 that comply with the statutory financial duties and legal requirement to deliver a financially balanced plan for 2026/27.
7. This paper sets out key progress in the development of the Trust's IMTP, technical appendices and financial plan for 2026/27.
8. As set out in the NHS Wales Technical Planning Guidance the key priorities for Welsh Government sit within the six Ministerial Priorities for NHS Wales alongside the Joint Commissioning Committees (JCC) Commissioning Intentions. A key expectation is that plans are financially balanced underpinned by the principle of 'no investment' with an increased focus on improving care through productivity and efficiency gains from internal activities and wider partnership working.

9. A draft copy of the IMTP is included with this paper, along with an Equality Impact Assessment (EqIA). The plan details the organisations commitments for the next three-year period and 47 organisational priorities (IMTP deliverables).
10. The Trust will be submitting a financially balanced plan for 2026/27 following detailed and collaborative planning to develop a c£9million internal savings plan. A copy of the financial plan and overview of the key activities, assumptions and challenges is detailed in the paper.
11. A final copy of the plan (subject to any further refinement) will be presented to Trust Board on the 26 March along with the key technical appendices and supporting documentation in readiness for submission to Welsh Government on the 31 March.

RECOMMENDATIONS

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

The Committee is asked to:

1. NOTE progress made in developing the 2026-29 IMTP
2. ADVISE of any further assurance required during the final stages of the IMTP planning cycle
3. ENDORSE the draft IMTP for submission to Trust Board for its meeting on the 26 March 2026, subject to any final editing / revisions as required

ADDITIONAL PAPERS

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

1. Appendix 1 – WAST IMTP 26-29 v0.2 (draft)
2. Appendix 2 - Challenges & Opportunities 26-29 v0.1
3. Appendix 3 – IMTP 26-29 Deliverables Cross Referencing Matrix v0.4
4. Appendix 4 - Strategic Objective 2 Plan on a page example V0.1
5. Appendix 5 – EQIA IMTP 26-29 V0.1 Draft
6. Appendix 6 – Financial Plan 2026-27

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 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

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	Equality Impact Assessment (EQIA)

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
n/a	n/a

SITUATION

1. The purpose of this paper is to update the Finance and Performance Committee (FPC) on progress developing the Trust's 2026-29 Integrated Medium-Term Plan. This plan has been written in conjunction with the NHS Wales Planning Framework technical planning guidance and the Joint Commissioning Committee (JCC) Commissioning Intentions for 2026/27. It is requested that the Committee endorses the plan, subject to minor updates ahead of Board approval on 26th March 2026.

BACKGROUND

2. It is a legal requirement for all NHS Health Boards and Trusts in Wales to submit an Integrated Medium-Term Plan to meet the requirements set out in the NHS Wales Planning Framework, technical appendices and the Joint Commissioning Committee's (JCC) commissioning intentions.
3. From an organisational perspective the IMTP is a key planning and delivery tool to achieve the strategic objectives set out in the long-term strategy 'Delivering Excellence' and setting out the key priorities over the next three years.
4. The Trust's planning cycle runs from June 2025 to March 2026 and combines the production of the IMTP alongside internal development and delivery of its operational and transformational plans. The value in the planning process is not in the final product but the integrated cross-directorate planning process to jointly agree and deliver the key priorities through a joined up and co-ordinated approach.
5. The NHS Wales Planning Framework was issued by the Cabinet Secretary for Health & Social Care services on the 19 December followed by the technical planning guidance and appendices on the 20 January including the Ministerial Priorities template, Minimum Data Set (MDS) and Enabling Actions.
6. The requirement is to submit a three-year IMTP to Welsh Government on the 31 March 2026 that comply with the statutory financial duties and legal requirement to deliver a financially balanced plan for 2026/27.
7. Plans should include detailed narrative to respond to the technical planning guidance. Aligned to previous IMTPs we have included a set of organisational

priorities (known as IMTP deliverables) with detailed quarterly milestones for year 1 and higher-level indicative actions for years 2 & 3.

8. The NHS Wales Planning Framework 2026-2029 outlines strategic priorities and enabling actions aimed at transforming health and care services in Wales. Priorities for Welsh Government to be included in IMTPs are summarised below:

- **Well-being of Future Generations Act & Organisational Well-being objectives:** Organisations are required to plan services that are underpinned by the legislative principles set out in the WBFGAs and underpinning organisational wellbeing objectives.
- **Ministerial Priorities:** The framework focuses on the six strategic priority areas including timely access to care, population health and prevention, Community by Design, mental health access, women's health services and quality & safety.
- **Enabling Actions:** Organisations are urged to focus on early, sustainable gains in priority areas set out in an annex to the framework. Enabling actions, based on evidence for improved efficiency and outcomes, are mandated under an "adopt or justify" principle. These include stopping low-value or wasteful practices in line with the national Value and Sustainability Programme.
- **Productivity & Efficiency:** The planning guidance sets out a clear emphasis for organisations to plan resources based on 'no investment' placing a greater requirement to deliver productivity and efficiency improvements across frontline services and corporate teams.

9. Taking into consideration the external drivers shaping our plan, we previously shared with Board members the internal framing we have adopted that has underpinned and guided the planning, development and prioritisation of the plan.

Fig 1: Internal framing and IMTP positioning



Committee and Board members have been assured on the collaborative planning and development for the IMTP. This work has been underpinned by a detailed IMTP development framework and taken forward in a cross-directorate project approach.

ASSESSMENT

11. The development of the IMTP is nearing completion, subject to any final editing ahead of the submission to Trust Board with a draft copy of the plan included as appendices to this SBARN.
12. Since the previous update provided to the committee on the 20 January, work has continued at pace to finalise the plan and technical appendices. Key areas of progress include:

Engagement

13. Key engagement activity has continued with internal leads to support prioritisation of the IMTP deliverables, drafting the narrative, completing the technical appendices and development of the financial plan and savings requirements.
14. This has included engagement and development sessions to support the IMTP prioritisation process and development of the financial plan. Key sessions undertaken include a workshop with over 50 members of the senior leadership community in January and multiple sessions with the Executive leadership team in January and February and a Board development session on the 26 February. We have continued to engage with our people and have provided updates through the WAST Live forum in February and continued engagement via WASPT and the Corporate Partnership Forum.



15. We have continued to proactively engage with our commissioners, with the CEO presenting emerging priorities, risks and financial plan to an in-private session of the Joint Commissioning Committee on the 27 January. Subsequently, the Trust's emerging financial plan has been shared with the Chief Commissioner, and a further discussion is planned for the 17 March. These discussions are taking place within the context of an extremely challenging financial situation both nationally and for the JCC specifically. The Chief Commissioner has been asked to provide a letter of support for the Trust's IMTP.
16. More broadly we have also engaged with Health Education and Improvement Wales (HEIW) on the 29 January to support and inform workforce planning and education.
17. A draft of the IMTP narrative document was shared with Board members in February for initial comments and feedback which was considered in the Board Development session. Feedback received has been considered and the plan updated accordingly.

Developing and agreeing priorities

18. Health Board allocations included a 1.11% uplift in the 2026/27 NHS Wales Allocation Letter issued on 19th December 2025 which has been passed through in full to the Trust. In alignment with planning guidance to develop plans based on 'no-investment', we have undertaken multiple cycles of prioritisation to align our organisational capacity and resources to agree a consolidated set of IMTP priorities. IMTP deliverables have reduced in number from over 160 in the 2025/26 plan, to a total of 47 in our 2026 – 2029 plan. This will ensure that at an organisation level, we commit to a smaller number of strategic priorities, acknowledging however that some of the work will continue to be taken forward through local Directorate plans.
19. In addition to the deliverable tables included in the IMTP, more detailed plans on a page have been developed for each strategic objective outlining the key milestones across the three-year period. A copy of the plan on a page for strategic objective x is included in the appendices for information.
20. A detailed financial planning exercise has been undertaken to identify and prioritise key areas where additional resources are required to address organisational risks, funded through our internal financial savings plan. The two



areas of additional spend prioritised in the plan include recommendations from the Manchester Arena Inquiry (Incident Support Desk and Operational Commanders) along with targeted recruitment of front-line roles within the Clinical Model to respond to areas of greatest clinical / performance risks. Further detail is provided in the financial plan.

Developing the plan (narrative)

21. The plan has been framed around our six strategic objectives to ensure there is a golden thread between the organisation's strategic vision and the priorities set out in our three-year IMTP. It is recognised that the IMTP could have been framed around a number of the drivers including the Well-being objectives or Health & Care Quality Standards. Responding to all the important planning drivers has been a core part of the process to develop the plan and a detailed cross-referencing matrix has been completed (see appendices).
22. One key adjustment from last year's plan is the decision to replace the 'what good looks like statements' with a clearer set of organisational metrics and performance ambitions. This amended approach responds to feedback from Welsh Government to strengthen the triangulation of our plans and priorities to address key performance challenges and to provide assurance on expected improvement ambitions. A final set of performance ambitions will be included in the plan submitted to Trust Board. The 'what good looks like' statements will be refreshed as part of the work to develop the organisation's next long-term strategy.
23. In support of our financial plans, and the WG requirement to deliver and evidence clear productivity and efficiency gains, we have undertaken some initial work to quantify the potential productivity gains and impacts that we anticipate achieving from implementing our plans. This has initially focussed on four key priorities including a reduction in sickness absence, increased APP utilisation, roster review of non-emergency patient transport services and a reduction in handover delays. (see section 9.3 in the draft IMTP). Further work will continue in year and in conjunction with our Financial Sustainability Programme to quantify and monitor the wider productivity gains achievable across the plan.

Technical Appendices & Impact Assessments

24. The Integrated Technical Planning Group is currently finalising the Minimum Data Set which sets out our activity, workforce and financial plans.

24. An Equality Impact Assessment (EqIA) has been completed to assess the impacts of the priorities set out in the plan. A copy of the EQIA is included in the appendices. The EqIA did not identify any negative impacts to report.
25. A Quality Impact Assessment (QIA) has been completed as part of the IMTP development process using the QIA screening tool (part 1) to assess the impacts of the priorities set out in the plan. The draft QIA is being reviewed by the Clinical Quality Governance Group (CQGG) and will be available with the final papers submitted to the Trust Board.
26. The QIA identified a number of positive impacts as a result of the priorities and key actions outlined within the plan to improve patient safety and provide more effective and efficient patient care that is timely and person-centred. The impact assessment did identify some negative impacts in terms of organisational capacity to deliver the changes, supporting our people through continued service changes and the adoption of new digital processes that could have an impact on quality. These aspects will be considered as part of the implementation of the plan via the respective delivery and governance arrangements.

Financial Plan

27. The Trust will be submitting a financially balanced plan. However, a letter articulating the financial challenges and risks was sent to the JCC and Welsh Government on the 19 February.
28. A summary of the financial plan is set out in section 12 in the IMTP document, alongside the full detailed plan which is included in the appendices.
29. The financial plan is presented as a balanced revenue financial plan for the 2026/27 financial year, which has required the identification and delivery of a significant savings plan of c£9m (or c3% of cost baseline). £x has already been identified, with a residual c£1.2m to be identified in year.
30. Given the materiality of this, set in the context of balancing the significant number of risks requiring mitigation within the IMTP, this approach is not considered unreasonable at the outset of the financial year, in the context of that being presented as an overall balanced financial plan.
31. The high-level summary revenue financial plan for 2026/27 is set out in the table overleaf and more detailed is provided in the financial plan (see appendices).

Welsh Ambulance Services University NHS Trust

Iterative Financial plan 2026/27

	£m	%
Expected funding uplift as per H8 A/L - 1.11%	5.4	1.11
Expected WOC funding from 2026/27 A40 pay award announced 12/02/26 - 5.3% on applicable pay	7.9	2.8
Total additional funding - outset of 2026/27	13.3	3.7
Additional costs 2026/27		
1. Full year effect (POT) of items agreed in 2025/26 financial plan	1.8	
2. Cost pressures that emerged during 2025/26		
Employers' National	1.1	
WSP 7 increases in legacy payments	2.5	
Others	0.7	
3. Non recurrent savings delivery 2025/26		
Voluntary Management	2.9	
Balanced Score Support	0.2	
4. Cost pressures 2026/27		
Non Pay Inflation	1.1	
H8 Office	0.8	
Statutory Requirements	0.2	
ITC/R Review	0.1	
To manage and mitigate increasing demand, sustainable harm and respond to new ambulance performance framework and clinical benefits	1.0	
To mitigate the impact of risk associated with major incident planning and scenario HA recommendations	0.8	
Others	0.2	
5. 2026/27 A40 pay award announced 12/02/26 - 5.1%	7.8	
Sub total additional costs 2026/27	20.8	
Opening financial gap 2026/27 (before savings plan)	6.0	5
Savings identified to date	7.8	2.5
Remaining gap to close in balance	1.8	0.5

32. The principal considerations in support of the financial plan are set out below.

- The Trust will be entering the 2026/27 financial year in a relatively strong financial position despite the challenging and elevated nature of financial risk managed through the 2025/26 financial year, including the impact of some unexpected cost pressures in year. The Trust is again forecasting to deliver a balanced position by the 2025/26 financial year end. With the exception of a relatively small value currently being achieved in a non-recurring way, the

Trust does not have any core underlying deficit that needs to be addressed going forward.

- The plan assumes that the 1.11% core uplift in funding provided to commissioners will be passed through to the Trust in full. This has been confirmed by the JCC. On top of this, as per the 2026/27 NHS Wales Allocation letter and more recent confirmation from WG finance colleagues, the plan assumes that the costs for the 2026/27 pay award are funded separately by WG in full. The values currently included for this relate to the 3.3% A4C pay award for 2026/27 announced in February 2026.
- Any application of the 1.11% funding uplift is significantly more than consumed by the material, unavoidable and inescapable costs facing WAST for 2026/27. A significant element of this is the current forecasted additional spend in relation to the Welsh Risk Pool, which was funded by WG in 2025/26.
- The other main impact on the Trust's costs movement and resulting financial challenge for 2026/27 (and beyond) is the continuing impact of significant levels of inflationary and other pressures in the general economy, alongside costs which will be unavoidably incurred due to service demands, mitigating risks and seeking to address avoidable harm issues. This includes further progressing our clinical model transformation, responding to the new ambulance performance framework and delivering the clinical benefits of this. In assessing the impact of all of this we have been focussed on the discussions with our commissioners in relation to priority areas, the need to protect front line resource and capacity where at all possible and where deliverable stretching any resulting savings delivery to offset remaining cost pressures.

Financial Risks

33. No financial plan is risk free and clearly entering into the financial year with a residual financial gap to close in year increases the risks of non-delivery of a balanced position.
34. The main risks that will need close monitoring and mitigating actions through the upcoming financial year therefore, include:
- Recovery of all income assumptions presented in the financial plan (including commitments supported within the NHS Wales JCC IMTP)

- The in-year costs related to the 2026/27 pay award is fully funded by Welsh Government.
- No other developments, enhancements or costs increases not currently funded within budgets or this financial plan will be progressed until a confirmed funding source is found.
- Ability to deliver c£9m savings and cost management in year in order to balance.
- That no further additional savings will be required by commissioners.
- Some cost elements are still hard to predict through the coming 12 months and may remain volatile, with a clear indication from WG that no further funding will follow in year in 2026/27 to manage any such variations.
- The uncertain political landscape and any initial impact any change in government in Wales may have on some of the choices and decisions made within this financial plan.
- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continues to hold.

RECOMMENDATION(S)

35. The recommendation(s) are set out in the front cover of this report.

NEXT STEPS

36. The key remaining governance and assurance routes are as follows:

- **Finance & Performance Committee:** 18 March 2025 – scrutiny and assurance of final draft narrative document and endorsement for approval at Trust Board
- **Executive Leadership Team: 18 March** – final scrutiny and endorsement
- **WASPT:** 18 March 2026 – endorsement (TU partners will be on Trust Board)
- **Trust Board** 26 March 2026 - final version of the IMTP and key appendices for sign off prior to Welsh Government submission
- **Welsh Government Submission:** 31 March 2026 - formal submission of final IMTP and technical appendices

37. Following Finance and Performance Committee there will be some final edits and updates to the plan, including proof reading, before then being submitted to Trust Board. The final plan will also be sent for translation when it is finalised as the version to be submitted to Welsh Government.



Version Control

Version	Status	Date
V0.2	Full Draft version (subject to further revision)	9 th March 2026

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Foreword from the Chair and Chief Executive

We are pleased to present the Welsh Ambulance Services University NHS Trust's Integrated Medium-Term Plan (IMTP) for the period 2026–2029. This plan sets out how we will continue to deliver high-quality, safe and compassionate care for the people of Wales, while responding to a rapidly changing health and care environment and significant financial and operational challenges.

Over recent years, our Trust has undergone one of the most significant periods of transformation in its history. We have reshaped how urgent and emergency care is delivered through the evolution of our integrated clinical services model and the introduction of the new Ambulance Performance Framework, placing a stronger emphasis on clinical outcomes, patient experience and system impact rather than time alone. These changes represent a fundamental shift in how we support patients to receive the right care or advice, in the right place, every time.

This IMTP builds on that progress while recognising the realities we face. Demand continues to rise, patient needs are increasingly complex, and the financial context across NHS Wales remains exceptionally constrained. Our people have worked tirelessly through sustained pressure and change, and we are acutely aware of the impact this has had. For these reasons, this plan is deliberately focused. It is not a plan for expansion, but for consolidation and improvement — embedding change, realising benefits, improving productivity and reducing avoidable harm.

At its heart, this plan is about patients and communities. It is informed by what people tell us about their experiences of our services, by clinical evidence, and by our responsibilities as a national service working across a complex system. We remain committed to improving outcomes, reducing inequalities and supporting more care to be delivered safely in the community, through strengthened remote clinical care, urgent community response, non-emergency patient transport services and partnership working.

Our ambitions can only be delivered through our people. Supporting wellbeing, strengthening leadership, building capability and maintaining a positive, inclusive culture remain fundamental. We will continue to work in close partnership with trade unions and colleagues to ensure our workforce feels supported, valued and equipped to deliver safe care.

This IMTP also marks an important transition point. It is the final planning cycle under our current long-term strategy, *Delivering Excellence*. During the life of this plan, we will refresh our long-term strategy to ensure it reflects the changing needs of the population, our evolving role within the system, and the financial and environmental realities we face.

We believe this plan provides a credible, responsible and clinically led roadmap for the next three years. It reflects clear priorities, difficult choices and a strong commitment to quality, collaboration and value — above all, our commitment to support, serve and save for the people of Wales.



Emma Wood
Chief Executive

Thank you for taking the time to read our plan. We look forward to working with colleagues, partners and patients to deliver improvements that will benefit the population of Wales.



Colin Dennis
Chair

Executive Summary

This Integrated Medium Term Plan (IMTP) sets out a clear, disciplined approach for the Welsh Ambulance Services University NHS Trust (WAST) over 2026/27–2028/29. It is a **consolidation plan** that prioritises embedding the significant changes already made to our clinical model and performance framework, improving reliability for patients and staff, and demonstrating value within a non-investment financial context. It is the final IMTP under *Delivering Excellence* and will run alongside work to refresh our long-term strategy beyond 2030.

The operating reality remains challenging. Demand and acuity continue to increase and delays at hospital handover constrain our ability to respond in the community. Public finances are tight, and colleagues have sustained prolonged pressure and change. Patient feedback consistently praises the compassion and professionalism of our people, while highlighting concerns about timeliness in parts of our service, notably NHS 111 and Non-Emergency Patient Transport Services (NEPTS). Against this backdrop, the plan focuses on stabilisation, benefit realisation and productivity rather than new programmes.

At the heart of the plan is our **integrated clinical services model**, bringing together 999, NHS 111 and Ambulance Care within an outcomes-focused Ambulance Performance Framework. Over the next three years we will concentrate on making this model work consistently and well: strengthening remote clinical assessment at the first point of contact; refining prioritisation for time-critical conditions; and ensuring that alternatives to conveyance are reliable and safe so that more people can be cared for at home or in the community. **Independent academic evaluation** (in partnership with Edge Hill and Swansea Universities) and a dedicated **Benefits Realisation workstream** will underpin this approach, providing external assurance and a structured method for evidencing outcomes and productivity gains.

For **999 (Emergency Medical Services)**, the focus is on protecting the response to the highest-acuity patients while improving overall reliability. We will embed the new APF categories, improve Orange/Yellow prioritisation, and reduce avoidable lost hours through closer working on hospital handover, so that more capacity is available in the community. Clinically led decision-making will be strengthened through improved on-scene practice and clearer referral routes to same-day and community services. *For example, crews will be supported to pre-alert stroke and STEMI pathways earlier and to use agreed rapid referral routes into Same Day Emergency Care (SDEC) or hot clinics where a hospital admission can be safely avoided.*

For **NHS 111 Wales**, our priority is to improve access and timeliness within existing resources, while making the digital front door more useful and dependable for patients and carers. We will stabilise call handling through roster optimisation and prudent use of digital tools, ensuring that people are guided to safe self-care, booked services or timely clinical assessment as appropriate. **There is no additional resource for the digital front end in 2026/27**; however, we will begin to scope what a safe and equitable **channel shift** could look like over the medium term, including the criteria, safeguards and commissioning implications. *For example, low-acuity callers will increasingly be offered direct booking into community or primary care services where available, while symptom-checker journeys will be refreshed to provide clearer self-care advice and safety-netting.*

Within **Remote Integrated Care (RICS)**, we will bring together clinical queues from 999 and 111 so patients receive a consistent, senior-clinician-led assessment irrespective of the route they used to contact us. This will support “right care first time”, reduce unnecessary dispatch, and ensure those who do need a face-to-face response are prioritised quickly. *For example, a single clinical queue will enable warm transfer to the most appropriate clinician (e.g., advanced paramedic practitioner, mental health specialist) without the caller repeating their story.*

Our **Urgent Community Response (UCR)** will expand its ability to see and treat people safely at home, with a particular emphasis on frailty, falls and mental health. Advanced practice will be used more consistently,

scheduling will be strengthened, and pathways into community teams will be made simpler and faster. *For example, falls responders will support safe lifting with clinical oversight within two hours wherever feasible, and APPs will be scheduled to complex cases where timely assessment and prescribing can avoid conveyance.*

Non-Emergency Patient Transport Services (NEPTS) remains a specific stabilisation priority. We will align rosters to predictable demand, reduce short-notice cancellations, improve booking and scheduling (including digital tools for patients and carers), and work with health boards to reduce avoidable inefficiency at hospital sites. An overarching **NEPTS Improvement Programme** will coordinate this work, provide clear accountability and report progress through established governance. The aim is a more reliable, patient-centred service that supports treatment, discharge and transfer and contributes to better flow across the system. *For example, renal and oncology patients should experience more punctual pick-ups for time-critical treatment, while discharge and transfer runs will be planned earlier in the day to reduce avoidable late collections.*

Taken together, these changes are designed to give patients a clearer, more dependable service: faster access to advice; safer, earlier clinical decisions; more care delivered at home where appropriate; and a transport service that is easier to use and more reliable, particularly for those attending time-critical treatment.

Our people are central to delivery. The plan prioritises support and stabilisation: reducing sickness absence and shift overruns; improving the quality of leadership and development conversations; strengthening psychological safety; and tackling violence and aggression. Skills-mix changes within our Emergency Ambulances now move to implementation, supported by clearer career pathways and targeted recruitment, including an improved rural offer. Through **Our WAST Way**, we will further embed consistent, compassionate leadership behaviours and expectations across recruitment, induction and development. The emphasis is on creating the conditions for a healthy, engaged and sustainable workforce.

Innovation in this period is **pragmatic and enabling**. We will focus on the digital and data foundations that make services more reliable and productive: resilient platforms and telephony, maturing governance, cyber security, core system modernisation, and better use of data and insight to support clinical and operational decision-making. Estates and fleet improvements will progress where affordable and aligned to decarbonisation and resilience goals.

Partnership is essential to success. Many of the issues that drive patient experience and timeliness are system-wide and cannot be solved by one organisation. We will therefore continue to work closely with commissioners, health boards, national programmes and the voluntary sector to improve access and pathways, reduce system risk and support flow. Our long-term strategy refresh will be developed with staff, partners, Llais and the public to ensure the Trust's role and ambitions are aligned with the future needs of Wales.

Quality underpins every element of this IMTP. We will further embed the Duty of Quality and Duty of Candour, modernise our approach to listening and responding to people's experience, strengthen learning from harm and focus on infection prevention and control as visible, routine standards. We will also **review how we bring together our improvement resources**—quality improvement, change management and programme/project delivery—into a more integrated offer that is easier for services to access and that accelerates benefits realisation. Our approach to value will be clearer, using Value-Based healthcare principles and improved data linkage to show how our work contributes to patient outcomes and system performance.

Financial balance will be delivered through disciplined savings, benefits realisation and productivity, supported by a modest, values-based commercial approach. Assurance for the Board and Welsh Government will come from aligned metrics and benefits scorecards, strengthened programme governance, independent academic evaluation of the new clinical model and commissioning oversight.

Overall, this is a **credible, responsible and clinically led plan** that does fewer things, better—embedding change, supporting our people and improving outcomes for patients, while laying firm foundations for the next phase of strategic development.

Introduction

Welcome to the Welsh Ambulance Services University NHS Trust's (WAST) Integrated Medium-Term Plan (IMTP) covering the three-year period from 2026/27 – 2028/29. We are excited to present our plan for the next three years which has been developed in accordance with the NHS Wales Planning Framework and Technical Planning Guidance and in collaboration with our key stakeholders (including our people, trade union partners and commissioners).

Underpinning this plan is a series of technical appendices (including the Minimum Data Set (MDS), Ministerial Priorities and Enabling Actions) alongside other key documents providing additional and supporting information. The appendices and documents are clearly referenced and signposted to the respective sections throughout this document. Additional information to support this plan is also available on request.

For ease of access, our plan will be published on our website bilingually in English and Welsh. Furthermore, we will develop and share a suite of tailored materials to help communicate and explain our plans to meet the needs of different stakeholders and audiences.

1. Our Purpose & Long-Term Strategy

1.1 Our Purpose



We continue to be guided by our organisational purpose statement that was adopted in 2023 '**To Support, To Serve, To Save**'. This short but powerful statement reaffirms our core organisational purpose, helping to connect and unite our people towards a common goal.

1.2 Our Long-Term Strategy (Delivering Excellence)



This three-year planning cycle will see the conclusion of our current long-term strategy 'Delivering Excellence'. The strategy was developed in 2019 and continues to be the strategic anchor for the organisation, setting out a clear vision and roadmap for the organisation up to 2030. The strategy sets out our aspirations to transform our clinical services model to '**ensure that patients receive the right advice and care, in the right place, every time**'. It is also a whole organisational strategy that affirms our commitment to **enable our people to be the best they can be**, remaining at the **forefront of innovation and technology**, being **quality driven and clinically led**, **developing services in collaboration** and **delivering exceptional value**. We have made strong

progress to achieve the ambitions set out in our strategy, and we are pleased to describe some of our key achievements in sections 2.1.

Whilst 'Delivering Excellence' has served us well, we recognise that now is the right time for us to refresh our long-term strategy for 2030 and beyond. We must remain agile and responsive to the evolving operating landscape, ensuring that we shape our services, and how we deliver them, to meet the changing health needs of the population and our role within the wider health and care system. As part of this plan, we are therefore committing to undertaking a refresh of our long-term strategy, with further details on our approach provided in section 7.2.

Fig 1: WAST Strategic Objectives



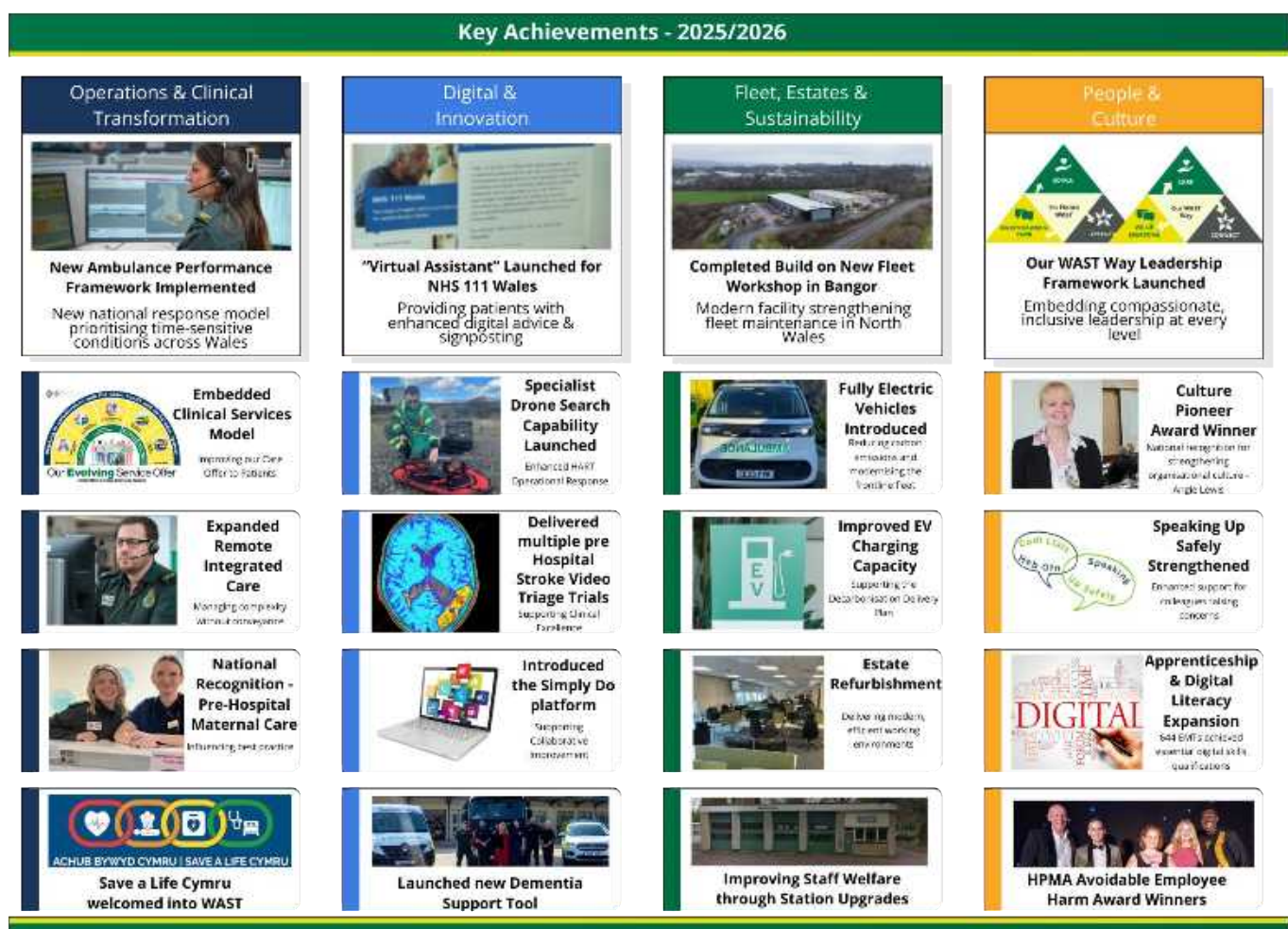
2. Our Key Achievements

2.1 Our transformation journey and organisational achievements

We have continued to make positive progress towards the ambitions set out in our long-term strategy for 2030 'Delivering Excellence' and on the specific deliverables in our 2025-2028 IMTP. Over the past 12 months, a key focus has been on the implementation of the new Ambulance Performance Framework and the acceleration of the changes required to embed the new Integrated Clinical Services Model (further detail is provided in section 4.2). Whilst these changes have been a key priority requiring cross-organisational support and collaboration, the wider organisation has not stood still, with considerable progress made across the breadth of both our operational and corporate teams.

The infographic below summarises some of our key achievements delivered across the organisation in 2025/26. Further detail on these achievements is provided in the appendices.

Fig 2: Summary of our key achievements



3. The operating context shaping our plan

This section of the plan explores the wider operating context and the key factors that we have considered as part of developing our plan and organisational priorities. The plan is shaped around the key messages from our patients and commissioners who highlight the need for more timely, joined up care. At the same time, we need to respond to and reflect the wider political landscape and national priorities focussing on system level improvements. These pressures sit alongside changing patient needs and expectations, significant system challenges and financial pressures. Together, these factors require us to remain responsive, collaborative and focused on delivering high-quality outcomes within a changing and often constrained environment.

3.1 What do our patients say about our service?



Throughout the year, we gathered honest and valuable feedback from people across Wales through surveys, lived-experience stories and our patient engagement networks. What people told us has highlighted where the current ambulance model of care does not always meet their needs and has reinforced the importance of transforming services to deliver more meaningful and sustainable improvement. This insight has been strengthened by our broader shift towards a more rounded view of quality, one that considers clinical outcomes and patient safety alongside people's lived experience and the relational aspects of care, as required by national policy and statutory duties.

Patient feedback is essential in helping us understand our services from the perspective of people who use them and their families. It shows us where changes have improved patient care, outcomes and experience, and further attention is needed. The insights we gather directly shape our priorities and inform the improvements we plan to make across the Trust. See **Appendix 1** for more information.

Table 1: Summary of patient feedback and key themes

Positive Feedback: 	- Patients consistently praised staff for being kind, caring, and compassionate. Factors contributing to a positive experience included: - A professional and caring workforce - A sense of safety while in our care - Welcoming and reassuring interactions with staff
Areas for Improvement: 	- Shorter callback times for the 111 Wales service - Reduced waiting times in the community - Cancellation of NEPTS patients journeys and timely return home after hospital appointments is a key area of concern from patients attending routine hospital appointments - Key themes also highlighted concerns about long waits, the impact of psychological harm, as well as the overall timeliness across all service areas. Patients expressed anxiety about our ability to provide a prompt response in emergencies or when accessing services.

3.2 What are our colleagues' priorities?

We continue to actively engage with colleagues across the Trust to understand the issues that matter to them most. These insights not only guide the development of our future service plans but also help us identify the day-to-day challenges that affect our people. Further detail is set out in **Appendix 1**.

We use a range of mechanisms to hear from colleagues, gather feedback and understand their experiences:

- **NHS Staff Survey** – provides vital insights into people's experiences, perspectives, and priorities, helping us shape the working environment.
- **Regular Pulse Surveys** – targeted, timely checks aligned to priority areas emerging from the Staff Survey.
- **WAST Live** – a regular MS Teams session where the Executive Team shares updates on matters affecting our people and responds directly to their questions.
- **CEO Roadshows** – twice-yearly, face-to-face engagement with colleagues across Wales.
- **Cultural Metrics** – a mix of qualitative and quantitative indicators that track the impact of our People and Culture Plan.
- **Workforce Metrics** – highlighting key workforce challenges and areas requiring action.
- **Our People Networks** – supporting a culture of belonging, inclusion, and active participation

Our People & Culture Plan metrics show that we are broadly on the trajectory we expected. There are encouraging signs that our collective efforts are creating positive movement in the right direction. However, we recognise that more progress is needed, something reflected in the latest staff survey findings and wider colleague feedback.

While many issues and concerns raised can be resolved at operational or directorate level, ongoing commitments are embedded within our IMTP to ensure we continue responding to what our people have told us. Feedback shows that we must sustain our cultural transformation and strengthen our change-management capability as we progress towards our strategic ambitions. We are using these insights to shape our forward plans, ensuring we prioritise the areas that matter most and continue to build momentum.

Initial feedback from the NHS staff survey shows that around two thirds of respondents are proud to work for WAST and almost three quarters are willing to go the extra mile at work. However, less than half of respondents look forward to going to work and less than half do not feel involved in changes that affect their work area, team or department.

Fig 3: Summary of staff feedback



3.3 Our operating and financial context

The external operating context will continue to be challenging throughout 26/27 and beyond. The key priorities, decisions and direction set out in this plan have been shaped by, and are responsive to, the complex operating environment in which we operate. The graphic below describes

Overview of the key external operating context and influences



Demographic Changes:

Responding to the impacts of an ageing population, living longer often in poor health with chronic or long-term health conditions.



System Challenges:

Challenges across the whole health system to manage the increasing and more complex demands placed on health care services across Wales.



Political Environment:

The uncertain political environment in Wales and across the United Kingdom. The upcoming Senedd elections in May could mean a new government in Wales. This could result in significant changes to the way health services are delivered across Wales and changes to the ministerial priorities for health and social care.



Financial Challenges:

The financial context remains challenging for public services with difficult choices needed to deliver high quality services within a challenging financial envelope.

3.4 Our Performance in 2025/26

Integrated Care (NHS Wales 111 & 999 Clinical Support Desk)

The Trust has delivered a **999 demand consult & close rate of 19.6%** (YTD to Jan-26). This is material uplift from the previous peak of 15% prior to the Clinical Model Transformation Programme. The Trust maintained its **P1 111 performance at or just below the 90% target** through 2026/27. The financial year 2025/26 has also seen the most significant change to the 999-emergency ambulance pathway in a decade. The introduction of the new Ambulance Performance Framework, alongside the evolution of the Trust's Integrated Clinical Services Model, has enabled the organisation to move forward with a new operating model aimed at improving clinical outcomes, reducing avoidable harm, and strengthening integration within the wider health system. This transformation has placed a much bigger emphasis on early remote clinical intervention i.e. screening and assessing 999 calls.

Whilst there are many positives, the Trust has a modelled **consult & close benchmark of 22%**, which suggests further potential for this metric. P2 and P3 performance has declined sharply since September 2024, which initially was due to a change in how the metric is recorded i.e. when a call back is attempted v answered by the patient, but there a further decline through winter 2026/26. This is now a key area of concern for the Trust.



NHS 111 call handling performance is challenging with the **abandonment rate averaging 12.7%** (YTD). An independent review of the Trust's 111 rosters has identified that, even with efficiencies, the Trust cannot consistently deliver the 5% abandonment rate or the P1-3 targets and would need more staff to do so. The review also identified that 111 abstractions were below the benchmark and recommended a higher benchmark.

In the new clinical response model, the time to consultation i.e. the wait time from the initial remote screening of a 999 call through to the start of a remote assessment by Integrated Care is also an area of focus. The median times are consistently under 30 minutes, but the 90th is in a two-to-four-hour range. The Trust is in dialogue with the JCC regarding potential changes to the 111 metrics.

EMS

As above, the financial year 2025/26 has seen the most significant change to the 999-emergency ambulance pathway in a decade. The introduction of the new Ambulance Performance Framework, alongside the evolution of the Trust's Integrated Clinical Services Model, has enabled the organisation to move forward with a new operating model aimed at improving clinical outcomes, reducing avoidable harm, and strengthening integration within the wider health system.

The new Arrest (Purple) category is focused on patient outcomes, ideally the survival rate from a cardiac arrest, which the Trust is working on linking data with health boards, so it can report on this. As an interim the "outcome" is the **ROSC rate**, which has been an upward trend with a **22% YTD rate**. The new **Arrest (Purple) median and 90th have been consistently inside the 6–8-minute range** and 20-minute back stop since the start of this category in July 2025.

Whilst the new Arrest category performance is a positive, the new **Emerg (Red) category has been consistently outside of the 6–8-minute range and the 20-minute back stop**. Analysis indicates this is a product of insufficient response capacity, rather than the new model. The analysis also identified that the deflection rate from RCS0, which is the screening of some Emerg incidents was not delivering the potential level of deflection into Integrated Care, although it should be noted that the combined Arrest and Emerg demand for Dec-25 was lower than old Red for Dec-24, so the year-on-year increase has not happened this winter.



As a result of the earlier remote clinical interventions in the 999 emergency care patient pathways **patient cancellations have reduced**, but **remains high, with an average of 7,079 patient cancellations per month** (Apr-25 to Jan-26).

December 2025 saw phase 2 of the Ambulance Performance Framework go live, with the introduction of the new Now (Orange), Soon (Yellow) and Planned (Green) categories. It is still very early days, but the stroke call to door times and STEMI call to door times for January 2026 were the longest since Apr-22, when the Trust started reporting these metrics. A potential cause is the increased number of touchpoints in the new clinical model i.e. the remote clinical screen and remote clinical assessment times, and insufficient clinical capacity at these various touchpoints.

A key area of development in 2026/27 will be data linking to enable the Trust to track the survival rates in its cardiac arrest care pathway. The Trust will model what response resources it requires to respond to the new Arrest and Emerg categories and lower handover, so that emergency ambulances are free to respond to these incidents remains key. In 2025/26 the Trust **lost an average of 15,341 emergency ambulance unit hours to hospital delays**. The Welsh Government Wait 45 hospital handover reduction initiative wants to see the average handover time reduce to 45 minutes, which would equate to 6,500 lost hours.

Ambulance Care

Ambulance Care consists of NEPTS and UCS providing non-emergency patient transport to planned appointments, discharge & transfer and planned HCP one-to-four-hour transports into hospitals. The headline metrics for NEPTS are oncology and renal, in bound arrival times, have been consistently achieved through 2025/26.



Whilst the headline metrics are encouraging, patient cancellations are a particular concern. In 2025, the service completed 552,602 journeys, but a further **184,901 were cancelled** of which:

- 56,220 journeys were cancelled by hospitals (7.6% of total demand)
- 38,116 journeys were cancelled by patients (5.1% of total demand)
- 29,434 journeys were cancelled under the Clinical Management Plan (no renal & oncology cancellations) (3.9% of total demand)
- 63,368 journeys were cancelled within 4 hours of booked time (non-CMP)

The two key metrics for **discharge & transfers are <60 minutes and same day (four hours), for the year to date these performed at 80.6% and 94.9% respectively**. The Trust has actively supported the planned care additionality (200,000 appointments) with minimal issues recorded from a transport perspective.

Whilst discharge & transfer performance is stable and the planned care additionality has been accommodated, the level of short notice bookings is an issue for the Trust, for example, in Jan-Feb 2026 **5,667 bookings were received under two hours before the required travel time**.

Our People

The three headline metrics for our people are sickness, turnover and the PADR rate. The Trust's **overall sickness rate is 9.23%** (Dec-25), which whilst affected by seasonality is higher than the Trust would want, with the IMTP ambition remaining 6%. Within this figure there are areas of focus. Integrated Care's sickness rate is 14.35% (Dec-25) and Ambulance Care's 12.34% (Dec-25). Corporate functions are generally lower than front line, but Quality & PTR is particularly high at 22.23% (Dec-25).

Overall **WAST turnover is at 7.98%** (Dec-25), having gone over 10% during the pandemic, it is now considered to be at appropriate levels in most parts of the Trust. There are two main areas of focus with higher turnover, EMSC and Integrated Care. EMSC is seeing a downward trend from its highs of 15% but remains above 10%. Integrated Care remains above 15%.

The **PADR rate was 76.48% in December 2025**, with the 85% rate last being achieved in December 2022. The Trust has recently reviewed its approach to PADRs and is currently piloting a new approach with the aim of improving the quality of the conversations and the completion rate.

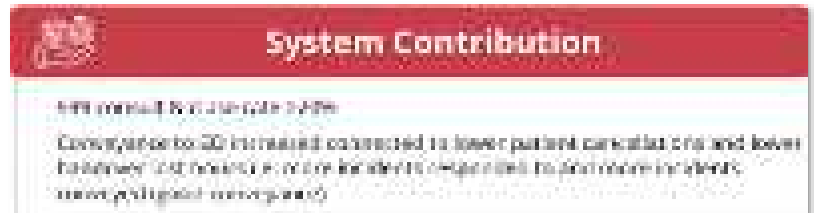
The 111-re-roster review identified that the existing rosters are a material factor to high sickness and turnover, with a major shift in approach now being implemented. There has been high engagement from staff and TU support for this project.

The **NHS Staff Survey completion rate** for WAST in 2025 was 43.2%, up from 35.2% in 2024 and 23.2% in 2023. The Trust continues to place a major emphasis on its People & Culture Plan, including staff well-being, the ability to speak up safely and sexual safety.



System Contribution

A key area of interest from Welsh Government is the 111 digital front end and how this can be used more effectively to manage patient demand across the urgent & emergency system. The Trust went live on its **virtual agent "Albot"** in August 2025. Early data shows a **patient activity level of 5,000 to 6,000 interactions a month**. **Symptom checkers** completed averaging **10,107 per month** and **website hits 408,987**, both stable, but no upward trend, however, the Trust is currently undertaking a project to substantially overhaul and update the 111-symptom checkers and this IMTP includes a key deliverable to develop a business case for the wider 111 digital front end in 2026/27



There was a noticeable reduction in 111 demand passing through to urgent & primary care, as a result of the go live on the new 111 CAS in April 2024 with **ED outcomes stable** in the **range 13.1% to 15.4%** in 2025/26, year to date.

At the start of the 2015 clinical response model the Trust was conveying 18,000 EMS patients to EDs per month. There has been a gradual downward trend since 2015 and in February 2025 the **Trust conveyed 10,174 EMS patients to ED**. Since Feb-25 there has been a noticeable reversal of trend, with an upward trend, which has coincided with the changes the Trust has been making through its new clinical model. The earlier remote clinical interventions have reduced patient cancellations and this, plus lower handover levels, has meant the Trust has reached more patients that do require conveyance to ED. In Dec-25 the Trust conveyed 13,983 patients into ED. The JCC strategic review of WAST will provide further information how well the Trust performs in terms of its conveyance level, but previous work undertaken by the JCC indicated that conveyance levels were lower in Wales, with the likely cause being the disincentive of high hospital handover lost hours. As per the Ambulance Care section above, cancellations are a problem and will need a more strategic and collaborative conversation with the JCC and health boards in 2026/27.

For both EMS and Ambulance Care the Trust will need to continue to engage with the wider system on reconfigurations, which we may expect to increase as financial constraints increase, and ensure that the transport changes of these reconfigurations are modelled, understood and supported.

The Trust has a unique position in the system and a strategic opportunity to service pre-hospital and support flow from hospitals, but its ability to respond to EMS patients in the community, the core of the service, continues to be affected by high hospital handover lost hours. There has been a material reduction in handover lost hours in 2025/26 with a 31% reduction year on year (April to January comparison), but levels remain some distance from the 6,000 hours the Trust's EMS rosters are designed to cope with, at a monthly average of 15,341 lost hours (W45 would equate to 6,500 hours).

Finance & Value

With the reduction in hospital handover lost hours there has been a noticeable uptick in the average jobs per shift by Emergency Ambulances, which has traditionally been below 2.5 jobs per shift, but increased to over 3 jobs per shift for five months in 2025/26. This is above an independently modelled benchmark for EMS.



APP utilisation is an area of focus. APPs will be re-rostered in 2026/27 and this, plus work on Power BI reporting, will enable a clearer understanding of the productivity (utilisation) and benefits (see & treat) of APPs.

The level of NEPTS cancellations is inefficient and not good value and will be an area of focus in 2026/27 (see above section on Ambulance Care performance).

Finally, the Audit Wales 2025 Structured Assessment and Annual Audit Summary have, once again, highlighted Trust Board's strong financial stewardship and the robustness of the Trust's governance, planning and financial arrangements, but as the financial environment becomes more challenging, the Trust will need to continue to strengthen its financial management and oversight. The detailed performance profile is set out in **Appendix 1**

3.4 What are our legislative, policy and strategic drivers?

The adjacent graphic summarises the key legislative, strategic and policy drivers that have informed and influenced the focus of this plan. In line with the structure of last year's IMTP, this year's plan is framed around the six strategic objectives set out in our long-term strategy. This approach ensures that there is a clear 'golden thread' between our key commitments and aspirations for the next three years and the ambitions articulated in our strategy.



Fig 4: Overview of external drivers

We recognise, however, that the plan could equally have been structured around other key strategic or policy drivers, such as our well-being objectives or the Duty of Quality. Whilst it is challenging to frame a single plan around multiple drivers, we have sought to demonstrate alignment by including a detailed cross-referencing matrix (see appendices), showing how our key IMTP deliverables support and connect to the wider set of national and organisational drivers.

The Well-Being of Future Generations Act and Well-Being Objectives

The Well-being of Future Generations (Wales) Act 2015 is a unique and important piece of legislation designed to ensure that public bodies are delivering and developing services that are sustainable and that secure the social, economic and cultural futures of young people, as well as those yet to be born.

The Trust published its wellbeing objectives in March 2025. During 2025/26, work has been undertaken to reflect the wellbeing objectives in governance and decision-making processes. We want to ensure that decisions at Board and Executive Team level, as well as throughout our organisation, reflect what we are trying to achieve through our wellbeing objectives, and that we consider the impact of what we are doing in the context of the Act. This, however, is the first IMTP where we are embedding those wellbeing objectives into our activity and ambition, marrying up our priorities with both our wellbeing objectives and our organisational strategic priorities.

Fig 5: WAST Wellbeing Objectives



As we move forward through 2026/27 and beyond, we will be working closely with partners, including the Office of the Future Generations Commissioner, to ensure our Board and our people understand more about those commitments, and that decision-making at all levels of the organisation reflects them.

'A Healthier Wales'



Our long-term strategy, and this plan, continue to set out the role the Trust has to play as a key care provider to support the refreshed actions set out in the NHS long term strategy for Health & Social Care 'A Healthier Wales'. Our plan continues our journey to evolve our services to best meet the needs of the population and the system, supporting the shift towards more joined-up community-based care.

Ministerial Priorities & Enabling Actions

The Trust has an active and important role to play in supporting delivery of the six key Ministerial Priorities. The focus and commitments outlined in our plan across both our transformational agenda and service- level delivery seek to maximise our contribution to these priorities. Our commitments are outlined in the completed Ministerial Priorities templates (see appendices) and furthermore this is included in our wider IMTP alignment mapping exercise (see appendices). In addition, we have also completed the 'enabling actions template to set out the areas / actions that are directly applicable to the Trust (see appendices for further detail).



National Programmes

The Trust welcomes the establishment of the Community by Design (CBD) Transformation Programme. The ambition to integrate services within communities and move care away from acute hospital settings aligns with the organisation's long-term strategy, commissioning intentions and the evolution of our integrated clinical services model. We believe this programme will build on the positive collaborative work already underway by the Trust, Health Boards and Six Goals programme to design and deliver more joined-up and seamless care across urgent and emergency care.

We remain fully committed to working in close collaboration with partners to help drive forward the CBD transformation programme and Urgent and Emergency Care priorities. We recognise the important role the Trust plays in delivering a modern and effective urgent and emergency care service across Wales. Further detail on how we will continue to engage with partners and support strategic service change to drive change at national, regional and local levels are included in section 4.11.

Key Legislation

The **Health and Social Care (Quality and Engagement) (Wales) Act** and the **Duty of Quality** underpin our approach to strategic decision-making in WAST. All strategic decisions made to deliver the IMTP are subject to Quality Impact Assessment (QIA) and Equality Impact Assessments (EQIA), and both assessments have informed the development of this plan. Shaping our priorities, we have considered and incorporated the Health and Care Quality Standards throughout. Section 8 sets out the specific work we are progressing to measure and manage quality and performance in accordance with the Act and aligned to 'A Healthier Wales', the long-term strategy for health and social care.

We are guided by the statutory provisions set out in the NHS Wales Planning Guidance including, but not limited to, the Duty of Candour, Listening to People regulations, equality legislation and More than Just Words action plan.

3.5 What do our commissioners say?

WAST is commissioned by the Joint Commissioning Committee (the JCC), which represents the seven health boards in Wales, who have responsibility for population health. WAST received a set of commissioning

intentions from the JCC for 2026/27 for the three patient pathways: 999 emergency ambulance, NEPTS and NHS 111, that it is commissioned to deliver. Overall, WAST is supportive of the draft intentions and recognise that there is close strategic alignment between the JCC ambitions, the Trust's ambitions expressed in our Long-Term Strategy, and IMTP ambitions.

Fig 6: Summary of WAST Commissioning Intentions 2026/27



The broad purposes of the commissioning frameworks, to shift demand left, to get patient care right first time and treat patient demand at the earliest point of contact with the health care system, remain as relevant as ever. In fact, they are increasingly important, as every additional contact point carries additional cost.

Clearly, with the lack of additional finance for growth in the system, the draft intentions place more emphasis on making best possible use of the existing resource envelope, whether through productivity, utilisation, optimisation, benefits realisation, or industry benchmarks. We believe we have a strong track record in delivering challenging efficiency work. For example, by Q1 next year we expect to have re-rostered all major patient resource groups across the Trust, including CHARUs, EAs, 111 CHs, 111 Clinicians, NEPTS and APPs. The Trust holds extensive productivity-related metrics, but these need to be surfaced more effectively, made more explicit and easier to access. This will be a key area of focus for 2026/27.

The Trust has submitted a separate response to the Ambulance Services & 111 Commissioning Review Scope 2025/26 (a productivity review) and the JCC has started to engage the Trust in the review. The review is strategic in nature, so will not look at day to day management, but will cover three main patient pathways that WAST is commissioned for: 111, 999/EMS and NEPTS, and will also look at corporate services and third-party provision. A key aspect of the strategic review will be the use of NHSE's Opportunity Framework.

Fig 7. NHSE Opportunity Framework

This Opportunity Framework will enable a comparison across the six areas above, the Trust's relative position and identify opportunities for productivity gains. The strategic review will also look at the existing frameworks, and whether they are fit for purpose, historical trends in activity, performance and spend and the use of technology. The Trust



understands that the JCC may also, separate to the review, adopt an approach of “deep dives”, something the Trust has done internally into its committees, and is happy to support.

This strategic review needs to be seen in the context of the challenging financial position for the JCC. In previous years, the Trust has been supported by commissioners on investments in support of patient safety, for example, closing the EMS relief gap (+263 FTEs), but for 2026/27 the JCC position is that any initiatives that the Trust wants to support, aligned to the commissioning intentions, will need to be funded through internal movements. That said, the Director of Commissioning for Ambulance Services & 111 is supportive of the Trust’s new clinical response model for 999 patient and its integrated connected with 111. Further discussions are required regarding the 111 front end and longer-term vision for the 111 service. For NEPTS, the ongoing challenge of being unable to meet patient demand, due to patient, health board and WAST CMP cancellations, requires a more strategic and collaborative approach during 2026/27.

The ACCTs commissioning intentions in many ways reflect the same points as the commissioning intentions for WAST, namely a focus on alignment, optimisation, improved clinical outcomes, value and data linking, all things WAST is working on within its CMT programme. The ACCTS commissioning intentions also identify a specific action to “undertake a strategic review aligned to health board clinical service redesign” and to implement the recommended outcome of a hosting review for the service which is currently hosted by Swansea Bay University Health Board.

Similarly, the EMRTS commissioning intentions contain the same shift of emphasis as WAST’s commissioning intentions and focus on key words like “optimisation”, “productivity”, “value”, underpinned by a wider focus on outcomes, which requires data linking, a key issue also for WAST. The JCC intention for 2026/27 is to revise the EMRTS commissioning framework and to review opportunities for improving clinical outcomes and patient safety through the alignment of EMRTS and emergency ambulance service infrastructure, where it is clinically safe and appropriate to do so. It is not clear what this means at this stage, but WAST will need to engage in both the revision of the framework and the work on alignment.

Finally, in 2024/25 the previous commissioning arrangements moved into the JCC and there have been changes in personnel within the JCC, including a new Director of Commissioning for Ambulances & 111, and of course a new CEO in WAST. As a result, neither the commissioning governance arrangements nor informal relationships are as mature as they were a few years ago, at a time when the operating context is becoming much more financially challenging. Both parties have identified a need to work on these and WAST has welcomed the recent starting of monthly JCC/WAST Executive to Executive meetings, as a way to improve engagement. The strategic review may offer an opportunity to move to a single commissioning framework for WAST, which the Trust would welcome. And the Trust is planning to review and update its Long-Term Strategy which will offer a major way in which WAST can engage with the JCC. More immediately, the Trust will need to engage and explore options for NEPTS with the JCC during 2026/27 and try and lift the debate with health boards to a more strategic one on future options for the service.

3.6 What are the risks that we are managing?

Corporate Organisational Risks

The Trust continues to operate in a highly pressured and rapidly evolving environment, and our risk profile reflects both the complexity of the system we work within and the scale of transformation underway.

Our Board Assurance Framework (BAF) provides a clear line of sight between our principal risks, the controls in place, and the assurances we receive. These risks directly shape the priorities and deliverables set out in this plan and underpin the actions we will take to mitigate these risks. The refresh of our long-term strategy beginning in 2026/27 provides an excellent opportunity to align our risks to delivery of strategic objectives and to the recently approved suite of risk appetite statements.

Decision making across the IMTP period will be informed by the Trust's agreed risk appetite. Our risk appetite statements provide a clear framework to guide strategic, operational and resource decisions, and support a consistent and transparent approach to balancing risk and opportunity in the delivery of our strategic objectives. This approach enables informed, proportionate and timely decision making, ensuring that risks are considered, managed effectively and remain aligned with Board expectations and organisational priorities.

The following four corporate risks are all scored above 20 and dominate our organisational risk landscape. This plan has been developed to further embed our continued efforts to mitigate and manage these risks. A summary of the Trust's principal risks is set out in **Appendix 1**.

Table 2: Overview of highest Corporate Risks

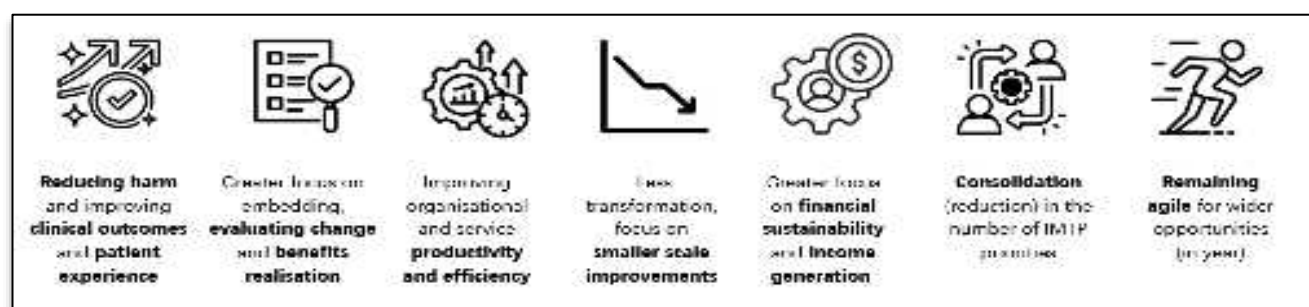
ID	Risk	Score
224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe and Effective Service for Patient	25
223	The Trust's inability to reach patients in the community causing patient harm and death	20
260	A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems	20
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	20

3.7 Positioning our Plan

In developing our plan, we have taken time to talk with our people to understand how they are feeling and to gauge the organisational temperature as we have delivered our ambitions set out in recent plans. We received honest feedback that the organisation has been running hot for a sustained period. On reflection the last 18-24 months has been an intense period of organisational transformation and change, requiring considerable effort and energy from across the organisation. This has contributed to some fatigue and a sense of batteries running low (see section 3.2).

We have actively considered this feedback, alongside the direction set out in the planning guidance and the recognition that historically, we have been over-ambitious in the breadth of commitments we have taken on. As a result, we have positioned our plan around a set of principles and key areas of focus, outlined in the graphic below.

Fig 8. Overview of underpinning planning principles



3.8 How our plan is structured

The section of the plan sets out our key deliverables and commitments for each of our six strategic objectives that underpin our long-term strategy 'Delivering Excellence'. As noted previously, a detailed cross-referencing document is included in the appendices demonstrating how each IMTP deliverable aligns with wider policy, legislative and strategic drivers.

The Trust has a strong track record of delivery against the commitments set out in previous IMTPs. In this plan we have committed to a more consolidated set of IMTP deliverables to ensure that we are focussed on the key priorities which can be successfully delivered within the organisation's current resources Within the three-year delivery period. This is reflective of the NHS Wales planning Framework that emphasises the priority on productivity and efficiency and that this is a non-investment plan.

The commitments in this plan have been developed, prioritised and agreed through a detailed collaborative process with internal leads and stakeholders. Deliverables have been identified and prioritised against our key drivers, organisational risks, patient feedback, and analysis of performance data and system intelligence. To strengthen triangulation with our performance and workforce data, each strategic objective includes an overview of the key measures and metrics (aligned to our MIQPR), that will be influenced by the deliverables and associated work.

Our IMTP Priorities & Key Deliverables

Our Patients

4. Strategic Objective 1: Providing the right care or advice in the right place, every time

This strategic objective is driven by the evolution of our **integrated clinical services model** and delivery of our frontline clinical services. The following sections outline the work underway as part of our cross-organisational Clinical Model Transformation Programme and its underpinning work streams, alongside the specific developments being taken forward within each of our frontline clinical services.

4.1 New Ambulance Performance Framework

The Trust went live in 2025/26 on phases 1 and 2 of the Welsh Government's New Ambulance Performance Framework (APF). These changes formed part of the Trust's wider Clinical Model Transformation Programme.



Phase 1 (June 2025): Introduction of the new Purple Arrest and Red Emergency response categories and outcome measures, replacing the previous Red category.

Phase 2 (December 2025)- Introduction of three new response categories (Orange Now, Yellow Soon and Green Planned), replacing the previous Amber and Green categories. This model focusses on the principles of a Time, Purpose and Skill response to all calls ensuring patients receive the most appropriate response to

meet their individual needs and promote improved outcomes. This phase also included the introduction of new Rapid Clinical Screening categories (RCS1, RCS2 & RCS3) to reflect the clinical urgency and clinical need of the patient following initial screening for a more thorough remote clinical assessment.



The changes to the APF were introduced to move away from time based (process measures) as the primary measure of quality and performance to clinical outcomes. For the new Purple Arrest category, the primary measure focuses on ROSC as the core clinical outcomes alongside measures aligned to the Chain of Survival, with secondary time-based measures also captured.

This change, delivered to time, is the biggest change the Trust had made to its 999 ambulance care pathways in 10 years and supports the evolution of the Trust's clinical model, to put patient outcomes and not simply time at the heart of what we aim to deliver. The Trust is closely monitoring the early impacts of the changes

to the APF and continues to focus on embedding the changes to the clinical service model whilst a formal academic evaluation is undertaken. The new Ambulance Performance Framework and Categories is outlined in the table below.

Table 3: Overview of new Ambulance Performance Framework

	Category	Description	Aim	Measures
Respond immediately	PURPLE: ARREST	Cardiac or respiratory arrest	Increase ROSC rates	• ROSC rate • Median time to identify cardiac arrest • Median time to commence CPR instruction • Median time for defibrillator arrival • Median response (5-5 minutes) • 90th percentile (20 minutes)
	RED: EMERGENCY	At high risk of cardiac or respiratory arrest	Prevent deterioration into arrest	• Median response (5-5 minutes) • 90th percentile (20 minutes) • Outcome measure (Pain, NEWS, Spo2)
Time sensitive	ORANGE: NOW	Likely to need diagnostics and transport to hospital or specialist care e.g. a person in stroke or heart attack	Rapid arrival of specialist or emergency care facility as soon as possible	• Median response of most appropriate resource • 90th percentile • Stroke care bundle inc. call to door median and % arrival at specialist site • STEMI care bundle inc. call to door median and % arrival at specialist site • Further measures developed over time
Assess and respond	YELLOW: SOON	Further clinical assessment with potential to support remote clinical decision making for alternative pathway, and/or discharge at scene, and/or planned transport to treating facility, e.g. a person with a suspected broken leg	Prevent unnecessary escalation of care	• Median response of most appropriate resource • 90th percentile • % by disposition
Planned response	GREEN: PLANNED	High potential for discharge at scene or referral to community or another planned pathway e.g. a person with epilepsy	Right response for need	• Median response of most appropriate resource • 90th percentile • % by disposition

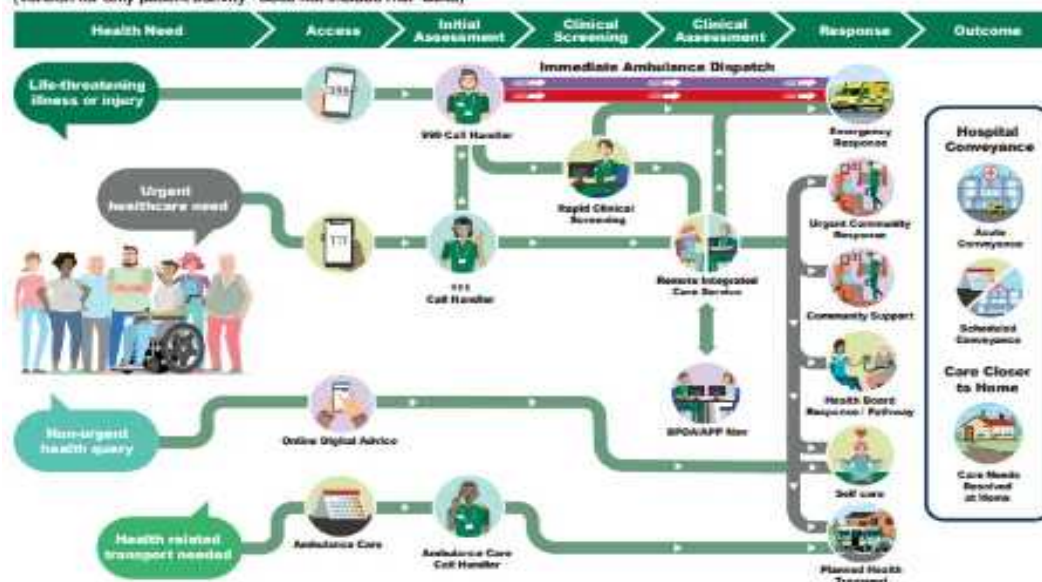
4.2 Clinical Model Transformation: Evolving our Clinical Services Model

We are now in the third and final year of our ambitious Clinical Model Transformation (CMT) Programme, evolving our Clinical Response Model into an integrated Clinical Services Model.

The new model moves away from the traditional conveyance-based emergency response, bringing together our three core services - Emergency Medical Services (999), NHS 111 Wales, and Ambulance Care (Non-Emergency Patient Transport Service) – into an integrated, clinically-led service. The refreshed model is built on the approach of “no wrong door” for patients to ensure equitable access to services based on clinical need, regardless of the method of contacting the ambulance service. The graphic below sets out the detailed blueprint of our new integrated clinical services model that brings together our core services into a seamless model of care.

Our Future Integrated Clinical Services Model

(Version for only patient activity - does not include HCP Calls)



The clinical model has been designed and is underpinned by the following five key principles: (1) **Clinically** led decision making, (2) Enhancing system **Connectivity**, (3) **Care Planning** and stronger clinical oversight, (4) Offer **Choice** through diversified response options, and (4) strengthened **Collaborative** pathways.

The trust has made considerable progress since initiation of the programme two years ago. Starting from an early blue-print design to the implementation and functioning new model of care, with further work planned for the final year of the programme.

The first year of the programme prioritised rapid service improvements to enhance safety over winter which included the introduction of Rapid Clinical Screening and new Clinical Navigator role, development of the 'Winter Desk', embedded our Advanced Paramedic Practitioner (APP) Navigator model and undertook a range of key tests of change including APP scheduling. In year two we introduced the New Ambulance Performance Framework and Call Category changes which was the biggest and most complex organisational change since the Clinical Response Model changes in 2015. We also tested a new digital assistant (Albot) in NHS 111 Wales, implemented our Community Welfare Responder roles, and implemented key changes to support the full implementation of our Remote Integrated Care Service (bring together our remote clinicians across NHS 111 and 999 Clinical Support Desk towards a single function).

We still have work to do in year three of the programme (2026-27) to fully embed key elements of the model, with a key focus on continuing to improve productivity and realise the key patient, service and system benefits. This work will be delivered by the recently established Benefits Realisation work stream and will be triangulated with the findings and recommendations from the independent academic evaluation (see section 4.4) and outputs of the Joint Commissioning Committee (JCC) strategic review of our emergency ambulance service.

Long term modelling shows that as the model embeds and demonstrates its benefits, we would be able to start adjusting the balance of resources, so that more resources are directed to the access points in 111, 999 & ambulance care and alternatives to a face-to-face response, with potentially less requirement for emergency ambulances. However, this substitution of resources will take time over the period of this IMTP in the absence of 'pump prime' investment. We recognise however that the model is continuing to be embedded and there are some areas of pressure and performance challenges that can be expected in the early periods of embedding a new clinical model. We have therefore taken a decision within our financial plan for 2026/27 to ring fence a pot of growth monies (as set out in our financial plan) that will be used to increase workforce capacity in key functions of the model to improve care and reduce harm. This could include additional workforce capacity in our remote clinical service (e.g., RICS clinicians / Clinical Navigators) and in our Urgent Community Response (e.g., APPs). The determination of the roles and additional capacity is being considered urgently by the Clinical Model Transformation Board and will be agreed in Q1.

4.3 Academic Evaluation

A formal independent multi-year academic evaluation has been commissioned with Edge Hill University (in partnership with Swansea University) to evaluate the Ambulance Performance Framework and changes to the Clinical Services Model as part of the CMT Programme.



The evaluation methodology is being developed and key activity for FY26/27 includes preliminary data collection, documentary analysis, and the development of qualitative research components such as stakeholder interviews, focus groups and staff surveys. The final evaluation report is planned for September 2028, but interim evaluations on the APF phase 1 and phase 2 are expected after an initial run of 12 months of data from the go live of each respective phases, with provisional planned date of Sep-26 and Feb-27. The Clinical model evaluation will be phased with interim findings to understand the impact of the changes and to identify opportunities for continuous improvement and further optimisation. The academic institutions are currently focused on developing the evaluation methodology and this will require up front agreement with

the wider system and stakeholders on the methodology which will be led by the Director of Commissioning for Ambulance Services & 111.

Data linking has been identified as the highest risk to the evaluation and benefits realisation. Currently, the Trust cannot follow a patient across the breadth of their care journey and in the wider system, for example, 30-day, 60-day and 90-day survival rates for patients in the Purple Arrest category. A key area of work during 26/27 will be actioning a plan for delivering sufficient linked patient data, so that both WAST and its stakeholders can form a fuller impact of its transformation on patient outcomes (see section 6.2).

4.4 Benefits Realisation, Productivity & Efficiency Improvements

A key focus of this plan is to embed and realise the benefits of the clinical service model changes and to improve the productivity and efficiency of our clinical services model. To achieve this, we will triangulate the key inputs and intelligence from the following three key inputs to support the development of key improvement plans to be delivered by the respective CMT work stream / functional service area. This joined up and triangulated approach will enable the organisation to consider the breadth of intelligence to support with the prioritisation of improvement activities delivered through a co-ordinated and structured approach to maximise efficiency, delivery and assurance.



(1) **Benefits Realisation Work Stream:** We have established a Benefits Realisation Workstream, taking over from the previous CMT Metrics Workstream, to focus on measuring and driving out the benefits of the model changes with a balanced focus on “Our Patients, People, Value and the System”. This internal to WAST workstream will focus on identifying the opportunities to improve the productivity and efficiency across our clinical services model.

(2) **Independent Academic Evaluation:** The key outputs and intelligence from the APF and Clinical Services Model evaluation will be fed into the Benefits Realisation work stream to further inform the respective improvement plans.

(3) **JCC EMS (Ambulance) review:** The outputs and recommendations of the JCC review and benchmarking exercise will provide a further lens of rich intelligence that will also inform the productivity and efficiency improvements for our Emergency Response Service.

It is also important to note that the focus on productivity and efficiency improvement is not only limited to our frontline clinical services. Through the delivery of our Financial Sustainability Programme (FSP) (see section 9.1) and delivered through directorate level actions, we will also be heavily focussed on driving improvements across our corporate and wider organisational functions.

In addition to the quantified savings outlined in our financial plan, we recognise the importance of quantifying the productivity gains we anticipate that we can achieve as a result of key actions and improvements outlined in this plan. Whilst there is further work for us to do as part of our FSP and commitment to deliver greater value for money and quantify expected productivity gains. In section 9.3 we have included some initial work to quantify the productivity gains for four key areas of improvement (Sickness absence reduction, Increased APP utilisation, NEPTS roster review and a reduction in handover delays).

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Benefits Realisation, Productivity & Efficiency	1.	Complete a formal academic evaluation of the Clinical Model and Ambulance Performance Framework changes to understand the benefits, impact and opportunities for improvement			
	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			

4.6 Accessing our services

This section of the plan sets out the work we will be undertaking to improve and enhance the way our services are accessed through both our digital front end and telephony services in 999 and 111. The table below outlines our improvement expectations, the key performance metrics we will monitor, and our performance ambitions aligned to our monthly Integrated Quality Performance Report (MIQPR) and other key metrics. Alongside the performance ambitions we set out to achieve.

Our Improvement Expectations: - Patients will have a better experience accessing our services through multiple and telephone 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 Digital Access - Number of patients using our 111 Virtual Assistant 'ALbot' option - NHS 111 Wales website hits - No of patients accessing the online symptom checkers 999 and 111 Telephony 999 calls answered (volume) 999 calls answered within 6 seconds, Median and 95th percentile - NHS 111 calls answered (volume) - NHS 111 Call handling abandonment rate (MIQPR)	Our Performance Ambitions: Drafting Note – ambitions being finalised for inclusion

Online digital advice

Across NHS Wales, there is an opportunity to work with partners to build on our digital platforms to maximise support for patients, carers, citizens, call handlers and clinical advisors. The NHS 111 Wales website remains a key priority, and we see opportunities to align its development more closely with the Welsh digital and data strategy. In the longer term the NHS Wales App is likely to become a key digital gateway for urgent care advice and signposting, and our digital offer will need to be able to integrate with it. Over the next 3 years, we aim to move towards closer integration of our digital and telephony channels so that patients can move seamlessly between them.



We recognise that delivering a modern, **integrated digital platform for NHS 111 Wales**, supported by a dedicated multi-disciplinary team and underpinned by an effective Content Management System, will require resourcing and technical infrastructure that is not currently prioritised within the Trust's financial plan. Pending future decisions on funding, we will continue to make incremental improvements to the NHS 111 Wales digital offer and maintain dialogue with Welsh Government and commissioners on how a sustainable digital front end could be taken forward on behalf of the wider system. As part of this, we will begin to consider whether there are opportunities over time to flex resources between telephony and digital channels as demand evolves.

Following clinical and technical development work already undertaken, this year will focus on embedding the new compliant **Online Symptom Checkers** and evaluating the **Virtual Assistant "ALBot"** to understand feasibility, user experience and potential for wider adoption. We will continue to maintain our

internal directory of services (DOS) and remain an active partner of the All-Wales DOS discovery and consultation work to support the development of an NHS Wales DOS.

As the national position becomes clearer, we will refine our long-term approach to NHS 111 Wales online development, ensuring that future development aligns with user needs, technological advancements, and opportunities to integrate with national platforms such as the NHS Wales App.

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Maximising our digital front end	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 multidisciplinary team			
	4.	Replace the outdated Online Symptom Checker (OSC) tool to align with the 111 Call Prioritisation and Streaming System (CPSS)			

Accessing our services through 999 and 111 telephony (call handling)

High quality and timely call answering performance for patients contacting via 999 and NHS 111 Wales telephony line are key to excellent patient experience and provides confidence in our services.

999 Call Handling

We have delivered significant improvements in our 999-call handling performance in the last 12 months, performing well against the 95% call answer within 6 seconds performance target. To maintain our focus on meeting expected performance levels we will continue to ensure that we have sufficient staffing levels in place. This will be achieved through proactive recruitment and a continued focus on managing sickness levels to ensure we have sufficient capacity to meet demand, and we can achieve our performance targets. In addition, we will be undertaking further work to explore how our 999 call handlers can utilise the Call Prioritisation Streaming System (CPSS) used by NHS 111 call handlers to help find the right outcome for suitable lower acuity 999 patients (this is further described in section 4.8)



NHS 111 Wales Call Handling

Call answer times for patients contacting us via NHS 111 telephony continues to be challenging and performance against our key performance targets is below where we would like it to be. We recognise that some patients are waiting longer for their call to be answered and this can lead to higher levels of call abandonment. We are working hard to improve performance which has included the piloting of the new NHS 111 digital assistant (Albot) to help resolve patient queries through the digital interface to reduce overall call volumes (this is further explored in section 4.6).

The outputs of the recent demand and capacity review of 111 Call Handlers demonstrated that the current 111 Call Handler establishment is below the required level to consistently achieve the current performance targets. As part of this work, we have engaged in dialogue with commissioners to review the current call answer targets. We are pleased of the support from commissioners to adjust the way call handling performance will be measured, adopting the median and 90th percentile times for call answer, whilst continuing to monitor call abandonment rates.

Due to the challenging financial position, we have been unable to prioritise any additional growth in our NHS 111 call handling capacity for 2026/27. To drive improvement, we will continue to focus on improving the productivity and efficiency of our 111-call handling function. This will include sustaining our 111-call handling workforce and recruitment to the commissioned staffing levels, whilst taking forward the next phase of the rostering practice review and undertaking a comprehensive review of our 111 call handling rosters in accordance with the 2026/27 commissioning intentions. This will help us to better align our call handling

capacity to the changing patterns of demand and improve our call answer times and to help reduce the call abandonment rate. We will also continue to prioritise our focus on maintaining staffing levels through effective management of sickness absence.

4.7 Our Emergency Response

This section of the plan sets out the work we will be undertaking to improve our emergency medical response. The table below outlines our improvement expectations, the key performance metrics we will monitor, and our performance ambitions aligned to our Monthly Integrated Quality Performance Report (MIQPR) and other key metrics. Alongside the performance ambitions we set out to achieve.

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.	
Primary Clinical Outcome Measures - Return of Spontaneous Circulation (ROSC) at hospital - Stroke, STEMI and NOF call to door times - Chain of survival metrics (e.g. Time to identify Cardiac Arrest, Time to commence CPR instructions) - Patient experience measures Secondary Process Measure: - Arrest (Purple) median & 90th percentile - Emerg (Red) median & 90th percentile - Now (Orange) median & 90th percentile Other measures: % (to plan) EMS hours produced - Handover: Wait 45 delivery and total lost hours - No of patients with No Send or Cancelling Ambulance - Pan Wales shift overruns	Our Performance Ambitions: Drafting Note – ambitions being finalised for inclusion Drafting Note – ambitions being finalised for inclusion

The emergency response CMT work stream has been instrumental in delivering the changes to Ambulance Performance Framework over the last 12 months. Post implementation this work stream has been re-calibrated to focus on two key areas of development to drive patient and system improvement. This first area of work is the delivery of the Out of Hospital Cardiac Arrest plan (aligned to the introduction of the new Purple Arrest category) to improve cardiac arrest survival rates across Wales. The second key area of work is the collaborative review of the process to support healthcare professional requests for ambulance transportation.

Out of Hospital Cardiac Arrest (OHCA) Delivery Plan

The OHCA delivery plan is a joint programme by the Welsh Ambulance Service NHS Trust (WAST) and Save a Life Cymru (SaLC), developed in response to the Welsh Government's request for a rapid review to accelerate improvements in OHCA outcomes in Wales. The plan aligns to the new Emergency Ambulance Performance Framework, which places a stronger emphasis on clinical outcomes. It sets out a balanced programme of

short-term, high-impact actions during FY 2026/27 designed to secure immediate gains in community readiness and access to defibrillators, as well as the foundations required for longer-term cultural and system-level improvement.



Aligned to the internationally recognised Chain of Survival, the plan focuses on raising community awareness, improving access to life-saving interventions such as CPR, early defibrillation, post resuscitation care and strengthening data and analytics to support continuous improvement. This clinically led, system-wide approach brings together NHS services, emergency responders, Community First Responders (CFR's), GoodSAM responders and community partners to ensure every person experiencing a cardiac arrest has the best possible chance of survival.

Supporting the emotional wellbeing of bystanders and responders remains an important consideration. Providing or witnessing CPR can have a lasting impact on individuals involved. SaLC, in collaboration with the Resuscitation Council UK, has developed a suite of wellbeing resources, including a freephone support line staffed by qualified nurses. WAST has begun implementing this initiative and will continue to work with emergency service partners and healthcare providers to ensure consistent availability of support across Wales.

This programme directly aligns with the Trust's Wellbeing Objectives by empowering communities, reducing avoidable harm, improving health outcomes, and addressing inequalities across Wales. It also reflects national priorities within UK ambulance services, including strengthening the Chain of Survival, enhancing the contribution of volunteers and increasing the confidence of the public to act decisively when faced with cardiac arrest.

While Public Access Defibrillators save lives, their placement across the UK remains inconsistent, with some high-risk communities receiving limited coverage. The adoption of a data-driven optimisation approach will address this challenge directly and represent a significant advancement in equitable provision of this life-saving equipment.

We recognise Research Development & Innovation (RD&I) to be core to the delivery of clinical services and have long and productive partnership such as those with the landmark PARAMEDIC Trials and UK Out of Hospital Cardiac Arrest Outcomes registry. The development and delivery of these studies rely on significant input and leadership from our teams, and the knowledge we produce influences international guidelines, local practices and has informed our new clinical response model.

We have set ambitious aspirations within our RD&I plan which includes deliver of our current portfolio, and current applications under review by funders, for high quality clinical research in areas such OHCA, Point of Care Testing and Drug overdose. We will also continue to develop our partnership our partnership SaLC and Cardiff Metropolitan University to understand the challenges of implementing *successful* CPR training in schools in Wales and establish a co-produced learning continuum for basic life skills and CPR familiarisation across the key stages within the Welsh curriculum.

The OHCA Improvement Plan offers a clear, evidence-informed and collaborative approach to improving cardiac arrest outcomes across Wales. By strengthening public readiness, improving access to rapid life-saving interventions, enhancing clinical pathways and investing in high-quality data and analytics and research, WAST and SaLC aim to build a sustainable, resilient and equitable system that gives every person in Wales the best possible chance of survival.

As we go forward into this next year WAST and SALC are keen to work across system partners to develop a multi-year plan to set out its ambition for improving outcomes from cardiac arrest. We aspire to make Wales the safest place in the world to have a cardiac arrest. This will require learning from international leaders in the field, organisations that have invested for the long term and generational changes to how society intervenes to both prevent and respond to cases of out-of-hospital cardiac arrest.

Healthcare Professional Flows



Calls from Health Care Professionals (HCPs) represent a significant and clinically complex element of our emergency and urgent workload. Ensuring these calls are **handled consistently, safely and proportionately is essential** to delivering **the right care for patients** and supporting system flow.

Historically, HCP calls have been **managed through multiple processes and legacy protocols**, dependent on patient location, acuity and point of access. This variation has **increased complexity for call handlers**, limited the ability to reflect clinical diagnosis within symptom-based protocols, and created inconsistency in prioritisation and response for similar clinical presentations.

As part of the Emergency Response workstream and the wider Clinical Model Transformation programme, a **review of HCP call flows has been undertaken** to align processes to a clinically prioritised system. This work **recognises the professional assessment provided by HCP callers** while ensuring robust, auditable decision making at the point of call receipt.

From 2026/27, the aim is to **transition to a more appropriate model for HCP calls** which moves away from processing calls as is done for a member of the general public to ensure the most appropriate responses and care can be provided based on an HCP assessment. This approach will remove the reliance on obsolete protocols, will simplify call handling and supports clearer linkage between clinical need, prioritisation and resource allocation.

This change strengthens patient safety, improves consistency of response irrespective of location, enhances audit and reporting capability, and supports the Trust's move away from purely time-based measures towards a clinically led emergency response system.

Improving our Orange 'Now' response



As part of our Benefits Realisation workstream, we are interrogating the activity and processes informing the categorisation of calls requiring a face-to-face response. Early analysis has indicated that there is a greater 'volume' of calls being categorised for an Orange 'Now' than anticipated. This has resulted in more calls requiring a more urgent ambulance response and is in part impacting our ability to send timely response to some of our higher acuity patients, such as stroke, trauma and heart attack calls. We believe that there are some call complaints that may be over-triaged and selected for an Orange 'Now' response which are safe for a Yellow 'Soon' response. We are undertaking a piece of work to interrogate the data and decision making to review the activity currently sitting in the Orange 'Now' category. This will help to ensure that we prioritise those calls more effectively to receive a timely response.

In addition, we also recognise the challenges responding to these time critical patients in our communities. To help improve 'call to door times' we are undertaking a piece of quality improvement work, with assistance from the Quality Improvement (QI) team and colleagues in NHS Performance & Improvement (NHS P&I) to review how we best prioritise and respond to these calls and maximise efficiency and effectiveness in their management.

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Efficient and effective dispatch of the right resource	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			
	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			

Operational efficiency & effectiveness



The Trust continues its attention to strengthen operational efficiency through improvements in controllable elements of the incident cycle time, for example, mobilisation and on scene time. This continued focus on improvement will help to improve operational capacity to increase ambulance availability to respond to emergency calls in the community. We are also continuing to focus on targeted recruitment (including CHARU expansion), and rural operating models aligned to population need. In addition, the **commissioner led review into ambulance productivity** will help to provide key benchmarks, intelligence and insights into the key areas where improved productivity and efficiencies can be achieved. These findings will form another key stream of service intelligence that will also feed into the outputs of the benefits realisation group and academic evaluation.

The Trust recognises that there is a need, wherever possible, to provide an equity of service across all areas of Wales. Geographically we recognise that there can be **variation in service provision across more rural areas of Wales**. We are committed to addressing this challenge, and we are developing a comprehensive briefing on service provision, patient outcomes and opportunities for change to be shared with commissioners by the end of March 2026.

E-timesheets: Work has continued in collaboration with key internal stakeholders to develop an electronic solution for the management of monthly staff timesheets to replace the manual processes currently in place. The implementation of an electronic solution will help to make the process of completing and reviewing monthly timesheets efficient and less time-consuming for staff and line managers.

In 2026/27 we will continue the internal work as part of the e-timesheet project to develop the technical specification for the proposed electronic solution. This will be submitted to the external supplier for costing, which will inform an internal cost benefit analysis to make a decision regarding the affordability of implementing the electronic solution within this planning cycle.

Hospital Handover Delays and Shift OVERRUNS

Handover delays remain one of the most significant system pressures, resulting in capacity loss and delayed responses. The Trust is actively engaged in the national 'Release to Respond' initiative, supported by regular dashboard scrutiny and collaboration with health board partners to reduce risk and improve patient flow. The work undertaken by Health Boards to improve the handover position in line with the Ministerial Advisory Group recommendation of 'no handover taking longer than 45 minutes is recognised, noting the wider performance target for hospital handover remains 15 minutes. Whilst



improvements have been achieved, this unfortunately has not been geographically consistent nor sustained, and more work is required to continue to improve the ambulance patient handover times to ensure a reduced risk to community patients requiring a timely ambulance response. The Trust will continue to support key national initiatives to support system improvement (including any further NHS Re-sets) and play our role through our internal efforts to evolve our clinical model to drive system benefits to flow and capacity. The projected productivity gains for our APP improvements are set out in section 9.3.

A dedicated working group continues to drive actions to reduce shift overruns. Key initiatives include implementation of a revised Shift Start and Finish standard operating procedure (SOP), smart tethering trials, end of shift handover pods, and ongoing wellbeing measures such as support for protected meal breaks. The consequence on our people of prolonged handover delays is not to be under-estimated.

It is a source of significant frustration for our people, hindering staff and volunteer fulfilment of their reasons for joining and can lead to moral injury. The Trust continues to take all reasonable steps to meet the wellbeing needs of all our people.

Skill Mix

In the previous IMTP we set out the work we were undertaking to review our emergency ambulance (EA) skills mix. This review was undertaken in response to the new UK national job profiles and introduction of the Emergency ambulance Practitioner role (EAP). By introducing this role, it meant that there were three grades of crewing for EAs (B6 Paramedic, B5 EAP and B4 Emergency Medical Technician (EMT)). These changes support improved succession planning and career framework for our clinical staff. It meant however, both Paramedics and EAPs can now be lead practitioners on an EA.



Given our new clinical model, it's been important to review the crewing matrix for our EAs to help us ensure we send the most suitable crew to an incident. We have looked at what is clinically safe for our patients and what best utilises the skills and experience of our colleagues. We have undertaken this work in partnership with our trade union partners and held a series of skills mix workshops including an options appraisal. We reviewed our crewing mix as part of a transition to our future clinical model. We set out our aim to reach a skill mix of 75% of EAs are paramedic led and 25% EAP led. This is from the current crewing mix position of circa 84%. We are continuing to work in partnership with our TUPs and whilst a consensus was not achieved, we continue to work together as changes begin to affect. These changes will be implemented through a formal programme of work in partnership TUPs.

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Efficient and effective dispatch of the right resource	7.	Operationalise the key recommendations of the Emergency Ambulance (EA) skill mix review			

4.8 Remote Integrated Care

This section of the plan sets out the work we will be undertaking to improve and enhance the way patients receive a remote clinical assessment. The table below outlines our improvement expectations, the key performance metrics we will monitor, and our performance ambitions aligned to our Monthly Integrated Quality Performance Report (MIQPR) and other key metrics. Alongside the performance ambitions we set out to achieve.

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: 111 outcomes (in particular, to 999 and ED) % and activity consult & close - Time to remote clinical assessment	Our Performance Ambitions: Drafting Note – ambitions being finalised for inclusion



The Remote Integrated Care Service (RICS) continues to evolve as a cornerstone of our clinical services model, bringing together the remote functions of NHS111 and 999 into a single, coherent service that supports patients to access safe, timely and appropriate care. As demand for urgent and unscheduled care rises, RICS enables us to deliver high -quality clinical assessment, helping patients remain safely at home wherever possible while relieving pressure on frontline services.

We recognise that our remote clinical assessment service forms one part of a wider system offer for remote care. This presents a clear opportunity for us to work with wider system partners and national programmes to strengthen our role within the wider health and care eco-system to bring together our collective services into a joined-up system wide solution, nationally or regionally. This important work has the potential to create a seamless, modern and patient centred remote care offer that can deliver significant patient and system wide benefits by ensuring that we best utilise our collective resources more effectively and avoid potential duplication. We recognise that there is a wider policy and strategic appetite to explore this and we welcome the opportunity to work up and support a national / regional solution.

In addition, we will continue to work closely with national programmes and wider system partners to further develop the collaboration and join up with other key remote care infrastructure in place. This will include the continued work to support fully realising the benefits of the Health Board led **Single Points of Access** (SPOAs) to improve access to community-based services. Alongside the joint work underway with the Six Goals programme to test and roll out the **Clinical Consultation Before Conveyance Initiative** (CCBC).

As we move towards full implementation of the RICS model we recognise that there are opportunities to improve the timeliness for patients to receive a remote clinical assessment. Recent demand and capacity modelling has indicated that there are capacity gaps in our remote clinical workforce to meet current demand levels. We will therefore consider additional growth in our remote clinical workforce as part of the CMT growth monies described in section 4.2 to increase capacity in our remote clinical services in 2026/27.

We recognise that sickness levels across our remote clinical workforce are higher than we would expect. We will be undertaking key work to improve sickness levels across the team. Aligned to this we will be continuing to strengthen the education and professional development of our clinicians. This will include delivering structured learning and professional development programmes focused on the skills required for remote clinical practice, building staff confidence and capability. We remain committed to building a culture that reflects the values of a modern remote clinical service. Over the next year, we will benchmark the current cultural baseline, strengthen team engagement, and introduce mechanisms that promote professional accountability and continuous improvement. High-quality remote care depends not only on robust systems and pathways, but also on a workforce that feels valued, supported and connected.

A key area of focus for 2026/27 is to continually refine, evaluate and improve key functions and processes across the RICS model and will be informed by the findings from the benefits realisation work stream. This will help to identify opportunities to increase productivity and efficiency of our remote clinical model to

improve patient care and increase & enable our clinicians to be more productive to deliver a more timely remote clinical consultations.

Throughout 2025/26 RICS has implemented several new processes and functions, and it is essential that these changes undergo rigorous evaluation to understand the impact on patient outcomes, safety and system flow. A key area of focus will be the **evaluation of the Falls Desk** and continued discussions with Welsh Government regarding the continuation of this function following the current arrangements (further information is provided in section 4.9). Building on successful pilots, such as the 'Winter Desk', where an average of 33% of calls were consulted and closed through appropriate signposting, we will explore opportunities to apply similar models more widely, for example respiratory desk.

There are two key areas of digital development we will be taking forward to enhance and improve our remote clinical care offer.

The first key development is the introduction of a **single clinical queue**, on the current CAD, for 999 and 111 patients requiring a remote clinical consultation. This will bring together all of the patients accessing via 999 or NHS 111 requiring a remote clinical consultation into a single queue. This is a critical area of work to help formalise the RICS model of care and will help to standardise clinical queue management for our clinicians to manage the 999 and 111 activity.

In addition, we are we are also continuing the work to test the use of the **111 Call Prioritisation Streaming System (CPSS) to support the management of some appropriate 999 calls**. This builds on previous work to 'warm transfer' lower acuity 999 calls to a 111-call handler to be taken through CPSS to find a suitable outcome or advice and avoid an ambulance response. The next phase of this work is to pilot a small number of suitably trained 999 staff who will be able to use both the 999 Medical Priority Dispatch System (MPDS) and CPSS (where suitable) to find the right outcome for the patient.

As we move through the FY26–29 period, RICS will continue to **shape the way unscheduled care is delivered across Wales**, strengthening our ability to provide **consistent, safe and person-centred remote care**, improving sustainability, and supporting better outcomes for the people we serve.

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Optimisation of the RICS offer	8.	Implement a Single RICS clinical queue to streamline Remote Clinical Consultation and standardise clinical queue management across 999 and 111 services			
	9.	Work with supplier to pilot and evaluate the alignment of MPDS and CPSS			
	10.	Optimise and evaluate current provision of the falls desk to inform delivery of the function post current funding arrangements			

4.9 Urgent Community Response

This section of the plan sets out the work we will be undertaking to improve and enhance our urgent community response (UCR) offer. The table below outlines our improvement expectations, the key performance metrics we will monitor, and our performance ambitions aligned to our Monthly Integrated Quality Performance Report (MIQPR) and other key metrics. Alongside the performance ambitions we set out to achieve.

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 activity see & 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 Performance Ambitions:

Drafting Note – ambitions being finalised for inclusion

Managing more care at home and reducing conveyances to hospital

We recognise that a significant proportion of the calls from service users are not critical emergencies and whilst still presenting with a pressing care need, do not necessarily require the immediate attendance and conveyance within an emergency ambulance. Where existing pathways of care do not exist within the community, we are continuing to develop a consistent approach to urgent community care across Wales. This service offering is designed to better meet the needs of our patients who present through 999 and 111, where historically an ambulance despatch would have been the only option. It will include face-to-face interventions, such as rapid falls response, advanced paramedic care.

This approach will improve access to community-based care, prevent unnecessary emergency department conveyance, and ensure equitable service delivery.



We recognise that our urgent community response forms an important part of the WAST core service and continued engagement to work with partners to meet key national initiatives aligned to the Community Capacity Ministerial Objective, emerging Community by Design programme and the wider U&EC priorities. We are fully committed and will build on our engagement and involvement in key programmes to date to support the development of joined up system solutions. We also recognise that there are key areas of improvement so that we best utilise our precious community resources to support the safe and effective management of patients in community settings. The key opportunities and areas of improvement are described in the sections below, and this work is underpinned by our continued focus on the clinical data and intelligence to support learning that builds up from individual clinician level.

Falls Service Provision

Falls is one of our highest call complaints by volume across Wales with over 55,000 verified incidents in 2025 (equating to circa 15% of verified 999 activity). We recognise that there is an opportunity at a system level to consider how we best utilise all of the falls services and capacity in a more joined up and systematic way to best meet patient needs and deliver greater value for money on what is spent on falls across Wales. We aspire to undertake a national falls summit with key partners and stakeholders to explore the opportunities for greater system join up and collaboration.

We continued to make tangible improvements in the management of falls during the last year, in 2025 we received c. 414,000 calls, of those over 56,000 were falls incidents, which was the single largest cohort of calls received. There was a 5% increase in falls calls in 2025 compared with 2024. Falls consistently make up 13% of all calls since 2018.

We continue to have had significant engagement with Six Goals leads on the design and implementation of the National Community-Based Falls Response Framework for Wales. We delivered specifications for both Falls Responders (Level 1) and Enhanced Falls Responders (Level 2) and have undertaken a scoping exercise to align all our falls responders to these specifications and identify areas where further development is required.

Falls response has been positioned as a 'Ministerial Priority', with additional target outcomes aimed at a reduction of conveyance of falls incidents by the end of the year. As a result of this target the Welsh Government has given additional funding which, alongside colleagues from Integrated Care and EMSC allowed us to stand up the Falls Allocation Desk. This is a Pan Wales desk operational between the hours 07.00-19.00hrs daily, which includes a Falls Desk Clinician (FDC) and a Falls Desk Response Coordinator (FDRC).

Since 'Go live' the falls desk has managed over 1465 incidents, of those 81% received advice to mitigate risk in 2 hours or less and 18% were supported to rise from the floor with advice and clinical support. Of those remotely supported off the floor 83% were off the floor in 2 hours or less. Where a Falls Responder was required to attend, they arrived 'at scene' within 2 hours for 67% of incidents.

During 2026/27 we will continue to evaluate the demand for, and capacity of, Falls responders and review impacts on response times, recognising and responding to developments as the CMT is realised. We will continue to seek and expand both internal and external opportunities to increase resourcing capacity, such as Community Welfare Responder (CWR) falls response training, with a focus on cost effectiveness, against a difficult financial climate, and sustainability into the future. We will look at further developing opportunities with Health Board partners for Enhanced Falls and further remote support.

We also will be piloting a Falls APP; this will be a national role and will support scheduling APP response and/or incident flow to health board-based APP Navigators and SPOAs focusing on the more complex patients that have been identified by the Falls Desk Clinician. This pilot is possible through Falls desk underspend for 2025/26 and only available until year end.

Mental Health Response

Mental health calls account for approximately 10% of 999 workload and can present complex challenges for ambulance crews, usually requiring more time on scene and often resulting in conveyance to emergency departments. Mental health patients generally have a poor experience in emergency departments due to the nature of distress and the busy, noisy environment, they are also more likely to wait significantly longer than other patients; on average facing waits of 5 hours and are twice as likely as the general population to face waits of >12 hours. Additionally, demand has increased and is anticipated to rise further following implementation of the Right Care Right Place policy by Police Forces; evidenced in other areas across the UK where implemented.

There has been a long-standing ambition to implement a dedicated Mental Health Response across the Trust, and additional factors such as the implementation of Right Care Right Person, and subsequent alteration in police response to Mental Health calls, have acted as a catalyst for a revised approach to support WAST's ability to respond appropriately to the expected increase in mental health specific referrals.

We have continued to pilot crisis intervention models to explore their impact on patient care and how they can deliver wider system value. This has included piloting a mental health response vehicle (MHRV) across southeast Wales. Whilst the initial evaluation demonstrated patient experience benefits, that were equally valued by responding clinicians, the impact for WAST in isolation meant that greater value is achieved by utilising the clinical expertise and capacity to enhance our remote clinical offer and, maintain our generalist resources for face-to-face emergency responses. We have taken considerable learning from the Pilot and

remain committed to exploring system and national opportunities to invest in this important area through the Welsh Government Mental Health and Wellbeing Strategy Improving Access workstream.

Advanced Practice

Advanced Practice offers the people of Wales timely access to highly skilled clinicians who can manage increasing level of complexity and frailty by providing advanced assessment, patient centred decision, navigating access to alternative pathways or provide appropriate treatment at their preferred place of care (including medications).



Our Advanced Paramedic Practitioners (APPs) are an integral part of our urgent community response, playing a vital role in supporting patients to be safely treated and managed at home or in the community, avoiding conveyance to hospital. A key focus of this plan is to maximise the utilisation and contribution of our APPs to see and manage more patients at home (increasing our See & Treat) to improve patient care and experience, whilst also supporting the wider system by avoiding additional demand placed on secondary care (e.g., Emergency Departments). To help deliver this improvement we will be continuing the work to review our APP rosters and to introduce APP scheduling (both are further described in this section). The projected productivity gains for our APP improvements are set out in section 9.3.

Our ambition has been to grow our advanced practice workforce; this continues to be our ambition with an additional 10 APPs in 2025. As part of the CMT growth monies we will explore the opportunity to increase the APP workforce within the available financial head room during 2026.

Over 2025 we have expanded the local community-based navigator (APPNAV) role, to a more equitable and consistent service offer for all seven Health Boards. During 2025, we successfully transitioned from Emergency Communication Nurse System (ECNS) triage software to APP Advanced Questionnaire Module (AQM) and thanks to the team's dedicated and support this was completed a month before schedule. Throughout 2026 and beyond we will look to engage with Health Board colleagues to look at ways of strengthening collaboration and integration within their Single Points of Access (SPoA).

The role of palliative care paramedics has grown in recent years, working in two Health Board areas (Cardiff & Vale and Swansea Bay). They are having a profound impact on our ability to care for people in the final days of life at home without the need for conveyance to hospital. The role has evolved from a rotational model with palliative care services to clinically led deployment by APP navigators in Health Board clinical hubs in those areas. During 2025 we took the next step in the future palliative care paramedic offering developing the specialism within the Advanced Practice (APP) establishment. Marie Curie charitable funding provided an opportunity to support the initial cohort of APPs with both education and placement. We will look for further opportunities with Health Boards and look at how these can be incorporated within the existing APP workforce demands.

Work is continuing through 2026 on the APP Roster Review, currently updated demand-based roster keys are being drawn up, and this will allow for local level discussions on rosters. This will optimise APP availability for patient care while aligning rotational responsibilities, such as primary care duties and remote clinical roles, with operational demands.

Following several PDSA improvement cycles, UCR Scheduling was introduced in December, though unfortunately it had to be paused as demand outstripped resource availability. The process has been reviewed, and it is planned to be reintroduced from March 2026. Scheduling will look to maximise the utilisation of specialist resources to 'See and Treat' suitable patients within community settings, to reduce demand on the Emergency Department 'front door' and increase available capacity within EMS Operations and RICS Hear and Treat. It is initially planned to operate in just a few Health Board areas and then look and expanding as resources come available through the associated APP Roster Review process.

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Optimising our Advanced Practice Offer	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			

4.10 Non-Emergency Patient Transport

This section of the plan sets out the work we will be undertaking to improve our non-emergency patient transport service. The table below outlines our improvement expectations, the key performance metrics we will monitor, and our performance ambitions aligned to our monthly Integrated Quality Performance Report (MIQPR) and other key metrics. Alongside the performance ambitions we set out to achieve.

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: % NEPTS activity cancelled (by Capacity Management Plan, by patients and by health boards) - Renal repeated cancellation rates - Oncology journeys arriving within 45 minutes in advance and 15 minutes after appointment (NEPTS) - Advanced discharge & transfer journeys collected less than 60 minutes after booked time (NEPTS)	Our Performance Ambitions: Drafting Note – ambitions being finalised for inclusion	

Our non-emergency patient transport services (NEPTS) provide two key functions: transport to and from oncology, renal and routine outpatients appointments and discharges and transfers from hospitals. The services support significant numbers of people across Wales, transporting over 500,000 patients to their appointments each year.

Over the last few years, demand patterns have changed, which has meant that we have been unable to service all of the eligible demand. The result is that there are a number of patients that have their transport cancelled, sometimes at very short notice. This clearly provides a poor patient experience (this is a key theme of the concerns and complaints we receive) and also has the potential to affect patient health outcomes if patients are unable to access the secondary care that they require.

We will be taking decisive action in 2026/27 with the establishment of a NEPTS Improvement Programme Board. The purpose of this programme board is to provide the leadership, direction and oversight to deliver a range of key improvements to improve the timeliness and capacity of our NEPTS resources to improve patient experience and mitigate current performance challenges.



As part of this improvement work, we will review our NEPTS rosters to enable better alignment of our NEPTS resources and capacity to better meet patient's transport needs. Early modelling has indicated that better alignment of our NEPTS rosters to match the demand profile could provide efficiencies to undertake up to an extra 18,000 journeys per year. The projected productivity gains for our NEPTS roster improvements are set out in section 9.3.

We also want to build on and expand the encouraging improvement work undertaken to date in collaboration with Hywel Dda University Health Board to better align our internal booking systems. This work has improved the co-ordination and management of NEPTS appointments and helped to reduce on the day cancellations to free up resource to undertake more journeys. This work has allowed the service to avoid an additional 300 short notice cancellations per month, increasing available capacity. If replicated in other Health Board areas / Pan Wales this would increase capacity and allow the service to transport more patients per day.

We also want to work with commissioners and Health Boards to reduce inefficiencies that impact upon resource capacity. Key areas of this include exploring the reduction of 'wait & returns', reducing our job cycle time at hospital, and improving engagement and integration with Health Boards when they are making planned changes to services that require the support of NEPTS resources.

As part of our digital development, we will be providing patients access to digital tools that provide the functionality to book, view and track patient journeys digitally to improve patient experience and reduce short notice cancellations. Other key areas of work will include improved access to and use of key data and intelligence to drive further operational efficiencies.

The board will also provide a formal setting to consider and support the work led by the JCC to develop and embed the 'future vision' for the service. In addition to the internal improvement actions, we recognise that there are some external factors that policy leads / commissioners may want to consider that could support the management of NEPTS activity and drive sustainable improvements in the quality and value of the service. This includes engaging a conversation to consider the opportunity to review the current All Wales Eligibility Criteria for patient transport. We are also keen to understand the broader system's appetite / plans to increase for the provision of virtual / telephone outpatient appointments which could help to decrease the demand for planned transportation.

In taking forward these actions, we will be 'pausing' the 'Health Transport' CMT work stream, whereby we were exploring the role of NEPTS to support and enable the transportation of low-acuity patients to hospital following clinical review and assessment as part of the integrated clinical services model. Whilst we see this as an important aspect of the continued evolution and integration of our services, the priority for year one of the plan (26/27) is to focus and deliver sustained improvements to our core NEPTS provision. This work alongside the work to develop the NEPTS vision will provide us with the intelligence to consider undertaking a strategic Demand & Capacity review of NEPTS in year two of the plan. This will require consideration and discussion with commissioners and the NEPTS commissioning groups.

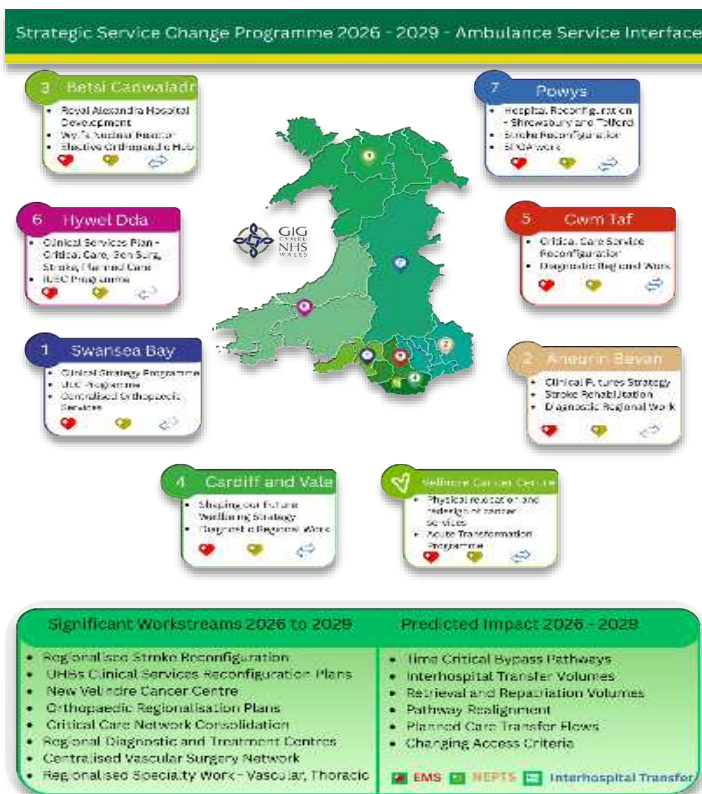
Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Improving our non-emergency patient transport service	12.	Establish a NEPTS improvement programme and detailed plan to increase the productivity and efficiency of the NEPTS service to address current performance challenges and risks. Improvement actions 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)			
	13.	Undertake a strategic service review of NEPTS			

4.11 How will Health Board strategic plans affect us?

We recognise that a key focus of our partners plans includes changes to the way services are delivered to best meet the changing health needs of the population. This includes large scale service transformation programmes across a national, regional and Health Board footprint alongside more localised changes in how services are delivered.

Our core services are recognised as a key enabler to help support the implementation of these strategic / transformational and local service changes that are taking place across NHS Wales. This could include how our Emergency Medical Services support changes across Urgent & Emergency care provision or how our non-emergency patient transport service can support changes in the transportation requirements for outpatient appointments or the discharge & transfer of patients between hospital sites.

We continue to work collaboratively and proactively with national programmes, Health Boards and key partners across Wales. The map highlights some of the key changes we are currently involved with / sighted on. Key changes include national / regional changes in **Stroke provision** and the **Health Board level Clinical Service Plans** including the planned changes across **Hywel Dda University Health Board**.



For effective planning it is important to engage in early and meaningful communication with our partners so we can best support these changes. We need to remain flexible to support the priorities across NHS Wales whilst recognising and fully understanding the impact and capacity requirement on our services.

4.12 Emergency Preparedness, Resilience and Response (EPRR) and specialist operations



As a Category One responder under the Civil Contingencies Act 2004, **we remain committed to emergency preparedness**. Our continued focus on the risk presented as a consequence of the Manchester Arena Inquiry is a key driver for improvement. Whilst we continue to await a definitive response from Commissioners on those outstanding aspects which require additional funding, and because we must continue to demonstrate progress, we are taking steps to progress higher priority outstanding initiatives within existing funding. However, this is only

achievable through disinvestment elsewhere. This includes:

An Incident Response desk; A dedicated control room resource tasked with dispatch of all command and specialist assets, as well as national oversight of all ongoing large or complex incidents and an increase in **operational commanders in North Wales**.

We will also pursue our case with Welsh Government for funding to progress the uplift of **Hazardous Area Response Teams** (HART) operatives in South Wales, ensuring that teams are equipped to maintain resilience and meet operational demands. In parallel, we will develop the case to seek to Welsh Government to establish a dedicated HART presence in North Wales, addressing regional risk profiles and ensuring equitable access to specialist response.

Further, we will complete the operational roll out of our **Specialist Operations Response Team** (SORT), focusing on enhanced training, capability development, and operational processes. This will ensure SORT is agile and responsive to both routine and extraordinary incidents, supporting our statutory duties and wider system resilience.

With several **UEFA Euro 2028** fixtures scheduled to take place in Wales including the opening match and a leg of the **Tour de France**, we must proactively plan to ensure robust emergency preparedness and response. This includes scenario planning, multi-agency exercising, and increased response capacity arrangements to safeguard public safety during these major events.

In 2025, we reviewed the **Wales Risk Register**, and assessed our preparedness for key risks facing Wales, including terrorism, cyber threats, infrastructure failures, extreme weather, state threats and health hazards. Using a national scoring framework, we benchmarked our plans, training, and capabilities, identifying both strengths and areas for improvement. This review ensures our emergency planning is evidence-based and responsive to Wales' unique risk landscape. In the forthcoming year, we will strengthen this work by validating our findings, highlighting any gaps, and embedding action plans into our three-year EPRR programme, ensuring continuous improvement and resilience for the people of Wales. Subject to our capacity, it is also our intention to test our Pandemic Plan ahead of winter pressures commencing in 2026.

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Fulfil our statutory requirements for civil contingencies	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			
	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)			
	16.	Deliver the Covid Inquiry recommendations to enhance organisational readiness for major incidents			
	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			

4.13 Volunteers

The final year of the 5-year Volunteer Strategy has seen significant development in technological solutions for volunteers with the launch of our volunteer management system, Assemble. Our volunteers play a key part in our new Integrated Clinical Services Model, with Community Welfare Responders providing eyes and ears to nurses and paramedics working in the remote setting, enabling more patients to remain at home.



We have also continued to grow our valued volunteer base, recruiting up to our target of 400 Community Welfare Responders, a total of 190 Volunteer Car Drivers and a total number of 470 Community First Responders, alongside those community-based schemes for our alternative responders such as the military and Fire and Rescue Services. A new volunteer pathway has been established to support volunteers to progress through a modular training approach from GoodSam responder, through to Community Welfare

Responder and onto Community First Responder, and a governance framework has also been completed to support our volunteer fundraising activities, aligning closely with our WAST charity.

In 2026/27, we will continue to build on our strong volunteer foundation, developing a staff responder scheme, and implementing our new role for volunteers in major incident and mass casualty scenarios. We will also strengthen how we structure our volunteer teams, drawing on the expertise and guidance of our Volunteer Steering Group as this continues to provide direction and guidance from our own volunteers. We will set out our next steps for volunteering following the Volunteer Strategy, during 2026/27.

Our People

5. Strategic Objective 2: Enabling our People to be the best they can be

This section of the plan sets out the work we will be undertaking to improve the workplace experiences of our people so that they can grow and thrive. The table below outlines our improvement expectations, the key performance metrics we will monitor, and our performance ambitions aligned to our Monthly Integrated Quality Performance Report (MIQPR) and other key metrics. Alongside the performance ambitions we set out to achieve.

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: ▪ % of applicants shortlisted from under-represented groups ▪ 111 calls in Welsh ▪ Sickness absence ▪ Staff turnover ▪ PADR	Our Performance Ambitions: Drafting Note – ambitions being finalised for inclusion

5.1 Our workforce profile

In 2024, we published the **WAST Strategic Workforce Plan 2024-2030**, which sets out key workforce challenges and priorities for the years ahead. The plan brings together our strategic drivers, current and future workforce supply, demand projections and organisational goals. A strategic review of Phase 1 (2024-26) will be released in Spring/Summer 2026, outlining progress made on the plan, and an update for Phase 2 & 3.

Over the past year, significant work has taken place to review the skills mix of our **Emergency Ambulance crews** as part of the Clinical Model Transformation programme and the adoption of the Band 5 Emergency Ambulance Practitioner role. We are now moving into the implementation phase, which will support the organisation in achieving our target establishment in EA frontline roles.

Improving our **Rural Offer** remains a key priority. A task and finish group is focusing on strengthening recruitment within our rural communities, improving engagement, and enhancing support for people interested in a career within WAST in these vital communities.

In 2025 WAST received **15,200 job applications** (average of 1,271 per month) demonstrating a strong and sustained interest across a broad range of roles. Our most challenging area to recruit into continue to be EMSC Call Handlers, Trainee Emergency Medical Technicians (TEMT) and Ambulance Care Assistants (ACA).

We were also proud to be shortlisted for a Health Service Journal (HSJ) Award in recognition of our work to enhance inclusive hiring practices within our Digital Directorate.

Looking ahead, our assumptions for the next three years continue to be based on zero workforce growth within our Ambulance Care and Emergency Medical Services. We anticipate modest growth in our contact centres to support our Clinical Model Transformation with an increase in Remote Clinical Care roles.

Our Integrated Technical Planning Group brings together colleagues across the organisation to work on the holistic picture including workforce planning, clinical skills, education and training, planning, fleet, and estate teams to ensure the organisation is taking a co-ordinated approach to its key resources. This supports a cross-functional approach to developing and deploying our workforce to maximise their impact and productivity. The Minimum Data Set at **Appendix 2** will set out our workforce numbers for this IMTP.

Fig 9. Overview of our people data



5.2 People and Culture

Commitments to our people

Listening to our colleagues remains central to how we shape our priorities. In recent years, feedback gathered through engagement activity, staff surveys and Trade Union partnerships highlighted three key areas of focus within our IMTP: Shift OVERRUNS, Digital Experience, and 1:1 Conversations. Last year, we set clear commitments against each of these, and we are pleased to note the significant progress achieved. This work will continue as we build on the improvements already made.

Shift overruns remain a key area of focus for the Trust. Although improvements have been achieved since last year, with overruns reducing from approximately 3,000 in December 2024 (average duration 41 minutes) to around 2,400 in December 2025 (average duration 35 minutes), there is still more to do. Building on last year's commitment, we will continue to prioritise reducing both the frequency and duration of shift overruns through the established Task and Finish Group. Shift overruns continue to have an adverse impact on our people, and addressing this remains a core area for improvement. In addition, we will continue to actively promote the annual flu campaign and encourage staff participation, with the aim of increasing immunisation rates to protect both our people and the patients we serve.



At the heart of our organisation is a simple belief: our people deserve to feel valued, supported, and equipped to thrive. This year's **People Commitments** outline how we will continue to nurture a culture where everyone feels safe, is able to grow, and experiences genuine wellbeing at work. Our three commitments to our people (**Workplace Safety, Development for All and Wellbeing & Support**) are described in the next section.

People & Culture Plan (3C's Culture, Capacity & Capability)

We continue to deliver our People & Culture Plan through the **3Cs: Culture, Capacity, and Capability**. Our Plan reflects our commitment to an inclusive, compassionate, and engaging workplace where every colleague feels supported and able to thrive.

Fig 10. WAST 3C's



Culture

This year, our culture priorities continue to focus on strengthening psychological safety, belonging, and the overall colleague experience. Our ambition is to build a safe, respectful, and open culture in which colleagues feel protected and confident to speak up. The development of our Speaking Up Safely function, and the introduction of a new detriment risk assessment will help to mitigate risks associated with raising concerns and strengthen a transparent, accountable culture. The implementation of the Anti-Sexual Harassment Policy, reinforced by targeted training for leaders, marks significant step in embedding sexual safety across the organisation and ensuring all colleagues feel respected and protected.

We remain committed to creating a positive and enriching employee experience from the moment colleagues join TeamWAST. The new Corporate Digital Onboarding programme will offer every new starter a streamlined, accessible, bilingual induction that supports early engagement and reduces variation across teams. Complementing this, the Health & Wellbeing Passport will enable more personalised, meaningful conversations around reasonable adjustments and support needs, ensuring colleagues feel heard and valued throughout their employment journey.

We are also strengthening opportunities for growth, development, and fairness in everyday practice. The refreshed PADR process places greater emphasis on high-quality, developmental conversations aligned to Our WAST Way, encouraging reflective, person-centred leadership rather than compliance-driven process. Our commitment to inclusive practice is further demonstrated through delivery of the Strategic Equality Plan and implementation of the All-Wales Accessible Communication and Information Standards, helping to remove communication barriers for colleagues and service users. Our People Networks continue to play a vital role by ensuring lived experience informs meaningful and lasting cultural improvement and remains a powerful driver for organisational change. The refreshed Team Culture Toolkit will offer practical support to help managers regularly review and develop their team culture in line with the Trust's values.

We will continue to strengthen colleague voice and recognition so that every member of staff can shape the organisation and feel valued for their contribution. Enhanced insight from the Staff Survey, combined with Pulse Survey results, will provide richer data on colleague experience and help inform targeted improvements. In parallel, the development of a Recognition Framework will support a more consistent approach to acknowledging achievements across the organisation.

Commitment to our People: 1. Workplace Safety:

We are committed to ensuring every colleague feels safe, supported, and able to work in an environment where speaking up is welcomed and acted upon. In the year ahead, we will continue to strengthen psychological safety, belonging, inclusion, and the overall colleague experience. Key to this is the full implementation of the Anti-Sexual Harassment Policy, and a broader focus on addressing incivility, which will reinforce a transparent and respectful organisational culture. We recognise from our people's feedback that violence and aggression remain a growing concern. Everyone should feel safe while doing their job. We will continue to address these concerns by ensuring staff have accessible and ongoing routes to raise issues and highlight risks through incident reporting. This approach ensures colleagues have choice and control in how they raise concerns. We remain committed to responding to the concerns raised and taking decisive action to address them.



Commitment to our People: 2. Wellbeing & Support

Although our sickness rates remain higher than we would like, the continued work of the People Services team, by supporting managers with sickness absence cases, ensuring consistent application of policy, raising awareness, enhancing wellbeing support, and providing training, coaching, and mentoring, is beginning to make a positive difference. We will continue to build on these efforts to help reduce absence levels further over time. This year, we will place particular emphasis on strengthening our approach to absence management, including the introduction of a new Stress Management Policy. This will support managers to identify early signs of stress and take proactive steps to prevent issues escalating, ensuring colleagues receive timely and effective support. The projected productivity gains for sickness absence reduction are set out in section 9.3. We are also enhancing our organisational change capability through the introduction of change heat maps, providing valuable insight into areas experiencing significant change. This will help leaders to support their colleagues to navigate the volume and impact of change and make informed decisions about the timing, sequencing, and embed evaluation and benefits realisation. In addition, we will continue to actively promote the annual flu campaign and encourage staff participation, with the aim of increasing immunisation rates to protect both our people and the patients we serve.



Capacity

Building a resilient, well-planned workforce supported by effective systems is central to our People & Culture Plan. A key part of this work is ensuring the Trust has the right capacity and mix of skills to meet demand safely. The development and delivery of the Emergency Ambulance Skills Mix Model supports this by providing a structured approach to shaping the workforce around current and future service needs. Alongside this, the creation of an organisation-wide Recruitment Strategy will ensure the Trust can attract and retain the talent required for the years ahead. The delivery of our Inclusive Recruitment Initiatives will further strengthen this approach by supporting the attraction and retention of diverse talent that truly reflects the communities we serve.

Improving the efficiency and accessibility of People Services processes is essential. The Brilliant Basics Programme will help to make things easier, reduce administrative burden, and improve the consistency of day-to-day people processes, supporting our ambition to deliver responsive, user-friendly services for colleagues and managers. Further digital maturity is being achieved through the optimisation of ESR, giving managers the tools to use the system more effectively.

Looking ahead, preparation for the Future NHS Workforce Solution, set to replace ESR, is laying the foundations for a smooth and well-supported transition to the new national system. Through governance,

readiness assessments, and early engagement with teams, we are ensuring the Trust is fully prepared to adopt the platform and make the most of its capabilities. Crucially, the new system will deliver real benefits for our people; greater empowerment through intuitive self-service tools, more efficient and streamlined processes, and improved connectivity of data that reduces duplication and frustration.

In parallel, work to progress **SEQOHS Accreditation** is strengthening the Trust's Occupational Health service and ensuring we meet nationally recognised standards for safe, effective, and high-quality support. As the industry benchmark for Occupational Health, SEQOHS provides independent assurance that our practices meet robust expectations for clinical governance, practitioner competence, data protection, and service delivery. This accreditation is a visible commitment to providing our people with safe, reliable, and high-quality support, reinforcing our promise to care for the wellbeing of our people.

Capability

Strengthening leadership, building competence, and enabling colleagues to grow remain central pillars of the **People & Culture Plan**. This year, we are expanding and professionalising how we develop leaders, support learning, and manage talent across the organisation.

A vital part of this work is our continued investment in social partnership, which is fundamental to creating a healthy culture and a positive working environment. Over the past year, we have seen tangible progress, most notably through co-presenting at the Ambulance Leadership Conference, where we shared our journey to "Walk in Each Other's Shoes" and with **WAST hosting a Social Partnership Conference** for managers and TU partners, bringing together leaders and representatives to learn, collaborate, and strengthen joint problem solving. Planning is already underway for further learning-focused events in 2026, aimed at supporting frontline managers and TU partners to continue strengthening engagement, trust, and shared leadership across the organisation.

We will continue to promote consistent and compassionate leadership. The next phase of **Our WAST Way** is being shaped directly with leader involvement, ensuring the framework is meaningful, relevant, and embedded across both operational and corporate areas. By integrating leadership behaviours into recruitment, induction, and ongoing development, the Trust is reinforcing a coherent set of expectations that support accountability, inclusion, and compassionate culture outlined in the People & Culture Plan. Alongside this, work to strengthen organisational change capability, including improved insight through a change heat map, and further development of a **Change Community**, will ensure leaders are equipped to guide teams through transformation with confidence and clarity.

Enabling colleagues to progress and build fulfilling careers is also central to our capability ambitions. The implementation of the People Development Plan will create a clearer and more consistent approach to learning across roles and professions, offering transparency on the skills, qualifications, and available pathways. The introduction of a structured approach to succession planning and talent management will help identify and nurture future leaders, strengthening organisational stability and reducing capability gaps over time.

Finally, improvements in Education Quality Assurance and Professional Practice will ensure that all training delivered across the Trust is consistent, accredited, and underpinned by high professional standards. This work is essential to maintaining confidence in workforce capability and ensuring that colleagues receive high-quality learning experiences that support safe and effective care.

Commitment to our People: 3. Development for All

In 2025/26, we made good progress towards delivering inclusive and accessible development for all colleagues. This included launching our People Development Plan, establishing an Essential Skills Tutor Team, and investing in leadership capability through Our WAST Way. This year, we will focus on strengthening and embedding this work throughout the organisation. We are committed to ensuring that our recruitment and promotion processes are simple to navigate, consistently fair, while giving colleagues a clear understanding of what we expect from leaders in WAST. Our aim is to ensure colleagues not only develop the right skills but also feel empowered, confident, and fully supported to thrive in their roles, now and into the future.



Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Organisational Culture	18.	Embed the Anti-Sexual Harassment Policy and deliver the supporting implementation plan to create a culture of sexual safety across the Trust			
	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 longterm wellbeing			
	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			
Enhancing Organisational Capabilities	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			
	22.	Enhance managers' ability to lead, navigate and manage change confidently, reinforcing cultural transformation and organisational resilience			
	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 Trustwide Education Quality Assurance by implementing consistent, accredited, high quality curriculum and professional practice standards			
	24.	Design and implement an inclusive Recruitment Strategy that attracts, engages, and retains diverse top talent aligned with our organisational values and workforce needs			
Organisational Capacity	25.	Undertake preparatory work to support the implementation of the Future NHS Workforce Solution (Electronic Staffing Record)			

5.3 Welsh language



Within Wales, the Welsh language is recognised in a similar way to a protected characteristic and is supported by specific legislation to ensure its promotion and protection. The Welsh Language Standards require organisations not only to provide services in Welsh where appropriate, but also to create an environment in which individuals feel confident to use the language and are actively encouraged to do so.

The Trust values and respects Welsh-speaking staff, service users and stakeholders, and is committed to supporting the recruitment, retention and development of Welsh speakers across the organisation. Delivering bilingual services is fundamental to safe, equitable and person-centred care, particularly for the priority groups identified in *Mwy na Geiriau / More Than Just Words*.

Aligned to the More Than Just Words Action Plan and three C's in the People and Culture Plan, the Trust is committed to embedding the Welsh language within organisational culture, communications and service planning. Our approach extends beyond compliance with the Welsh Language Standards; we aim to normalise the use of Welsh and foster a sustainable bilingual ethos, ensuring that compliance becomes a natural outcome of strong cultural integration.

Strong leadership will continue to underpin this work through visible commitment, strong governance and integration within strategic planning. The Trust's active offer sits alongside the Strategic Equality Plan, reflecting the Trust's wider equality, diversity and inclusion agenda. This approach supports the Duty of Quality by recognising language choice as integral to dignity, experience and clinical effectiveness, while

aligning with our commitment to improving patient experience and enabling individuals to raise concerns in their language of choice wherever reasonably practicable.

Workforce development remains a key enabler. During this IMTP period, we will expand access to Welsh language training, promote the Trust's active offer and support staff to use Welsh confidently in both clinical and non-clinical settings, including increased awareness of Standard 110. In partnership with the Welsh Language Commissioner's Office, we will develop and publish a five-year plan for conducting clinical consultations in Welsh, supporting a sustainable increase in bilingual service provision.

The Trust also recognises the relationship between language inclusion and staff wellbeing. Creating an environment where Welsh-speaking staff feel able to use their language strengthens engagement, belonging and organisational culture, ultimately benefiting the quality of care provided.

6. Strategic Objective 3: Being at the forefront of innovation and technology

6.1 Infrastructure – capital, fleet & estates

Our fleet and estate are key to the Trust's ambition for the design and infrastructure of the organisation to be at the forefront of innovation and technology. Following on from successes in previous years, 2025/26 sees the delivery of a number of key schemes, including some which have been longstanding challenges. This ensures we can work towards having the right buildings and vehicles in the right place for our staff to provide the best and safest care across Wales. We have continued our focus on innovation and improvement within our Clinical Contact Centre environments to further support the clinical transformation model ambitions within the plan. We have also made some significant improvements to our estate, addressing backlog maintenance issues whilst also furthering our ambitions within renewable technology and lower carbon heating solutions, and working towards achieving efficiency benefits associated with these.

Following from successful schemes at **Llangunnor** and **Ty Elwy** in 2024/5, this year has sought to realise some of the benefits associated with those improved facilities including service improvement, enhanced working practices and greater resilience within the estate. In 2025/26, the closure of **Thanet House** and the co-location of services within **Matrix One**, with a supporting move of corporate staff to a consolidated space within **Matrix House** to reflect the required footprint, have enabled us to realise a continuation of facility improvement and efficiencies. This also supports our clinical transformation model ambitions and improved staff welfare.



Photo 1: Matrix One Office

Within 2025/26 we have been able to deliver on two TEF funded schemes at **HART** and **Abergavenny**, which have provided lower carbon heating solutions, and within **Abergavenny** a station refurbishment to provide better facilities for staff. By the start of 2026/7, we will have addressed three significant areas of concern, which have been long standing challenges namely **Monmouth**, **Dolgellau** and **Bangor Fleet Workshop**. The refurbishment of the station at **Monmouth** addresses a decade-long challenge of inadequate accommodation on the site and brings the existing station building back into operational use for the long-term future of the staff and community. Acquisition and refurbishment of a new site in **Dolgellau** creates a new station to bring together EMS and Ambulance Care on one site and the first quarter of 2026/7 will see this change completed as staff



Photo 2: Bangor Fleet Workshop (under construction)

occupy and begin to work from their new facility. A brand-new workshop within **Bangor** will replace the old and

inadequate facility, with state-of-the-art equipment, renewable technology and rapid EV charging capacity. This will provide a greater level of resilience to operations in North Wales, as well as providing opportunities to realise efficiencies with more maintenance and repair work taking place in-house. Finally, a scheme at **Bassaleg** has sought to address some urgent backlog maintenance work to ensure continued health and safety of staff on the site.

2025/26 has also seen further improvement within the estates **EV charging infrastructure**, with capacity upgrades at Welshpool, Ty Elwy, Bryncethin, Rhyl, Monmouth and Pembroke Dock supporting installation of further 22kw charging capacity. It is recognised that this continues to be an area of challenge for the Trust with further improvements in 2026/27 likely to be limited. If resources allow, this could be supported by the development of an ECVI plan and appointment of a rapid EV charging supplier, in line with the Decarbonisation Strategic Delivery Plan initiatives.

The **Estates Strategic Outline Programme (SOP)** has been fully endorsed by Welsh Government enabling us to work towards producing a series of business cases to achieve this vision, and we continue to work to consider how best to develop solutions for our priority schemes. We recognise that national capital funding remains limited, and we have not received approval of some of our major capital schemes. We will need to consider how the national capital position influences our ability respond to our major challenges and risks to ensure we have the right estate and the right fleet profile in the right place to support any planned service changes linked to our transformed service offer.

As we look towards 2026/27, we have confirmed TEF funding for the delivery of a scheme in **Rhyl** focussed on renewable energy, low carbon heating and addressing backlog maintenance and refurbishment requirements.

Given the significant delivery within 2025/26, the number of schemes carried forward into 2026/27 are minimised and therefore the Trust will have a large proportion of its Discretionary Capital to utilise in the next financial year. We also welcome an increased Discretionary Capital allocation from Welsh Government, which provides flexibility across a greater number of schemes. At the time of writing, prioritisation of schemes against the 26/27 Discretionary Capital allocation is ongoing with a number of schemes being considered to address challenges. In light of limited national funding, alternative options are being considered for stations in Swansea and Llandrindod as well as Llanelli within next year.

A **modern and efficient fleet** is vital to ensure that we provide a high-quality service to our patients and a comfortable environment for our people to work within. 2025/26 has seen a particularly successful year with **£22.4m** of Welsh Government funding supporting the replacement of **142 vehicles**, in line with the 5-year Vehicle Procurement Strategy approved by Trust Board and submitted to Welsh Government in January 2025. This vehicle replacement programme, across our EMS and Ambulance Care fleet, provided a small element of additionality to support further Advanced Paramedic Practitioner recruitment. As part of our commitment to reducing our carbon and vehicle emissions, we continue to focus procurement on smaller and more efficient vehicles. For our Single Responder Vehicles, we have implemented plug in hybrids, supported by 10 fully electric vehicles currently undergoing an evaluation.

In 2026/27 we will look to replace a further **160 operational vehicles** across EMS and Ambulance Care at a requested funding value through Welsh Government of **£24.4m**. In line with previous years, and the strategic commitment within the strategy, the Trust will continue to look at the lowest carbon emission options for these vehicles, whilst recognising some of the challenges and limiting factors around EV Charging Infrastructure, and additional associated capital requirements to support this.

6.2 Our digital & data roadmap

The other aspect of 'being at the forefront of innovation and technology' is how we **develop our digital offers to support our service delivery and long-term strategic ambitions**. This digital offer needs to keep pace with the needs of our patients and our people today but also the development of our future service model, whilst balancing the need to maintain existing core services. Our long-term strategy 'Delivering Excellence', sets out how we could adopt digital technologies that **provide greater, and seamless accessibility for our patients, support our people to provide timely, safe and effective services and to use data to inform how our system can operate optimally** for the needs of future generations.

The rapid progress of technology presents both opportunities and challenges. We need to ensure we address the fundamental challenges of a 24/7 urgent and emergency care service which requires available and reliable data and systems whilst **balancing the need for evolution of these systems and safe adoption of new technologies such as robotics and AI**.

We are also faced with workforce challenges. In a **competitive employment market for digital specialists**, we need to ensure we can develop the capability and capacity of our digital teams to both ensure our essential services are maintained alongside the opportunities to be pioneers in digital health care in Wales.



In September 2024, we **launched our refreshed Digital Plan for 2025-2029**. This plan offers **five digital pillars** to support progress towards our strategic objectives: Everyday Essentials; Security, Safety & Cyber; Digital Pioneers; Transformation; and Data, Information & Insight.

Each of these pillars brings forward a sequenced set of projects which will enable WAST workforce to provide better care, improve patient experience and outcomes, and better connect us with the NHS Wales system.

The first year of this IMTP will see alignment to a new **overarching Digital, Data and Technology (DDAT) governance framework** and our **Digital Oversight Group (DOG)**. These will be enablers to enacting our digital strategy and prioritisation of the workplan so as new initiatives are developed, there is more transparent working and partnership delivery across the organisation.

Everyday Essentials



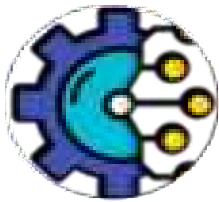
Everyday Essentials are the things that we need to **get the basics and foundations of our service right**. They are also the things that impact on the digital experience of our people (one of the key commitments we have made in this plan). There will also be efficiency gains through the migration of our **Global Rostering System (GRS) resourcing system** to the cloud and **scaling up of the use of automation**.

Digital Pioneers



Automation and workplace efficiency will be enhanced through projects and pilots under the **Pioneers** pillar. This will include the formal launching of our Digital Innovations and Solutions Lab aligned to the updated Digital, Data and Technology (DDAT) Governance Framework. This year of the IMTP will iteratively develop the lab, learning from test projects the previous year alongside development of a learning offer for the organisation. Key areas of work include further developing our SMS capabilities and embedding the principles of responsible AI across the organisation.

Digital Transformation



The Transformation pillar will bring together programmes and projects within the digital front end (Online Digital Advice) of the 111 service and enabling efforts for the ongoing Clinical Model Transformation (see section 4.2). We will also be progressing next stages of the **Emergency Services Network programme** Phase 2. New to this year's IMTP is the development of our **Chief Clinical Information Officer (CCIO) strategy**, crucial for embedding digital clinical safety into our digital portfolio. We will also see the contract renewal and subsequent development of our electronic patient clinical record (ePCR) with further developments aligned to user needs. The formalised embedding of human centred design principles, adoption and inclusion across our portfolio will also commence this year.

Data, Information & Insight



This is a key area of the digital plan but also threads throughout other areas of the IMTP particularly in how we underpin service delivery with evidence through a quality driven and clinically led approach (see section 8). We will develop an **internal data strategy** to ensure the right intelligence is accessible, standardised and reliable, with the interpretation of insights supported by the right analytical expertise. WAST will also continue to **work with DHCW and partners such as PHW**, to harness the value of linked NHS Wales data via the National Data Resource, supporting our ability to generate better operational, patient and system insights, and drive forward our approach to **population health**.

Focus for this IMTP will then be on the establishment of **data quality measures and standards, data sharing across NHS Wales, and empowering colleagues** through access to **individual-level insights** to support personal performance and development. Our recent additional capacity into key roles including information security, data governance and analytics are enabling us to build the core foundations required to deliver innovation and transformation aspects of the digital plan.

Security, Safety & Cyber



We expect to see increased security at WAST sites and improvements in connectivity across the estate. This includes the safe and responsible adoption of emerging Artificial Intelligence tools, and Smart Stations which will bring a new staff experience to their workplace, whilst focussing on physical, information and cyber security.

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Everyday Essentials	26.	Deliver a cloud-based Global Rostering System (GRS) solution , enabling an organisational decision on implementing the e-timesheet solution			
	27.	Launch and embed updated Digital, Data and Technology (DDAT) Governance Framework .			
Digital Pioneers	28.	Expand SMS functionality across services to improve access for patients and their engagement with key frontline services e.g. clinical navigator function			
	29.	Establish safe, ethical and effective use of AI across WAST through a Responsible AI Framework and targeted staff capability building			
Digital Transformation	30.	Develop key requirements and appraisal of options for EMS, 111 and NEPTS CAD Replacements , including strategic direction			
	31.	Development of full Business Case for Emergency Services Network (ESN) Phase 2 , which encompasses handheld radios, fixed vehicle devices, field services, and resource funding through 2031/32 (as part of the UK national programme)			
	32.	Implementation of ePCR application refresh and renewal of contract			
Data, Information & Insights	33.	Combine internal WAST datasets and link with external datasets to provide richer intelligence and the evidence impact of the CMT and other improvements			
	34.	Strengthen information governance and technical capability to enable WAST to support the All-Wales data sharing ambitions through the National Data Resource			

7. Strategic Objective 4: Developing Services in Collaboration

7.1 Partnerships and engagement



As one of very few pan-Wales public bodies, WAST has a multiplicity of stakeholders, which can make engagement complex and fragmented, particularly when engagement and partnership activities can be localised within teams and different parts of the organisation, leading to a lack of cohesion.

The Trust's most recent engagement framework had a specific focus on engagement in the context of the refreshed clinical model, which has subsequently extended to the new ambulance performance management framework. Using a workstream model, which has involved colleagues from key directorates across the organisation, has been effective and provides a platform from which to explore a more targeted and internally commissioned approach to partnerships and engagement activity.

The core challenge now is to ensure that WAST's approach to collaboration, partnership and engagement is focused specifically on a small number of issues which require an acute focus in order to deliver better outcomes for the organisation, its people and the population more broadly. It is for this reason that in this IMTP, there will be no specific partnership and engagement objectives but rather, the resource and expertise available within the organisation will be used to support key areas of work identified within the IMTP which requires a more focused engagement approach.

This more targeted approach reflects the fact that engagement and partnership are less a numbers game and more the functions of the outcome or influence sought. Engagement has to have purpose and the sheer range of stakeholders within the Trust's orbit means there will be varying levels of influence of different stakeholders at different times, with some constants, notably government, commissioners and the wider NHS in Wales.

Given the Trust's existing objectives, its ambitious delivery intentions and its strategic challenges, these more tailored foci for engagement might include:

- **Commercial partnerships** (both to complement the Trust's commercialisation/financial sustainability agenda, as well as to look at where commercial partnerships may deliver solutions to specific challenges, for example in the digital field)
- **Academic partnerships** (on the research and innovation front, as well as the learning and education and future workforce dimensions)
- **System engagement and collaboration:** Engagement with stakeholders and particularly with NHS Wales partners, where the need for collaboration, integration of services and the development of regional and/or national solutions has never been more acute. We will ensure that we are effectively embedded and supporting key national programmes (e.g. Community by Design, Six Goals Urgent & Emergency Care priorities).
- **Long Term Strategy refresh:** Engagement (stakeholder, public and patient) in relation to the refresh of the Trust's long-term strategy

The aim would be to integrate engagement more closely around a few strategic priorities, rather than take a more disparate and less focused approach, taking the learning from the work undertaken on the clinical model transformation and performance management framework changes. By focusing activity on a small number of high-impact partnership and engagement priorities, there is a much greater likelihood of successful delivery of the Trust's ambitions and progress in the complex strategic challenges it faces.

Given the Trust's ambition and capacity to deliver potential "Once for Wales" services on behalf of the wider NHS in Wales, it is imperative that relationships with health boards, both in their capacity as providers and commissioners, are strengthened. This will include creating more and different spaces for the discussion of shared strategic issues with a view to finding collaborative solutions, as well as ensuring that WAST is properly connected into the strategic planning and delivery agenda of health boards, to ensure we are able to influence, engage and respond.

Specific engagement plans will be developed for each priority, with a multi-directorate working group approach to delivery, based on the approach taken within the existing CMT programme. These programmes of work are captured within IMTP deliverables and will be reported accordingly.

As part of this, the Trust will explore a system of engagement that aligns directors with specific health board areas and relevant stakeholders, such as emergency service partners, to support closer collaboration on matters of mutual interest and to consolidate and develop stronger relationships. Similarly, opportunities will be identified to galvanise the wider health and care system to integrate, improve and develop, where appropriate, services for patients, for example in relation to falls services.

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Effective Collaboration and Engagement	35.	Create strategic opportunities for increased Health Board engagement and collaborative working			

7.2 Refreshing our Long-Term Strategy



As outlined in section 1.2, we are committing to refresh our long-term strategy within the life cycle of this plan. Developing a strategy typically takes between 12-18 months and we will be undertaking a systematic, structured and collaborative approach that builds on the learning and experiences of developing the current plan and from our partner organisations. This will help to inform an overarching strategic review framework to underpin our approach. As part of our approach we will capture, analyse and triangulate a wealth of data that we hold internally along with a plethora of external intelligence and information (including but not limited to population and demographic data, academic research, system data and best practice). This work will be considered and align to wider organisational work regarding our data strategy, workforce projections and population health.

We recognise that we cannot develop our strategy in isolation and we are committed to an engaged and involved approach with our people, partners, public and other key stakeholders to help inform our strategy. Ensuring that our strategy is fit to meet the future needs of the population and meets the needs of the health system. We will ensure that as part of this work we actively test our approach and engage closely with Llais.

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Effective Long Term Strategic Planning	36.	Develop and deliver a robust approach to refresh the organisation's Long-Term Strategy , using an internally produced strategic development and engagement framework			

7.3 Research, Development & Innovation (RD&I)



The Trust has a longstanding reputation for delivering and developing high quality RD&I, and the evidence produced has significantly contributed high quality, safe, efficient and effective care in our sector both in Wales and internationally. This includes international collaborations delivered through a One Wales approach, such as the PARAMEDIC 1,2 & 3 Trials and currently active SIS Trial, along with RD&I led from WAST that have resulted in large-scale UK studies funded by the NIHR and UKRI such as RAPID, R.E.S.P.O.N.D 999 and Dragon Heart. We conduct RD&I in areas

such as drug and device trials, clinical procedures, video dispatch and drones, achieving high impact by the influence and inclusion of their results in international guidelines, policy and legislation leading to better designed health care systems and outcomes. We conduct RD&I in partnership with our patients, and funding we attract continues to provide opportunities for staff development and enhanced job satisfaction.

RD&I remains fundamental to our recently acquired University Trust Status (UTS), and we continue to maintain these essential pillars of UTS to drive excellence, and a positive culture of continuous improvement, as outlined in A Healthier Wales and the statutory Duty of Quality. We recognise however, that developing the thriving culture of RD&I needed to transform NHS Wales and tackle contemporary challenges faced, requires strong leadership and collaboration through trusted and productive partnerships. WAST continues to grow and benefit from such partnerships, which includes Health & Care Research Wales, Wales Innovation Leads Network, NHS R&D Directors & Leads, Health Technology Wales, Bevan Commission and many more.

WAST contributed to the development of the Wales Innovation Framework, and we continue to grow our capacity and capabilities for planning, adopting and scaling innovation. This is being strengthened through the development of our RD&I Group, recent introduction of ISO56001 Innovation Management Training and utilising Innovation Wales resources (www.hsciw.wales) we helped co produce. WAST also played a major role in development of the 'NHS Framework for R&D: Research Matters – What excellence looks like in NHS Wales' which is enabling the embedding of research in the NHS. The expected standards of Research required by Welsh Government is set out across 10 pillars outlining the features of a research supportive organisation. We are currently conducting a '2 year on' assessment of the implementation of the NHS R&D framework following the initial baseline assessment undertaken in 2023, which will be presented to WG and inform our annual performance meeting.

We continue to embed the NHS Framework for R&D in WAST which has also been synthesised into Academic Partnership Committee reporting, our annual report and Responsible Research, Development & Innovation the Welsh Ambulance Services 5 year Plan 2025-2030, which outlines our future priorities and plans for RD&I, and has a vision: 'to embed high quality and responsible Research, Development and Innovation across WAST, to provide the right care in the right place, wherever and whenever it is needed'. Our vision will be achieved through our plans for improvement across the following key areas:

- **Responsible Governance and policy**, supported by transparent structures and systems
- **Responsible financial stewardship**
- **Cultivating an inclusive, supportive and responsible approach to growing RD&I capacity and capability** of our workforce through distributed leadership, partnership and collaboration
- **Responsible RD&I development, delivery and decision making that is Patient and Public centred**
- **Responsible communications, visibility and impact**

We have set ourselves an ambitious measurement framework which includes areas such as increasing the total number of commercial and non-commercial portfolio studies to introducing an up-to-date Intellectual Property (IP) policy which replaces the previous WAST IP Policy and is derived from longstanding collaboration with RD&I networks and meet with the imminent release of IP guidance for NHS Wales in early 2026 to support this work.

8. Strategic Objective 5: Quality driven and clinically led

This section of the plan sets out the work we will be undertaking to ensure our services are quality driven. The table below outlines our improvement expectations, the key performance metrics we will monitor, and our performance ambitions aligned to our Monthly Integrated Quality Performance Report (MIQPR) and other key metrics. Alongside the performance ambitions we set out to achieve.

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: - Concerns response median & 90th - Enactment of the Duty of Candour - National Reportable Incidents and referrals to health boards	Our Performance Ambitions: Drafting Note – ambitions being finalised for inclusion

8.1 Health & Social Care (Quality and Engagement Wales) Act

Quality Management

We remain committed to delivering the highest standards of care for the people of Wales. Our IMTP for 2026-2029 sets out a clear and ambitious programme of work that seeks to strengthen the quality, safety, experience and outcomes of the services we provide. Reflecting our legal duties this plan demonstrates how we will continue to improve through a culture of openness, learning and partnership with our communities.

For WAST, this means **strengthening quality management across urgent, emergency and remote clinical care pathways**, ensuring that rapid decision-making, digital enablement and system working are consistently underpinned by robust assurance and learning.

Aligned with the Duty of Quality we must seek to secure continuous improvement in the quality of health services. Our IMTP is built on this principle. Across all programmes our deliverables align with the Health & Care Quality Standards 2023).



- **Safe** care through modern digital systems, reliable clinical processes, improved staff training and strengthened incident learning.
- **Timely** care via enhanced access routes, remote clinical pathways and service transformation that gets people the right help, first time.
- **Effective** services built on evidence -based practice, redesigned models of care and robust evaluation of outcomes.
- **Efficient** use of resources through smarter digital tools, fleet and estates planning, and Value-Based approaches.
- **Equitable** access supported by accessible communications, inclusive workforce strategies and tackling inequalities.
- **Person-Centred** care achieved through stronger patient voice, listening systems and services designed around what matters to people.

Progress against these quality domains will be tracked through defined quality indicators and reviewed routinely through established quality governance and Board assurance processes.

Our commitment to **strengthened quality management systems** underpins this work ensuring that we plan, monitor, assure and continually improve our services. We will review and refresh the Strategic Quality Plan to ensure it remains current, aligned to organisational strategic objectives, national policy requirements and emerging quality priorities. The updated plan will be delivered through a phased implementation approach, providing a clear framework for how we strengthen quality management, drive improvement and embed consistent standards across all services.

Aligned with the Duty of Candour our IMTP supports our commitment to being open when things go wrong and making meaningful improvements. Through the introduction of new **Listening to People regulations**, we will create a modernised approach to concerns and complaints, including early listening discussions, clearer communication and person-centred resolution. We recognise that there are challenges in our current concerns and complaints approach. We are therefore embedding a **cross-directorate improvement programme**. The programme is focussed on two key workstreams, delivering across three phases. The first workstream focusses on immediate recovery, with a concerted effort and organisational commitment to reduce the current 'backlog' in outstanding complaints ahead of April 1st. The second workstream is focussed on improving our concerns management process through a quality improvement lens and building in the key processes to enable the adoption and compliance with the new regulations up to, April 1st as well as the following period of transition (Phase Two) The third phase of delivery will focus on the longer-term changes required to embed sustainable practices.

We will improve our **learning from harm** including thematic reviews using insights from incident reports and Medical Examiner findings. Investment in digital systems strengthen accuracy, safety and transparency alongside a workplace culture that encourages speaking up safely, with staff supported through improved wellbeing, leadership, training and **psychological safety** initiatives. Themes and learning from concerns, incidents and Medical Examiner findings will be systematically reviewed and used to inform service improvement priorities. These actions help ensure that when harm occurs, individuals and families are treated with honesty, empathy and respect, and that lessons lead to safer care.

Health & Safety

We will continue to work collaboratively with our **Trade Union (TU) Regional Partnership Forums** to strengthen assurance and effectiveness of organisational Health & Safety (H&S) processes. A sustained focus will be placed on **musculoskeletal injuries**, including improved analysis of causal factors, triangulation of incident and sickness absence data, and the implementation of targeted prevention and early intervention measures to reduce injury rates and associated workforce absence.

In parallel, recognising the impact of sustained system pressures on staff wellbeing and moral injury, we will prioritise action to mitigate **preventable workplace stressors** and progress initiatives that support psychological safety, mental health and wellbeing. This will include a focus on organisational factors within our control, aligned to national wellbeing frameworks and underpinned by partnership engagement and assurance through established governance routes.

Infection Prevention & Control (IP&C)



We will focus on strengthening relationships across operational, clinical, and corporate teams to embed a culture of collaborative improvement, recognising the critical role of IP&C in protecting patient safety, staff wellbeing and service continuity. By enhancing engagement, communication, and visibility, we will increase confidence in IP&C arrangements and ensure staff feel supported and equipped to deliver safe and effective care in increasingly pressurised environments.

Building on the strong foundations established over the past 12 months, we will embed consistent standards across the organisation, strengthen assurance and oversight arrangements and further promote evidence-based practice. This will include clearer lines of accountability, improved visibility of compliance and learning, and strengthened governance reporting to provide assurance to the Board that IP&C risks are being effectively identified, managed and mitigated for our patients, workforce staff and the wider communities we serve.

Recognising the importance of environmental cleanliness as a fundamental control in preventing healthcare-associated infections, we will continue to align our IP&C arrangements with national cleaning standards. A particular focus will be placed on ambulance vehicles as mobile clinical environments, including establishing a clear baseline of compliance and working closely with operational, fleet and estates colleagues to support targeted and sustainable improvements. This will strengthen assurance, improve consistency, and provide greater confidence that infection risks associated with vehicle cleanliness are being effectively managed. We will also support and align IP&C activity with the Trust's pharmacist-led antimicrobial stewardship programme, recognising the interdependency between infection prevention, appropriate antimicrobial use and patient safety. Working in partnership with key stakeholders, we will use baseline information, education and assurance to support continuous improvement, contributing to the reduction of avoidable infection and antimicrobial resistance risks through a coordinated, system-wide approach.

Patient experience and community involvement (PECI)

Real-time Experience: The Trust will focus on transitioning from paper-based feedback on people's experience to real-time digital solutions via the Civica Experience platform, offering multi-channel access. The Duty of Quality also requires the Trust to continuously monitor, learn from, and improve the quality of care it provides to the people of Wales.

Our focus will be to ensure timely and accessible patient experience feedback is captured through the introduction and use of SMS text messaging that will strengthen quality assurance and enable earlier identification of themes, triangulation with incidents and complaints, and enable responsive service improvement, reducing the risk of avoidable harm and retrospective escalation.

Compliments: In line with the People Experience Framework, the Trust is committed to maintaining a robust, accessible and inclusive 'Always-on' reporting system for the collection of compliments and positive feedback. This system will ensure that people, families, carers and communities can easily share feedback at any point in their interaction with the service, using a range of methods that reflect diverse needs and preferences. These will include, but are not limited to, digital platforms, verbal feedback to staff, written correspondence and community engagement events.



Compliments will be systematically analysed to support organisational learning and service improvement. The Trust recognises that the value of compliments lies not solely in their volume, but in the insight, they provide into behaviours, practices and approaches that deliver positive experiences.

Processes will be strengthened to identify themes and learning from compliments to inform quality improvement and service design including operational and management practices that highlight effective systems that support quality care.

Mental Health & Learning Disability

In this IMTP, "Mental Health" is understood as an overarching concept encompassing an extensive range of specialist fields, including Dementia, Learning Disability, Substance Misuse, Neurodiversity, Child and Adolescent Mental Health, Older Adult Mental Health, Post-Natal Mental Health, and Adult Mental Health.

This broad definition reflects the diverse and complex needs present in modern mental health care, guiding our strategy towards inclusivity and holistic support.

Our vision is to cultivate a future where mental health services throughout Wales are inclusive, innovative, and consistently accessible to all. We are firmly committed to delivering clinically led, high quality services that bring real benefits to individuals and communities, focusing on wellbeing and recovery. This ambition is underpinned by values of quality, equality, and collaboration, ensuring timely, evidence-based care in the most suitable settings so that people receive the right support at every stage of life.

Central to our strategy is the principle of timely and appropriate care enabling individuals to access the right advice or intervention at the right time and in the right place. To drive transparency and continuous improvement, we will publish and implement our / WAST Mental Health Delivery Plan, aligned with the Welsh Government Mental Health and Wellbeing Strategy (2025). Alongside this, a comprehensive outcome measurement framework and dashboards will be developed, prioritising measurable outcomes, system value, and ongoing enhancement of wellbeing, recovery, and resilience across Wales.

We are dedicated to fostering an empowered workforce, providing sustained clinical leadership, targeted professional development, and embracing new technologies that enhance both clinical practice and patient experience. Our commitment to continuous learning includes the delivery of trauma informed care and crisis intervention training, equipping practitioners to respond confidently and compassionately to a full spectrum of mental health needs. This ensures our workforce remains skilled, supported, and capable of meeting emerging challenges.

Innovation and collaboration are the cornerstones of evolving service quality and accessibility. We will continue to strengthen partnerships with service users, carers, communities, third-sector organisations, and multidisciplinary professionals, ensuring that those with lived experience are actively involved in shaping strategy and policy. This includes formalising their role in strategic reviews and policy development and expanding access to community-based provision through local mental health and wellbeing hubs, thereby improving equity, access, and integrated support throughout Wales.

A key strategic priority is the establishment and scaling of Open Access Mental Health Care Pathways, delivered through the Stepped Care Model. This approach enables proportionate, evidence based, and value driven interventions that focus on patient outcomes, service efficiency, and continuous quality improvement. By integrating these pathways across the system, individuals experience seamless transitions, timely responses, and care tailored to their specific needs.

Collectively, these efforts form a cohesive, forward-looking strategy for mental health in Wales, one that is clinically led, quality driven, and responsive to the evolving needs of our population. Through this approach, mental health is recognised not only as essential to individual wellbeing but as a foundational pillar for a healthier, fairer, and more resilient society.

Safeguarding

Safeguarding is a statutory duty and a core component of the services delivered by the Welsh Ambulance Services University NHS Trust (WAST). The Corporate Safeguarding function provides strategic leadership, assurance and specialist expertise to ensure the Trust meets its safeguarding responsibilities while continuously improving the quality and safety of care for patients, families and communities. Operating across organisational boundaries, the function works collaboratively with internal services and external partners to promote a coordinated, system-wide approach to safeguarding.

The Safeguarding Team supports operational services, corporate functions and senior leaders through expert advice, policy development and implementation, and the embedding of safeguarding principles into governance, clinical practice and workforce processes. The team also creates, delivers and quality-assures safeguarding training, including work to integrate and streamline provision and introduce Level 3 training for

relevant staff, ensuring alignment with national guidance and the intercollegiate framework. This strengthens workforce competence, confidence and consistency in safeguarding practice. This supports earlier identification and consistent management of safeguarding risks, strengthening patient safety and contributing directly to improved quality of care across Trust services.

A central contribution to the Trust's quality agenda is the coordination of statutory safeguarding activity, including engagement with local authority enquiries under Section 126 (Adults) and Section 47 (Children), and representation in multi-agency review processes such as The Procedural Response to Unexpected Death in Childhood (PRUDiC) and the Single Unified Safeguarding Review framework (SUSR). Through this work, learning from serious incidents, deaths and harm is identified, shared and translated into service improvement. The function also provides safeguarding leadership in the management of safeguarding allegations against WAST colleagues, ensuring concerns are handled proportionately, transparently and in line with national expectations, while maintaining a focus on patient safety, staff wellbeing and a just and open culture.

The team evidence increasing safeguarding demand, including year-on-year growth in reports submitted to the 22 local authorities served by WAST and a rise in duty-to-report activity reflecting service escalation, increasing acuity, and wider system pressures across health, social care and local authority services. Despite these challenges, the Corporate Safeguarding function continues to provide assurance through data monitoring, staff feedback, completion of the Safeguarding Maturity Matrix and active risk management ensuring safeguarding remains a visible and integral element of quality, safety and governance within the Trust. Over the coming planning period, the focus will be on strengthening data-led assurance, sustaining workforce capability, and ensuring safeguarding intelligence continues to inform corporate risk management and service improvement priorities.

Organisational framework for Quality Improvement, Change Management & Project Management

Across the organisation we have continued to develop the skills, expertise and capacity across our teams in relation to how we approach and deliver integrated Quality Improvement (QI), Change Management and Programme and Project Management. This presents us with an opportunity to think about how best integrate these key areas of expertise to enhance the way we plan and deliver organisational transformation, service change and continuous improvement. We will develop a clear organisational framework and methodology to triangulate expertise into a seamless offer with the right experience, expertise, skills, capacity and tools to support our people lead improvement. The benefit is to ensure a consistent approach and methodology that harnesses the skills, expertise and capacity across our teams corporately to lead and support and, critically, throughout the organisation where continuous improvement and service change takes place on a daily basis.

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Quality Management Culture	37.	Develop a consistent organisational framework that brings together quality improvement, change management, and project management methodologies			
	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			
	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			
Implementing key legislative requirements (Listening to People and People's experience framework)	40.	Strengthen the Patient Voice Network to support meaningful and effective community involvement in the development of planned service changes			
	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			
Open Access Mental Health Care Pathways	42.	Deliver clinically led, evidence based mental health care that provides the right care, in the right place at the right time			
	43.	Establish a skilled, empowered mental health workforce through CPD, innovation, partnership working and lived experience			

8.2 Taking action through a population health approach

Population health promotes action that all health and care services can take to improve the health of the people of Wales and reduce inequalities, whoever and wherever they are. Public health is the 'science and art' of how this can be achieved.

Our vision is to strengthen our population health approach so that we **“plan and deliver care which responds to our population needs, promotes health, and reduces harm and inequalities”**. This aligns with the AACE focus on reducing health inequalities within the ambulance sector.



Throughout the IMTP period we will build understanding of how our data can inform a population health improvement approach. Through completion of an AACE Population Health Maturity Matrix and assessing our available resources, we have identified the key opportunity for us to strengthen our population health approach and the key area for focus across the Trust is through population level data analysis and reporting to better understand variation in service impact and outcomes.

The Trust will work closely with partner NHS and local authority partners to identify opportunities to link or overlay data to better understand where population segmentation demonstrates variation and opportunities for improvement. In line with the changes made to the Ambulance Performance Framework and the piloting of clinically informed prioritisation, the initial focus for this work will be linked to our work with Save A Life Cymru and how we gain greater awareness and confidence of pre-hospital CPR across communities, engaging in national workstreams for myocardial infarction, strokes and frailty falls / fractured neck of femur to define where population level variation occurs and determine the most effective steps we can take to mitigate this.

We recognise that there are more steps our organisation could take to support the wider public health improvement agenda for Wales. We continue to aspire to make every contact count, not only for our patients but also for our people. The expanded use of digital reporting and recording offers the opportunity for the wider NHS to receive information that could inform primary or secondary prevention measures that are not directly related to an urgent or emergency care presentation, e.g. asymptomatic atrial fibrillation or hypertension. This opportunity can only be realised through system level intervention, and we continue to offer Public Health Wales and wider NHS partners the opportunity to support us through targeted health improvement programmes or projects.

In addition to supporting our patients and the wider system, we have invested in our occupation and people services teams, as population health improvement can start in a community. We are keen to take all steps possible to support colleagues, manage their health effectively for their own wellbeing and secure the ongoing resilience of our workforce.

8.3 Clinically led

We continue to develop our clinical service offer through supporting advanced practice and the enhanced skills that brings, optimising our remote and in person responses and driving clinical improvements whilst also reducing the need for conveyance to hospital.

Continuing to enhance our **clinical leadership** across the Trust remains a key priority, significantly contributing to and underpinning our future vision for our service model e.g. through clinical supervision, senior clinical management engagement with Health Board partners and through driving data usage and clinical improvement that is underpinning the Trust's Clinical Model Transformation to improve the patient care journey. Key to this in the community will be Senior Advanced Paramedic Practitioners (SAPPs). As APPs all move to being prescribers in their own right, the role of the SAPPs will be critical in ensuring safe and effective deployment of this APP role.

In addition, we are strengthening our leadership in remote clinical care through both **generalist and clinical specialty** roles that lead clinical practice and improvement across the organisation; seeking to further enhance our mental health crisis support and out of hospital maternity emergency care.

We will continue to resource the Trust's Lead Midwife role on a substantive basis to sustain the quality and safety improvements already achieved across remote and face-to-face clinical practice, and to support ongoing delivery of the **Maternity and Neonatal Safety Programme**. We have maintained collaboration and active dialogue with the Chief Nursing Officer Wales' office and have finalised a business case for a 24/7 'labour-line' as set out in the Maternity and Neonatal Review recommendations. We intend to implement the labour line if the business case is funded as part of our Multi Professional team in RICS. Alongside SBAR for recommendations for the business case and including National Maternity Line, our ambition is to continue to build on our clinical leadership and to place the Trust at the forefront of progression within pre-hospital care in Wales and beyond



This year we established a cohort of **Occupational Health Practitioner Flu Vaccinators** working alongside the implementation teams to support colleagues in accessing the flu vaccination. In addition, several Health Boards across Wales opened their vaccination clinics to WAST colleagues attending hospital sites as part of their role, enabling them to receive vaccination during the working day.

WAST has now joined the **Welsh Immunisation System**, enabling us to better understand vaccination trends within our workforce and develop stronger intelligence to inform future vaccination delivery programmes

We are working towards the creation of a **Medicines Management Hub**, which will allow full control under WAST governance to procure and supply medicines across WAST in a consistent and sustainable way. This will reduce variability of medicines presentations, reduce waste through ability to rotate stock, increase traceability and stabilise the supply contract. Crucially, it will remove dependence on external license holders, ensuring WASTs' supply access remains protected.

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Effective Medicines Management	44.	Implement the Medicines Management Hub systems and processes, subject to funding			
Effective Vaccination Offer	45.	Restructure and deliver the Flu Vaccination Programme for 2026/27 aligning with 2025/26 report recommendations			

9. Strategic Objective 6: Value and Sustainability

This section of the plan sets out the work we will be undertaking to ensure we deliver greater organisational value and financial sustainability. The table below outlines our improvement expectations, the key performance metrics we will monitor, and our performance ambitions aligned to our Monthly Integrated Quality Performance Report (MIQPR) and other key metrics. Alongside the performance ambitions we set out to achieve.

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:	Our Performance Ambitions: ▪ Achieve a financially balanced position for 2026/27

Financial balance – annual expenditure YTD as a % of budget expenditure YTD	Generate commercial income into the organisation to support future growth and enhancements in key service areas

9.1 Financial Sustainability Programme

The financial context for the Trust remains extremely challenging across the 2026–2029 IMTP period. Ongoing system-wide pressures, combined with constrained funding and one-year financial settlements, mean the Trust is required to deliver significant recurrent savings year on year while continuing to invest in service quality, innovation, and future capability. As in previous planning cycles, achieving our strategic ambitions will require difficult decisions, prioritisation, and a disciplined approach to value, affordability, and sustainability.

Against this backdrop, the Trust continues to recognise that financial sustainability cannot be achieved through incremental efficiencies alone. Instead, it requires a coordinated, transformational approach that combines organisational savings, service redesign, and the development of new sources of income and value. The refreshed Financial Sustainability Programme (FSP) remains the primary vehicle through which this work is identified, prioritised, and delivered, ensuring a clear line of sight between strategic intent, directorate plans, and measurable financial and non-financial benefits.

Service Review – From Insight to Delivery: Significant progress has been made in moving the Service Review from a diagnostic exercise into a delivery-focused programme of work. Following the initial identification of 330 ideas for efficiency, growth, and service improvement, a comprehensive re-review has been undertaken. This has resulted in the prioritisation and refinement of these ideas into a focused portfolio of approximately 50 initiatives with the greatest potential to deliver sustainable benefit.

These initiatives are now being embedded within directorate plans and tracked through the refreshed FSP, with clear ownership, milestones, and benefits realisation measures. This approach ensures that improvement activity is targeted, manageable, and aligned to organisational priorities, while avoiding dilution of effort. The Trust will continue to apply a structured and transparent approach to decision-making, including where proposals are not progressed, to ensure resources are focused where they can deliver the greatest value. Key themes emerging from the Service Review, which include workforce capacity, digital enablement, reduction in manual processes, and improved financial and commercial literacy, will continue to inform both operational plans and enabling strategies across the IMTP period.

Organisational Savings Plans: Delivering recurrent organisational savings remains essential to maintaining financial balance over the medium term. The Trust's approach to savings for 2026–2029 builds on learning from previous years, recognising the increasing challenge of identifying recurrent opportunities while protecting service quality and staff wellbeing.

Savings plans will continue to be developed through a combination of directorate-led efficiencies, cross-organisational initiatives, and transformational schemes enabled through the FSP. There will be a continued emphasis on early identification, robust governance, and strong benefits realisation, supported by improved financial capability across the organisation. Where required, the Trust will make clear and evaluate choices about where to invest, where to reduce activity, and where alternative delivery models are required to ensure sustainability.

Commercial Plan: In response to the increasingly constrained financial environment, the Trust has established a very small Commercial Development Team to strengthen organisational capability and capacity in this critical area. The organisation prioritisation to support growth in this area reflects a clear strategic intent to move beyond ad-hoc income generation towards a more structured, sustainable, and values-based approach to commercial development.

The Trust's new Commercial Plan will be launched in Q1 2026/27 and will set out a clear ambition for how commercial activity can support both organisational sustainability and wider value for Wales. One of the core pillars of the Commercial Plan focuses on creating sustainable value and organisational capability. This includes embedding commercial skills and development in key roles across the organisation, strengthening areas such as intellectual property, commercial planning, and contract management, and working collaboratively with partners to maximise system benefit.

The Commercial Development Team has secured funding for an initial two-year period. During this time, the team will focus on designing, delivering, and embedding the Commercial Plan and its three strategic pillars, while also delivering at least two tangible income generation opportunities. The intention is that these early successes will enable the team to become self-sustaining and secure substantive funding for future years. Subject to success, a refreshed Commercial Plan will support the Trust's ambitions through the period FY28–30 and beyond.

Looking Ahead: Through the integration of service review outcomes, disciplined organisational savings, and a strengthened commercial approach, the Trust is committed to delivering a sustainable financial position while continuing to improve quality, innovation, and outcomes for patients and staff. The 2026–2029 IMTP period represents a critical phase in embedding these approaches, building organisational capability, and ensuring that value and sustainability are at the heart of decision-making at every level of the organisation. Year on year financial pressures continue to result in a challenging financial

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Delivering Financial Sustainability	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			
	47.	Establish a fully functioning Commercial Function , underpinned by an approved Trust wide Commercial Plan and deliver at least two sustainable income generation streams			

9.2 Value Based Healthcare

The organisation continues to strengthen its understanding and application of Value Based Health Care (VBHC), recognising the importance of measuring our contribution to patient outcomes across whole care pathways. While earlier ambitions centred on broader population health modelling, the approach has been refined to focus on using our existing data through specific analytical lenses. This enables us to understand where the Welsh Ambulance Service has the greatest and least impact, how our activity contributes to system performance, and where we can support the reduction of health inequalities.

Although WAST is rarely the final outcome within a pathway, it is an increasingly significant input. Our role in remote care, risk-based stratification, Single point of Access (SPOA) models, Same Day Emergency Care (SDECs), hot clinics, Emergency Day (ED) utilisation, and avoidable conveyance contributes directly to clinical outcomes and system efficiency. Embedding VBHC thinking within these operational priorities is therefore essential for aligning our work with wider system value and patient benefit.

To support a more consistent and evidence-based approach, VBHC considerations have now been formally incorporated into the governance of both the Commercial Group and the Financial Sustainability Group. Decisions within these forums are required to take a VBHC lens, ensuring that value, outcomes, and contribution to system effectiveness are considered alongside affordability and operational deliverability.

Recognising the need for a coherent methodology, Swansea University has been commissioned through the CMT programme to advise on the most appropriate VBHC framework for WAST. This will not limit us to a

single method, but it will provide a recommended foundation from which we can consistently assess impact, prioritise investment, and measure our contribution to outcomes across the system.

A significant barrier to realising a full VBHC approach in Wales remains the absence of **linked, end-to-end pathway datasets** for key conditions such as stroke, STEMI and cardiac arrest. Unlike England, where full pathway visibility enables ambulance services to evidence their contribution to outcomes, Wales continues to rely on fragmented datasets produced independently by PHW, Welsh Government and other partners. This fragmentation limits our ability to identify the most significant opportunities for clinical improvement and system efficiency.

Progress is, however, emerging. SNAP stroke data with prehospital linkage is expected to go live in quarter one, and developments around the Atstein cardiac arrest dataset are underway. These datasets will be essential to demonstrating systemwide outcomes, securing clinical engagement, and strengthening the evidence base for VBHC—particularly for high acuity conditions where rapid conveyance and early intervention are known to improve survival and reduce length of stay.

The immediate next steps include refining our internal VBHC deliverables, developing a clear organisational narrative, and engaging with subject matter experts, such as colleagues with experience in other UK ambulance services, to enhance our approach. As linked data becomes available, we will be able to more clearly articulate WAST's contribution to outcomes, identify high value quality improvement opportunities, and demonstrate our role within a more efficient and effective care system.

9.3. Demonstrating Productivity Gains

Our plan centres on delivering **tangible improvements in productivity and efficiency** so we can make the best possible use of the resources we already have. By streamlining processes, reducing avoidable waste, and strengthening the way teams work together, we can free up capacity to enhance our services and deliver care more effectively. These changes are not just operational tweaks—they are designed to help us **do more within our current resource envelope**, improve the quality and consistency of what we offer, and create clearer ways to **measure and quantify the gains**. Together, these improvements form a sustainable foundation for delivering higher-quality care without relying on additional funding to meet the changing demands across our services.

We will continue to work up the quantifiable productivity gains and benefits that we anticipate from implementing the key priorities and actions outlined in our plan. At this stage we have initially focussed on the following four areas to demonstrate and quantify the potential impact and value of the expected gains. Whilst there will always be variation in the projections, we anticipate that the following values are potentially achievable. [Drafting Note \(work in progress\) – section to draw out the key areas to be explored \(Sickness absence, APP Utilisation, NEPTs Roster Review, 111 and Handover delays\)](#)

9.4 Environmental sustainability

De-Carbonisation

We are committed, where possible and affordable, to ensuring that our developing infrastructure supports the **Trust's and Welsh Government ambition to lowering public sector carbon emissions** and we have made good progress in the implementation of some key actions within our current Decarbonisation Action Plan. This is supported by the Decarbonisation Programme Board structure which facilitates Trust wide ownership of plan actions. With the renewal of the Welsh Government Decarbonisation Strategic Delivery Plan, we recognise that we will need to update our DAP accordingly, to determine the pace at which we will be able to respond to new requirements in a “no investment” year and that this requires



commitment from across the organisation, with wider reaching actions than previously seen across the Trust. An exercise to fully determine this at a detailed level across the organisation is progressing.

In 2025/26 we will have successfully **delivered 2 TEF funded estates schemes which increase the efficiency of our buildings** at HART and Abergavenny, whilst also addressing some additional infrastructure issues such as roofing and internal welfare facilities. In 2026/27 we will continue to deliver on TEF funding with a large scheme in Rhyl focusing on low carbon heat, renewable energy and improved welfare facilities. In addition, wherever possible we are seeking to further understand the potential within our estate, and within the supporting infrastructure, to ensure that funding opportunities can be realised, further delivering required improvements.

The Welsh Government net-zero targets pose real and complex challenges for the Trust. In response to this, we outlined a range of schemes which required All Wales Capital support in line with our Estates and Fleet SOP deliverables. In the meantime, we are **exploring the ways in which return on investment can be maximised to further enhance efficiencies**, and this will focus in 2026/27 in the progression of more holistic schemes for funding consideration as we engage in the renewed process for 2027/28 TEF funding in discussion with Welsh Government officials.

We recognise the significant challenges presented by the decarbonisation of our fleet and have made some progress on this in 2025/26. We have gradually implemented a trial of **10 full EV Single Responder Vehicles**, recognising the complexities of ensuring safe and appropriate clinical care whilst moving to fully electric vehicles. An evaluation of this data is currently being collated, and this will inform future decision making on the scale and pace of implementing EVs further within the fleet. We acknowledge that this is an emerging area which will require further investment to ensure that our people have the skills and appropriate resources to be able to deliver an ambitious programme. In support of further zero emission vehicles (ZEVs) we now have 80 chargers across the Trust estate, with 5 of these being rapid chargers at strategic sites. Our current ability to expand on this is however now very limited.

The relevant business cases in support of Estates and Fleet developments will continue to reinforce the importance of this agenda, and to push us towards a position of carbon neutrality, maximising our use of new technology and responding in a flexible and agile way to the changing external environment. We also recognise the cultural, governance and operational commitments required to facilitate true transformation in this space, and 2026/27 will consider how the Trust can further progress the SDP actions within existing resources.

In conjunction with the decarbonisation agenda and in order to address the WG priority on the **Foundational Economy**, the organisation continues its work with Procurement colleagues as NHS Wales Shared Services Partnership (NWSSP) brings together key metrics that enable us to **identify if the Welsh pound is being spent in Wales**, and that prior to awarding of a key contract to a supplier highlighting if the supplier is from Wales and scores highly on a sustainability score covering areas such as environmental management systems, local sourcing of materials, recycling and appropriate disposal of equipment that does not adversely impact on the environment.

Adaptation planning

In 2026/27 we will continue to work closely with NHS Wales partners on **Adaptation Planning** and will further develop our Climate Change Adaptation Plan which will ensure a structured, organisation-wide approach to building a comprehensive risk matrix and associated adaptation measures. The approach is deliberately collaborative and is being with input from colleagues across all directorates, ensuring full organisational engagement, shared ownership, and a robust evidence base. This will enable us to identify, assess and prioritise risks consistently, and to develop proportionate and achievable adaptations that are embedded into business-as-usual planning.

10. Our financial plan

The full revenue and draft capital financial plan for the Trust for 2026/27 is provided in the appendices.

10.1 Revenue

The financial plan is presented as a balanced revenue financial plan for the 2026/27 financial year, albeit even after the identification and delivery of a significant savings plan of c£7.8m, this still leaves a residual financial gap of c£1.2m to be closed as we enter and progress through the financial year. This is predominantly due to the continuing forecasted increase associated with the Welsh Risk Pool.

The ability to close this residual gap and balance in year is however considered achievable, with areas and ways through which this will be progressed fully detailed within the full plan, and this is as such **presented as a balanced financial plan for approval**.

This is based on some key funding and cost assumptions included with the plan and, as above, additional actions that are expected to continue to be progressed through the financial year to deliver savings, and exploit any emerging areas of additional income generation, in order to balance. Given the current financial environment and context, and the continuing way in which the NHS in Wales and, in particular our commissioners, are funded, this plan inevitably focusses on the 2026/27 financial year, although the supporting tables and technical submission maps this over the three financial years through to 2028/29.

Specifically, this plan will only provide for a balanced revenue financial outturn for the Trust for the 2026/27 financial year based on the following key financial assumptions:

The additional funding as assumed and detailed in this plan is received in full. Primarily this relates to the full pass through of the general 1.11% uplift provided to Health Boards in the 2026/27 NHS Wales Allocation Letter issued on 19th December 2025 and is applied to all of the Trust's key commissioning agreements. Alongside this funding for the cost of the 2026/27 pay award will also be provided in full.

- That the resultant in year costs for key cost pressures identified within this plan are no more than that currently estimated. These are likely to be similar to that faced across the NHS in Wales, within an ambulance sector context and in particular relates to Welsh Risk Pool contributions, digital uplifts, fuel, general non pay inflation, that relating to the Trust's continuing response to the new ambulance performance framework and a range of costs either having had to be incurred or committed in 2025/26, or will unavoidably need to be spent in 2026/27 due to continuing service demand and system pressures and the delivery of the range of commissioning intentions placed on the Trust;
- The ability to fully deliver on the resulting range of cost containment, cost avoidance and savings required to balance in year. This will need to be made up of a minimum of £9m, or c3% of cost baseline.

The high-level summary revenue financial plan for 2026/27 is therefore as follows:

	Opening Budgets 26/27 £m	Planned Savings £m	Revenue Set Budgets 26/27 £m
Income	-329.734	-0.150	-329.884
Operating Expenses	324.943	-7.650	317.293
Profit on Disposal	-0.695		-0.695
Interest Payable	0.235		0.235
Interest Receivable	-1.000		-1.000
Depreciation (Baseline)	15.251		15.251
Total Expenditure	338.734	-7.650	331.084
Savings Gap to Close Qtr 1 26/27		-1.200	-1.200
Planned Budget	9.000	-9.000	0.000

10.2 Financial Risks

No financial plan is risk free and clearly entering into the financial year with a residual financial gap to close in year increases the risks of non-delivery of a balanced position.

The main risks that will need close monitoring and mitigating actions through the upcoming financial year therefore, include:

- The recovery of all of the income assumptions this financial plan now makes, in particular ensuring the commitments and elements supported within the NHS Wales JCC IMTP are fully aligned and delivered upon and that the full uplift assumed across all of the Trust's income sources is delivered.
- That the in-year costs relating to the 2026/27 pay award is fully funded by Welsh Government.
- No other developments, enhancements or cost increases not currently funded within budgets, or identified within this financial plan supporting the IMTP, 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. However, the ability to do this in the context of the current total savings already required to balance in year makes this unlikely.
- The ability to deliver a minimum of £9m in savings and cost management in year, in order to balance.
- That no further additional savings will be required by commissioners. Recent correspondence from the JCC has requested the Trust to consider and present what further savings may be able to be delivered in year, to contribute to the wider JCC financial position. It is however highly unlikely that anything beyond that already being progressed within this plan in order for the Trust to deliver on its statutory duty to breakeven in 2026/27 will be available in the form of cash releasing savings. Dialogue continues on how to further evidence additional productivity and efficiency impacts on top of this.
- Some cost elements are still hard to predict through the coming 12 months and may remain volatile, with a clear indication from WG that no further funding will follow in year in 2026/27 to manage any such variations.
- The uncertain political landscape and any initial impact any change in government in Wales may have on some of the choices and decisions made within this financial plan.
- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continues to hold.

10.3 Capital

Our financial plan also summarises our initial capital programme for 2026/27, focussing predominantly on the discretionary capital funding received from WG, noting the already confirmed and carried forward discretionary capital commitments for the 2026/27 financial year. This is currently a draft plan, as in previous years, a detailed update on the final impact of the 2025/26 financial year end on the 2026/27 programme will be presented to both the Trust's F&PC and the Trust Board in May 2026, at which point it is assumed that the full capital programme for the Trust can be approved, fully consistent with the funding being made available from WG.

11. Delivering our plan

11.1 Managing IMTP delivery and strategic transformation

The executive level Strategic Transformation Programme Board (STB) chaired by the Chief Executive is the formal senior reporting mechanism to oversee the delivery of the IMTP and long-term strategic development including horizon scanning and considering key intelligence to inform our strategic plans.

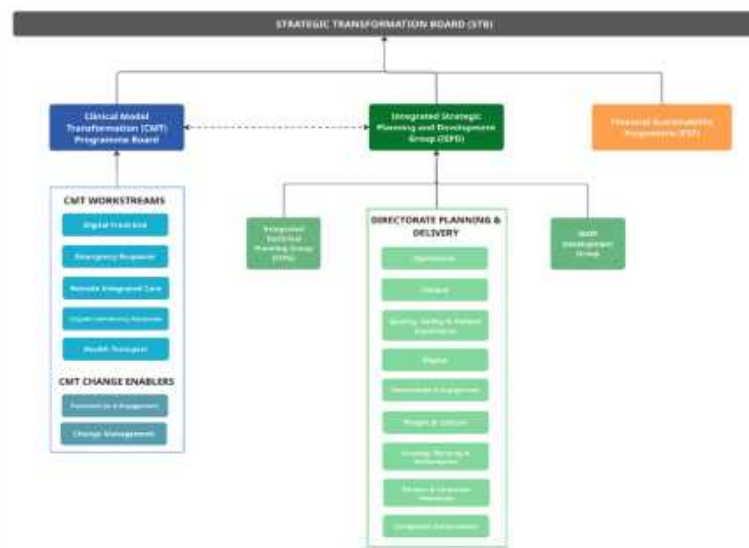
STB will provide the key monitoring, oversight and governance mechanism for the IMTP, providing assurance reporting to the Finance & Performance Committee (FPC) and Trust Board.

There is an opportunity in 26/27 to further enhance the IMTP reporting approach to enable the closer alignment and 'golden thread' between the long-term strategy, organisational delivery and risks alongside strengthening the governance and reporting arrangements. This will be achieved by reporting IMTP progress by each of the respective strategic deliverables whilst also aligning each of the strategic objectives and risks to the respective board committees (e.g. FPC, QUEST and People & Culture) to provide additional oversight and governance.

Underpinning our progress reporting arrangements, we have undertaken a review and refresh of the key measures and metrics included within our Monthly Integrated Quality Performance Report (MIQPR). This work has been undertaken with board members to ensure committees have access to the right measures and metrics to monitor performance and impact. As part of this work the measures have been aligned to our strategic objectives and our performance data has informed the prioritisation of the key commitments outlined in this plan.

STB has a portfolio management approach and overview to enable and govern IMTP delivery through two core mechanisms. The IMTP deliverables aligned to the Clinical Model Transformation are delivered and managed via the CMT Programme Board and underpinning work streams. The directorate led deliverables are managed via directorate plans and reported into the Integrated Strategic Planning & Development Group. As the CMT programme comes to an end in year 1 we will review our delivery structures for year 2 of the plan and beyond.

In addition, other areas of work highlighted in the narrative in this plan will be delivered and managed through directorate delivery plans. A key piece of work we are commencing is a review and refresh of our internal planning and delivery processes to bring together our directorate plans and wider organisational plans into a single co-ordinated approach. This will support the organisation to more effectively resource plan, reduce areas of potential duplication and delivery efficiency benefits to ensure there is a single approach aligned to our Quality & Performance Management framework (QPMF).



To further maximise our approach and utilisation of key corporate resources we will be progressing a piece of work to bring together our quality / service improvement capacity with our programme and project management expertise through an enhanced matrix-working approach. This change seeks to maximise the benefits of a more joined up approach to take forward key transformative and service change projects (see section 8.1).

11.2 IMTP Delivery Risks

We have identified a number of high-level risks that could impact on the successful delivery of the key programmes of work and actions outlined in this plan. The table below sets out the risks and describes the linked actions to help mitigate the potential risk. These will be monitored by individual programme boards or lead directorates escalating to the Strategic Transformation Board where necessary and raising to the Corporate Risk Register / Strategic Board Assurance Framework if Board level awareness and scrutiny is required.

Descriptor	Mitigation
Ability to deliver a financially balanced plan Our ability to deliver a financially balanced plan predicated upon the financial	FSP programme, financial savings plan and commercial plan. See section 9.

assumptions set out in the financial plan and delivery of the savings improvement programme. Recognising the wider financial challenges across NHS Wales and potential areas of further cost / income reduction impacting the financial position.	
Organisational capacity to deliver our commitments: This plan recognises that it is a no 'investment' year, and the savings improvement plan will see a reduction in capacity to deliver IMTP commitments as some vacant posts will not be backfilled.	Consolidation and enhanced prioritisation of IMTP and organisational commitments. See section 4.1.
Political uncertainty impacting health policy: Impact of a change in government on health policy and priorities that may not align with the strategic and operational direction of the organisation.	Close monitoring of political positioning and building relationship with potential new government. See section 7.1.
Stakeholder Support: We do not have the support from key partners and stakeholders to progress the ambitions set out in our plan	- JCC engagement to develop plan - WAST engagement with key national programmes and locally with Health Boards. See section 4.11 and 7.1.
System Pressures: Continued pressures across the system negatively impacts the ability of the trust to deliver high quality clinical care.	Continued collaboration and joint working to embed whole system solutions and improvements. See section 4.11 and 7.1.
Digital & Cyber Security: Service risks associated with the more sophisticated digital and cyber security threats on our systems and people.	Enhanced focused on digital safety and security. See section 6.2.
Meeting legislative / policy requirements: Recent legislative changes require additional work / support to enact the changes without any additional funding to enable this work. This places greater pressure on the organisation to meet the changes / deliver core business.	Legislative requirements have been reviewed and options considered to best meet the needs within organisational capacity.
Impact of Health Board decisions on strategic service change: Changes outlined in Health Board plans may affect strategic service change and the provision of local services	Ongoing engagement with Health Boards to understand implications, align plans, and mitigate impacts on local service delivery.

11.3 Measuring our Plan

We are continuing to enhance and embed our approach to measuring the impacts of our strategic and operational plans. This will be undertaken through the continued development of the following approaches and underpinned by our integrated approach for Quality & Performance reporting:

- **Long term strategy** – refreshing our strategy will provide the opportunity to review and refine the key benefits and measures to underpin delivery of our long-term organisational ambitions.
- **CMT Benefits Scorecards** – embedding the programme and work stream level benefits scorecards to measure the benefit and impact of the transformational changes to our clinical service model (supported by the findings from the academic evaluation)
- **IMTP Deliverables** – enhancing the alignment between our IMTP deliverables (as they relate to delivery of strategic objectives) and the key organisational metrics aligned to our patients, people, value and wider system contribution (linked to our MIQPR)

We will develop and enhance the visual representation of the measures through visual dashboards to help illustrate the impact we have made for internal and external audiences and will support the wider socio-economic and political environment in which we operate.

12. Questions

Thank you for taking the time to read our plan. If you have any questions about our plan or require any of the policies, strategies or plans referred to in this IMTP or require a version in Welsh please contact:

AMB.Planning.And.Performance@wales.nhs.uk

13. List of Appendices

Drafting Note - Appendices list to be updated for final version



GIG
CONNEC
NHS
S.A.F.E.

Ymddiriedolaeth Ddwyddedd DDO
Gwasanaethau Amgylchedd Cymru
Welsh Environmental Health
London NHS Trust

Ymddiriedolaeth GIG
Gwasanaethau Amgylchedd Cymru

CHALLENGES & OPPORTUNITIES



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1.0 Planning Framework

Our IMTP has been framed around our six strategic objectives to ensure a clear golden thread between the organisation's long term strategic vision and the priorities set out in our three-year plan. numb

However, we recognise that the IMTP could equally have been framed around a number of strategic drivers that have informed its development. To demonstrate alignment, we have produced a detailed cross-referencing matrix (see appendix X) which maps each deliverable against our strategic and wellbeing objectives, the ministerial priorities, the enabling actions set out in the NHS Wales Technical Planning Guidance, commissioning intentions, and the Health and Care Quality Standards that are primarily impacted.

[illegible]

Enabling Actions for Delivery in 2026/2027

The Welsh Government's Technical Planning Guidance sets out a series of enabling actions that organisations are expected to deliver in 2026/2027. While many of these actions are directed primarily at health boards, WAST has reviewed each requirement to determine its relevance, contribution and alignment with our own strategic priorities.

The table below summarises the new and revised enabling actions for 2026/2027, WAST's response to each, and the rationale for our position. This ensures transparency in how we have interpreted the national requirements and demonstrates how our IMTP aligns with, supports or complements the wider NHS Wales agenda.

New Actions for 2026/2027

Strategic Priority	Enabling Action	WAST Response	Rationale
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.	Health Board focused so not directly applicable to WAST	Productivity and utilisation are core themes running through this IMTP and priorities for 26/29
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.	Not directly applicable to WAST	

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

Strategic Priority	Enabling Action	WAST Response	Rationale
Timely Access to Care	Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on - Cataract 90% of lists to have 7 Cataracts per list by end of Q2, Arthroplasty 90% of lists to have 4 Primary joints per day and 90% of time achieve at least 6 HVLC General Surgery procedures on an all-day list made up of hernias/gallbladders by end of Q2	Not directly applicable to WAST	
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.	ADOPT	WAST to support roll out of NHS Wales App, where it can within existing resources
Maximising Value for Money	Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.	Not directly applicable to WAST	
	Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the programme areas.	ADOPT	See linked deliverable to improve our medicines management systems and processes
	Estate - ensure strengthened actions are taken to improve estate utilisation including the appropriate repurposing & disposal of under-utilised estate.	ADOPT	See estates development section 6

	CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care.	Not directly applicable to WAST	
Improving Value, Optimising Outcomes, & minimising variation	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway.	Not directly applicable to WAST	We will continue to support the system in the development of high value pathways and linked work through national programmes
Workforce Productivity	Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2026 and aligned to service demand and capacity plans.	Not directly applicable to WAST	
	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.	ADOPT	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)
	Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular.	ADOPT	See section 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.	ADOPT	See section 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.	ADOPT	Sickness management a key area of focus, included as a key deliverable see section 5 in the plan.

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

Strategic Priority	Newly defined action for 26/27	WAST Response	Rationale
Timely Access to Care	Ensuring the full implementation of the National Optimal Pathway (NOPs) in Cancer	Not directly applicable to WAST	
	Theatre session utilisation is improved to achieve GiRFT standard of 85%- late starts (> 15 mins), early finishes (>60 minutes) and overall utilisation are reported as key KPIs to underpin the 85% standard	Not directly applicable to WAST	
	Consistent clerical and clinical validation should be in place using the national SOP - any patient waiting greater than 26 weeks should be validated. Volumes of non-admitted closed pathways will be monitored as proxy supported by National Programme team visits	Not directly applicable to WAST	
	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	Not directly applicable to WAST	We will continue to support the system in the development of high value pathways and linked work through national programmes
	Through effective streaming of patients on arrival at the front door allied to a focus on safe, efficient and early	ADOPT	We will continue to work in collaboration

	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.		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	ADOPT	We will continue to support the key work stream outlined within the 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.	ADOPT	We will continue to support the key work stream outlined within the UEC programme
	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.	ADOPT	We will continue to support the key work stream outlined within the Six Goals programme and UEC priorities
	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.	ADOPT	We will continue to support the key work stream outlined within the Six Goals programme and UEC priorities

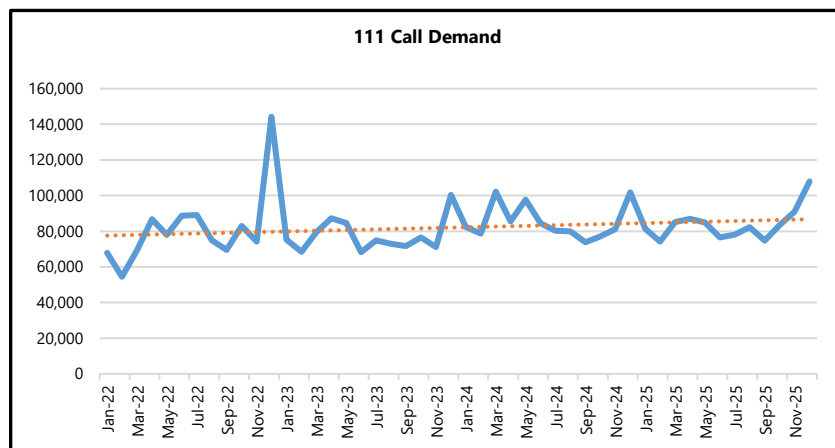
	Prioritise tailored interventions for frail and older adults, scaling up “call before convey” as a business-as-usual model and referrals to community nursing services enabling urgent response. Strengthen integration with key system partners, including WAST and Local Authorities, to deliver coordinated and effective care across the urgent care pathway.		
Population Health & Prevention	Ensure progress of the focused Diabetes High Value High Impact pathway	Not directly applicable to WAST	
Improving Value, Optimising Outcomes, & minimising Variation	Eradicate unsupported systems and devices and ensure a clear cyber response plan for the organisation.	ADOPT	See section x in the plan

2.0 Our Performance Profile

111

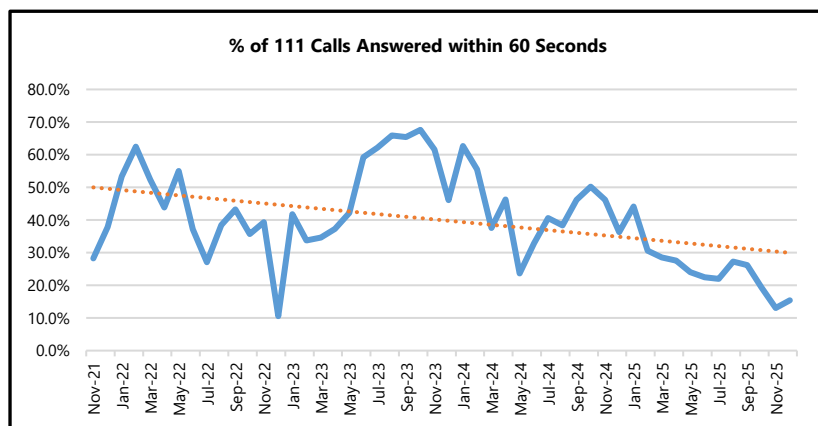
111 Demand

111 call demand, for those calls expected to be answered, was at **107,920 in December 2025**, which was significantly above the 5-year monthly average of 82,253, and the highest demand seen since December 2022. However, year on year demand declined last year for the first time in 5-years, falling from a monthly average of 85,399 in 2024 to 83,906 in 2025.



111 Call Answering - RAG

The percentage of 111 calls answered within 60 seconds was **15.4% in December 2025**, down on the 36.3% figure in December 2024 and significantly below the 95% target figure. This target has yet to be achieved in any month, with the highest recorded figure achieved remaining at 83% in June 2020. However, this was during the first Covid-19 lockdown and does not represent a true reflection of demand into the service. The highest figure recorded within the last year was 44.1% in January 2025.

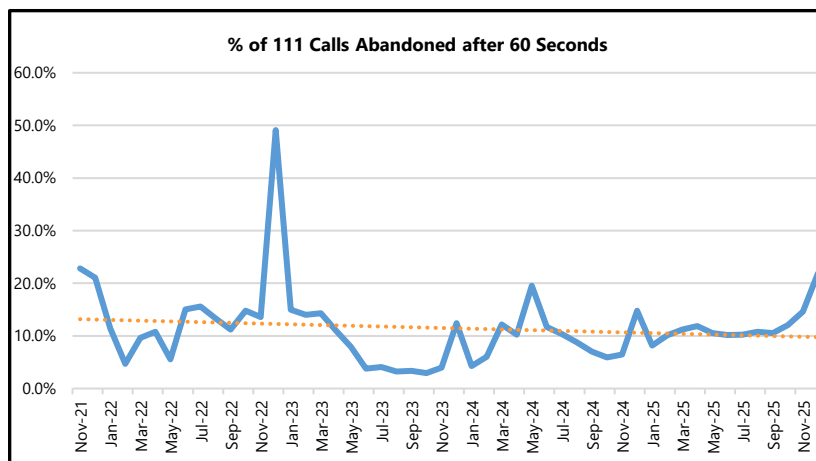


This decline in performance has come at a time UHP capacity for call handlers has seen a slight increase. However, an external rostering review suggested there is a demand and capacity gap i.e. the current funded establishment is not sufficient to meet patient demand and the Trust is therefore unlikely to achieve its performance targets without an increase in its workforce.

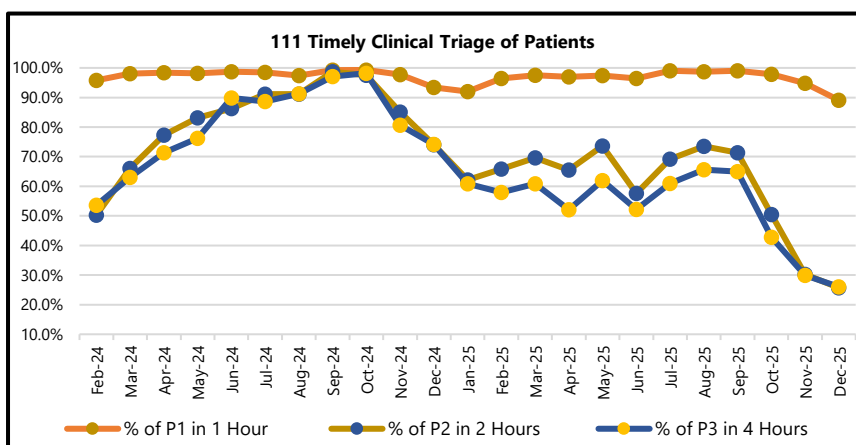
111 Abandonment Rate - RAG

The percentage of calls abandoned after 60 seconds shares a strong reversed correlation with the calls answered rate. **The abandonment figure for December 2025 was 21.8%**, which was the highest rate since December 2022.

The 5% target figure was not achieved in any month during 2025, with the last time it was achieved being January 2024.



111 Clinical Response - RAG



Calls prioritised as P1, requiring a clinical assessment within 1-hour dipped below the 90% target for the first time in December 2025, achieving 89.1%.

As can be seen in the graph, performance within the lower priority assessment areas has also deteriorated significantly over the past few months, falling to their lowest levels of 25.7% for P2 and 26% for P3 during December 2025.

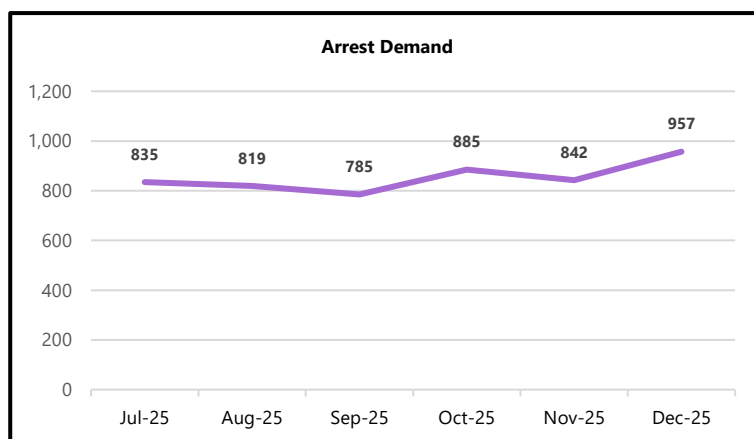
This decline is seen as being due to a number of issues, including lower than suggested clinician numbers, a high level of sickness absence amongst clinicians and a slight change in the way this metric is now recorded. Previously the times were calculated when the Trust called the patient back, whereas now it is when the patient answers. Therefore there are some instances where a longer triage time is outside of the Trust's direct control.

Ambulance Response

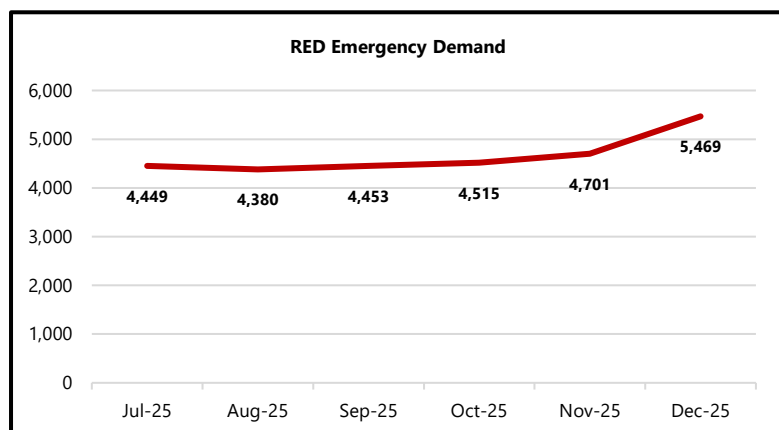
ARREST/EMERG Demand

On 1 July 2025, our new ambulance response model was implemented, with two new response categories replacing 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.

ARREST demand was fairly consistent during the first few months, averaging 833 incidents per month, but as expected it increased in December 2025, which is consistent with spikes seen during this month historically.



EMERG demand saw a similar pattern to ARREST, averaging 4,500 incidents per month, before increasing during December 2025 to 5,469 incidents.



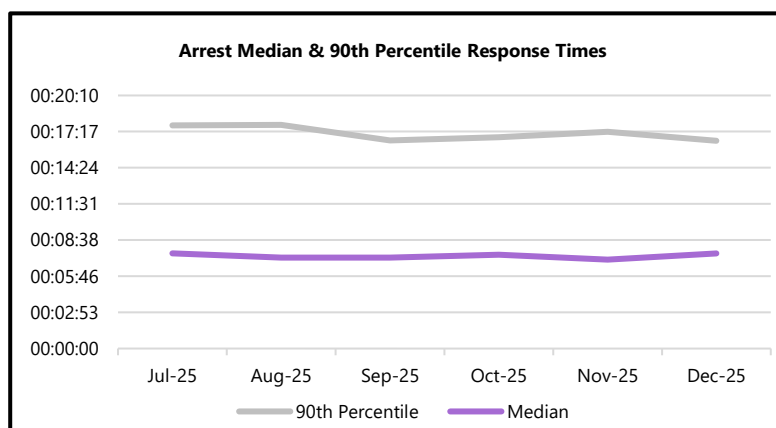
While operating the old model, which was implemented in 2015, it was deemed that the 'old red' category had become too big, accounting for 16.1% of total verified incidents during the last 6 months it was being used. It was identified that many patients being prioritised as a red response did not necessarily require it, and if properly triaged by a specialist clinician they could be dealt with through other priority categories or pathways. Since the introduction of the new

model, during the first 6 months ARREST and EMERG incidents have accounted for 15.5% of total verified incidents. Although this is a small drop from the previous 16.1%, it is still deemed too high, and it is hoped that further improvements in the RCS0 triaging will enable the Trust to reduce this percentage further in the coming months.

ARREST Response - RAG

The ARREST median response time for December 2025 was 7 minutes 34 seconds, which fell within the 6-8 minute strategic ambition parameter. This was also at a time that had experienced increased demand, as outlined above.

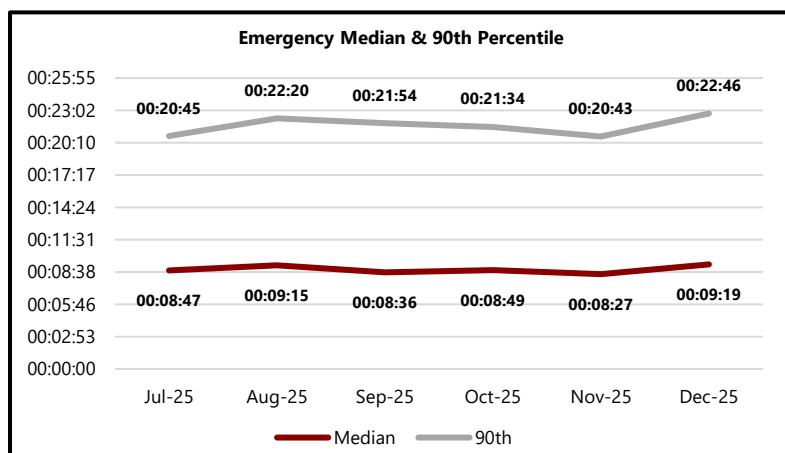
The 90th percentile was at 18 minutes during December, which was also within the ambition time of 20 minutes.



Traditionally the factors which most affect response times are demand and capacity. Even though demand remains high within this priority category, recruitment and staff in post versus establishment is currently good.

The Trust continues to work on actions within its control to mitigate this risk, including maintaining high levels of EA and CHARU production. The Trust's main focus during the early part of 2026 is to continue to implement and enhance its new clinical model in order to fully realise the benefits this will bring to both patients and the wider system.

EMERG Response - RAG



Median performance in the EMERG priority category is slightly outside the strategic ambition of 6-8 minutes, with the response median during December 2025 being 9 minutes 19 seconds.

The 90th percentile was also outside of the 20 minutes ambition at 22 minutes 46 seconds during December. Although there should be no difference in the response provided to an ARREST or EMERG incident, and despite work to look at this differential, at

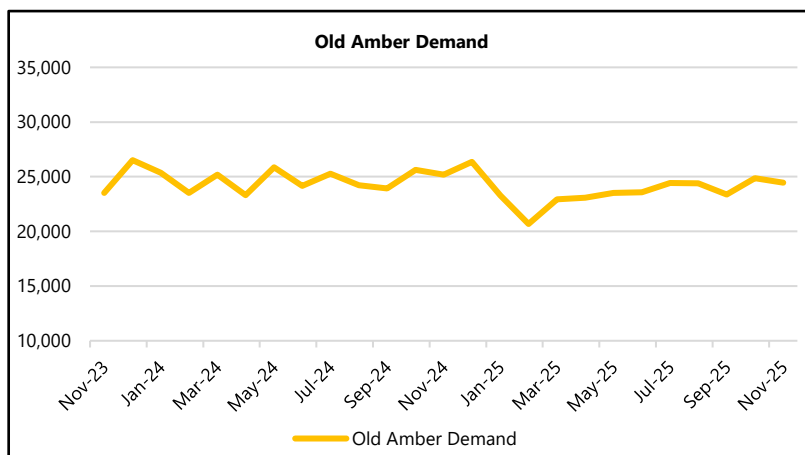
this time there is not obvious reason evident for the higher response times presenting in the EMERG category.

Amber, Orange & Yellow Demand

On December 2nd, 2025, as part of Phase 2 of the new clinical response model, the old Amber 1 and 2 categories were replaced by the new priority categories of Orange (Now) and Yellow (Soon).

Demand for the old Amber category had declined slightly during 2025, as the number of Red incidents increased.

In December 2025 there were 18,614 Orange and Yellow incidents combined, which accounted for 48.7% of total verified incidents.



Orange & Yellow Response - RAG

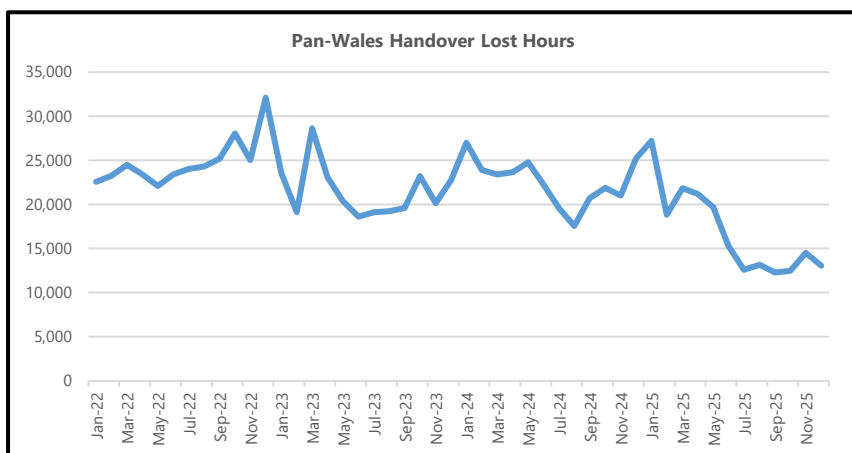
Although it is too early to draw any meaningful conclusions or patterns from the Orange and Yellow response categories, the response time data for December 2025 was encouraging.

Orange saw a median response time of 1 hour 19 minutes, which given the time of year and the higher than usual demand pattern, was lower than for the Amber response time in December 2024.

The median response time for Yellow during December was 1 hour 46 minutes.

Lost Hours to Handover at Hospital - RAG

In July 2025 the Welsh Government stipulated its W45 ambition, which aims for no handover at hospital to be take longer than 45 minutes. Since this time there has been a marked improvement in handover lost hours,



with the figure for December 2025 of 13,044 being significantly below the 25,195 hours lost during December 2024. However, this remains above the Welsh Government target, which equates to 7,500 lost hours a month, with the last time this figure was achieved being March 2021.

There also remains a significant disparity between individual health boards. Both Cwm Taf Morgannwg and Swansea Bay

have seen marked reductions in the number of hours lost at hospital during the second half of 2025, while Betsi Cadwaladr continues to see a high handover rate, with the health board accounting for 42.7% of total lost hours pan-Wales during December 2025 and 58.6% of the total during November 2025.

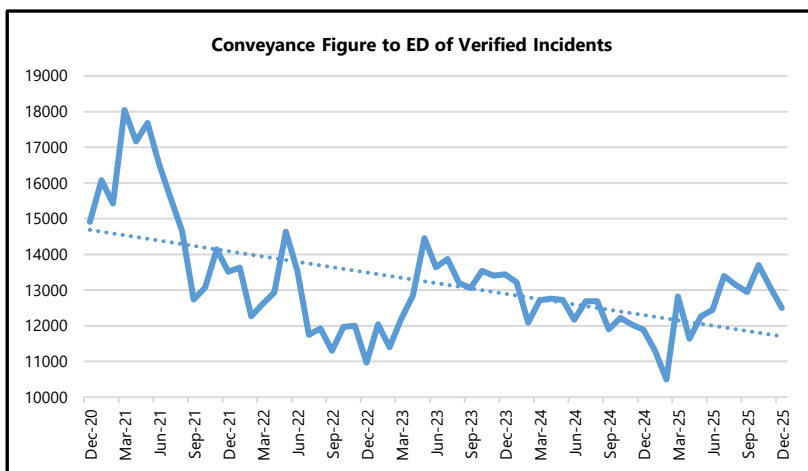
During December 2025, 4,161 handovers took longer than 45 minutes pan-Wales.

Outcomes/Dispositions

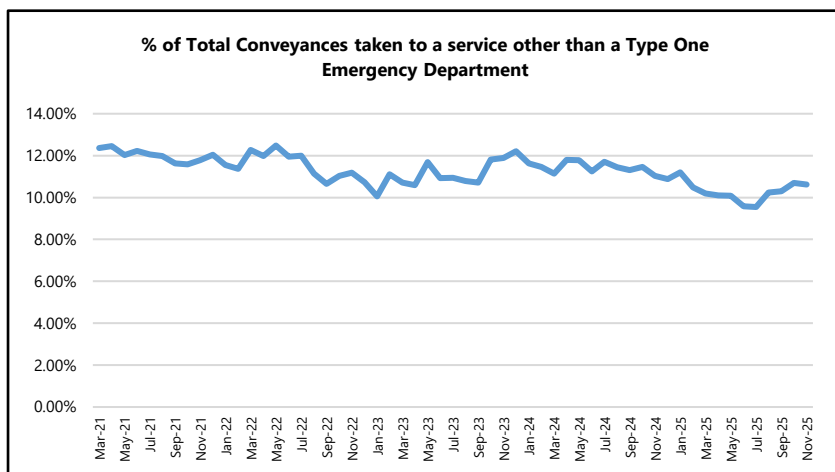
Conveyance to Emergency Department (ED) - RAG

The strategic ambition of the Trust remains to convey less people to a major ED and treat more people at home or within the community. **In December 2025 32.8% of all verified incidents were conveyed to a major ED**, which is the lowest percentage recorded during 2025. December is traditionally the month with the lowest conveyance rates, due to high demand and increased handover rates.

The graph opposite highlights the downward trend in conveyance rates between 2020 and 2024, as more patients are dealt with remotely or through alternative pathways. However, 2025 saw a small reversal in this trend, primarily due to a fall in handover rates, allowing EA's to attend an increased number of higher priority incidents.



Conveyance to a Service other than an ED – RAG



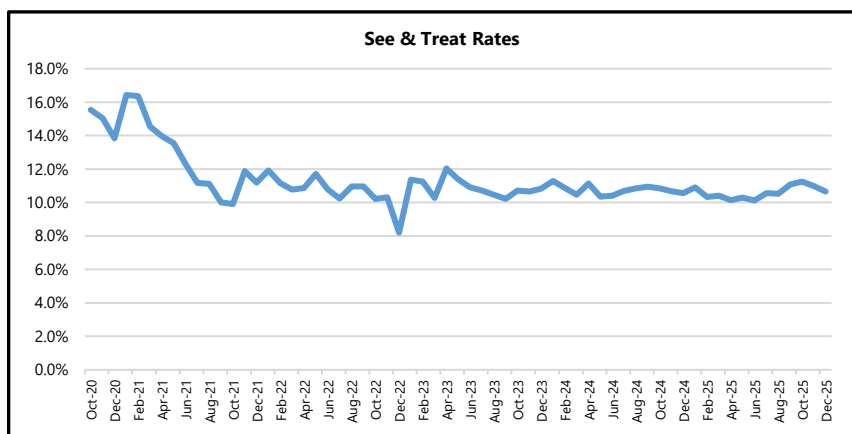
This metric has decreased slightly over the past four years, **with the percentage figure for December 2025 of 10.6%**, being 0.3% percentage points lower than that seen in December 2024 and 1.3 percentage points below that recorded for December 2023. This decrease follows a similar pattern to total conveyances and also highlights a slight increase during the second half of 2025.

The aim continues to be to help divert patients away from emergency departments and alleviate pressures on handover times.

See & Treat/Consult & Close - RAG

See & Treat rates against verified incidents in December 2025 were 10.7%, which was slightly above the 10.7% seen last December but which follows a similar rate to those seen consistently over the past 5 years, since they declined during 2021.

The Consult & Close rate for December 2025 was 20.8%, a marked improvement on the rates seen prior to 2025.

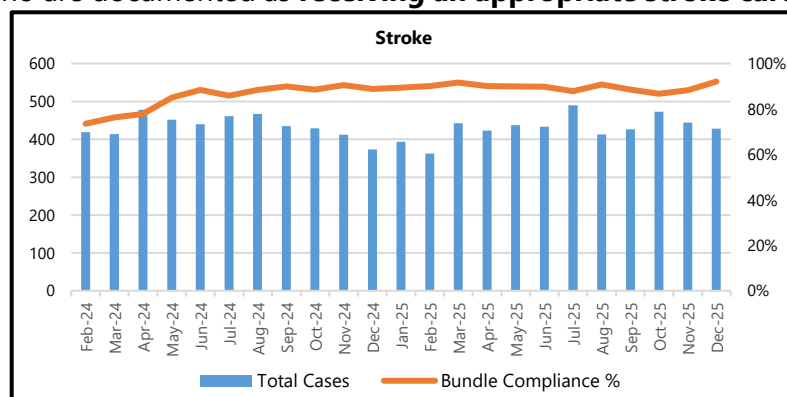


Clinical Outcomes

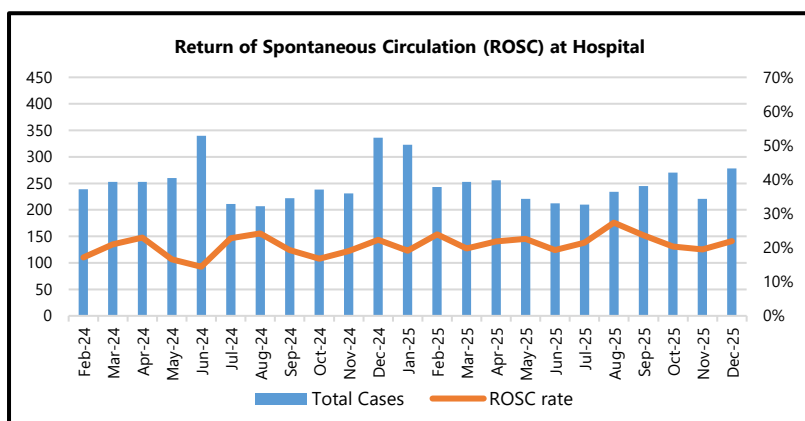
Stroke - RAG

The percentage of suspected stroke patients who are documented as **receiving an appropriate stroke care bundle in December 2025 was 92.1%**, which although remains below the 95% target, is the fourth time in 2025 it has been above 90%, which highlights continued improvement on previous years.

Median Stroke call to door times increased during the second half of 2025, with the time for December 2025 being 2 hours 57 minutes.



ROSC - RAG



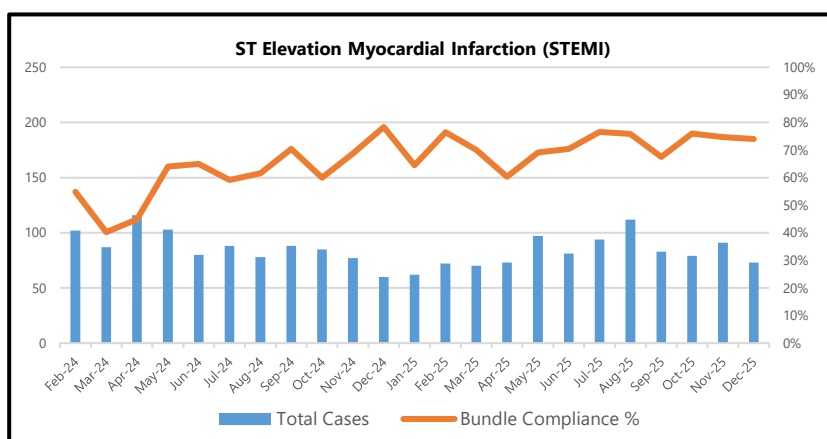
The return to spontaneous circulation (ROSC) compliance rate was at 21.9% in December 2025. However, this is still below the 25-30% IMTP ambition for ROSC rates although that figure was achieved for the first time in August 2025 (27.4%).

As the graphs shows, bundle compliance rates, although gradually improving, have fluctuated over the past two years.

STEMI - RAG

ST Elevation Myocardial Infarction (STEMI) compliance rates in December 2025 were 74%, down from 78.3% in December 2024 and remaining below the 95% target.

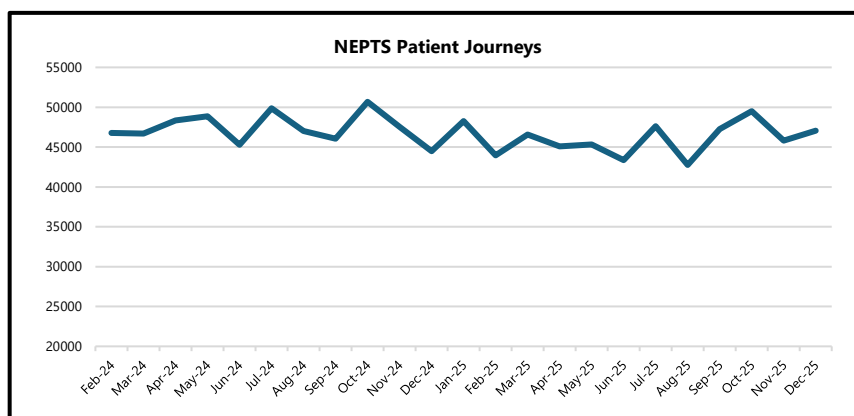
Call to door times for STEMI, as with Stroke, have deteriorated during 2025, increasing to 2 hours 55 minutes during December 2025, the longest time seen over the past 2-years.



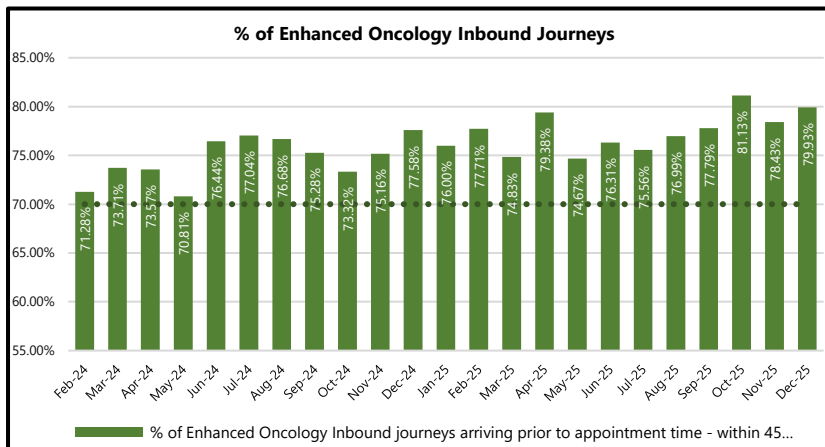
Ambulance Care

Overall demand for **NEPTS** services, increased during the latter half of 2025, after seeing a drop earlier in the year. Demand in December 2025 was 47,037, which was just above the 2-year monthly average (46,748).

However, demand still remains below pre-pandemic levels, as the average number of journeys carried each month in 2019 was 56,820.



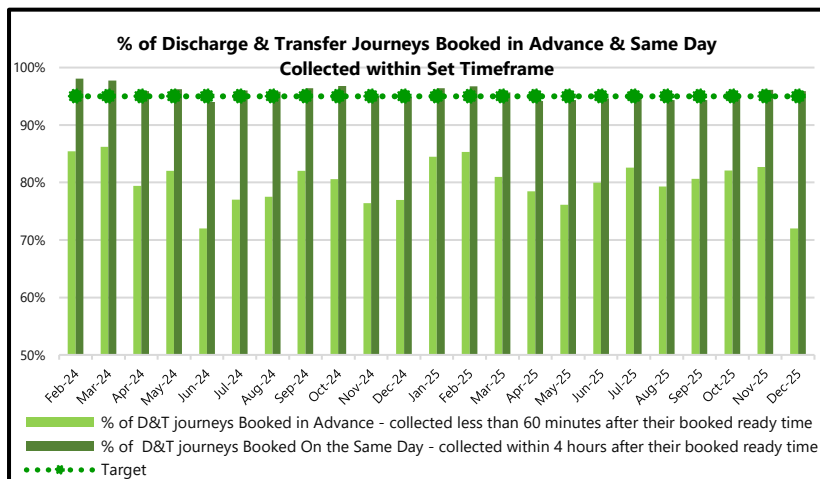
Oncology - RAG



Oncology performance in December 2025 was 76.8%, which is above the 70% target.

As the graph opposite indicates, performance in this area has seen sustained improvement since September 2023, and is now comparable to levels achieved during 2021, following a dip during 2022.

Discharge & Transfer - RAG



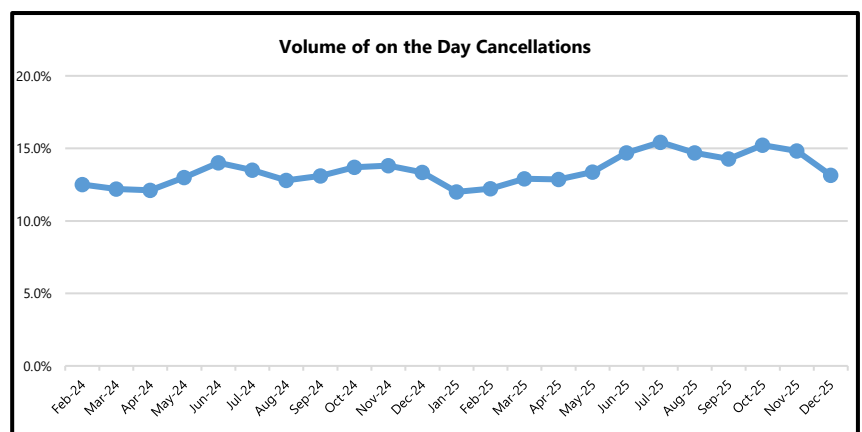
Booked in advance Discharge & Transfer (D&T) journeys collected on time in December 2025 were at 79%, which remained below the 95% target. The number of booked in advance journeys collected on time has declined since early 2023.

Booked on the day journeys collected on time was at 96% in December 2025 and, remained relatively stable over recent months, continuing to achieve the 95% target.

On the Day Cancellations - RAG

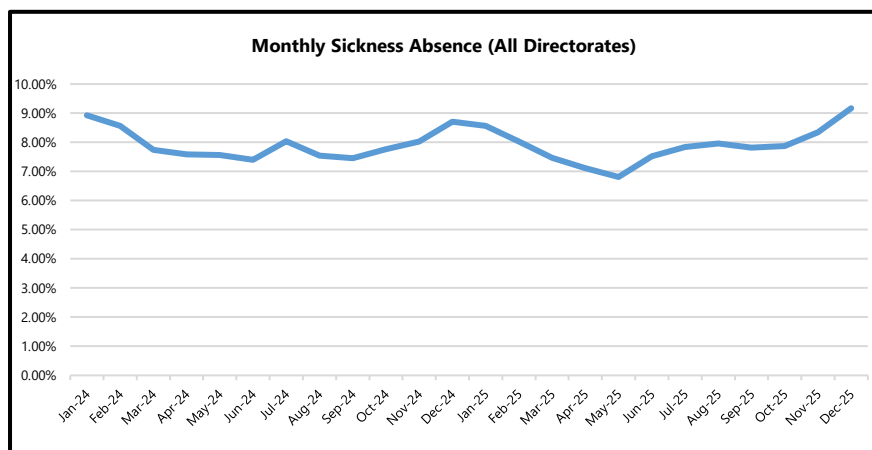
The volume of on the day cancellations shows an increasing trend over the past 3 years, **although the December 2025 percentage of 13.1% did show a slight downward turn.**

The Operations Directorate LDP includes delivering a range of efficiencies and improvements, for example: aligning clinic patient ready times to ambulance availability and addressing oncology performance.



Sickness - All Directorates - RAG

The Trust's overall sickness percentage rate for December 2025 was 9.17%, which was higher than the 8.69% recorded for December 2024. Sickness absence rates have been gradually increasing since a 3-year low of 6.81% was achieved in May 2025 and has still failed to reach the 6% IMTP ambition.

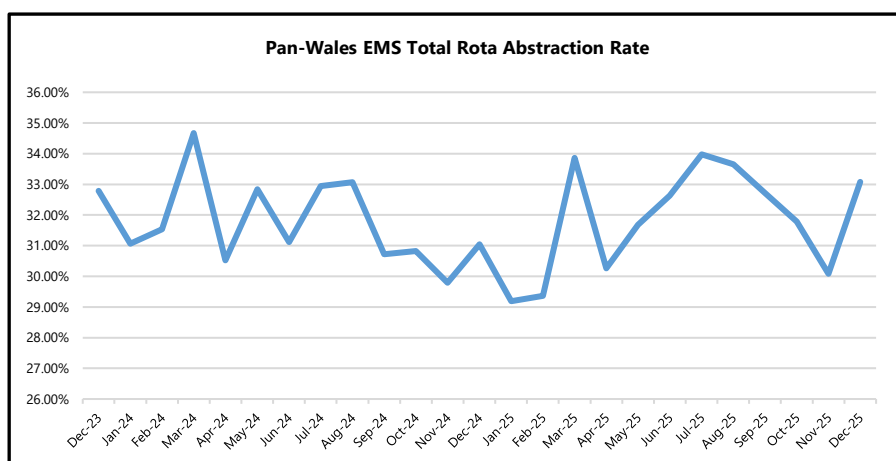


Actions within the IMTP concentrate on staff well-being, with an aim to continue to reduce this level supported by the ten-point plan.

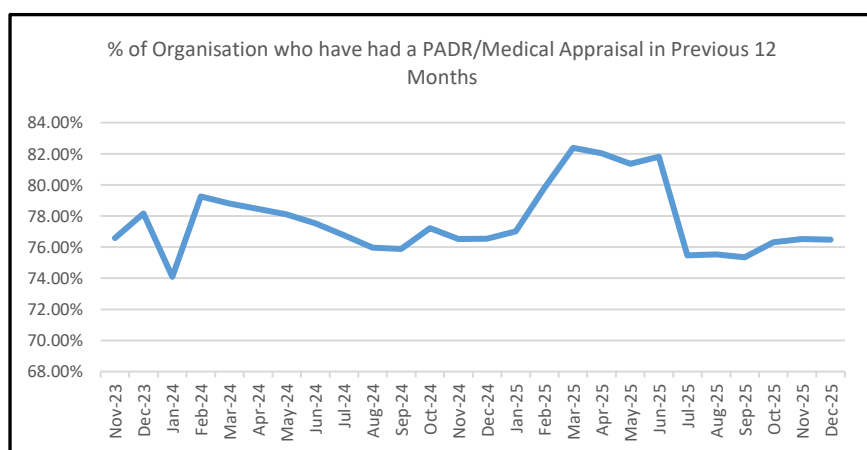
Absence due to mental health was at 3.02% in December 2025, which is the highest figure seen over the past 3 years.

EMS Abstractions - RAG

EMS abstractions were at 33.08% in December 2025, which is above the 31.05% seen in December 2024 and above the 30% target figure. That target has not been achieved since January 2025. However, abstraction rates were seeing a steady improvement until the last two months of the year.



PADR Rates - RAG



PADR rates did not achieve the 85% target in December 2025, standing at 76.5%. The target has not been achieved in this area for the past two years, with the highest rate of 82.4% being recorded in March 2025.

Implications for the IMTP

The key implications for the IMTP fall into the following categories:

1. **Increasing Demand:** The sustained upward trend in 111 call demand and Arrest/Emerg call demand indicates a growing need for urgent and emergency services. This requires integrated planning and modelling to ensure adequate resources and capacity to meet this increasing demand.
2. **Call Answering and Abandonment Rates:** The percentage of 111 calls answered within 60 seconds is significantly below the target, and the abandonment rate is high. The demand and capacity review suggested additional resources are required to service demand in this area.
3. **111 Clinical Response:** While the highest priority clinical assessments (P1) are mainly meeting targets, lower priority assessments (P2CT and P3CT) have experienced a sharp downward trajectory. This indicates a need for better resource allocation and management to ensure timely clinical responses across all priority levels.
4. **Ambulance Response Times:** Response times in the ARREST category have been good and remained within the parameters. However, EMERG and Orange response times are outside of what is expected. Factors such as increased demand and lost hours to handovers at hospitals continue to contribute to these issues. This is a key part for our transformation plans as we respond to the review of the ambulance response target.
5. **Lost Hours to Handover at Hospital:** There has been a significant reduction in the number of hours lost at hospital during the latter half of 2025. However, they still remain significantly above the modelled position which continues to impact overall EMS performance. This requires ongoing collaboration with health boards to improve handover processes and reduce lost hours.
6. **Outcomes/Dispositions:** The strategic ambition to convey fewer people to major EDs and treat more people at home or within the community is showing progress. However, continued efforts are needed to further reduce conveyance rates to EDs and increase conveyance to other services and pathways.
7. **Clinical Outcomes:** Improvements in stroke care bundle compliance and ROSC rates are positive and continuing to show signs of improvement. However, call to door times have seen a decline.
8. **Ambulance Care:** The demand for NEPTS services has levelled off but remains below pre-pandemic levels. Oncology performance has improved, but discharge and transfer journeys collected on time are below target. Efforts to align clinic patient ready times to ambulance availability and address oncology performance are needed.
9. **Sickness Absence/Abstractions:** The overall sickness rate is higher than the IMTP ambition, and mental health absence rates are increasing. EMS abstractions also remain above target. Focus on staff well-being and reducing sickness absence through the ten-point plan is essential.
10. **PADR Rates:** The decline in PADR rates indicates a need for improved performance appraisal and development processes to meet targets. Plans for our people need to focus on how we better support our workforce.

Overall, the organisational plan should prioritise resource allocation, staff recruitment and retention, process improvements, and collaboration with health boards to address these challenges and improve performance across all areas.

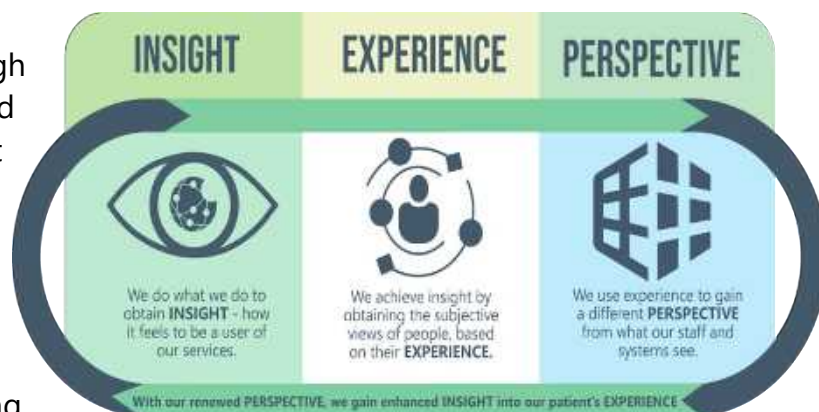
3.0 Public and Patient Feedback

3.1 Using stories to drive learning and improvement

In 2025/26 we strengthened how we gather and use patient and staff stories to inform learning and improvement across the Trust. Real experiences helped us understand how our services are felt and lived, offering insight that goes beyond quantitative data alone. These stories highlighted variation, revealed system blind spots and illustrated the human impact of delays, pathways and processes.

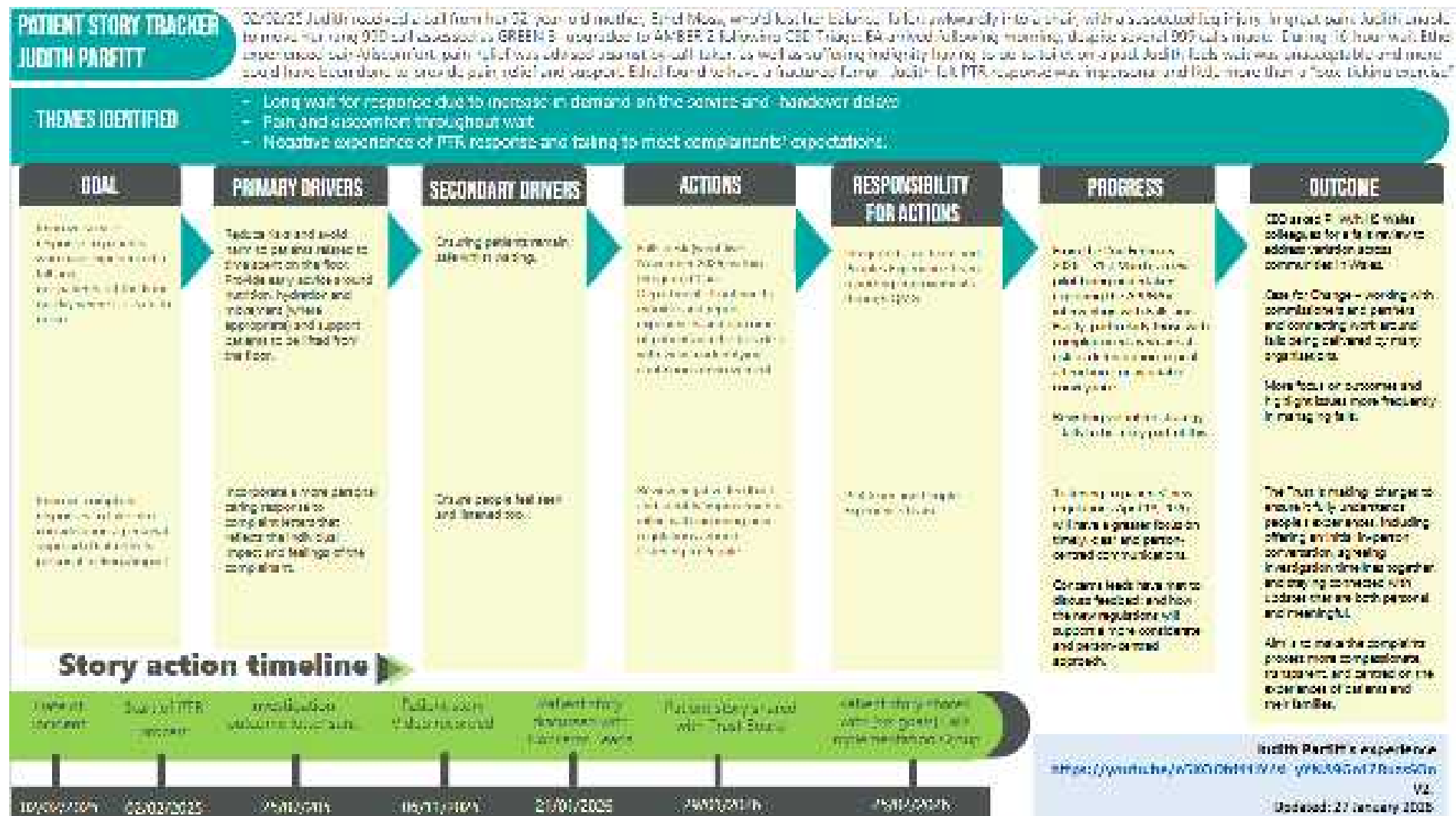
Stories were routinely shared through governance forums, quality reviews and improvement programmes, ensuring that learning was visible, acted upon, and used to test whether changes were making a meaningful difference.

This approach also strengthened our culture of openness and learning, encouraging reflection, building empathy and helping teams understand the wider system context in which they operate.



One example is the story shared by Judith Parfitt on behalf of her 92yearold mother, Ethel Moss. Their experience highlighted the distress caused by long waits, impersonal responses and unmet expectations following a fall at home. It brought into sharp focus the emotional and physical impact of prolonged time on the floor, as well as the challenges of navigating a complaints process that felt disconnected from their reality. This story has been a catalyst for action across the Trust, prompting service improvements, regulatory changes and a renewed commitment to compassionate, person-centred care

Figure 1 summaries how this single patient story has been used to drive learning and improvement across the organisation. It sets out the actions taken, the teams involved and the progress made in response to the issues raised.



3.2 Learning from excellence: compliments and positive feedback

Compliments provide valuable insight into what matters most to patients, carers and communities. They highlight the behaviours that create trust, reassurance and human connection, and they are deeply meaningful to our staff. These positive experiences offer a distinct perspective on excellence in practice and show how our values are lived across the organisation.

We use insights from compliments to reinforce best practice and support improvement through the Quality Management Group. For example, the introduction of a courtesy callback function within Ambulance Care has enhanced patient experience and generated increased positive feedback about reduced waiting times.

During 2025/26, the Trust received a significant volume of positive feedback across Emergency Medical Services, Integrated Care (111) and Ambulance Care. These compliments reflect the lived experiences of patients and families and demonstrate our continued commitment to delivering safe, compassionate and person-centred care under sustained system pressures.

Across all service areas, compliments consistently referenced:

- compassion and dignity in distressing or traumatic situations
- clear communication and reassurance for patients, carers and families
- professionalism and clinical expertise, including early recognition of deterioration
- kindness and humanity, particularly in end of life scenarios
- strong teamwork across crews, control rooms, first responders, partner agencies and 111 clinicians

These themes align closely with the Trust's values and our strategic ambition to improve experience and outcomes for the people of Wales.

In line with the NHS Wales People's Experience Framework, we continue to strengthen our capacity to collect, analyse and act on compliments as part of an "always on" approach to experience capture. This supports the wider shift toward real-time quality reporting across patient and staff experience, complaints, concerns and compliments.

We actively share compliments across the organisation through internal communications, station posters, direct feedback to line managers and the Trust's intranet site, Siren. Making positive feedback visible helps celebrate good practice, boost morale and reinforce the behaviours we want to see consistently across the organisation. Working with People and Culture colleagues, we are increasingly using compliments to inform reward and recognition approaches and to embed excellence across teams.

"I wanted to compliment Dylan and his colleague on the wonderful service I received on 2nd February, they couldn't do enough for me, I was treated so well I felt like the Queen. Please can you pass on my best to them and thank you all for the wonderful service you provide."

"I would love to thank the paramedics that attended on the 6th Jan. I was so ill I did not get any names, but hope you can identify who attended from the address. I would firstly like to thank the female paramedic who was so caring. I was in my most vulnerable state, and she made me feel so comfortable and helped keep my dignity as best as possible. I would also like to thank the two male who transported me to hospital who were kind and professional."

"Unfortunately, I had reason to call 111 and Shropdoc last evening as a result of having picked up one of the many viruses currently going around which left me feeling quite unwell and with a nasty cough. My initial call to 111 was dealt with by a female call handler. I wish to record my appreciation of the way I was dealt with by her. It really is possible, even over a phone line, to tell if you are talking to someone who genuinely cares and this certainly was the case with this young lady and I wish to record my appreciation"

These real experiences illustrate the consistent themes of compassion, dignity, professionalism, clear communication and genuine human connection. They help us understand what enables excellence and inform how we recognise, celebrate and embed these behaviours across the organisation.

3.3 Insights from Patient and Public Engagement and service specific experience

Our continuous engagement model enables us to understand how people experience our services and identify where perceived disparities in care can be reduced. By engaging with communities across Wales, we gain insight into what matters most to them and use this to shape targeted quality improvements.

Alongside these broader insights, it is essential that we understand how people experience individual services where needs, expectations and risks can differ significantly. Two areas in particular,

Non-Emergency Patient Transport Service (NEPTS) and **Falls services**, provide valuable insight into the quality, timeliness and consistency of care for some of our most vulnerable patients. The following sections summarise what patients and families have told us, highlight key performance trends, and outline how this feedback is informing ongoing improvement activity.

Non-Emergency Patient Transport Service (NEPTS)

NEPTS feedback gathered through both engagement activity and routine survey data provides valuable insight into patient experience and highlights where improvements can strengthen the quality and consistency of care. Engagement with patients and carers highlighted concerns about seat belt use among older and vulnerable people using ambulance care transport. Some patients reported not always feeling secure while travelling, which prompted the introduction of consistent reminders and prompts about seat belt use. This change has already improved patient feedback and increased reassurance during journeys.

Survey data complements this by providing structured, quantitative insight into how the service is performing. Overall, responses indicate that users remain broadly satisfied with the service, although waiting times continue to be the most common area of concern. Patients reported delays when contacting the booking line and, in some cases, waiting for transport following the completion of an appointment. From 1 April, the survey question relating to seatbelt safety was amended to better reflect patient experience, revealing that many respondents had already fastened their seatbelt independently and therefore did not require a reminder from staff.

During the current reporting period, **2,852 responses** were received.

Key findings:

- **90%** of respondents were satisfied with the transport they received.
- **93%** found the booking process easy; where difficulties were reported, these were most commonly linked to long call waiting times.
- **84%** had used the transport service previously, demonstrating a high proportion of repeat users.
- **63%** were informed about the service by a healthcare professional.

The feedback gathered through the patient experience survey is routinely reviewed through the Trust's Quality Management Group (QMG), providing oversight of emerging themes and areas of concern. This enables the service to identify targeted actions and ensure that learning from patient feedback informs ongoing operational and quality improvement activity. While the majority of patients report a positive experience when using NEPTS, the feedback continues to highlight opportunities to improve call waiting times and the timeliness of transport.

Falls services

Falls remain one of the most common reasons people call for an ambulance in Wales. Individual experiences, such as the story shared by Judith Parfitt on behalf of her mother, have highlighted the distress caused by long waits and the importance of timely, compassionate support. This learning has directly shaped our wider falls improvement work, including the development of dedicated response models and enhanced monitoring of patient experience.

In 2025, falls accounted for a significant proportion of demand and activity.

Key findings:

- **13% of all 999 calls** were falls-related, making this the largest single cohort.
- There was a **21% increase** in responded falls incidents between June and December (1,852 → 2,235).
- **10,000+ falls calls** were attended by contracted or enhanced responders during the year.
- Falls response resource utilisation increased from **52% in July to 62.3% in December**.
- **64% of incidents** received a <2-hour response during core hours (07:00–19:00).
- During winter (Nov–Dec), <2-hour responses were achieved in **58% of cases**, rising to **67%** when a falls-specific responder was available.

4.0 Staff Feedback, Cultural Metrics and Survey Insights

We continue to actively engage with colleagues across the Trust to understand the issues that matter to them most. These insights not only guide the development of our future service plans but also help us identify the day-to-day challenges that affect our people.

We use a range of mechanisms to hear from colleagues, gather feedback and understand their experiences:

- **NHS Staff Survey** – provides vital insights into people’s experiences, perspectives, and priorities, helping us shape the working environment.
- **Regular Pulse Surveys** – targeted, timely checks aligned to priority areas emerging from the Staff Survey.
- **WAST Live** – a regular MS Teams session where the Executive Team shares updates on matters affecting our people and responds directly to their questions.
- **CEO Roadshows** – twice-yearly, face-to-face engagement with colleagues across Wales.
- **Cultural Metrics** – a mix of qualitative and quantitative indicators that track the impact of our People and Culture Plan.
- **Workforce Metrics** – highlighting key workforce challenges and areas requiring action.
- **Our People Networks** – supporting a culture of belonging, inclusion, and active participation

This section brings together insights from these engagement platforms to provide a rounded picture of what matters most to colleagues and where we must focus our efforts.

CEO Roadshows

In October 2025 we held CEO Roadshows across Wales, inviting colleagues to share ‘*what matters to them*’ to shape this year’s plan. The feedback clustered into ten themes, reflect what our people need to deliver excellent care and feel supported.

These insights reinforce the need for a realistic, people-centred IMTP that prioritises wellbeing, strengthens leadership visibility, consolidates change, and aligns organisational priorities with what matters most to our staff.



A summary of key feedback captured across our engagement platforms is presented in the infographic below.



5.0 Our Risk Profile

Below is a summary of the Trust's principal risks. Full details are set out in the Board Assurance Framework (BAF), which provides the Board with a comprehensive view of each risk, the controls in place, and the assurances available. The BAF enables the Board to assess the effectiveness of these controls, identify gaps and determine where further action is required.

Risk ID	Description	Score
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 and Effective Service for Patients.	25
223	The Trust's inability to reach patients in the community causing patient harm and death.	20
260	A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems.	20
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.	20
671	Unauthorised or Inappropriate use of AI technologies.	16
160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service.	16
542	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan.	16
558	Deterioration of staff health and wellbeing in as a consequence of both internal and external system pressures.	15
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.	15
623	Failure to comply with Data Protection Legislation.	15
100	Failure to persuade EASC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience.	12
163	Maintaining Effective & Strong Trade Union Partnerships.	12
139	Failure to deliver our Statutory Financial Duties in accordance with Legislation.	8

Deliverable	STRATEGIC OBJECTIVES	WELLBEING OBJECTIVES			MINISTERIAL PRIORITIES						ENABLING ACTIONS	UEC 6 GOALS PRIORITIES	COMMISSIONING INTENTIONS	HEALTH AND CARE QUALITY STANDARDS *primary factors only marked here												
		A socially responsible and inclusive employer	An innovative and sustainable organisation	A pro-active, accessible & equitable care provider	Timely Access to Care	Population Health and Prevention	Community by Design	Mental Health Access	Women's Health	Quality and Safety				Person-Centred	Safe	Timely	Effective	Efficient	Equitable	Leadership	Workforce	Culture	Information	Learning, Improvement & Research	Whole Systems Approach	
1. Complete a formal academic evaluation of the Clinical Model and Ambulance Performance Framework changes to understand the benefits, impact and opportunities for improvement.	SO1		✓	✓	✓					✓			✓				✓			✓	✓					
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	SO1		✓	✓	✓					✓			✓		✓											
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 multidisciplinary team	SO1 SO3		✓	✓	✓					✓			✓		✓											
4. Replace the outdated Online Symptom Checker (OSC) tool to align with the 111 Call Prioritisation and Streaming System (CPSS).	SO1 SO3		✓	✓	✓					✓			✓		✓											
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.	SO1 SO5			✓		✓								✓	✓				✓							
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.	SO1 SO4			✓						✓			✓		✓								✓			
7. Operationalise the key recommendations of the Emergency Ambulance Practitioner (EAP) skill mix review.	SO1	✓		✓						✓			✓		✓			✓								
8. Implement a Single RICS clinical queue to streamline Remote Clinical Consultation and standardise clinical queue management across 999 and 111 services	SO1			✓	✓									✓	✓						✓					
9. Work with supplier to pilot and evaluate the alignment of MPDS and CPSS	SO1 SO3		✓	✓	✓		✓							✓	✓											
10. Optimise and evaluate current provision of the falls desk to inform delivery of the function post current funding arrangements	SO1			✓	✓		✓					✓	✓		✓	✓					✓					
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.	SO1			✓	✓		✓					✓	✓	✓												
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).	SO1			✓	✓					✓		✓			✓			✓		✓						
13. Undertake a strategic service review of NEPTS	SO1			✓	✓					✓			✓		✓		✓	✓								
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	SO1			✓									✓	✓		✓										
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)	SO1			✓									✓	✓									✓			
16. Deliver the Covid Inquiry recommendations to enhance organisational readiness for major incidents	SO1			✓									✓	✓		✓										
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.	SO1			✓										✓	✓			✓								
18. Embed the Anti-Sexual Harassment Policy and deliver the supporting implementation plan to create a culture of sexual safety across the Trust.	SO2	✓								✓						✓		✓	✓							
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.	SO2	✓								✓			✓					✓	✓							
20. Increase engagement and participation through targeted interventions, ensuring all colleague voices are heard , and effectively use data to drive informed decisions and actionable insights.	SO2	✓								✓								✓	✓		✓					
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	SO2	✓								✓								✓	✓	✓						
22. Enhance managers' ability to lead, navigate and manage change confidently, reinforcing cultural transformation and organisational resilience	SO2	✓								✓								✓		✓		✓				

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.	SO2	✓									✓									✓	✓		✓	
24. Design and implement an inclusive Recruitment Strategy that attracts, engages, and retains diverse top talent aligned with our organisational values and workforce needs	SO2	✓									✓							✓		✓	✓			
25. Undertake preparatory work to support the implementation of the Future Workforce Solution (Electronic Staffing Record)	SO2	✓									✓							✓		✓		✓		
26. Deliver a cloud-based Global Rostering System (GRS) solution , enabling an organisational decision on implementing the e-timesheet solution	SO3		✓								✓									✓		✓		
27. Launch and embed updated Digital, Data and Technology (DDAT) Governance Framework	SO3		✓								✓											✓	✓	
28. Expand SMS functionality across services to improve access for patients and their engagement with key frontline services e.g. clinical navigator function	SO3		✓								✓		✓										✓	✓
29. Establish safe, ethical and effective use of AI across WAST through a Responsible AI Framework and targeted staff capability-building	SO3		✓								✓					✓			✓		✓			
30. Develop key requirements and appraisal of options for EMS, 111 and NEPTS CAD Replacements , including strategic direction.	SO1 SO3		✓	✓							✓					✓								
31. Development of full Business Case for Emergency Services Network (ESN) Phase 2 , which encompasses handheld radios (HH), fixed vehicle devices (FVD), Field Services, and resource funding through 2031/32 (as part of the UK national programme)	SO1 SO3		✓	✓							✓											✓		✓
32. Implementation of ePCR application refresh and renewal of contract.	SO3		✓								✓											✓		
33. Combine internal WAST datasets and link with external datasets to provide richer intelligence and the evidence impact of the CMT and other improvements.	SO1 SO3		✓	✓							✓		✓		✓						✓			✓
34. Strengthen information governance and technical capability to enable WAST to support the All-Wales data sharing ambitions though the National Data Resource.	SO3 SO4		✓	✓							✓										✓			✓
35. Create strategic opportunities for increased Health Board engagement and collaborative working	SO4			✓			✓				✓													✓
36. Develop and deliver a robust approach to refresh the organisation's Long Term Strategy , using an internally produced strategic development and engagement framework.	SO1 SO2 SO3 SO4 SO5 SO6	✓	✓	✓							✓							✓						✓
37. Develop a consistent organisational framework that brings together Quality improvement, change management and project management methodologies .	SO5			✓					✓									✓		✓		✓		
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.	SO5			✓					✓				✓								✓	✓		
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	SO6			✓					✓									✓		✓		✓		
40. Strengthen the Patient Voice Network to support meaningful and effective community involvement in the development of planned service changes.	SO1 SO4 SO5			✓					✓	✓			✓				✓							✓
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.	SO5			✓					✓				✓	✓								✓		
42. Deliver clinically led, evidence based mental health care that provides the right care, in the right place at the right time	SO1 SO5			✓				✓						✓	✓	✓								
43. Establish a skilled, empowered mental health workforce through CPD, innovation, partnership working and lived experience	SO1 SO2			✓				✓											✓	✓		✓		
44. Implementation of the Medicines Management Hub systems and processes, subject to funding.	SO5		✓								✓			✓			✓							
45. Restructure and deliver the Flu Vaccination Programme for 2026/27 aligning with 2025/26 report recommendations.	SO5	✓				✓													✓					
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	SO6		✓								✓					✓								
47. Establish a fully functioning Commercial Function , underpinned by an approved Trust-wide Commercial Plan and delivering at least two sustainable income-generation streams.	SO6		✓								✓					✓								

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

Ref	Deliverable	Q1	Q2	Q3	Q4	27/28	28/29
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 roadmap development 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 session and Board development sessions to determine organisational risk appetite and strategic AI opportunities. Expected outcome is 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	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, and 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	Development of full Business Case for Emergency Services Network (ESN) Phase 2, which encompasses handheld radios, fixed vehicle devices, field services, and resource funding through 2031/32 (as part of the UK national programme)	Completion of ESN Phase 2 FBC	Secure sign-off and submit the FBC to Welsh Government				
32	Implementation of 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)		

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: % of applicants shortlisted from under-represented groups 111 calls in Welsh - Sickness absence - Staff turnover - PADR	Our Performance Ambitions: Drafting Note – ambitions being finalised for inclusion

Draft – This document remains under review and will be finalised following further refinement in

Evidencing Due Regard – Integrated Equality Impact Assessment form

preparation for Trust Board sign-off.

These assessments will help to gather and record evidence of due regard to the equality duties. The key purpose is to provide evidence that the Trust Board's decisions are compliant with **statutory requirements** for the Public Sector Equality Duty, Socio-economic Duty, Welsh Language Duty, Human Rights Act, and Armed Forces Covenant.

Step 1

Complete Part A

Section 1

- General Information
- Which Assessments are Required
- Links to WAST Behaviours and Strategic Equality Objectives
- Wellbeing of Future Generations

Section 2 – Evidence to support assessment

- a. Record of Engagement and Consultation activity
- b. Additional information

Complete Step 2 and 3 if required.

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Step 2

Complete Part B – Equality Impact Assessment (EqIA)

Section 1 - Equality Impact

Section 2 - Human Rights

Section 3 – Armed Forces Due Regard

Section 4 - Welsh Language

Section 5 - Assurance for Compliance

Section 6 – EQIA Action Plan

Section 7 – Equality Risks

Section 8 – Sign Off

Step 3

Complete Part C - Socio-economic Impact Assessment (SEIA)

Section 1 - Assessment information

Section 2 - Impacts on Socio-economic Duty Domain Areas

Section 3 – SEIA Action plan

Section 4 – Sign Off

Part A – Information on assessment work required

Section 1 – General information

Title: Integrated Medium Term Plan (IMTP) 2026-2029 EQIA
Assessment Lead: Kelsey Rees-Dykes (Planning & Performance Business Partner)
Who has been involved in undertaking this equality assessment: Kathryn Cobley – Head of Inclusion and Engagement Helen Britton – Head of Planning & Performance Kelsey Rees-Dykes - Planning & Performance Business Partner

Quick guide on what assessments are required: This section will help guide you to which assessments are required for your proposal.			
Types of decision being assessed:	What is being assessed? please tick the one which applies ✓	EQIA Required [Part B]	SEIA Required [Part C]
Strategic policy development with strategic directive and intent, including those developed at Regional Partnership Boards and Public Service Boards which impact on a public bodies function			
Trust Wider Plans. Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)	✓		
Business Case/Capital Involvement/Options Appraisal required			
Setting objectives (for example, Well-Being objectives, Equality objectives, Welsh language strategy)	✓		
Changes to, and development of, public services/Closure of Services	✓		

Decisions affecting service users, employees or the wider community including (de)commissioning or revised services	✓		
Efficiency or saving proposals, e.g., resulting in a change in community facilities, activities, support or employment opportunities	✓		
Directorate Financial Planning	✓		
Divisional policies and procedures affecting staff			
New policies, procedures or practices that affect service delivery	✓		
Large Scale Public Events			
Major procurement and commissioning decisions	✓		
Local implementation of National Strategy/Plans/Legislation (e.g. vaccination programme)	✓		
Other – please state (seek advice if not sure what assessments are required)			

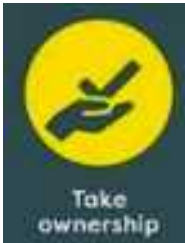
Equality Impact Assessment	Socio-economic Impact Assessment
Start date: 02/01/2026 Completed date: 10/03/2026	Start date: N/A Completed date: N/A
If not undertaking EqIA state reason: (Note that EqIA is a requirement of the Trust to evidence compliance to equality legislation)	If not undertaking SEIA state reason: For individual initiatives, individual assessment will be conducted to see if a SEIA is required.
Please complete the rest of this section if EQIA / SEIA is required.	
Summary of the purpose and aims of the decision / service / policy / function / change being assessed: The Integrated Medium Term Plan (IMTP) 2026–2029 sets out the Trust’s strategic priorities, commissioning intentions and service improvements over the next three years. The plan outlines how the Trust will deliver safe, effective and equitable services for the population of Wales while responding to key performance challenges, workforce pressures and wider system demands. It also addresses key performance improvements and risks across the Trust.	

The IMTP also includes actions designed to reduce health inequalities, improve equitable access to urgent and emergency care services, and ensure that services are responsive to the needs of people with protected characteristics across Wales.

The IMTP 2026–2029 contains 47 deliverables across clinical transformation, operational services, workforce, digital and quality improvement programmes. This EQIA considers the potential equality impacts of the overall strategic direction, with individual initiatives undertaking further assessment where required.

Links to WAST Behaviours

Indicate any behaviours that relate to the decision / service / policy / function / change being assessed. **please tick the one which applies ✓**

 Take ownership	 Broaden our understanding	 Respect others	 Show belief in each other	 Practice ethically	 Continually improve our service	 Be inclusive of the whole team
✓	✓	✓	✓	✓	✓	✓

Links to WAST Equality Objectives 2024 - 2028

The Trust published the Strategic Equality Plan (SEP) in 2024, for the period 2024 - 2028. Please indicate which objectives align for this decision / service / policy / function / change being assessed. **Please tick the one that applies ✓**

Equality Objectives	Tick if decision relates	Any supporting narrative
1 We will design equitable services	✓	
2 We will lead by example	✓	
3 We will be an employer of choice	✓	
4 We will create allyship	✓	

Well-being of Future Generations (WFG)

Indicate any goals of the WFG Act that are being considered within the decision / service / policy / function / change being assessed.

Please tick the one that applies ✓

 A Prosperous Wales	 A Resilient Wales	 A More Equal Wales	 A Healthier Wales	 A Wales of Cohesive Communities	 A Wales of Vibrant Culture & Thriving Welsh Language	 A Globally Responsible Wales
✓	✓	✓	✓	✓	✓	✓

For descriptors of these goals - [Well-being of Future Generations \(Wales\) Act 2015 – The Future Generations Commissioner for Wales](#)

Is the decision / service / policy / function / change being assessed related to, or influenced by, other Policies or areas of work?

Yes, it covers all areas of the Trust's business

Governance Route for this assessment and Executive Sponsor (usually Director level): please state which Committee / Board will scrutinise and approve this assessment: Trust Board.

Section 2 - Evidence to support assessment

a. Record of Engagement and Consultation

The drive towards closer integration of health and social services with improved public engagement is reflected in the aims of [A Healthier Wales](#). This sets out the goal of ensuring citizens are placed at the heart of a whole-system approach to health and social care services and stresses the importance of listening to all voices through continual engagement. We also have a legal duty to engage with people who share protected characteristics and who are socio-economically disadvantaged under the Equality Act 2010. This is particularly important when considering proposals for changes in services that could potentially impact upon people / groups.

Please record here details of any engagement and consultation you have planned / undertaken / or analysed. This may include engagement with patients, carers, communities, stakeholders and staff.

a. What steps have you taken, or planned in order to engage and consult with people who share protected characteristics and how have you done this? Include consideration for co-design.

- Formal and Informal Trust Board (<https://ambulance.nhs.wales/about-us/wast-trust-board/trust-board-members/>) engagement in December, January, February and March
- Ongoing patient and staff feedback informing the plan, including CEO roadshows, Behaviours and Values reset, regular WAST Live CEO sessions, Viva Engage, Patient Experience & Community Involvement (PECI) engagement activity with patients and the public, including specific engagement with people with protected characteristics as set out in Appendix 1 of the IMTP. All plans developed have been through thorough checking across the Organisations Directorates as well as cross checked via the Project group members with representation from People and Culture, Capital and Estates and Finance colleagues as well as our Planning Business Partners and Performance Managers.
- Trade Union (TU) partners included in Board strategy development sessions and engagement through the Corporate Partnership Forum and Welsh Ambulance Services Partnership Team (WASPT). TU partners have championed the needs of colleagues with protected characteristics and provided valuable learning as we develop summary versions of our plans in accessible format.
- The IMTP is socialised and shared with the Joint Commissioning Committee (JCC) at numerous points in its development ensuring that it aligns with our commissioning intentions, notably through the Interim Ambulance and 111 Commissioning Group, JCC Development sessions with CEOs of health boards and informal touch points with senior JCC staff.

- Head of People and Engagement plays a key role in reviewing the IMTP through an equality lens, ensuring that there are specific actions addressing the 9 protected characteristics and the challenges they face when using our services.
- Engagement has also been supported through staff networks representing colleagues with protected characteristics, which provide an important forum for understanding lived experiences and identifying areas for improvement.
- The Patient Experience and Community Involvement (PECI) team plays a key role in gathering insight from patients and communities through surveys, engagement events, patient stories and targeted engagement with groups who share protected characteristics.
- Engagement will continue throughout the implementation of the IMTP to ensure that patient and staff feedback informs the ongoing development of services.
- As individual initiatives within the IMTP are developed and implemented, further Equality Impact Assessments will be undertaken where required to ensure that specific service changes fully consider impacts on protected characteristics and socio-economic disadvantage.

The IMTP includes a programme of Clinical Model Transformation which will evolve how urgent and emergency care services are delivered across Wales. As individual transformation initiatives are developed, each will undertake its own Equality Impact Assessment where required to ensure that service changes do not disproportionately disadvantage people with protected characteristics or those experiencing socio-economic disadvantage.

b. Give a summary on how the decision / service / policy / function / change will be shared?

The IMTP is shared at Executive Leadership Team, Strategic Transformation Board Finance & Performance Committee and Trust Board as well as disseminated across the organisation via team meetings and service meetings. Additionally, summarised posters will be displayed across sites and stations within the Welsh Ambulance Service and added to Siren which all employees have access to.

Externally, the IMTP will be published on our website, and presented and shared with all Director of Planning (DOP)/Assistant Director of Planning (ADOP) members of Health Boards, Trusts and other NHS organisations, Commissioning and Welsh Government Meetings and presented at TU committees.

We will be producing a short video about the key deliverables in the IMTP which will be accessible and available in both English and Cymraeg.

c. Are there planned arrangements for gathering feedback during implementation of the decision / service / policy / function / change being assessed?

All initiatives agreed and signed up to within the IMTP have been developed and reviewed via a prioritisation process with the Senior Leadership Community (SLC) in Nov-25 & Feb-26, executive Leadership Team (ELT) in various sessions and at Board Development sessions in Nov-25 and Feb-26. A draft of the plan has been shared with Board members in Feb prior to formal governance arrangements including final sign off at Board on 27th March 2026.

We work closely with the PECL team around engagement with patients and the public on the impact of our plans, and how these affect communities across Wales. Following the agreement and implementation of the IMTP, each initiative individually will be expected to complete its own EQIA where a strategic decision is required.

Alongside continuous engagement activity which informs the IMTP and other plans, a Patient and Public Reference Group was established in 2025/26, which will continue to inform engagement during the 2026–2029 IMTP period.

d. Summarise any emerging themes from the engagement work carried out:

It is recognised across the organisation that we will continue to develop services to provide a better offer as a health care provider to the population of Wales.

Some key feedback from our networks included:

Improvement in delays – our transformational plans seek to address this by focusing on clinical priority over time, ensuring that there is equity in the access to our services. However, some external factors are outside our control, but we work with health boards on improvements in system flow.

Focus on inclusivity – our Strategic Equality Plan is key to this, alongside plans for a patient and public forum to ensure insights from all characteristics.

Transparent communication – this will be a key element of our emerging clinical model, but also how we engage internally and externally with stakeholders in accessible formats is a key area of focus. Also, our plans around the use of Welsh language seek clearer communication for those who wish to communicate in Welsh as their preference.

Enhanced community-based care – our evolving clinical model is based on an approach which seeks to avoid conveyance to an ED, where safe and appropriate, and working with health board partners to care for people at home or closer to home. This can be a benefit to people within protected characteristics, for example, those who might be frail and could decondition in hospital, or people without capacity or difficulties communicating for themselves.

e. How has the engagement work influenced / or how will the planned engagement influence your work/guide your policy/proposal? Does the engagement work highlight any opportunities to address adverse impacts?

Appendix 1 of the IMTP sets out how the feedback from our people, patients and the public has been used to guide the plan.

What do the public say about our services.

The People's Experience Framework (PEF) launched in 2025 and places a duty to promote listening and learning from experience and feedback. PEF is aligned with various regulations and acts, including the Health and Social Care (Quality and Engagement) (Wales) Act 2020 (Duty of Quality and the Duty of Candour), the National Health Service (Concerns, Complaints, and Redress Arrangements) (Wales) Regulations 2011, the Public Services Ombudsman (Wales) Act 2019, the Well-being of Future Generations (Wales) Act 2015, the Equality Act 2010, the Value Based Health Care Strategy and the Socio-economic Duty. Listening and learning from people's experiences is an integral element of these regulations.

The PEF enables the PECL team to develop its plan to improve people's experience through a value lens. Using a range of methods from patient experience surveys, face-to-face engagement events and patient stories people have told us that they want:

- Fast access to reliable care
- Immediate attention for their 'medical' emergency

Their responses have been influenced by their experiences of:

- Challenges in accessing 'primary care' (leading to increased reliance on urgent care services)
- Long waiting lists

- Not knowing who else to contact
- Communication gaps

What would a good quality ambulance service look like to you?

We asked the public at our engagement events, what **would a good quality ambulance service look like to you**. Peoples' responses have helped us in shaping the development of the Trust's Plans.

In response to our question 'What would a good quality ambulance service look like to you'? Members of the public have stated the following:

- Having kind, compassionate, caring staff
- Being informed, receiving good communication
- Instilling trust and confidence in people

Good quality has also been defined as:

- Considering the needs of those with special needs / requirements
- Being inclusive of all
- Having an educated workforce on diversity, neurodiversity and mental health

When asked what areas that people thought we could improve upon, they tended to relate to aspects of Trust performance that have been well documented through the media such as:

- Long wait times
- Peoples' condition worsening in the community
- Experiencing handover delays outside Emergency Departments

People have also asked us to be:

- More open/transparent with the public
- Manage peoples' expectations and.
- Acknowledge patient/carer/parent expertise when assessing patients

Improving the lives of people with learning disability

A change request to make improvements to the Electronic Patient Care Record (ePCR) to record patients with additional Learning Disability (LD) needs (including Autism and Neurodiversity) and a prompt to record reasonable adjustments made on scene, has been submitted. Checks to ensure the background data structures necessary for the reporting dashboard, and the required paperwork are in place is being finalised. The changes went live at the end of 2024 enabling us to better understand the volume of patients accessing Trust services and the experiences they have when in our care.

We were instrumental in advancing an improvement project to increase the identification of patients with a learning disability accessing the Trust. We introduced a new tab to WASTs ePCR. The tab, placed more prominently on the system, provides prompts to increase the uptake of reasonable adjustments that clinical responders can make with their patients.

The system previously had one function to record learning disability which was generally underutilised, giving us no useable data on how many adults with a learning disability we responded to.

The new “Needs tab” was launched on 1st October 2024 and is encouraging staff to ask early on whether someone has a learning disability as part of their assessment/intervention.

Early data suggests that patients are being identified and recorded as having a learning disability, are autistic, neurodivergent or any combination of the 3*, with evidence on reasonable adjustments being made.

Section 9 of the IMTP sets out how we will continue to engage with the public and we will continue to engage with staff through existing means, including at CEO Roadshow events (and every 6months thereafter).

NB: This section is currently under review and will be finalised in preparation for Trust Board sign-off.

b. Additional information

Evidence to support assessment - your decisions must be based on robust evidence. What evidence base have you used in support?

The IMTP sets out the range of legislation that drives the IMTP. In particular, our plan takes account of many other legislative, policy, strategic and financial drivers, including (not exhaustive):

- Duty of Quality
- Duty of Candour
- Socio-Economic Duty
- Equality legislation and the Strategic Equality Plan
- The Race Equality Plan for Wales
- More than Just Words Action Plan
- LGBTQ+ Action Plan for Wales

As an all-Wales emergency services provider our plans are based on the principle that our service is accessible to all people. We use ORH [™] and Optima [™] modelling to determine the levels of service required within our plans for the population of Wales to try to maintain equitable access. This has driven actions within the plan such as a focus around rural areas. We intend through the course of this IMTP to continue work around the use of health inequalities data and will engage with Public Health Wales and the Association of Ambulance Chief Executives (AACE) on the evidence base for improved service delivery driven by health inequalities including both deprivation and protected characteristics. We should be looking to published research such as the following to inform our improvements in population health outcomes:

[Equality and Human Rights Monitor 2023: Is Wales Fairer? | EHRC \(equalityhumanrights.com\)](#)

[mentalhealthstrategyreport_english_dev6.pdf \(mind.org.uk\)](#)

[Black, Asian and Minority Ethnic COVID-19 socioeconomic subgroup: report | GOV.WALES](#)

[Cost of living crisis: a public health emergency - Public Health Wales \(nhs.wales\)](#)

During **2026/27**, we will publish our updated Population Health Plan which has been developed by a seconded Public Health Registrar working closely with colleagues across the Trust and engaging with stakeholders. This will support the continued development of Value Based Health care within WAST.

End of Part A

Part B – Equality Impact Assessment with Human Rights

Section 1 - Equality Impact Assessment

Assessment – due regard relating to people / group who share protected characteristics

This section should record any known or potential impacts for those who share protected characteristics and other key groups. Impacts may be both negative and positive and the assessment will help to identify how different groups may be disproportionately impacted. Include consideration for any intersectional impacts. Evidence can link to Part A. You can copy and paste this tick: ✓

Age	Positive effect	Negative effect	Neutral
	✓		

Evidence / supporting narrative:

Older people and children are significant users of ambulance services. The IMTP includes initiatives to improve care pathways for people experiencing frailty, falls and dementia, which disproportionately affect older populations. The development of community-based care pathways and remote clinical support may also reduce unnecessary hospital conveyance for older patients where clinically appropriate.

The National Service Framework (NSF) for Children, Young People and Maternity Services sets out the quality of services that children, young people and their families have a right to expect and receive in Wales. Its scope includes all children and young people from pre-conception to 18th birthday, for whom NHS Wales and local social services authorities have a responsibility.

There are particular plans in our IMTP around improving services around falls and frailty, working with our partners in the wider health sector to develop and improve pathways.

The ageing population is increasing faster in rural authorities than in urban areas, compounded by the outward migration of young people and inward migration of older people. This will have a significant impact on local service needs and support systems across

health and social care. We have a focus in this plan on seeking to address key actions in rural areas such as recruitment to some of our core services and how our volunteers can better support in these areas.

As we transform our services digital will play a greater part in how we deliver services, so we will be cognisant of the need for support to address digital exclusion and digital literacy. This is not only for patients but also the confidence of our staff of all ages to use digital and technology solutions – we have a key commitment in our plan around the digital experience of our people.

Our mental health and dementia plan aims to improve environments within which we provide care for people with dementia.

The IMTP includes a programme of work to develop the Trust's digital front-end and digital service access. As this develops, we will ensure that digital access does not create barriers for people experiencing digital exclusion, including older people, those experiencing socio-economic disadvantage, or those with limited digital literacy. Alternative access routes to services will remain available, and digital developments will be designed in line with accessibility standards.

The IMTP includes the development of Remote Integrated Care and Urgent Community Response pathways. These models aim to provide care closer to home and reduce unnecessary hospital conveyance. This approach can have positive impacts for older people, people with disabilities, and those with mobility challenges by enabling care to be delivered in community settings where clinically appropriate.

We take account of the following:

- The Strategy for Older People in Wales 2013 -2023 aims to address the barriers faced by older people in Wales today and to ensure that wellbeing is within the reach of all.
- Health in Wales | Older People
- Health in Wales | Populations
- Life Expectancy and Mortality in Wales report published - Public Health Wales
- What is happening to life expectancy in England? | The King's Fund ([kingsfund.org.uk](https://www.kingsfund.org.uk))

Mitigation action if adverse impact found:

N/A			
Disability (Including long term conditions, mental health, neurodivergence and invisible impairments)	Positive effect	Negative effect	Neutral
	✓		
Evidence / supporting narrative: This IMTP sets out the implementation of our Strategic Equality objectives covering a range of disabilities and is published on our website. There are specific actions relating to mental health, our support to people with long term conditions in terms of how we play a role in public and population health, and we have engaged with people with learning disabilities and those with neurodivergence with further plans through our PECl team to further understand the needs of these protected groups. We have set this out in the IMTP. Our mental health and dementia plan aims to improve environments within which we provide care for people with dementia. The Trust is committed to ensuring reasonable adjustments are made where required for patients with disabilities. Recent improvements to the electronic Patient Care Record (ePCR) system allow clinicians to better record learning disability, autism and neurodiversity, as well as document reasonable adjustments made during patient care. Staff training and guidance will continue to support responders in recognising and responding appropriately to patients with hidden disabilities and communication needs. We will take account of the following: • Disabled People's Rights Plan 2025 to 2035 - where disabled people can enjoy equitable rights, inclusion and participation. • All Wales accessible communication and information standards. To ensure we are reaching out to those who do not have English as their first language. (Including BSL, other languages that do not speak Welsh or English and those who have learning disabilities.) • Learning-Disability-Strategic-Action-Plan 2021-26-Draft-V5-Action-Plan-January-2022.pdf (ldw.org.uk)			

- Review of Evidence of Inequalities in Access to Healthcare Services for Disabled People in Wales. This report was undertaken to review inequalities in access to healthcare services associated with the protected characteristic of disability. This report therefore presents a synthesis of such evidence based on a scoping review of published literature.

Mental health problems can affect anyone, regardless of age, race, gender or social background. Mental health disorders take many different forms and affect people in different ways. Schizophrenia, depression and personality disorders are all types of mental health problem. Diseases such as Alzheimer's and dementia generally develop in old age, whereas eating disorders are more common in young people. (Source: NPHS website)

Health in Wales | People with Mental Health Problems

Mitigation action if adverse impact found:

N/A

Sexual Orientation

**Positive
effect**

Negative effect

Neutral

✓

Evidence / supporting narrative:

This IMTP sets out the implementation of our Strategic Equality objectives. It also builds on the Allyship and Bystander training, and sexual safety work commenced in our last IMTP to create safe working environments for all, no matter their gender, gender assignment/identity or sexual orientation. The Freedom to Speak up campaign continues to be an element of the plans to improve WAST culture. However, we have assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area.

We take account of the following:

LGBTQ+ Action Plan for Wales (gov.wales)

We will continue to work with Stonewall Cymru and take account of their research when implementing initiatives set out within the IMTP.

Stonewall commissioned YouGov to carry out a survey asking 1,272 lesbian, gay, bi and trans (LGBT) people in Wales about their life in Wales today. This report investigates their experiences at work. This report, part of a series based on the research, investigates the specific experiences of the 825 employed LGBT people and their experiences of discrimination in the workplace as well as the extent to which LGBT people still feel they have to conceal who they are at work. It also looks at steps taken by employers to ensure a safe and equal work environment for LGBT people, for example, implementation of equality policies, steps to make the workplace trans inclusive and visible commitment from senior management.

Ward, R, Pugh, S, Price, E (2010) Don't look back? Improving health and social care service delivery for older LGB users
Aspinall, P.J., Mitton, L. (2009) Operationalising 'sexual orientation' in routine data collection and equality monitoring in UK Culture, Health & Sexuality, 10(1), pp.57-72

Mitigation action if adverse impact found:
N/A

Gender Reassignment / Gender identity (Including non-binary, gender fluid and intersex)	Positive effect	Negative effect	Neutral
	✓		

Evidence / supporting narrative:

The Trust also recognises the importance of providing inclusive care environments for LGBTQ+ patients and ensuring staff are confident in delivering respectful and person-centred care. Inequalities in the prevalence of mental ill-health for people in this characteristic.

Assessing differences in the prevalence of mental illness between social groups is challenging and complex, because rates of recognition, reporting and diagnosis are likely to vary between groups. Existing evidence, although in many cases patchy and inconsistent, suggests a number of important patterns.

Evidence suggests that inequalities in various types of mental ill-health exist across a range of protected characteristics, including sexual orientation, sex and ethnicity. People in the United Kingdom who identify as lesbian, gay, bisexual or transgender (LGBT), for example, experience higher rates of poor mental health, including depression, anxiety and self-harm, than those who do not identify as LGBT.

This IMTP sets out the implementation of our Strategic Equality objectives. It also builds on the Allyship and Bystander training, and sexual safety work commenced in our last IMTP to create safe working environments for all no matter their gender, gender assignment/identity or sexual orientation.

However, we have assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area. The Freedom to Speak up campaign continues to be an element of the plans to improve WAST culture.

We will continue to work with AACE LGBTQ+ Network to educate staff and raise awareness of the issues faced by our trans communities.

We have developed a new transgender awareness session to be included in the MIST training, which has been delivered across numerous service lines including our 111 call handlers. Further review this year will to how our Estates facilities are set up will be commenced in year to assure alignment to legislative compliance.

Mitigation action if adverse impact found:

N/A

Sex / Gender	Positive effect	Negative effect	Neutral
	✓		

Under the Worker Protection (Amendment of Equality Act 2010) Act 2023 we have a duty to ensure preventative measures are in place to protect workers from sexual harassment. We continue to build on our culture work in addressing sexual harassment and misogyny in the workplace. This IMTP places emphasis on this continued work. Our Freedom to Speak up campaign is a key element of this and continues to drive improvement through this IMTP.

The IMTP includes a number of People and Culture deliverables focused on workforce development, inclusion, and staff wellbeing. These initiatives support the delivery of the Trust's Strategic Equality Objectives by promoting an inclusive working environment, addressing barriers experienced by staff with protected characteristics, and supporting a workforce that reflects the communities we serve.

Evidence / supporting narrative:

There are biological differences between the sexes in rates of susceptibility, symptoms and response to treatment in many major areas of health, including heart disease and some cancers.

There are also a wide range of personal, social, economic and environmental factors like smoking, drinking alcohol, physical activity levels, low paid work and bringing up a family that can affect the health of men and women differently. Some of the important issues for Women's Health, including:

- Coronary Heart Disease
- Women's Cancers
- Sexual Health
- Mental Health
- Pregnancy and early years

Life Expectancy and Mortality in Wales report published - Public Health Wales

What is happening to life expectancy in England? | The King's Fund (kingsfund.org.uk)

This IMTP sets out the implementation of our Strategic Equality objectives. It also builds on the Allyship and Bystander training, and sexual safety work commenced in our last IMTP to create safe working environments for all no matter their gender, gender assignment/identity or sexual orientation.

However, we have assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area. The Freedom to Speak up campaign and the programme of work to reduce misogyny and improve sexual safety continues to be an element of the plans to improve WAST culture.

Mitigation action if adverse impact found: N/A			
Race (including ethnicity)	Positive effect	Negative effect	Neutral
	✓		
Evidence / supporting narrative: This plan specifically references the Race Equality Action Plan as a driver for our IMTP. This is a key element of our Equality, Diversity and Inclusion (EDI) ethos across WAST and builds on the cultural journey started in our 2023-26 IMTP and the range of Allyship and Bystander training available and being developed, as well as the objectives within our Strategic Equality Plan. The Freedom to Speak up campaign continues to be an element of the plans to improve WAST culture. Race/Ethnicity is an important issue because, as well as having specific needs relating to language and culture, people from ethnic minority backgrounds are more likely to come from low-income families, suffer poorer living conditions and gain lower levels of educational qualifications. In addition, certain ethnic groups have higher rates of some health conditions. In addition, certain Black, Asian and Minority Ethnic groups have higher rates of some health conditions. For example, South Asian and Caribbean-descended populations have a substantially higher risk of diabetes; Bangladeshi-descended populations are more likely to avoid alcohol but to smoke and sickle cell anaemia is an inherited blood disorder which mainly affects people of African or Caribbean origin. (Source: Public Health Wales) All can impact on our work in terms of having this knowledge. COVID-19 Black, Asian and Minority Ethnic Socio-economic Subgroup Report: Welsh Government response [HTML] GOV.WALES The Trust recognises the importance of culturally competent care and accessible communication for people from ethnic minority communities. Initiatives within the IMTP continue to support the use of interpretation services, accessible information and training to improve cultural awareness amongst staff. We will continue to implement the actions set out in the healthcare sector within Welsh Government's Anti-Racist Wales Action Plan: 41912 An Anti-Racist Wales - Race Equality Action Plan for Wales (gov.wales)			

Life Expectancy and Mortality in Wales report published - Public Health Wales (nhs.wales)
What is happening to life expectancy in England? | The King's Fund (kingsfund.org.uk)

During **2026/27**, we will further develop the use of health inequalities data and will engage with Public Health Wales and AACE on the evidence base for improved service delivery driven by health inequalities including both deprivation and protected characteristics.

<https://www.nhs.wales/sa/workforce-race-equality-standard/national-report-2024/>

<https://www.gov.wales/anti-racist-wales-action-plan-2024-update-html>

Mitigation action if adverse impact found:

N/A

Religion and Belief (including non-belief and Philosophical belief)	Positive effect	Negative effect	Neutral
			✓

Evidence / supporting narrative:

This IMTP sets out the implementation of our Strategic Equality objectives. It also builds on the Allyship and Bystander training, and mentoring opportunities that have been available to our senior leaders. The Freedom to Speak up campaign continues to be an element of the plans to improve WAST culture.

However, we have assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area.

Some important sources of information for us include:

The Role and Value of Chaplains in the Ambulance Service: Paramedic Perspectives | SpringerLink
Religion or belief: A practical guide for the NHS (clatterbridgecc.nhs.uk)

Mitigation action if adverse impact found: N/A			
Pregnancy and Maternity	Positive effect	Negative effect	Neutral
	✓		
Evidence / supporting narrative: The plan sets out specific actions relating to the continuation of the maternity and neonatal clinical leadership role which has already helped to improve outcomes for expectant mothers and babies. The ambition in the plan is to develop a 24/7 labour line along with continued improvements in obstetric and neonatal care that our services can provide. We are also linked into the South Wales Neonatal network regional service development through an Operational Delivery Network. The Trust continues to work with maternity and neonatal networks across Wales to ensure safe pathways for expectant mothers and newborn babies requiring urgent care. We also take account of the following reports: • What is happening to life expectancy in England? The King's Fund (kingsfund.org.uk) • Sharp rise in ambulance callouts following home abortion pills - The Christian Institute			
Mitigation action if adverse impact found: N/A			
Marriage and Civil Partnership	Positive effect	Negative effect	Neutral
			✓
Evidence / supporting narrative: There is no specific evidence or research that suggests that there is a direct impact on this protected group. However, evidence cited for some of the other protected groups, e.g., Sexual orientation, gender etc will have an impact on our plans.			

For our people, improvements through our People and Culture plan and across our commitments to staff on flexible working would support the rights of this protected characteristic. However, we have rated this as neutral on the basis of there being no specific actions that would relate to these groups.

Mitigation action if adverse impact found:
N/A

Other groups at risk of poorer health outcomes:

Unpaid Carers	Positive effect	Negative effect	Neutral
	✓		

Evidence / supporting narrative:

This plan does not directly address the needs of unpaid carers, however our people and culture plan and our commitment to flexible working opportunities provide opportunities for working carers to enhance the existing mechanisms which include:

WAST are members of Employers for Carers (EFC) Wales and membership includes access to [EFCDigitalWales.org](https://efcdigitalwales.org)

WAST hosts a Carers Network for working carers

Carers Passport - A tool which can be used by Carers and line managers to start the conversation on caring responsibilities and the support and flexibility available.

Our Making Every Contact Count training will also equip staff with tools to identify the public health needs of all people with whom they come into contact, including unpaid carers, and through this IMTP we want to strengthen our focus on public and population health.

Our IMTP will monitor our implementation of the Strategic Equality Objectives which will also encompass support for unpaid carers.

Mitigation action if adverse impact found:

N/A

Socio-economically disadvantaged	Positive effect	Negative effect	Neutral
			✓
Evidence / supporting narrative: Through the development of the IMTP we have completed detailed PESTLE analysis with our Assistant Directors, Executives and the Board. Some of the themes that came up included poverty, health inequalities and socio-economic disadvantage. Whilst the IMTP will not detriment these groups, we acknowledge we have more to do to understand these inequalities across Wales. We are taking part in work with AACE around tackling health inequalities and learning from colleagues in England such as Yorkshire and London Ambulance Services who have done a lot of work in this area. Through engagement with staff at CEO roadshows during 2025/26, there was concern around the cost of living and rising costs. We undertook some work on this in previous years, and this is now business as usual, with support is available for staff. We also need to be cognisant in our plans around digital, particularly around digital literacy and Wi-Fi & digital poverty, as well as NEPTS eligibility for services, ensuring our plans are individually assessed to ensure they do not have detrimental impact on socio economic disadvantaged populations. Operational developments within Emergency Operations and Coordination & Integrated Care aim to improve the prioritisation of clinical need and ensure equitable access to services across Wales, including for rural communities where access challenges may be greater.			

As a national ambulance service provider operating across rural and urban communities, the Trust recognises that geographical inequalities can impact access to services. The IMTP includes actions relating to workforce deployment, volunteer support, and service modelling to support equitable service access across rural communities.			
Mitigation action if adverse impact found: n/a			
Other groups / communities of interest - this will be considered as part of individual EQIAs where required.	Positive effect	Negative effect	Neutral
	n/a	n/a	n/a
Explanation: n/a			
Mitigation action if adverse impact found: n/a			
Intersectional disadvantages - summary potential impacts – this may include how potential impacts may be more adverse due to the interconnected nature of multiple disadvantages. We recognise that for some individuals, intersectionality will impact their experiences of accessing services. Equally, some staff with intersectional needs may require more tailored support. The Strategic Equality Plan Objectives and the work of the Inclusion, Culture and Wellbeing Team will help to address intersectionality where it presents itself. Our plan also includes the continued focus on our people networks. They champion culture and celebrate differences, for example, our Muslim network recently held a Ramadan Iftar for senior leaders in the Trust to attend, sharing learning about Islam and Ramadan. This network plays a strong part in community and staff engagement as we seek to recruit a workforce that is representative of the communities we serve. This is one example of our growing networks.			

Section 2 – Human Rights Assessment

Assessment – based on human rights-based approach in health	
Do you think that this policy will have a positive or negative impact on people's human rights? For more information on Human Rights, see additional information on the Equality and Human Rights Commission (EHRC) Human Rights Treaty Tracker https://humanrightstracker.com	
Here is a list of Human Rights (articles) and UN Conventions that may potentially impact on our patients, carers and staff. Please tick which are relevant to the proposal?	Use a tick ✓
Article 2 - Right to life	✓
Article 3 - Prohibition of inhuman or degrading treatment	✓
Article 5 - Right to liberty and security	✓
Article 8 - Right to respect for family and private life	✓
Article 9 - Freedom of thought, conscience and religion	✓
Article 14 – Prohibition of discrimination	✓
UN Convention on the Rights of the Child	✓
UN Convention on the Rights of Persons with Disabilities	✓
UN Convention on the Elimination of All Forms of Discrimination against Women.	✓
UN Principles for Older Persons	✓
Other articles – <i>please state:</i>	

Is the proposal aligned to the FREDA principles? You can copy and paste this tick: ✓				
Fairness	Respect	Equality	Dignity	Autonomy
✓	✓	✓	✓	✓
If any negative impacts are identified, how will this be reduced/addressed?				

Section 3 – Armed Forces Covenant

All decision makers are required under the Armed Forces Act 2022 to have due regard to the principles of the Armed Forces Covenant. Decision makers should recognise the unique obligations of, and sacrifices made by, the Armed Forces and ensure there are no adverse effects and, where possible, a positive or increased positive effect on the armed services community. Special provision for Service People may be justified by the effect on such people of membership, or former membership, of the Armed Forces.

Due regard to the Armed Forces Covenant - Factors regarding impact to the Armed Forces community have been considered. You can copy and paste this tick: ✓	Positive impact	Negative impact	Neutral / No impact
Considering the unique obligations of, and sacrifices made, by the Armed Forces have you identified any potential impacts?			✓
Reasons for your decision (including brief summary that has led you to decide on the level of impact) If any negative impacts have been identified, how will this be reduced/addressed? Include here any special provisions if appropriate. There are no specific actions relating to armed forces, but the service has received the Employer Recognition Scheme Gold Award which celebrates organisations that employ and support those who serve, both veterans and their families. We are also committed to a pathway into employment for veterans and we have plans this year to recruit additional staff through our workforce plan.			

Section 4 – Welsh Language

In this section you need to consider the impact, the evidence and any action you are taking for improvement. This is to ensure that the opportunities for people who choose to live their lives and access services through the medium of Welsh are not inferior to what is afforded to those choosing to do so in English, in accordance with the requirement of the Welsh Language Measure 2011.

Welsh Language Impact Assessment You can copy and paste this tick: ✓		
Will the proposal ensure that patients and carers can choose to live and receive services through the medium of Welsh? For example - delivered bilingually in Welsh & English. e.g. Consider if the proposal increases or decrease the opportunities for people to receive information or access information in Welsh	Yes	No
	✓	

We have continued our commitment in this plan to the Active Offer, and we have now centralised our translation services. This plan sets out how we will continue our commitment to the Welsh Language. We continually monitor our compliance with the WELSH LANGUAGE (WALES) MEASURE 2011 through ADLT, ELT and the Board		
Will the proposal have a positive effect on opportunities for persons to use the Welsh language?	Yes	No
Will the proposal encourage staff to use Welsh in the workplace and to have opportunities to learn and improve their Welsh? e.g. Consider if the proposal will alter the linguistic nature of the department. Consider opportunities to develop Welsh language skills within the department?	✓	
We have continued our commitment in this plan to the Active Offer, and we have now centralised our translation services. This plan sets out how we will continue our commitment to the Welsh Language. We continually monitor our compliance with the WELSH LANGUAGE (WALES) MEASURE 2011 through ADLT, ELT and the Board		
Will the proposal act as a catalyst for Welsh cultural awareness, understanding, activity and integration? For example, encouraging new staff and students to take up Welsh language learning opportunities and to appreciate the socio-economic and cultural context of Wales.	Yes	No
	✓	
We have continued our commitment in this plan to the Active Offer, and we have now centralised our translation services. This plan sets out how we will continue our commitment to the Welsh Language. We will also as part of our commitment continue to deliver Welsh Language awareness training through ESR. We continually monitor our compliance with the WELSH LANGUAGE (WALES) MEASURE 2011 through ADLT, ELT and the Board		
Will the proposal increase the department/division's ability to deliver services through the medium of Welsh?	Yes	No
e.g. Considerations for the proposal ensuring that people can access services in their preferred language, Welsh or English, and increases or reduces the opportunity for persons to use the Welsh language within the workplace. Consider impacts on the number of Welsh speaking staff within the service and if the proposal increases or reduces the opportunity for staff to improve their Welsh language skills or access training via the medium of Welsh.	✓	

The commitment across the whole Trust is to improve Welsh Language compliance through this IMTP We continually monitor our compliance with the WELSH LANGUAGE (WALES) MEASURE 2011 through ADLT, ELT and the Board		
Will the proposal treat the Welsh language no less favourably than the English language? e.g. Consider how Welsh speakers receive services to the same standard as those who access the same services through the medium of English.	Yes	No
	✓	
The commitment across the whole Trust is to improve Welsh Language compliance through this IMTP We continually monitor our compliance with the WELSH LANGUAGE (WALES) MEASURE 2011 through ADLT, ELT and the Board		

Section 5 – Summary of assurance for compliance – Public Sector Equality Duty and Human Rights

Equality Legal Duties – summary of compliance	
Has WAST given due regard and given consideration for this proposal with the following:	
Eliminating unlawful discrimination, harassment, and victimisation? <i>Unlawful discrimination takes place when people are treated 'less favourably' as a result of having a protected characteristic</i>	Yes
Advancing equality of opportunity between people who share a protected characteristic and those who do not? <i>Making sure that people are treated fairly and given equal access to opportunities and resources</i>	Yes
Fostering good relations between people who share a protected characteristic and those who do not? <i>Creating a cohesive and inclusive environment for all by tackling prejudice and promoting understanding of difference</i>	Yes
Are there any potential Human Rights concerns?	No
Compliance to the Welsh Language requirements?	Yes
Compliance to giving 'due regard' to the principles of the Armed Forces Covenant?	Yes
Supporting narrative to support the above responses: <i>This section must be completed</i> The IMTP is developed in line with relevant legislation, which are drivers for our plans. Our service and enabling plans are built on the premise of equality of access to all who access our services via 111, 999 or Non-Emergency Patient Transport Service (NEPTS)	

irrespective of whether they share a protected characteristic. Through our six strategic objectives, we strive to continually improve our services to meet Welsh population needs.	
Do you consider the evidence used in this assessment to be robust? If you answer no, address this in the action plan (section 6)	No
Has this assessment been subject to scrutiny / been reviewed?	Yes
As part of the IMTP approval process at Trust Board	

Section 6 – EQIA Action Plan and Recommendations

This needs to address negative impacts, which may represent a potential equality risk. All equality risks should be reviewed in line with WAST risk management procedures. Include any positive action.					
Action identified	Potential Outcomes	Resource implications	Target date	Monitoring arrangements	Lead person/ owner
Identify how, within cultural metrics and through our patient engagement, we evidence positive impacts across all protected characteristics – discussion to be held at STB in Q1	Improved understanding of the impact of our plans on protected characteristics.	Neutral	End Q1	STB	Asst Director of Planning & Transformation
Establish our baseline health inequalities maturity (ongoing work with AACE) and use this to determine how we further use	Improved understanding of health inequalities through data and exploration of how to improve and deploy our resources more effectively	TBC through digital plan	TBC	STB	Asst Director of Data and Analytics

population health analytics (built into this IMTP)					

Section 7 Equality Risks

This section helps you work out the level of risk posed by any equality related risks identified above. Guidance is available [here](#) on completing this section, which may be helpful if you are not familiar with risk score analysis. If you have not identified any equality risks, please note this in the narrative box below. Examples include retrospective assessments and decisions that treat a protected characteristic unfavourably without objective justification.

Equality Related Risk Assessment Section					
If you have identified an equality risk, please use the table below to work out the risk score. Use the table below to record the highest risk score. If you have a score of 9 and above, you should escalate to risk management procedures .					
	Level of risk				
Level of consequence	RARE: 1	UNLIKELY: 2	POSSIBLE: 3	LIKELY: 4	VERY LIKELY:5
1. Negligible	1	2	3	4	5
2. Minor	2	4	6	8	10
3. Moderate	3	6	9	12	15
4. Major	4	8	12	16	20
5. Catastrophic	5	10	15	20	25
If you have identified an equality risk: No What is the consequence? 4 What is the likelihood? 1 Risk score = consequence x likelihood			Risk Score = 1x4		
Any narrative relating to risk score: We consider our IMTP to be low risk as it is based on a premise of improving services to which all members of society have access. However, it also included strong plans to improve how we meet the specific needs of people within the protected characteristics groups.					

Section 8 – EQIA Sign off

Name of persons who signed off this Equality Impact Assessment (see below):

As per the Trust's Standing Orders, the Board may agree the delegation of any of their functions, except for those set out within the 'Schedule of Matters Reserved for the Board', to Committees and others. These functions may be carried out by a prescribed Committee, sub-Committee, or officer of the Trust as per the Standing Orders Schedule 1, in accordance with their delegated limits. Strategic decisions must have appropriate sign off. If you are in any doubt as to the correct approving body for a strategic decision, please contact the Office of the Board Secretary.

Approval Date: March-26 (currently under review)**Review Date: Q3/Q4 2026/27****Project Lead Sign-off**

I confirm that this Equality Impact Assessment has been carried out in accordance with Welsh Ambulance Services NHS Trust's Procedure for assessment work for evidencing Due Regard for: Equality Impact, Socio economic Impact, Human rights, Welsh Language requirements and Armed Forces Covenant.

Signed:

(Project Lead)

**Equality Team Sign-off
(Required when both EQIA and SEIA is required)**

I confirm that I have reviewed this Equality Impact Assessment and I am assured that it contains sufficient evidence and rigour to be considered by the decision-making committee.

Signed: Kathryn Copley

(Head of Inclusion and Engagement)

Committee Chair Sign-off

I confirm that this Equality Impact Assessment represents evidence that we (The Trust), in making this decision, have given due regard to the need to:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
2. Advance equality of opportunity between people who share a protected characteristic and those who do not.
3. Foster good relations between people who share a protected characteristic and those who do not.

Signed:

(Committee Chair)

End of Part B. Only complete Part C if required.

Part C – Socio-economic Impact Assessment (not required / completed for this EqlA)

The requirement for completion of Part C will have been identified in Part A and relates to complying with the Socio-economic Duty. This is a statutory duty with the aim of improving decision making to help improve outcomes for those who are socio-economically disadvantaged. The Socio-economic Duty gives us an opportunity to do things differently in Wales. It puts tackling inequality at the heart of decision-making and will build on the good work public bodies are already doing.

This SEIA procedure should be commenced at the outset and inform the development of both new strategic decisions and when reviewing previous strategic decisions. It provides a clear audit trail for all decisions made under the 2010 Act.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see <https://gov.wales/more-equal-wales-socio-economic-duty>

Section 1 - Assessment information – evidence	
Has this assessment identified Stakeholder groups: <i>Supporting narrative if different to Part A.</i>	Yes / No
Has this assessment used a range of evidence: <i>Supporting narrative to consider socio-economic disadvantage and inequalities of outcome in relation to this decision? Note additional evidence if different to information within Part A.</i>	Yes / No
Has this proposal engaged with those impacted by the Policy / Strategy Proposal / Policy? <i>Supporting narrative if different to Part A.</i>	Yes / No

Section 2 - Impacts on Socio-economic Duty Domain Areas:

The Equality and Human Rights Commission monitor progress on equality and human rights across a range of areas of life in Great Britain. These domain areas include education, work, living standards, health, justice and personal security and participation.

It is helpful to consider where action can be taken to reduce inequality of outcome resulting from socio-economic disadvantage in regard to each of these areas, evidence is provided below and issues for consideration suggested.

Consider evidence from both research and any engagement already carried out. Who is being affected? Are some communities of interest or communities of place more affected by disadvantage than others? WAST Equality pages provides further guidance.

What are the main socio-economic impacts of the proposal?			
Domain area: Education	Positive impact	Negative impact	Neutral / No impact
You can copy and paste this tick: ✓			
Supporting narrative: <i>How does your proposal take account of the impact of education on the local population, children and adults with additional learning needs, basic literacy levels and those less likely to have or have had access to training opportunities and qualifications?</i> <i>Think about how careers support at WAST and with partners, including apprenticeships and volunteer work placements can be promoted to support young people furthest from the job market.</i>			
Action / Opportunities that can be taken to reduce inequality of outcome resulting from socio-economic disadvantage:			

What are the main socio-economic impacts of the proposal?			
Domain area: Health	Positive impact	Negative impact	Neutral / No impact
You can copy and paste this tick: ✓			
Supporting narrative: <i>How does your proposal take account of the expected health outcomes of the local population? What are the current health needs and what action can be taken to increase access to healthcare for those who experience socio-economic disadvantage? Have the costs of transport and travel been taken into account? Think about the design of the built environment on the physical and mental health of patients, staff and visitors.</i>			
Action / Opportunities that can be taken to reduce inequality of outcome resulting from socio-economic disadvantage? What are the opportunities for collaboration, have local third sector organisations been engaged and opportunities to promote access to financial wellbeing, social and other support maximised?			

What are the main socio-economic impacts of the proposal?			
Domain area: Living standards You can copy and paste this tick: ✓	Positive impact	Negative impact	Neutral / No impact
Supporting narrative: <i>How does your proposal take account of the impact of poverty and deprivation?</i> <i>Are there groups who may be disproportionately impacted by poverty e.g. disabled people / lone parents / unemployment / homelessness. This domain includes issues of accessibility of transport, healthy food, leisure activities, road safety and the quality and safety of play areas and open spaces.</i>			
As part of your proposal what are the opportunities to reduce the impact of poverty on living standards?			

What are the main socio-economic impacts of the proposal?			
Domain area: Work You can copy and paste this tick: ✓	Positive impact	Negative impact	Neutral / No impact
Supporting narrative: <i>Welsh Ambulance Services NHS Trust provides numerous opportunities for people to access work. Will this plan impact on employment / apprenticeship / volunteering opportunities? What are the implications of the proposal for people on low income, those who are economically inactive, unemployed, workless, and people who are unable to work due to ill-health. Consider people living in work poverty. During the pandemic lower earners are three times as likely to have lost their job or been furloughed as high earners.</i>			
How can procurement and commissioning arrangements be optimised to reduce inequalities of outcome caused by socio-economic disadvantage? As part of your proposal what are the opportunities to increase employment opportunities for people who experience socio-economic disadvantage?			

What are the main socio-economic impacts of the proposal?			
Domain area: Justice and personal security	Positive impact	Negative impact	Neutral / No impact
You can copy and paste this tick: ✓			
Supporting narrative: <i>How does your proposal take account of local crime rates and feeling safe? Think about people who live in less safe areas and those more likely to be victims of domestic violence and abuse. Evidence suggests that domestic violence incidents are becoming more complex and serious, with higher levels of physical violence and coercive control.</i>			
How can your proposal promote and protect people's rights and increase their access to justice and personal security?			

What are the main socio-economic impacts of the proposal?			
Domain area: Participation	Positive impact	Negative impact	Neutral / No impact
You can copy and paste this tick: ✓			
Supporting narrative: <i>How is participation enabled, how is engagement sustained with people with lived experience of socio-economic disadvantage and how has this informed your proposal? Think about digital exclusion and digital poverty, people living in rural areas and those unable to access services and facilities.</i>			
How can your proposal increase participation for people who experience socio-economic disadvantage?			

Section 3 – Socio-economic Duty Action plan

Socio-economic Impact Assessment Action Plan and Recommendations

Please include any related recommendations arising from this assessment. Include any positive action.

Action identified	Potential Outcomes	Resource implications	Target date	Monitoring arrangements	Lead person/ Owner

Section 4 – SEIA Sign off

Who signed off this SED Impact Assessment:

As per the Trust's Standing Orders, the Board may agree the delegation of any of their functions, except for those set out within the 'Schedule of Matters Reserved for the Board', to Committees and others. These functions may be carried out by a prescribed Committee, sub-Committee or officer of the Trust as per the Standing Orders Schedule 1, in accordance with their delegated limits. Strategic decisions must have appropriate sign off. If you are in any doubt as to the correct approving body for a strategic decision, please contact the Office of the Board Secretary.

Approval Date:

Review Date:

Project Lead Sign-off

I confirm that this Socio-economic Impact Assessment has been carried out in accordance with Welsh Ambulance Services NHS Trust Procedure for assessment work for evidencing Due Regard for: Equality Impact, Socio economic Impact, Human rights, Welsh Language requirements and Armed Forces Covenant.

Signed:
(Project Lead)

Equality Team Quality Check

(required when both EQIA and SEIA is required)

I confirm that I have reviewed this Socio-economic Impact Assessment and I am assured that it contains sufficient evidence and rigour to be considered by the decision-making committee.

Signed:
(Equality and Inclusion Manager)

Committee Chair Sign-off

I confirm that this Equality Impact Assessment represents evidence that we (The Trust), in making this decision, have given due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage.

Signed:
(Committee Chair)

Welsh Ambulance Services University NHS Trust
2026/27 financial plan

1. This is currently presented as a balanced revenue financial plan for the 2026/27 financial year, but with some outstanding work and actions required to ensure delivery of this, specifically in relation to identification and delivery of a residual savings and cost management plan to balance.
2. It is also based on some key funding and cost assumptions included with it and actions that are expected to continue to be progressed through the financial year to deliver savings, and exploit any emerging areas of additional income generation, in order to balance. Given the current financial environment and context, and the continuing way in which the NHS in Wales and, in particular our commissioners, are funded, this plan inevitably focusses on the 2026/27 financial year, although the supporting tables and technical submission maps this over the three financial years through to 2028/29.

Revenue Financial Plan

3. Specifically, this plan will only provide for a balanced revenue financial outturn for the Trust for the 2026/27 financial year based on the following key financial assumptions:
 - a. The additional funding as assumed and detailed in this plan is received in full. Primarily this relates to the full pass through of the general 1.11% uplift provided to Health Boards in the 2026/27 NHS Wales Allocation Letter issued on 19th December 2025, and is applied to all of the Trust's key commissioning agreements. Alongside this funding for the cost of the 2026/27 pay award will also be provided in full;
 - b. That the resultant in year costs for key cost pressures identified within this plan are no more than that currently estimated. These are likely to be similar to that faced across the NHS in Wales, within an ambulance sector context and in particular relates to Welsh Risk Pool contributions, digital uplifts, fuel, general non pay inflation, that relating to the Trust's continuing response to the new ambulance performance framework and a range of costs either having had to be incurred or committed in 2025/26, or will unavoidably need to be spent in 2026/27 due to continuing service demand and system pressures and the delivery of the range of commissioning intentions placed on the Trust;
 - c. The ability to fully deliver on the resulting range of cost containment, cost avoidance and savings required to balance in year. This will need to be made up of a minimum of **£9m**, or c3% of cost baseline.

4. This plan therefore presents a way forward in the shape of what needs to be done to deliver a balanced financial position for the 2026/27 financial year. However it is built on a range of assumptions in relation to both income and funding and expenditure, including some of the key ones already set out, that will need to be delivered in order to do so. In particular it requires the identification and delivery of a residual **£1.2m** of further savings and cost management in year, work on which will continue through Q1 in order to provide to the Trust Board and wider organisation, alongside key external stakeholders, updates and assurances on the ability to deliver this. Given the materiality of this set in the context of balancing the significant number of risks requiring mitigation within the IMTP, this approach is not considered unreasonable at the outset of the financial year, in the context of that being presented as an overall balanced financial plan. Ways through which this will be progressed are detailed later.
5. This financial plan as presented, is the culmination of a range of activity delivered over a number of months, both pre and since the publication of the Welsh Government 2026/27 budget and the NHS Wales Allocation Letter. Alongside the more general sessions developing the rest of this IMTP, this includes the key financial ones as follows:
 - a. Early identification of the financial challenge ahead and the need to initially understand what the delivery of up to a 5% cash releasing CIP would look like across all parts of the organisation, which was progressed ahead of Christmas 2025;
 - b. Some more specific finance focussed and costing of priorities work undertaken following and between the IMTP priority workshop held on 15th January 2026;
 - c. Discussions at the Finance & Performance Committee – 20th January 2026 and 17th March 2026;
 - d. A detailed discussion at a closed session of the Trust Board – 29th January 2026;
 - e. An Executive Away Day held on 12th February 2026;
 - f. The finance “touchpoint” meeting with WG and NHS Wales P&I colleagues on 13th February 2026;
 - g. Non Submission of an Accountable Officer (AO) letter to Welsh Government on 13th February 2026 but detailed correspondence on the emerging financial plan shared with both the JCC and WG colleagues during the week of 16th February 2026;
 - h. A Trust Board Development session on 26th February 2026;
 - i. Key national discussions with DoFs on 23rd January and 20th February 2026, and;
 - j. Various touchpoint meetings and discussions with the Chief Commissioner, the Director for Commissioning – Ambulance Services and 111 and his team within the NHS Wales JCC, and the JCC Committee itself through January and February 2026.

The Iterative Revenue Financial Plan – 2026/27

6. At many of the above, various iterations of the development of the Trust's 2026/27 revenue financial plan were presented, this has been further refined to the following high level summary iterative revenue financial plan, which forms the basis of the Trust's overall gross financial plan and subsequent budget setting for the upcoming financial year:

Welsh Ambulance Services University NHS Trust

Iterative Financial plan 2026/27

	£m	%
Expected funding uplift as per HB A/L - 1.11%	-3.4	-1.11
Expected WG funding for 2026/27 A4C pay award announced 12/02/26 - 3.3% on applicable pay	-7.9	-2.6
Total additional funding - outset of 2026/27	-11.3	-3.7
Additional costs 2026/27		
1. Full year effect (FYE) of items agreed in 2025/26 financial plan	1.9	
2. Cost pressures that emerged during 2025/26:		
Employers NI shortfall	1.1	
WRP / increase in losses payments	2.5	
Others	0.7	
3. Non recurrent savings delivery 2025/26:		
Vacancy Management	2.3	
Balance Sheet Support	0.2	
4. Cost pressures 2026/27:		
Non Pay inflation	1.1	
MS Office	0.3	
Statutory Requirements	0.2	
EPCR Renewal	0.1	
To manage and mitigate increasing demand, avoidable harm and respond to new ambulance performance framework, inc clinical benefits	1.0	
To mitigate element of risk associated with major incident planning, inc some o/s MAI recommendations	0.8	
Others	0.2	
5. 2026/27 A4C pay award announced 12/02/26 - 3.3%	7.9	
Sub total additional costs 2026/27	20.3	
Opening financial gap 2026/27 (before savings plan)	9.0	3
Savings identified to date	-7.8	-2.5
Remaining gap to close to balance	1.2	0.4

7. The key points to note from this are as follows:

- The Trust will be entering the 2026/27 financial year in a relatively strong financial position despite the challenging and elevated nature of financial risk managed through the 2025/26 financial year, including the impact of some unexpected cost pressures in year. The Trust is again forecasting to deliver a balanced position by the 2025/26 financial year end. With the exception of a relatively small value currently being achieved in a non-recurring way, the Trust does not have any core underlying deficit that needs to be addressed going forward;
 - The plan assumes that the 1.11% core uplift in funding provided to commissioners will be passed through to the Trust in full. This has been confirmed by the JCC. On top of this, as per the 2026/27 NHS Wales Allocation letter and more recent confirmation from WG finance colleagues the plan assumes that the costs for the 2026/27 pay award are funded separately by WG in full. The values currently included for this relate to the 3.3% A4C pay award for 2026/27 announced in February 2026;
 - Any application of the 1.11% funding uplift is significantly more than consumed by the material, unavoidable and inescapable costs facing WAST for 2026/27. A significant element of this is the current forecasted additional spend in relation to the Welsh Risk Pool, which was funded by WG in 2025/26;
 - The other main impact on the Trust's costs movement and resulting financial challenge for 2026/27 (and beyond) is the continuing impact of significant levels of inflationary and other pressures in the general economy, alongside costs which will be unavoidably incurred due to service demands, mitigating risks and seeking to address avoidable harm issues. This includes further progressing our clinical model transformation, responding to the new ambulance performance framework and delivering the clinical benefits of this. In assessing the impact of all of this we have been focussed on the discussions with our commissioners in relation to priority areas, the need to protect front line resource and capacity where at all possible and where deliverable stretching any resulting savings delivery to offset remaining cost pressures.
8. What is equally important to note at this point is a further range of other in year costs in 2026/27, which have been deemed to be **unaffordable within the current financial climate** and resource envelope. Whilst there remains a degree of choice relating to the items which remain unfunded and will be deprioritised there is inevitably an impact and consequence of such choices which need to be understood.
9. Not exclusively, but some that the Trust has deemed as **not affordable in this financial plan** include the following:
- **Further development of the 111 digital front end** and website, and content management system;

- **The employment of any Newly Qualified Paramedics in 2026.** Given that no additional funding was made available to accompany the significant cost increase that came with the unavoidable regrading for all former EMS Emergency Medical Technicians (A4C Band 4) to the new UK wide supported job profile of an Emergency Ambulance Practitioner (EAP) (Band 5), the Trust has conducted a skills mix to ensure affordability and financial sustainability. As a result, the Trust has had to determine the optimum and affordable crewing skill mix for an Emergency Ambulance (EA) alongside the additional responsibilities paid for with the EAP role as lead practitioner. This has resulted in the Trust currently being over established for paramedics and having sufficient lead practitioner (EAPs) to meet any vacancies. As such, at the very least we will have no vacancies for any newly qualified paramedics this year;
 - The ability to respond to a number of recently undertaken and commissioner supported **demand and capacity reviews** across a range of our services, including EMS, NHS Wales 111, remote clinical assessment and NEPTS. In each of these independent external reviews, recommendations included the need to increase staffing levels, often at significant cost, at least £5m. However, given the planning framework for 2026-29 being clear that as a minimum the 2026/27 financial year is a **no investment one**, these recommendations will not be delivered and as such beyond improving our own productivity and efficiency minimal improvement will be made in some performance measures e.g. call abandonment rate in NHS Wales 111;
 - Adding in additional capacity to meet unmet demand as a result of significant hospital handover delays. In 2025 c20% of our EA resources were unavailable to respond as they waiting to offload outside Emergency departments. Unlike English Ambulance Trusts WAST does not receive additional funds to provide extra resources to meet this unmet demand. There is significant harm from these long waits in the orange NOW and yellow SOON categories;
 - A range of estimated additional costs to deliver on a number of **increasing regulatory requirements**. Not exclusive to, but this will include elements of the new Strategic Delivery Plan in relation to Decarbonisation and Sustainability issues and elements of the new Listening to People Regulations, all of which have come with no additional resource to support. Whilst best endeavours will be made to deliver what we can within budget and existing resources, the Trust at this stage will not be able to confirm full delivery of these requirements.
10. A detailed EQIA is being completed for each of these, and any other areas where the Trust is determining through its financial planning and associated risk assessment and management that it cannot incur the additional costs that would otherwise be required.

Savings requirement – 2026/27

11. A **£9m** savings requirement (3%) represents the biggest single in year savings requirement to balance for the Trust. In an attempt to get ahead of this, each Director and senior budget holder within the Trust had been tasked before Christmas 2025 to demonstrate what the achievement of a 5% savings delivery in one year would look like, accepting that such a delivery in one year would be unlikely, and some of the choices unpalatable. WAST benchmarks well in terms of cost base and will consider the outcomes of a JCC service review to explore further opportunities to be more productive and efficient. However over 85% of our spend is on direct front line and clinical services and meeting a savings plan of 3% will require efficiencies in these services.
12. The above approach has resulted in more of a two pronged approach to savings delivery, overseen by the Financial Sustainability Programme established a few years ago. This includes that which was deemed deliverable from the bottom up detailed exercise described above overlayed with expected areas of further savings and cost containment across the Trust in a more top down way, including targeted some specific areas of improvement and delivering against some benchmarked opportunities.
13. The resulting savings plan is summarised by key theme in the table below:

Theme	total
	£000
Commercialisation Opportunities	150
End of Shift Overrun - Operations	110
Non Pay Local Schemes - Corporate	294
Non Pay Estates Efficiencies - Corporate	135
Non Pay Fleet Efficiencies - Corporate	150
Non Pay Local Schemes - Operations Contract Reviews	405
Non Pay Local Schemes - Operations	1,180
Pay Cost Management (Variable Cost reductions) - Operations	1,100
Pay Cost Management (Variable Cost reductions) - Corporate	101
Pay Vacancy Management - Operations	1,042
Pay Skill Mix Modernisation - Operations	500
Pay - Agency Reduction	89
Pay Vacancy Management - Corporate	2,544
OVERALL CURRENT SUMMARY TOTALS	7,800
<i>Unallocated Balance - to be further identified Qtr 1 26/27</i>	1,200
OVERALL SAVINGS REQUIREMENT 26/27	9,000

Moving towards financial balance in year – a balanced financial plan for 2026/27

14. There is therefore some further work required early in the financial year to identify and confirm the savings and cost management required to fully balance, and in order to deliver that agreed within this IMTP. The successful delivery of the income and funding assumptions within this financial plan, alongside the ability to further stretch savings, will be key for the Trust to deliver a balanced budget. Balancing risk against opportunity, impact and consequences, this therefore continues to be presented as a plan to balance in year; however with a small residual gap (c£1.2m) which will need to be addressed.
15. Given the scale of the residual value to close as we enter the financial year, and the Trust's recent excellent track record of delivery, it is not considered at this stage that this should prevent the Trust from presenting a balanced financial plan, and budget, for Board approval at the outset of the financial year
16. This is however going to be a higher risk plan in terms of in year delivery than we have had for a number of years. Risks will need to continue to be managed and if no additional funding sources are made available for some of the above cost drivers further difficult choices will be made in year. As we head towards the outset of the new financial year, there are further programmes of work which we expect to positively impact on the Trust's financial position in year, including:
 - More rigour of recruitment controls which may delete roles from the funded establishment for a range of corporate / non front line vacancies. All of this builds on the success of the Recruitment Control Process which has been in place since January 2023;
 - Continue to explore any and all avenues for potential additional resources and funding to either cover off elements which have now had to be recognised, at least in part, within this financial plan (e.g. outstanding Manchester Arena Inquiry recommendations) or have deemed to be unaffordable (e.g. digital front end developments);
 - A further detailed review of key areas of non pay spend, including that relating to travel and subsistence and, whilst a lesser impact for the Trust, agency spend and other contract reviews;
 - Further targeting procurement savings;
 - Ensuring the split of capital and revenue staffing is optimised;
 - An agreement of the key areas to target in terms of process efficiency and potential digitalisation and what could be released / saved as a result;

- Undertake a detailed benefits realisation exercise from investments in recent years to determine any scope for taking any of these back down;
- Linked to this, a further detailed review of areas of variance in terms of Trust staffing levels tracking back over the last five years, to pre COVID levels to further ensure that such levels are appropriate and affordable;
- Continuing to firm up and confirm some of the actual in year cost estimates of that included within this financial plan. This has the potential to result in some in year slippage against some of the costs currently estimated and included within the financial plan;
- Identifying any possible VERS opportunities, if affordable towards the end of the current financial year (to be actioned before 31.03.2026);
- Sale of used clinical equipment;
- Review the output of the service review being undertaken by the JCC to explore opportunities for productivity, efficiencies and potential savings;
- As in previous financial years, the iterative financial plan presented above retains a fairly modest in year revenue contingency of £1m. Whilst there will inevitably be elements of unavoidable in year spend that will materialise that will need to be covered by this, there may be some scope for some non recurring contribution to any remaining gap to balance from this later in the financial year.

17. As we move through the financial year, there will also be other opportunities to further impact positively on the Trust's in year financial position, including:

- The Trust is due an upcoming Internal Audit on our current and planned savings delivery. In scoping this we will request a more future focused approach, to potentially assist in the development of more significant cost reductions;
- Alongside this, a wider assurance piece has been requested by NHS Wales Directors' of Finance through NWSSP Internal Audit, to seek to ensure consistency and any lessons learned that can be determined in particular in relation to grip and control;
- There always remains shorter term measures that could be enacted in year, however these would not come without consequences. Examples could include a complete ban on overtime / variable pay, blanket vacancy freezes across all roles including clinical and front line, ceasing any non-contractually committed outsourced spend with immediate effect and further reviews of patient eligibility for some services;
- There are also inevitably some areas of potential non recurrent flexibility within the Trust balance sheet that could, subject to ensuring full audit compliance, be released towards the financial year end if absolutely needed, to move to a final balanced year end position.

18. Through a combination of the above, this plan is therefore now presented as one that has the ability to balance, closing off any remaining financial challenges and gaps as we progress through the 2026/27 financial year. It is recommended that the Board supports the plan to balance in this way through the continuing work progressing to close the resulting gap in year, on the basis that this is no more than the current estimate of c£1.2m, alongside the delivery of current assumptions and successful management and mitigation of risks described within this plan.

Summary Income & Expenditure

19. This result of all of the above is the following high level summary gross Income & Expenditure plan for the 2026/27 financial year. More detail will also be provided in a separate budget setting paper, which is planned to be presented to the Trust Board on 26th March 2026, for approval:

	Opening Budgets 26/27 £m	Planned Savings £m	Revenue Set Budgets 26/27 £m
Income	-329.734	-0.150	-329.884
Operating Expenses	324.943	-7.650	317.293
Profit on Disposal	-0.695		-0.695
Interest Payable	0.235		0.235
Interest Receivable	-1.000		-1.000
Depreciation (Baseline)	15.251		15.251
Total Expenditure	338.734	-7.650	331.084
Savings Gap to Close Qtr 1 26/27		-1.200	-1.200
Planned Budget	9.000	-9.000	0.000

Risks

20. No financial plan is risk free and clearly entering into the financial year with a residual financial gap to close in year increases the risks of non delivery of a balanced position.
21. The main risks that will need close monitoring and mitigating actions through the upcoming financial year therefore, include:

- The recovery of all of the income assumptions this financial plan now makes, in particular ensuring the commitments and elements supported within the NHS Wales JCC IMTP are fully aligned and delivered upon and that the full uplift assumed across all of the Trust's income sources is delivered;
- That the in year costs relating to the 2026/27 pay award is fully funded by WG;
- No other developments, enhancements or cost increases not currently funded within budgets, or identified within this financial plan supporting the IMTP, 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. However the ability to do this in the context of the current total savings already required to balance in year makes this unlikely;
- The ability to deliver a minimum of £9m in savings and cost management in year, in order to balance;
- That no further additional savings will be required by commissioners. Recent correspondence from the JCC has requested the Trust to consider and present what further savings may be able to be delivered in year, to contribute to the wider JCC financial position. It is however highly unlikely that anything beyond that already being progressed within this plan in order for the Trust to deliver on its statutory duty to breakeven in 2026/27 will be available in the form of cash releasing savings. Dialogue continues on how to further evidence additional productivity and efficiency impacts on top of this;
- Some cost elements are still hard to predict through the coming 12 months and may remain volatile, with a clear indication from WG that no further funding will follow in year in 2026/27 to manage any such variations;
- The uncertain political landscape and any initial impact any change in government in Wales may have on some of the choices and decisions made within this financial plan;
- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continues to hold.

Draft Capital Programme 2026/27

All Wales Capital Funding

22. The Trust submitted to WG a revised Vehicle Procurement Strategy 2025-30 which saw successful funding approval for the first year of this for the 2025/26 financial year. Following the further submission in November 2025 of a BJC for funding consideration for the 2026/27 financial year, relating to the replacement of a further **160 vehicles** at a cost of **£24.4m**, confirmation of the full funding being made available for this was received in February 2026.

23. On top of this, the Trust also has a pre approved scheme from the all Wales WG Target Estates Funding for improvement works at Rhyl Ambulance Station.
24. As in previous years, the 2025/26 financial year is yet to be fully closed. However it is likely that a small number of the All Wales Capital Schemes are not going to fully deliver in year to their revised programmes, and as such discussions have already been held with WG to agree brokerage arrangements of these monies between internal schemes to ensure achievement of the 2025/26 CEL, as this is the best way to manage schemes that inevitably straddle financial year end. As in previous years, a detailed update on the final impact of the 2025/26 financial year end on the 2026/27 programme, both from an all Wales and discretionary capital perspective, is due to be presented to both F&PC and the Trust Board in May 2026.

Discretionary Capital

25. The Trust was notified in December 2025 of a discretionary capital allocation of £7.018m for 2026/27; an increase from 2025/26 of £0.768m, however this is before any Trust contribution towards any future Targeted Estates Fund (TEF) schemes, which require a 30% contribution from the Trust. From this Discretionary Capital allocation for 2026/27 it will be necessary to fund a range of estates, digital, medical equipment and other schemes.
26. The organisation has continued to strengthen its overall approach to capital planning, with the now well-established Capital Management Board, supported by SOP Delivery Groups which meet monthly and oversee all aspects of capital planning. On top of this, if funding is available, the Internal Capital Management Group will score and prioritise discretionary capital schemes. These are all then taken to the F&PC via Capital Management Board, and, where required, Trust Board for approval.
27. The table below shows an initial draft plan for the 2026/27 discretionary capital funding, considering items which the Trust has recently reconfirmed as a priority to deliver, along with that currently proposed as the "top slice" for funds which allow the Trust to progress with smaller less complex schemes.

Discretionary Capital allocation - 2026/27		
Allocation		7,018,000.00
Current Schemes	2025/26	Proposed 2026/27
Top slice - Estates (Inc. fees)	450,000.00	450,000.00
Top slice - Digital	400,000.00	400,000.00
Top slice - Fleet	250,000.00	250,000.00
Top slice - project/staff costs	180,000.00	400,000.00
Total top slice	1,280,000.00	1,500,000.00
Dolgellau		60,000.00
Other small slippages - Estates		50,000.00
Symptom Checker		200,000.00
TEF Contributions		223,000.00
Scheme total*		543,000.00
Total Unallocated		4,975,000.00

28. Given in the main the successful delivery in year and on budget of the vast majority of discretionary capital spend in the 2025/26 financial year, the level of carried forward commitment at this stage is much less than previous years, allowing for c£5m remaining to be committed from the Trust's discretionary funding for the 2026/27 financial year.
29. The updated plan is being progressed via an ongoing prioritisation exercise and will be confirmed and finalised as soon as possible after the 2025/26 financial year end. Schemes being proposed include the following:
- Number of Estates improvements / rationalisations, including where feasible the use of the discretionary allocation to deliver improvements previously indicated as potentially requiring all Wales capital solutions, the absence of this being available (e.g. Swansea, Llandrindod);
 - Smart Stations;
 - Omnicell upgrade;
 - ECNS Contract renewal (hardware refresh);
 - Health Surveillance equipment;
 - Digital record management, and
 - RFID.

30. Work is also progressing through the above groups and Boards to ensure cases are available for any additional capital schemes; it is envisioned that the schemes which are unable to be progressed at this stage will be held in reserve should further monies become available throughout 2026/27 and beyond.

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Agenda Item No.

6

REPORT TITLE

Initial 2026/27 Revenue Budget

MEETING

Name of meeting	Finance and Performance Committee
Date of meeting	17 March 2026
Public or Private	Public
If private - rationale	Choose item from below

REPORT SPONSOR

Executive sponsor	Chris Turley (Director of Finance and Corporate Resources)
Author(s) of report	Jason Collins (Head of Financial Management)

PURPOSE OF REPORT

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



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REPORT SUMMARY:

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

1. Further to the detail provided in the finance section of the IMTP this paper provides additional analysis of how the proposed balanced financial plan for 2026/2027 is translated into delegated budgets, the key assumptions made, and any remaining choices required in doing so.
2. Following the requested endorsement of this initial 2026/27 budget and then onward for Trust Board approval to be held on 26 March 2026, as in previous financial years, individual discussions will be held by the CEO, Director of Finance & Corporate Resources and Executive colleagues to formally agree and delegate the 2026/27 budgets, in accordance with the Trust's Standing Financial Instructions (SFIs). These meetings will take place as early in Q1 2026/27 as practically possible. Executive Directors will then delegate elements of their budgets to Budget Holders within their directorate early in the 2026/27 financial year.
3. In accordance with the SFIs, annual budget setting and IMTP timetable, budgets for the 2026/27 financial year have been produced within the framework of the Trust's anticipated resource envelope.
4. **Finance & Performance Committee are asked to:**
 - **Endorse** the initial 2026/27 revenue budget, building on the WAST Financial Plan included in the IMTP and then recommend it for onward approval at Trust Board on 26 March 2026.
5. The current planned resource envelope (planned income) for the Trust for the financial year 2026/27, as per the financial plan within the IMTP, totals £329.9m of which £307.5m is via JCC main commissioned services of EMS, Ambulance Care, 111 and other services, £7.6m from other NHS Welsh Organisations, £13.3m from Welsh Government (WG) and £1.5m from other sources, of which £0.150m is assumed to be delivered via WAST Savings programme.
6. Key elements of planned income includes that the additional funding as assumed and detailed in this plan is received in full. Primarily this relates to the full pass through of the general 1.11% uplift provided to Health Boards in the 2026/27 NHS Wales Allocation Letter issued in December 2025, applied to all the Trust's key commissioning agreements. Income (and expenditure) estimates have been included for the 2026/27 pay deal of 3.3% at £7.949m of which Welsh Government (WG) have advised this will be fully funded at cost and hence assumed cost neutral.
7. Core initial operating revenue budgets for 2026/27 for Pay, Non-Pay, plus any profit on sale of assets, interest payable and receivable and depreciation totals £338.7m. This recognises the full year impact of 2025/26 developments and brought forward cost pressures as well as inflation pressures and unavoidable cost pressures for 2026/27. WAST savings programme requires £9m and hence budget will be set at income levels, providing an opening balanced financial plan for 2026/27.



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8. The initial savings requirement for the 2026/27 financial year within the balanced financial plan is £9m of which £0.150m is income related and £7.650m from operating revenue budgets. £1.2m remains in progress and is currently being worked through. Delivery and monitoring of their performance will be via the refreshed Financial Sustainability Programme governance group and workstreams. Finance & Performance Committee (F&PC) will be provided with regular monitoring of the savings plan via its normal Financial Reporting papers and agenda items.
9. Key risks and issues identified in the financial plan include the need to ensure full recovery of all the updated income assumptions via commissioners and delivery of the full £9m savings target. There will also be a need to manage any further inflationary increases as the year materialises as well as any ongoing JCC commissioning asks.

RECOMMENDATION

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

The Committee is requested to:

Endorse the initial 2026/27 revenue budget, consistent with the financial plan contained within the IMTP, and recommend it for onward approval at Trust Board on 26 March 2026

ADDITIONAL PAPERS

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

Annex 1 details a summary of WAST saving schemes for 2026/27

Annex 2 details opening revenue budgets for 2026/27



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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

☐ 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

tba

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



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SITUATION / BACKGROUND

1. Further to the detail provided in the finance section of the IMTP this paper provides additional analysis of how the proposed balanced financial plan for 2026/2027 is translated into delegated budgets, the key assumptions made, and remaining choices required in doing so.
2. Following the approval of the initial 2026/27 budget, individual discussions will be held by the CEO, Director of Finance & Corporate Resources and Executive colleagues to formally agree and delegate the 2026/27 budgets, in accordance with the Trust Standing Financial Instructions (SFIs). Executive Directors will then delegate elements of their budgets to Budget Holders within their directorate early in the 2026/27 financial year.
3. A final financial plan for 2026/27 will be presented to Trust Board and included in the IMTP on the 26th of March 2026. The revenue elements of this paper are consistent with that contained within the current IMTP financial plan and hence forms the basis of the revenue budget for 2026/27 with a recommendation to the Finance & Performance Committee for endorsement.

ASSESSMENT

4. In accordance with the SFIs, annual budget setting cycle and IMTP timetable, budgets for the 2026/27 financial year have been produced within the framework of the Trust's anticipated resource envelope.

KEY INCOME ASSUMPTIONS

5. As detailed in the updated financial plan, the current WAST planned resource envelope for the 2026/27 financial year is currently **£329.9m**, summarised in the table below.



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Income Sources	£m	£m
JCC		
EMS	266.1	
Ambulance Care	29.4	
111	11.0	
SALC	0.7	
Mental Health / Dementia (previously WG funded direct)	0.3	
Total JCC		307.5
Welsh NHS Organisations		
Ambulance Care Services	3.3	
EMS Services	2.8	
Other Services	1.4	
Total Welsh NHS Organisations		7.6
Welsh Government		
HART / CBRN / SORT	4.2	
PIBS	1.0	
Pay Award 26/27 - Estimated	7.9	
Other (Grants / Programmes)	0.1	
Total Welsh Government		13.3
Other Income		
Savings Targets	0.2	
Other Sources	1.4	
Total Other Income		1.5
Total Income Assumptions		329.9

"Core" JCC income

6. As can be seen above, the biggest single funding source to the Trust is via the JCC (Joint Commissioning Committee) and current assumed income for 2026/27 is **£307.5m** for EMS, Ambulance Care, 111 and other related services.



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Income baseline changes for 2026/27 includes the following:

- £3.4m for the 1.11% growth uplift;
- £11.7m for the recurrent cost of the 2025/26 pay awards and Employers National Insurance increase that was funded direct by WG;
- Full year funding impact of the transfer of Save a Life Cymru (SALC) that transferred over during 2025/26 financial year;
- Opening income (and matched expenditure) assumptions are included for elements of the Welsh Government nationally funded Emergency Services Mobile Communications Programmes (ESMCP) of £2.547m; and
- Recurrent income (and matched expenditure budgets) has been included to support the continuation of the FALLS initiative implemented in 2025/26. This value is set at c£0.5m.

2026/27 Income from other Welsh NHS Organisations

7. The main items included here are as follows:

- Ambulance Care income of £3.3m includes contract values for Velindre NHS Trust of which funding cannot flow via JCC as it's not a Health Board. Renal Transport Services commissioned locally via Betsi Cadwalader Health Board, recharged costs to WHSSC for renal transport costs, Cwm Taf Health Board for pending transfer of services, prompt cardiac transport and then a mix of local Health Board commissioned and ad hoc services
- Locally commissioned EMS services total £2.8m and include services such as dedicated discharge services, APP support to primary care services, FALLS support services and Palliative Care Paramedics totalling; and
- Other health board income totals £1.4m and includes fleet maintenance income to NHS Shared Services, rental income from WAST Estate, provision of Occupational Health Services and operational continued professional development (CPD).

Income from Welsh Government

8. Included here are the following:

- Income from WG includes directly funded services for Hazardous Area Response Team (HART), Special Operations Response Team (SORT) and Chemical, Biological, Radiological and Nuclear (CBRN) totalling £4.2m
- WG also provide support for the cost of Personal Injury Benefit Cases (PIBS) to which a corresponding expenditure budget has been set, thus assuming overall neutrality to WAST. Value assumed at the outset of 2026/27 is £1.0m
- No additional income has been included currently for 'technical adjustments' of Depreciation and Impairments above baseline (baseline depreciation is funded via JCC contracts and for 2026/27 the value is £15.3m). Any



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additionality is invoiced on actual values as the year progresses.

Corresponding expenditure budget has been set at the same baseline value, so any fluctuation is cost neutral; and

- Income (and expenditure) assumptions have been included for the 2026/27 pay deal at an estimated value (as will not be paid until April 2026) of £7.949m. Welsh Government (WG) have advised this will be fully funded and hence cost neutral.

Other Income

9. Other income includes:

- £0.150m of the £9m savings target for 2026/27 and this includes potential commercialisation opportunities; and
- £1.4m from other income sources include Ambulance Care provision provided to English NHS organisations, apprenticeship income, education and training recovery and operational cover at sports events.

OPENING REVENUE BUDGETS

10. The Trust is required to set expenditure budgets within the total resource income available, and which are set to achieve financial balance in line with the Trust's SFIs, statutory break-even duty that align to the operational delivery plans of the organisation. From a high-level budget setting perspective, the financial plan for 2026/27 is summarised below.

	Opening Budgets 26/27 £m	Planned Savings £m	Revenue Set Budgets 26/27 £m
Income	-329.734	-0.150	-329.884
Operating Expenses	324.943	-7.650	317.293
Profit on Disposal	-0.695		-0.695
Interest Payable	0.235		0.235
Interest Receivable	-1.000		-1.000
Depreciation (Baseline)	15.251		15.251
Total Expenditure	338.734	-7.650	331.084
Savings Gap to Close Qtr 1 26/27		-1.200	-1.200
Planned Budget	9.000	-9.000	0.000



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11. The Operating Expenses line is where the main Divisional and Directorate budgets will be delegated within, primarily split between pay and non-pay budgets. Whilst a key budget setting principle is that such budgets are initially set based on the recurring "rollover" position from the 2025/26 budget, the current and future expected expenditure against each of the existing budgets has been scrutinised in detail as part of the budget setting process.

Pay

12. The pay budget for 2026/27 has been set based on the following assumptions.
13. Costs are based on NHS pay award rates for the 2026/27 financial year including the planned 3.3% uplift. Overall directorate budget control totals will manage the pay progression up spinal points together with attrition salary differences and mostly vacancies have been set at entry point of scales. The following other key assumptions have been made:
- Funded whole time equivalents (WTEs) are rolled over from 2025/26 and flexed for any full year impacts;
 - Pay costs include estimated staff costs for cost pressures in relation to service and unavoidable system pressures and delivery of commissioning intentions, in line with that included within the IMTP financial plan for 2026/27;
 - WTEs and pay costs will be net of those identified in the savings plan for 2026/27; and
 - Budgets for the main variable cost elements of enhancements and overrun will be broadly set on a mix of roster relief calculations for 2026/27 and forecast outturn position for 2025/26. Majority of operational overtime budgets will broadly be set at a minimum level with the assumption that overtime spend will be incurred only when vacancies occur against funded WTEs.
14. The plan provides that £0.350m of pay costs will be capitalised to support the development of the 2026/27 capital schemes with this corresponding minimum requirement being highlighted against the discretionary capital allocation for 2026/27.

Non-pay, technical items and contingency

15. Non pay budgets for 2026/27 will be set taking into consideration the existing budget levels together with 2025/26 forecast expenditure outturn. Recognition of above inflation uplifts on certain contracts have been applied but for other non-pay expenditure budgets there is an expectation that some inflationary increases will be required to be met within directorate core budgets and saving schemes.



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16. Non pay budgets will include full year impact of those unavoidable cost pressures from the 2025/26 financial year and those identified for the 2026/27 financial year. Known savings values will also be reflected in the setting of core budgets.
17. As noted in pay budgets, a similar approach for non-pay costs will apply and budgets will include estimates for cost pressures in relation to service and system pressures and delivery of commissioning intentions.
18. As per previous years a contingency budget is included and the 2026/27 value proposed is £1.0m.
19. For the 2026/27 financial year, the opening profit on asset disposal budget remains at £0.695m. This area includes the sale of vehicles which is planned to be high in 2026/27 due to capital replacement programme and the sale of obsolete and replaced equipment.
20. Interest receivable budget for 2026/27 is set at £1m based on average returns in 2025/26.
21. Interest payable budgets have been 'rolled over' at 2025/26 values.
22. Depreciation and impairment budgets correspond with an income budget totalling £15.3m. This does not include any additionality in depreciation or indexation for 2026/27 and when this figure is available any impact will be cost neutral as these areas are assumed as 'ring fenced' allocation by Welsh Government with under spends clawed back and agreed increases because of capital investments funded, therefore assumption is no under or overspends in this area during the 2026/27 financial year.

Unavoidable Cost pressures, System Pressures and Commissioning Intentions

23. Further to that included in the pay and non-pay budgets sections of this paper then below summarises the main components included in the 2026/27 financial plan for the unavoidable cost pressures, system pressures and commissioning intentions, albeit some covered by assumed income i.e pay award.



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Additional costs 2026/27:	£m
1. Full year effect (FYE) of items agreed in 2025/26 financial plan	1.4
2. FYE of items agreed in year 2025/26	0.5
3. Non recurrent savings delivery 2025/26:	
Vacancy Management	2.3
Balance Sheet Support	0.2
4. Cost pressures that emerged during 2025/26:	
Employers NI shortfall	1.1
WRP / increase in losses payments	2.5
Others	0.7
5. Cost pressures 2026/27:	
Non Pay inflation	1.1
MS Office	0.3
Statutory Requirements	0.2
EPCR Renewal	0.1
To manage and mitigate increasing demand, avoidable harm and respond to new ambulance performance framework, inc clinical benefits	1.0
To mitigate element of risk associated with major incident planning, inc some o/s MAI recommendations	0.8
Others	0.2
6. 2026/27 A4C pay award announced 12/02/26 - 3.3%	7.9
Sub total additional costs 2026/27	20.3

SAVINGS AND EFFICIENCIES

24. A key part of the financial plan, and which therefore also needs to be reflected in the budget setting, is the savings target for 2026/27. This is currently £9m of which £7.8m has allocated programmes of identified themes and schemes to this value and the balancing £1.2m for which the detail is currently being worked through. These summary savings themes are included in **Annex 1**.
25. This value equates to c3% of WAST baseline and is a further stretch than the £8.5m planned and that is forecast to be fully delivered as a minimum in the 2025/26 financial year.
26. Financial Sustainability Programmes governance group and workstreams planned for 2026/27 will have oversight and monitoring of the savings target but directorates will ultimately be accountable for the delivery of these schemes / themes. Finalisation of the profile of savings over the financial year by month is currently being worked through prior to its reporting in the Minimum Data Set (MDS) that will be submitted in conjunction with the IMTP.



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27. Key risk is the ability to deliver this value and manage any other in year cost pressures as they arrive, within the small contingency this financial plan continues to hold. Despite this, in the current environment this remains a challenging target, the size of which proportionality is not out of the range being suggested by large parts of the rest of the NHS in Wales. There is also a clear track record of recent achievement within WAST.
28. Further development of the detailed plans and delivery and monitoring of the achievement of this will be via the refreshed Financial Sustainability Programmes Governance group, through to the Strategic Transformation Board. Finance & Performance Committee (F&PC) will also be provided with monitoring of the savings plan via its normal financial reporting reports that are also provided to Executive Leadership Team, Trust Board and externally to Welsh Government and Commissioners.

Initial Directorate Budgets

29. **Annex 2** therefore provides a summary of much of the above and how these translate into proposed opening 2026/27 revenue budgets by Directorate. Due to the continuation of work on some service transfers there may be minor fluctuation to directorate budgets as these progress to be uploaded to WAST General Ledger system. However, these will be included in final budget values to be discussed in budget meetings planned with CEO, Director of Finance and Corporate Resources and each delegated Executive Director budget holder, for final agreement and formal sign off, as required by the Trust's SFIs.

Key risks

30. No financial plan or resulting budget set is risk free and clearly entering into the financial year with a residual financial gap to close in year increases the risks of non-delivery of a balanced position. The main risks that will need close monitoring and mitigating actions through the upcoming financial year, as highlighted within the IMTP financial plan, include:
- The recovery of all the income assumptions this financial plan now makes, in particular ensuring the commitments and elements supported within the NHS Wales JCC IMTP are fully aligned and delivered upon and that the full uplift assumed across all of the Trust's income sources is delivered
 - That the in-year costs relating to the 2026/27 pay award is fully funded by WG
 - No other developments, enhancements or cost increases not currently funded within budgets, or identified within this financial plan supporting the IMTP, 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



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elsewhere. However, the ability to do this in the context of the current total savings already required to balance in year makes this unlikely

- The ability to deliver a minimum of £9m in savings and cost management in year, to balance
- That no further additional savings will be required by commissioners. Recent correspondence from the JCC has requested the Trust to consider and present what further savings may be able to be delivered in year, to contribute to the wider JCC financial position. It is however highly unlikely that anything beyond that already being progressed within this plan in order for the Trust to deliver on its statutory duty to breakeven in 2026/27 will be available in the form of cash releasing savings. Dialogue continues how to further evidence additional productivity and efficiency impacts on top of this
- Some cost elements are still hard to predict through the coming 12 months and may remain volatile, with a clear indication from WG that no further funding will follow in year in 2026/27 to manage any such variations.
- The uncertain political landscape and any initial impact any change in government in Wales may have on some of the choices and decisions made within this financial plan; and
- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continues to hold.

RECOMMENDATION(s)

31. The recommendations are set out in the front cover above.



Annex 1 2026/27 Savings Summary by Theme

Theme	total
	£000
Commercialisation Opportunities	150
End of Shift Overrun - Operations	110
Non Pay Local Schemes - Corporate	294
Non Pay Estates Efficiencies - Corporate	135
Non Pay Fleet Efficiencies - Corporate	150
Non Pay Local Schemes - Operations Contract Reviews	405
Non Pay Local Schemes - Operations	1,180
Pay Cost Management (Variable Cost reductions) - Operations	1,100
Pay Cost Management (Variable Cost reductions) - Corporate	101
Pay Vacancy Management - Operations	1,042
Pay Skill Mix Modernisation - Operations	500
Pay - Agency Reduction	89
Pay Vacancy Management - Corporate	2,544
OVERALL CURRENT SUMMARY TOTALS	7,800
Unallocated Balance - to be further identified Qtr 1 26/27	1,200
OVERALL SAVINGS REQUIREMENT 26/27	9,000

Annex 2 Opening Revenue Budgets 2026/27

Opening Revenue Budgets 2026/27							
Directorate	Income Budgets			Pay & Non Pay Budgets			Net Opening Budgets
	Core Budgets £000	Savings to Directorates £000	Opening Budgets £000	Core Budgets £000	Savings to Directorates £000	Opening Budgets £000	
Chief Executive Directorate	-33	0	-33	2,168	-132	2,036	2,003
Corporate Governance	0	0	0	827	-45	782	782
Partnership & Engagement	-133	0	-133	889	-54	835	702
Operations	-10,648	0	-10,648	241,084	-4,337	236,747	226,099
Finance & Corporate Resources	-1,717	0	-1,717	43,569	-959	42,610	40,893
Strategic Planning & Performance	-4	-150	-154	3,513	-149	3,364	3,210
Quality, Safety and Patient Experience	-88	0	-88	8,628	-502	8,126	8,038
Digital Directorate	-109	0	-109	18,047	-429	17,618	17,509
People & Culture	-836	0	-836	8,231	-530	7,701	6,865
Clinical & Medical	-202	0	-202	7,368	-424	6,944	6,742
Trust Core Income	-315,464	0	-315,464	0	0	0	-315,464
Reserves	-500	0	-500	4,410	-89	4,321	3,821
Unallocated Savings ... to be allocated to Directorates in Qtr 1 26/27					-1,200	-1,200	-1,200
TRUST TOTAL	-329,734	-150	-329,884	338,734	-8,850	329,884	0



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Agenda Item No.

7

REPORT TITLE

Financial Performance as at Month 10 – 2025/26

MEETING

Name of meeting	Finance & Performance Committee
Date of meeting	17 March 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



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REPORT SUMMARY:

1. This paper presents to the Committee the latest Financial Performance Report of the 2025/26 financial year, the reported position as at Month 10 (January 2026).
2. The Committee is asked to review, comment, note and receive assurance on the financial position and 2025/26 outlook and forecast of the Trust, noting the risks to in year delivery in doing so.
3. Key highlights from the report for the Committee to note are:
 - The Trust is reporting a small revenue year to date underspend/surplus of £0.137m. For month 10 (January 2026) the Trust is reporting an in month overspend of £0.043m
 - 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 2025/26 financial year end
 - Capital expenditure plans continue to be progressed with plans to fully achieve in year
 - In line with the financial plans that support the IMTP, gross savings of £7.176m have been achieved in month 10 against a target of £7.055m
 - Public Sector Payment Policy is on track with performance, against a target of 95%, of 98.4% for the number, and 98.9% of the value of non-NHS invoices paid within 30 days.

RECOMMENDATION(S)

The Committee is requested to:

1. **Note** and gain **assurance** in relation to the Month 10 revenue financial position and performance of the Trust as at 31 January 2026.
2. **Note** the delivery of the 2025/26 savings plan, and the context of this within the overall financial position of the Trust.
3. **Note** the capital programme for 2025/26.
4. **Note** the Month 10 Welsh Government monitoring return submission (as required by WG).

ADDITIONAL PAPER(S)

The Committee is requested to receive the following:

1. Monitoring return submitted to Welsh Government for month 10 – as required by WG
2. Monitoring return letter submitted to Welsh Government for month 10 – as required by WG



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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
☐ 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 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
n/a	n/a



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SITUATION

1. This report provides the Committee with a summary of the revenue financial performance of the Trust as at 31 January 2026 (Month 10 2025/26), along with an update on the 2025/26 capital programme.

BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for 2025/26** (1 April 2025 – 31 January 2026) are that:
 - The cumulative revenue financial position reported is a **small underspend against budget of £0.137m**, based on some key assumptions consistent with that within the IMTP financial plan and the Board approved budget for 2025/26. The underlying year-end forecast for 2025/26 is currently a balanced position
 - In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of **£7.176m** have been achieved against a target of **£7.055m**
 - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 98.4% for the number, and 98.9% of the value** of non-NHS invoices paid within 30 days.
3. The Trust is continuing to forecast a year end break even, this is on the back of detailed forecasting work that is being undertaken along with the Trust progressing with some elements of expenditure against schemes such as MAI and non-recurrent schemes, which aims to reduce cost pressures on next financial year.
4. The risks have been reviewed in detail and given the current reported forecasted position and the remaining weeks to the end of the financial year, the detailed review has allowed the Trust to remove the risks previously included in the month 9 report.



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ASSESSMENT

REVENUE FINANCIAL PERFORMANCE – MONTH 10 2025/26

5. The table below presents an overview of the financial position for the period 1 April 2025 to 31 January 2026.

Revenue Financial Position for the period 1st April - 31st January				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-327,263	-270,112	-270,014	98
Expenditure				
Pay	245,799	204,025	201,553	-2,471
Non-pay	62,413	50,122	52,094	1,972
Total pay & non-pay expenditure	308,212	254,147	253,647	-500
Depreciation & Impairments / interest payable & receivable	19,051	15,965	16,229	264
Total	0	0	-137	-137

Income

6. Reported Income against the initial budget set to Month 10 shows an underachievement of **£0.098m**.

Pay Costs

7. Overall, the total pay variance at Month 10 is an underspend of **£2.471m**.

Non-pay Costs

8. The overall non-pay position at Month 10 is an overspend of **£1.972m**. In addition, for reporting purposes Depreciation, Impairment and interest is excluded from the above figure, overspend of **£0.264m**, hence the total overspend to budget of **£2.236m**.

Savings

9. As above, the 2025/26 financial plan identifies that a minimum of **£8.500m** of planned savings (including Income generation) are required to achieve financial balance in 2025/26, this equates to c2.7% of the Trusts discretionary income. Of this, **£6.225m** is recurrent and **£2.275m** is currently deemed non recurrent.
10. Month 10 in month performance was, plan of £0.693m and £0.684m achieved, therefore an underachievement of £0.009m (recurrent underachievement of £0.086m and non-recurrent overachievement of £0.078m), as per the below table.



	Annual Plan £000	In Month			Cumulative			Forecast		
		Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Recurrent Schemes / Themes	6,225	503	417	-86	5,159	4,871	-288	6,225	5,869	-356
Non Recurrent Schemes / Themes	2,275	190	267	78	1,896	2,305	409	2,275	2,631	356
Overall Total	8,500	693	684	-9	7,055	7,176	121	8,500	8,500	0

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

11. The split between savings, net income generation and accountancy gains as at month 10 is shown on the below table.

	Annual Plan £000	In Month			Cumulative			Forecast		
		Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Savings (Cash releasing and Cost Avoidance)	8,350	664	680	16	6,963	7,134	171	8,350	8,450	100
Net Income Generation	150	29	4	-25	92	42	-50	150	50	-100
Accountancy Gains	0	0	0	0	0	0	0	0	0	0
Overall Total	8,500	693	684	-9	7,055	7,176	121	8,500	8,500	0

12. **Appendix 1** provides the overall detail for Month 10 by theme. This is now further split over recurring and non-recurring schemes

Financial Performance by Directorate

13. Whilst there is an overall year to date surplus reported at Month 10, 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. Some of this is driven by staffing vacancies. These are fairly minor in nature, but they will be continued to be closely monitored.

Financial position by Directorate @ 31st January	Annual Budget £000	Year to date			
		Budget £000	Actual £000	Variance £000	Tolerance 5% %
Directorate					
Operations Directorate	222,426	185,067	183,345	-1,722	-0.9%
Chief Executive Directorate	2,188	1,847	1,861	14	0.7%
Board Secretary	731	608	606	-2	-0.3%
Partnerships & Engagement Directorate	656	508	489	-20	-3.9%
Finance and Corporate Resources Directorate	37,703	30,844	31,504	660	2.1%
Planning and Performance Directorate	3,164	2,494	2,398	-96	-3.8%
Quality, Safety and Patient Experience Directorate	7,771	6,416	6,268	-148	-2.3%
Digital Directorate	16,345	12,332	12,341	9	0.1%
People and Culture	6,503	5,306	4,951	-356	-6.7%
Medical & Clinical Services Directorate	6,524	5,244	5,225	-18	-0.3%
Trust Reserves	753	337	920	583	172.8%
Trust Income (mainly JCC)	-304,764	-251,003	-250,045	958	0.4%
Overall Trust Position	0	0	-137	-137	

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



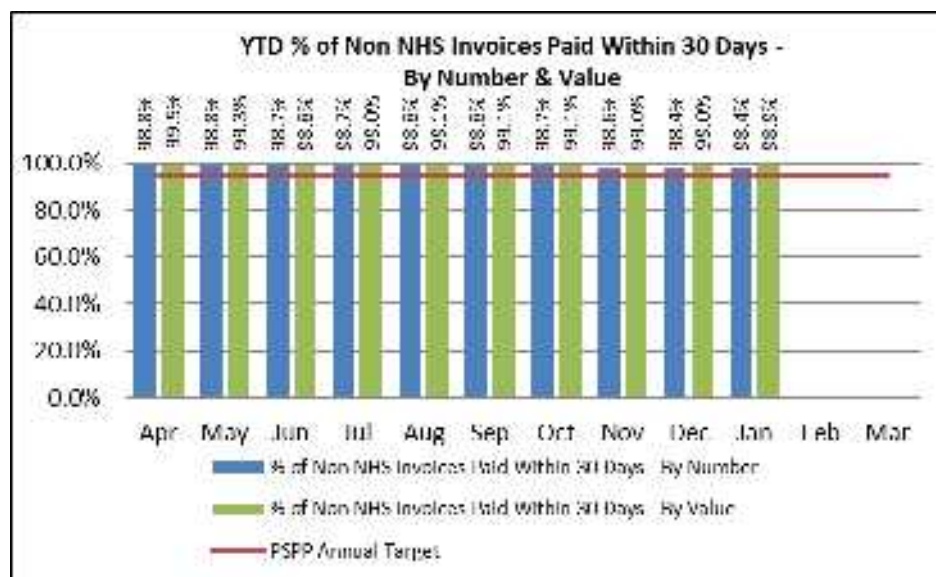
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- Most directorates are either underspending or broadly in line with budget plan for Month 10 except for Trust reserves and Finance and Corporate Resources. It is through these areas that the previously highlighted main drivers of the current YTD position are reported, as follows:
- Core budgets set for Finance and Corporate Resources at the 2025/26 financial year were balanced, following the reversal of the WRP assumptions the non-pay is currently overspent due to the following areas:
 - Interest receivable has been lower in year to date due to a reduction in rate from plan and also lower cash balances during the year.
 - General losses and special payments have been higher than budgeted
- Trust reserves due to rebasing some balance sheet provisions from 2024/25 for annual leave sold.

PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

15. Public Sector Payment Policy (PSPP) compliance to Month 10 was **98.4%** against the **95%** WG target set for non-NHS invoices by number and **98.9%** by value.



2025-26 CAPITAL PROGRAMME

16. At Month 10, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2025/26 is **£32.326m**. This includes **£26.378m** of All Wales Approved schemes and **£5.948m** for Discretionary schemes.
17. There is no suggestion at this stage of the financial year that this value will not be spent in full, however as experienced in prior years as we approach the end of the financial year, schemes do start reporting movements in their year-end forecast, at



the end of month 10 there was circa £0.500m of forecasted slippage or underspend against initially allocated budgets, work is ongoing with scheme managers to understand these. These movements will allow the Trust to accelerate expenditure against pre-approved schemes i.e. the 26-27 fleet BJC to allow the Trust to advance purchase items which are funded out of the 26-27 Capital expenditure Limit and thus be repaid via internal brokerage to the schemes which have experienced delays, this will be managed through the various committees and teams to ensure governance.

	Actual £'000	Plan £'000
All Wales Capital Programme:		
Schemes:		
ESMCP - Control Room Solutions	94	421
MDVS	0	72
Special Operational Response Teams (SORT) Enhancement Equipment	2	290
Welsh Ambulance Services NHS Trust – Vehicle Replacement Programme – 2025-26	6,757	22,452
TEF - Infrastructure	80	300
TEF - Decarbonisation	348	707
Replacement PC/Laptops, Server & Switch upgrades - End of Year Digital funding 2025-26	0	550
EA Chassis 26-27 - End of Year funding 2025-26	0	1,290
Voice Conference & Voice Recorders Upgrade - End of Year Digital Funding 2025-26	0	296
Sub Total	7,280	26,378
Discretionary:		
I.T.	581	1,149
Equipment	150	250
Statutory Compliance	0	0
Estates	1,038	4,350
Other	30	180
Unallocated Discretionary Capital	0	19
Sub Total	1,799	5,948
Total	9,079	32,326
Less NBV reinvested		
Total Funding from WG	9,079	32,326

RISKS AND ASSUMPTIONS

18. The risks have been reviewed in detail and given the current reported forecasted position and the remaining weeks to the end of the financial year, the detailed review has allowed the Trust to remove the risks previously included in month 9.
19. As noted in prior months, the risk related to the costs associated with the Manchester Arena Inquiry, and subsequent recommendations, both Capital and Revenue costs have been identified and if this recommendation is to be taken



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forward additional funding/savings would be required in order to deliver, however the risks to the services are much more than financial.

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

RECOMMENDATION

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

NEXT STEPS

22. Monitor the ongoing revenue and capital position over the remaining months of the year, linking in with key stakeholders, to ensure delivery to plan.
23. Continue to closely monitor risks and ensure plans are developed to ensure the Trust can meet its statutory duties.



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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.

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Savings Performance by Theme 25-26

Reporting Month

10

	Annual	In Month			Cumulative			Forecast		
	Plan £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Apprentice Income	50	4	4	0	42	42	0	50	50	0
Balance Sheet Flexibility	200	0	0	0	150	50	-100	200	150	-50
Commercialisation Opportunities	100	25	0	-25	50	0	-50	100	0	-100
Disposals	250	35	35	0	180	180	0	250	250	0
End of Shift Overrun	100	7	7	0	85	83	-2	100	98	-2
Fuel	230	19	32	13	196	565	369	230	659	429
Interest Receivable	516	43	16	-27	430	165	-265	516	201	-315
Non Pay Local Schemes - Corporate	914	94	45	-49	727	607	-120	914	705	-209
Non Pay Local Schemes - Operations	650	54	49	-5	537	430	-107	650	541	-109
Pay Cost Management (Variable / Net Vacancies) - Operations	3,140	214	221	7	2,705	2,692	-13	3,140	3,140	0
Pay Vacancy Management - Corporate	2,275	190	267	78	1,896	2,305	409	2,275	2,631	356
Pay Vacancy Management - Corporate 25-26	75	8	8	0	58	58	0	75	75	0
Totals	8,500	693	684	-9	7,055	7,176	121	8,500	8,500	0

Savings Performance by Theme 25-26 - Recurrent

Reporting Month

10

	Annual	In Month			Cumulative			Forecast		
	Plan £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Apprentice Income	50	4	4	0	42	42	0	50	50	0
Balance Sheet Flexibility	200	0	0	0	150	50	-100	200	150	-50
Commercialisation Opportunities	100	25	0	-25	50	0	-50	100	0	-100
Disposals	250	35	35	0	180	180	0	250	250	0
End of Shift Overrun	100	7	7	0	85	83	-2	100	98	-2
Fuel	230	19	32	13	196	565	369	230	659	429
Interest Receivable	516	43	16	-27	430	165	-265	516	201	-315
Non Pay Local Schemes - Corporate	914	94	45	-49	727	607	-120	914	705	-209
Non Pay Local Schemes - Operations	650	54	49	-5	537	430	-107	650	541	-109
Pay Cost Management (Variable / Net Vacancies) - Operations	3,140	214	221	7	2,705	2,692	-13	3,140	3,140	0
Pay Vacancy Management - Corporate	0	0	0	0	0	0	0	0	0	0
Pay Vacancy Management - Corporate 25-26	75	8	8	0	58	58	0	75	75	0
Totals	6,225	503	417	-86	5,159	4,871	-288	6,225	5,869	-356

Savings Performance by Theme 25-26 - Non Recurrent

Reporting Month

10

	Annual	In Month			Cumulative			Forecast		
	Plan £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Apprentice Income	0	0	0	0	0	0	0	0	0	0
Balance Sheet Flexibility	0	0	0	0	0	0	0	0	0	0
Commercialisation Opportunities	0	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0	0
End of Shift Overrun	0	0	0	0	0	0	0	0	0	0
Fuel	0	0	0	0	0	0	0	0	0	0
Interest Receivable	0	0	0	0	0	0	0	0	0	0
Non Pay Local Schemes - Corporate	0	0	0	0	0	0	0	0	0	0
Non Pay Local Schemes - Operations	0	0	0	0	0	0	0	0	0	0
Pay Cost Management (Variable / Net Vacancies) - Operations	0	0	0	0	0	0	0	0	0	0
Pay Vacancy Management - Corporate	2,275	190	267	78	1,896	2,305	409	2,275	2,631	356
Pay Vacancy Management - Corporate 25-26	0	0	0	0	0	0	0	0	0	0
Totals	2,275	190	267	78	1,896	2,305	409	2,275	2,631	356

Please note figures are rounded to the nearest whole number



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Agenda Item No. 8

REPORT TITLE

Financial Sustainability Programme Governance Group Meeting Update

MEETING

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

REPORT SPONSOR

Executive sponsor	Carl Kneeshaw, Director of People Chris Turley, Executive Director of Finance & Corporate Resources Rachel Marsh, Executive Director of Strategy, Planning and Performance
Author(s) of report	Richard Baxter, Senior Project Manager Matt Dugdale, Head of Commercial Development

PURPOSE OF REPORT

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



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REPORT SUMMARY:

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

1. This paper outlines the current position of the Financial Sustainability Programme (FSP) and delivery intentions for 2025/26. It provides the Committee with an update on programme progress, financial performance, and future plans.
2. Since the last update in November 2025, the FSP has realigned its structure to a three-group model: Opportunities, Commercial, and Financial Planning. The programme has progressed engagement on Service Review implementation, developed the 2026 Supply X rollout plan, established a Commercial Steering Group, and continued work on improving idea-generation processes across the Trust.
3. **Financial Position** - The 2025/26 savings target is £8.5m, of which 73% is recurrent. Year-to-date performance at Month 10 shows a marginal in-month underachievement (£0.009m) but a cumulative overachievement of £0.121m. Overall, 84.4% of the annual plan has been delivered. Savings are weighted slightly more toward the latter part of the year.
4. **Savings Plan for 2026/27** - Planning for 2026/27 is well underway, with ELT and SLC engagement focusing on cost pressures, additionality needs, and the IMTP process. The Trust faces a £9m savings gap. A JCC uplift of £3.4m is assumed but remains under discussion. Directorates have been set indicative savings targets (5% for all directorates and a stretch target of 1.8% for Operations). Currently identified green-rated savings total £5.8m and have been themed for better oversight. Additional Trust-wide savings of £1.7m relate to vacancy management, travel and subsistence reduction, capitalisation, and reducing agency spend. A gap of approximately £1.5m still requires closure.
5. **Service Review** -The Service Review has progressed from analysis to implementation planning. Building on the assessment of more than 330 proposals across 50 service areas, a revised prioritised list of improvement opportunities has now been developed with each Director and Business Manager. These priorities reflect organisational value, deliverability, and potential financial impact. Directors are currently reviewing these proposals to finalise those that will proceed to implementation during 2026/27. An update on confirmed priorities and next steps will be provided at the next FSP Governance Group meeting.
6. **Commercial Development** - A Commercial Steering Group is now established to shape the Trust's commercial ambition. Engagement is ongoing with key stakeholders to refine the Commercial Plan. Work is progressing on sponsorship, partnership development, and applications development, including the creation of new roles to support income-generating initiatives. Recruitment for a Business Development Manager will shortly commence. The Call Prioritisation Streaming System (CPSS) proposal has experienced delays and is scheduled for a decision at the next CSG meeting.



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7. **Supply X** – Delivery of the Supply X Inventory Management System has continued to progress, with a structured and resource-intensive rollout programme agreed for 2026. This plan, developed jointly with NWSSP, focuses on implementing Supply X at sites with the highest stock value to maximise benefit realisation. To strengthen oversight, quarterly progress reports will now be submitted to the FSP Governance Group, with the Supply X Working Group continuing monthly meetings to monitor delivery, resolve issues, and maintain- programme momentum across all planned sites.
8. **Project Opportunities** - Work to align project opportunities with Trust-wide idea-generation processes is ongoing. Engagement with Quality teams continues to support the development of a single, streamlined pipeline that captures all improvement ideas, including those with financial and non-financial benefits. The Opportunities Group will oversee the evaluation and tracking of schemes, ensuring they align with the Commercial Plan and wider Trust priorities. SimplyDo will serve as the central platform for idea capture, supporting consistency, transparency, and governance across all project opportunities.
9. **Next Steps** - Key next steps include establishing a Cycle of Business for FSP and CSG, continuing savings modelling and agree delivery accountability structures along with Trust-wide communications. Alongside beginning forward planning for 2027/28, which may need to consider an organisational design approach.

RECOMMENDATION(S)

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

The Finance and Performance Committee is requested to:

1. Note the content of the paper.

ADDITIONAL PAPER(S)

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

No additional papers are suggested.



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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

☐ 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

Risk 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 & 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	



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APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
n/a	Strategic Transformation Programme Board (STB was stood down for the 9 March). Paper shared with Executive Leadership Team
n/a	Carl Kneeshaw, Director of People

1. SITUATION

1.1 This paper sets out the current position of the Financial Sustainability Programme and delivery intentions for 2025/26.

2. BACKGROUND

2.1 Following our last progress report in November 2025, changes to the Financial Sustainability Programme structure have taken place to support the programme delivery framework for 2025/26. This consists of a three-group model covering Opportunities, Commercial and Financial Planning.

2.2 The programme's work has continued to develop in the following areas:

- Engagement regarding the implementation of the Service Review recommendations with each Director and their Directorate Team.
- Creation of an implementation plan for 2026 for Supply X.
- Establishment of a Commercial Steering Group to develop and oversee the Commercial Plan for the Trust.
- Engagement on how the Trust can leverage project opportunities and establish a single process for ideas generated.

3. FINANCIAL POSITION

3.1 The overall savings target for 2025/26 is £8.5m, of which £6.225m (73%) is recurrent and £2.275m (27%) is non-recurrent. The 2024/25 savings target totalled £6.421m, with a split of approximately 57% recurrent and 43% non-recurrent. The increased proportion of recurrent savings in 2025/26 reflects the ambition to make savings more sustainable.

3.2 As of Month 10, performance was a plan of £0.693m and £0.684m was achieved so an underachievement of £0.009m. Cumulative YTD performance was plan of £7.055m and £7.176m achieved so a YTD over achievement of £0.121m.



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3.3 83% of the annual plan has been phased in YTD as at Month 10, which is slightly below the flatline position (83.33%), indicating that a greater proportion of savings is phased into future months. 84.4% of the 25/26 overall plan value of £8.5m has been achieved year to date.

4. ASSESSMENT

4.1 Savings Plan for 2026/27

4.2 There have been several sessions relating to the Savings Plan for 2026/27, including with the Executive Leadership Team (ELT) and the Senior Leadership Community (SLC). These sessions considered the additionality that if agreed would create cost pressures, mitigation options, and alignment with the IMTP process.

4.3 Current planning assumes £3.4m JCC funding (based on 1.1% uplift), though discussions with JCC are ongoing. Any changes in JCC decisions may impact the Trust's bottom-line savings position.

4.4 The funding gap for 2026/27 is around £9 million. This is the target to be addressed through savings and other mitigations. To address this savings gap, each directorate was set an initial savings target of 5%. The only exception is the Operations Directorate, which now has a stretched target of 1.8%.

4.5 Current 'green rated savings' totalling £5.8m have been identified which is equivalent to 1.9%. Directorates that have not yet identified specific savings are now required to turn these into realistic and achievable themes/schemes from just total overall values.

4.6 The £5.8m has been consolidated into themed areas (e.g. pay, non-pay, corporate savings etc) to allow consolidated tracking for 26/27.

4.7 WAST wide additional savings to close the gap totalling c£1.7m are being confirmed and themes include:

4.8 Increasing the vacancy target to 7% (on a recurrent basis, unlike previous non-recurrent plans).

- Reduction in travel and subsistence.
- Increased capitalisation of salaries to support capital programmes.
- Agency spend reduction.

4.9 A remaining savings gap of c.£1.5m for 2026/27 remains and will require further schemes to close. Directorates will need to continue to identify savings to the % values agreed.



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5. Service Review

5.1 As previously reported. The Service Review analysed more than 330 improvement proposals. The FSP Senior Project Manager has worked with each Director and Business Manager to identify and prioritise proposals for implementation based on organisational value and potential financial savings. A revised list has been developed, and Directors are currently reviewing these to ensure they represent the ideas the organisation is taking forward for implementation. A progress report will be discussed at the next FSP meeting.

6. Commercial Development

6.1 A Commercial Steering Group has been established and led by the Executive Director of Strategy, Planning, and Performance to define a clear commercial operating model and income forecast.

6.2 The Head of Commercial Development and Senior Project Manager are currently undertaking engagement activities with key stakeholders, including Commercial Steering Group members, Executive Leadership Team, Trade Union Partners and Finance and Performance Committee. An engagement plan is in place following the drafting of the Commercial Plan, with the aim of securing endorsement and wider feedback from across the Trust before final approval.

6.3 Work is also ongoing around Partnerships and Sponsorships with joint working between the Commercial Development team and the WAST Charity. This has focused on identifying sponsorship opportunities, alongside creating a Partner Relationships Management solution. This also links with work ongoing in the Corporate Governance Team to draft governance guidance around third-party sponsorship.

6.4 Applications Development work is now progressing following the approval of funding to create two new roles to support the development of this function and to deliver savings opportunities, including the creation of a new Enterprise Risk Management System.

6.5 Several induction meetings have also been undertaken around partnerships to look at opportunities for seeking external funding linking into our savings and investments plans.

6.6 Following approval of a Business Development Manager, work will shortly commence around the recruitment process. This role will look at areas including the development of commercial proposals, contract positioning, and commercial social value.



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6.7 The Call Prioritisation Streaming System (CPSS) proposal has not yet received full endorsement due to capacity constraints. It will be presented at the March Commercial Steering Group for consideration and decision.

7. Supply X

7.1 As previously reported, concerns have been raised regarding the Supply X rollout, which requires a resource-intensive approach. A rollout plan for 2026 has now been jointly developed between WAST and NHS Wales Shared Services Partnership (NWSSP) to prioritise implementation at stations holding the highest value of stock.

7.2 To strengthen oversight and ensure continued progress, the FSP Governance Group will receive quarterly updates from the Supply X Working Group. The Working Group will continue to meet monthly to monitor delivery, address emerging issues, and maintain momentum across the programme.

8. Project Opportunities

8.1 As previously reported, work is ongoing to align project opportunities with the Trust's idea generation processes, including collaboration with Quality teams to develop a single, streamlined pipeline. This approach will ensure all opportunities, including those delivering financial efficiencies, are consistently assessed and aligned to the Commercial Plan.

RECOMMENDATION

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

NEXT STEPS

1. To develop a Cycle of Business Proposal for the Financial Sustainability Programme Governance Group and the Commercial Steering Group.
2. Modelling of savings targets will continue, agreed plans are now subject to directorate-led quality impact assessments and, where appropriate, equality impact assessments. Communication and engagement with the organisation regarding the changes being undertaken is vital, and the approach will continue to be refined, including discussions with ELT on Operations targets; and this will be tracked via the Financial Sustainability Programme Governance Group.
3. Forward planning for 2027/28 and beyond will continue, including consideration of potential organisational design changes, future savings, and accountability structures.



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Agenda Item No.

9

REPORT TITLE

Internal Audit Report - Budget Setting 2025-26
Feedback from Audit, Risk and Assurance Committee 2 March

MEETING

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

REPORT SPONSOR

Executive sponsor	
Author(s) of report	AnnaMaria Williams, Corporate Governance Officer

PURPOSE OF REPORT

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



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REPORT SUMMARY:

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

1. The purpose of this paper is to provide the Finance & Performance Committee (F&PC) with an assurance update regarding how the Trust allocates resources to meet its agreed budget.
2. The review is being undertaken across five NHS Wales organisations and will enable comparison of financial planning and budget setting arrangements, as well as the identification of common themes and good practice.
3. Members at the Audit, Risk and Assurance Committee meeting on 2 March supported the conclusions of the audit and noted the strength of the organisation's financial management, including the consistent delivery of balanced budgets and stable performance in the year. The Committee highlighted the disciplined approach to budgeting, the close alignment between budgets and actuals, and the positive findings from the thematic review across NHS bodies.
4. Members sought clarification on the proximity to achieving substantial assurance and noted internal audit's confirmation that the Trust was at the upper end of reasonable assurance, with three medium priority findings preventing a higher rating.

RECOMMENDATION(S)

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

The Committee is requested to note and take assurance from the discussion at the meeting of the ARAC on 2 March 2026.

ADDITIONAL PAPER(S)

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

Annex 1 Budget Setting Final Internal Audit Report



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]		
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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
2 March 2026	Audit, Risk and Assurance Committee

Budget Setting

Final Internal Audit Report

2025/26

Welsh Ambulance Services University NHS Trust



Reasonable Assurance

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Review Reference

Fieldwork

Executive Sign Off

Audit Committee

Executive Lead

Audit Team

WAS-2526-04

October - December 2025

15 February 2026

2 March 2026

Chris Turley, Executive Director of Finance & Corporate Resources

Osian Lloyd, Head of Internal Audit; Felicity Quance, Deputy Head of Internal Audit



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Audit and Assurance Services



Executive Summary

Purpose

To review how the Trust allocates resources to meet its agreed budget. As the review is being undertaken across five NHS Wales organisations, it will enable comparison of financial planning and budget setting arrangements and the identification of common themes and good practice. A summary report will be produced once all reviews are completed.

Overview

Under the NHS Finances (Wales) Act 2014, local health boards and NHS trusts have a statutory duty to prepare a three-year Integrated Medium Term Plan (IMTP), which is updated annually, that sets out how they will comply with their financial break-even duties over a rolling three-year period.

The Well-being of Future Generations (Wales) Act 2015 set in law the need to consider the long-term strategic approach to deliver a better future, including within financial planning and budget setting. We note that the Welsh Ambulance Services University NHS Trust (the Trust) was required to comply with this Act for the first time from 30 June 2024.

The Trust’s Financial Plan (2025/26) was approved by the Board on 27 March 2025 prior to submitting for approval by Welsh Government in accordance with the timelines set. The Plan assumed a 1.77% uplift in funding from health boards, who provide the main funding to the Trust, and required significant savings of £8.5m to achieve a break-even position. At Month 7 (October 2025), the Trust is currently forecasting to breakeven by the 2025/26 financial year end and to achieve its £8.5m savings.

Our audit focused on the budget setting and financial planning arrangements for 2025/26. A separate detailed internal audit review of the development of the Integrated Medium-Term Plan (IMTP), which encompassed some financial aspects, concluded substantial assurance (issued: October 2025).

We have concluded reasonable assurance on this area. The Trust has consistently demonstrated sound financial planning arrangements, presenting a 2025/26 Financial Plan that met its statutory financial duty to achieve break-even, outlined key assumptions and risks, and ensured there was sufficient oversight of the Plan’s development. The matters requiring management attention include:

- Improvements are required in the application of the contingency process to ensure there is consistent use and appropriate oversight of decisions.
- Enhancing the current financial training provision and monitoring of requirements to provide assurance that all budget holders are proficient.
- Ensuring that accountability letters are fully completed and signed to comply with the Standing Financial Instructions (SFIs).

Full details of matters arising are detailed within the Findings & Agreed Action Plan. For management information, we have highlighted that the Trust should consider the benefits of extending its use of zero-based budgeting to other areas where it is not currently applied. This represents an opportunity for enhancement and does not impact the overall opinion.

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	The Trust has an appropriate financial planning approach that aligns the key organisational priorities, available resources and Welsh Government’s requirements.	-	Substantial
2	There is clear and robust challenge of the Financial Plan, its assumptions and associated risks by senior management, the Board and its committees, and Welsh Government.	1	Reasonable

3	Budget holders are effectively engaged at an early stage and supported throughout the budget setting process, and the Trust has sufficient internal resources, skills and systems to enable effective budget planning.	2	Reasonable
4	Roles, responsibilities and the arrangements for budget setting are clearly set out within the Accountability Letter and up to date policies and procedures.	2, 3	Reasonable
5	Effective processes are in place within the Directorates in the setting, delegation, amendment and approval of budgets, ensuring transparency and accountability.	3	Reasonable

Management Actions

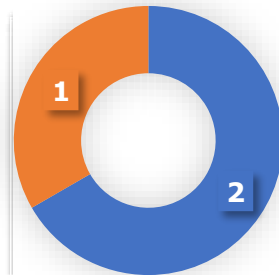


High Priority



Medium Priority

Themes



- Finance Management & Control
- Training & Development

Risk Types

Financial Loss
Public Perception & Reputational Risk

Findings & Agreed Action Plan

Objective 1: The Trust has an appropriate financial planning approach that aligns the key organisational priorities, available resources and Welsh Government’s requirements	Substantial

The Trust has consistently demonstrated robust financial planning arrangements, achieving its statutory financial duty to achieve break-even. Reporting to Trust Board (March 2025) noted that, *“there was confidence in delivering around £6.5 million of the required savings, with ongoing work to identify the remaining £2 million”*. Further reporting to Finance and Performance Committee (FPC) in July 2025 highlighted that £6.225m of recurrent savings had been identified and £2.275m were deemed non-recurrent. At Month 8 (November 2025), the Trust was forecasting a breakeven position for the 2025/26 financial year end, and that it will deliver the £8.5m savings target.

Audit Wales noted in its Annual Audit report (February 2025) that, *“the Trust has a good understanding of its cost drivers, which include pay, utilities, and service pressures. It makes appropriate use of data from various sources to identify cost-saving opportunities, such as internal reviews and benchmarking. Planning for savings is improving, with a focus on both efficiencies and income generation. The Trust uses a risk-based process to select its cost improvement schemes.”*

Finance remains responsive to the pace and scale of transformational activity, including the Clinical Model Transformation Programme, providing timely costings and support as required.

Financial planning is aligned with the IMTP development process, where a structured project management approach is undertaken. We recently reported on this in our IMTP Development Process audit (report issued October 2025, substantial assurance). This approach ensures that funding is prioritised and allocated to key IMTP deliverables through the MoSCoW (Must have, Should have, Could have, Will not have right now) technique, and that there is involvement from Executive Leadership Team (ELT) and directorate leads in determining key IMTP funding requirements.

There is a clear budget timetable to support delivery of key milestones within the financial planning process. For the 2025/26 financial year, this commenced in November 2024 and included completing the first draft of high-level income requirements for directorates by early December; addressing the savings gap and issuing budget upload files and savings information to budget holders by 28 February; and presenting the Financial Plan to the FPC (18 March 2025) and Board (27 March 2025). This enabled timely submission of the Trust’s IMTP, which included the Financial Plan as an appendix, to Welsh Government by the required deadline of 31 March 2025; with formal approval received on 30 June 2025.

The Trust remains at Level 1 (Routine Arrangements) within the NHS Wales Oversight and Escalation Framework and meets annually with Welsh Government to outline its forthcoming financial plan and associated risks. The 2025/26 Financial Plan confirms that, *“the accompanying financial tables and MDS [Minimum Data Set] has been produced in line with the guidance received,”* and reflects Welsh Government’s minimum 2% savings requirement.

Welsh Government issued its Planning Guidance to the Trust Chief Executive on 20 December 2024 and health boards received their allocation letters for the 2025/26 financial year on 20 December 2024. Whilst the letter does not directly confirm funding for the Trust, it formed the basis of financial planning assumptions including that 1.77% growth funding provided to health boards would be passed through to the Trust in full, as detailed in the allocation letter.

Objective 2: There is clear and robust challenge of the Financial Plan, its assumptions and associated risks by senior management, the Board and its committees, and Welsh Government.

Reasonable

Assumptions

Financial assumptions are clearly documented and reported through established governance processes, utilising the Welsh Government guidance and other information available during the planning period. The 2025/26 Financial Plan assumed delivery of up to £8.5m in savings, efficiencies, and cost management, and that the Trust would have full receipt of funding and was underpinned by some externally driven assumptions, including that Welsh Government would fund the costs of the increase in Employer's National Insurance contributions and the forecasted Welsh Risk Pool (WRP) costs as part of the NHS Wales risk-share agreement.

In June 2025, it was confirmed that the National Insurance increase (estimated at £4.69m) would not be fully funded due to a UK Treasury shortfall, limiting the Trust's eligible claim to £3.540m. Additionally, WRP costs rose by approximately £0.9m above forecast. In July 2025, the Board and FPC were advised of these changes, noting a Month 3 year-to-date revenue deficit of £197k. Despite these emerging pressures, the Trust improved its position through targeted actions, including reducing variable pay and lowering sickness absence rates, although the risk of not achieving financial balance remains.

Scenario Planning

Scenario planning is undertaken to support a balanced financial plan and to manage potential risks. Examples provided for 2025/26, included modelling of assumed growth levels and, separately, the financial impact of re-banding Emergency Medical Technicians (EMT). Two scenarios were developed, funded and unfunded, with the latter resulting in a potential £2m deficit (assuming no growth) and requiring an increased savings target of £8.5m to achieve balance.

Contingency and Reserves

The Trust holds an annual £1m contingency budget to manage unforeseen cost pressures, such as winter planning. This is funded recurrently or through increasing savings targets and is reported monthly via internal finance briefings. At Month 7 (2025/26), £502,395 remained uncommitted, with a further £260k committed. The Trust has recognised that the process needs enhancing to demonstrate clear scrutiny and oversight of its application (see **Key Finding 1**).

Reserves are retained centrally and allocated to directorate budgets when IMTP planned developments commence. Regular FPC reporting provides visibility of the Trust's reserves position, which at Month 7 showed a variance of £197k (55.5% above the 5% tolerance for variances), attributed to rebasing 2024/25 balance sheet provisions for annual leave sold.

Governance

An appropriate governance framework is in place which has allowed opportunity for scrutiny of the financial plan. Approximately 90% of the Trust's funding is provided through the NHS Wales Joint Commissioning Committee's (NWJCC) commissioning intentions. We note that the NWJCC is still developing its governance framework, and that formal meeting minutes or papers are not yet available to reflect the monthly updates provided. However, the IMTP submission to Welsh Government was accompanied by a letter of support from the commissioners, noting the Trust's intention to breakeven during the 2025-26 financial year, but that this was not without risk and contingent on delivering a significant cost reduction programme.

We note that Trust senior management were actively engaged in the development of the Financial Plan through participation in workshops and events held between October 2024 and February 2025, linked to both the IMTP and financial planning processes, to assist with prioritisation of funding requirements. Updates were provided at Executive Finance Group (EFG) and Executive Leadership Team (ELT).

Our IMTP Development Process audit highlighted that an early draft of the IMTP was originally intended for Non-Executive Directors (NEDs) by the end of January 2025, but in practice, reporting occurred in early March 2025 following a decision not to share an incomplete draft. We have been unable to ascertain when an early draft version of the Financial Plan was shared with the NEDs. Despite this, Trust Board and FPC received regular updates of the Plan's development and in line with the agreed timeline. The Plan was presented to FPC on 18 March 2025, and the Trust Board formally approved the IMTP and its appendices, including the Financial Plan, on 27 March 2025. The NEDs acknowledged the ambitious and potentially transformational nature of the Plan, and the potential impact on service delivery and patient safety, given the efficiency targets of £8.5 million and the risks linked to any additional savings that may be requested by the NWJCC.

Key Findings		Risk & Impact	Agreed Management Action
1	Contingency Budget The Trust maintains a £1m contingency provision; however, the governance arrangements over its application require strengthening to ensure sufficient scrutiny and oversight. Requests for contingency funding are submitted to either the Executive Finance Group (EFG) or Executive Leadership Team (ELT), but formal approval of these allocations could not be clearly demonstrated, despite the Trust strengthening the governance arrangements around the utilisation of funds in August 2025. Although the contingency is referenced in the Financial Plan and reported annually to the Board, greater oversight of its deployment is needed. This should include alignment with the reporting of Trust reserves, and ensuring any significant change to its value is supported by documented rationale.	Without clear and consistently documented scrutiny and approval of contingency allocations, funds may be used inconsistently or without full transparency.	Agreed Action: Management will formalise and document a clear process for approving and recording contingency budget allocations via the Executive Director of Finance & Corporate Services as its Budget Holder. This will include using a standard request/approval record and ensuring decisions are consistently reported within its monthly internal governance finance reports.
		Medium Priority	Expected Evidence of Implementation: - Standardised contingency request/approval record. - Summary included within current internal governance finance reports.
	Theme: Finance Management & Control	Control Design	Officer: Jason Collins, Head of Financial Management Target Implementation Date: 31 July 2026

Objective 3: Budget holders are effectively engaged at an early stage and supported throughout the budget setting process, and the Trust has sufficient internal resources, skills and systems to enable effective budget planning

Reasonable

The internal audit review of Savings and Efficiencies (report issued May 2023 – Reasonable Assurance) highlighted the need for all budget holders to receive formal financial training. Similarly, the Audit Wales review of Cost Savings Arrangements (August 2024) noted the need to strengthen financial literacy and competencies across all staff levels within the Trust to support financial sustainability.

Action has been taken to improve the financial awareness of budget holders through the provision of presentations, verbal guidance, and emailed resources, e.g. Budget Manual and Delegated Budget Holder expectations. However, no recent formal training has been provided, particularly for new budget holders (see **Key Finding 2**). We note, however, that the Finance Academy is working with NHS organisations to enhance training provision nationally. Finance training materials are available on Siren, though content would benefit from a review (see **Key Finding 2**).

Budget holders benefit from access to the QlikSense dashboard through the NHS Wales national programme, which alleviates the need for issuing monthly budgetary reports and enables real-time financial visibility. However, dashboard training and ongoing support could not be evidenced, and there is no routine oversight to ensure the tool is being utilised effectively (see **Key Finding 2**). Routine monitoring of dashboard usage would help target support and reduce reliance on manual budget reports.

Despite these gaps, Finance maintains strong internal engagement practices, within the financial planning stage (see Objective 1). Directorate-level support is well embedded during the budget setting process, including Finance representation at senior leadership team meetings and providing informal weekly financial updates. Evidence was provided of examples where budget holders were formally notified of their budgets. Discussions with a sample of budget holders (see details in *Objective 5*) expressed their appreciation for the support and guidance provided by Finance.

We recognise that budget holders will have competing priorities, including the Clinical Model Transformation Programme, which places additional operational pressures on managers as well needing to prioritise service delivery, and their capacity could impact their level of engagement in the budget-setting process for 2026/27.

Key Findings		Risk & Impact	Agreed Management Action
2	Financial Training Provision Both the Standing Financial Instructions (SFIs) and the Budget Manual reinforce the requirement that budget holders receive ongoing training. However, no recent structured financial training has been delivered, and there is no evidence confirming budget holders' competency. Where resources are emailed to budget holders, only 40% of 122 budget holders have completed a Microsoft Form to confirm their understanding. Some finance training resources were not available on Siren, and the Budget Manual is located under 'Meet the Teams-	Insufficient financial training and lack of competency assurance may lead to inconsistent budget management and reduced compliance with SFIs, weakening financial control and	Agreed Action: Management will: • Update and centralise training materials on Siren. • Introduce routine monitoring of QlikSense usage to target support. • Records should be maintained to confirm where financial training has been provided. • Explore development of training across NHS Wales, perhaps by the Finance Academy.

Key Findings		Risk & Impact	Agreed Management Action
Financial Management’ rather than ‘Training/ Guides/ Procedures’, limiting accessibility. While 92 users have received QlikSense dashboard training, only 45% have accessed the system over a 90-day period (July – October 2025).		increasing the risk of errors.	Expected Evidence of Implementation: • Updated and accessible training materials on Siren. • Training records confirming completion by all budget holders. • QlikSense usage monitoring reports and evidence of follow-up support.
		Medium Priority	Officer: Jason Collins, Head of Financial Management
Theme: Training & Development		Control Design	Target Implementation Date: 31 December 2026

Objective 4: Roles and responsibilities and the arrangements for budget setting are clearly set out within the Accountability Letter and up to date policies and procedures.

Reasonable

Roles and responsibilities are clearly documented within the SFIs (approved September 2025) and align with the NHS Wales model. The Budget Manual (2025/26), which is updated annually, and the '*Budget Holder Training Setting Expectations*' material, also outline key responsibilities and arrangements for budget setting and delegation. Both resources are distributed as part of the budget holder training pack, although, as noted in **Key Finding 2**, there is an opportunity to improve their accessibility on Siren.

The budget timetable outlined that budget books were due to be approved by Executive Directors by 30 May 2025. However, we note the accountability meetings between the Chief Executive, Director of Finance, and Executive Directors had to be extended into July due to scheduling challenges. We are not aware that this delay had a significant impact on the overall budget process. Given that the financial outlook for 2026/27 is expected to be more challenging, it will be increasingly important for the Trust to meet this deadline in future.

Clause 5.2.1 of the SFIs states that, "*the Chief Executive may delegate, via the Executive Director of Finance and Corporate Resources, the management of a budget to permit the performance of a defined range of activities, including pooled budget arrangements under Regulations made in accordance with section 33 of the National Health Service (Wales) Act 2006 (c. 42). This delegation must be in writing, in the form of a letter of accountability, and be accompanied by a clear definition of: a) The amount of the budget; b) The purpose(s) of each budget heading; c) Individual or committee responsibilities; d) Arrangements during periods of absence; e) Authority to exercise virement; f) Achievement of planned levels of service; and g) The provision of regular reports. The budget holder must sign the accountability letter formally delegating the budget.*" The Budget Manual reinforces this requirement.

There is strong engagement at Executive Director level in reviewing budgetary priorities and associated risks, and the delegation process is understood. However, it lacks formal written accountability that has been seen at other NHS organisations, which presents an opportunity to strengthen existing arrangements to ensure compliance with the SFIs and Budget Manual and provide clearer assurance over budget accountability (see **Key Finding 3**).

Key Findings	Risk & Impact	Agreed Management Action
3 Strengthening the Formal Budget Accountability Budget books are issued to Executive Directors and reviewed through face-to-face meetings, with agreement confirmed by email. However, this confirmation relates to meeting notes rather than a formal accountability statement. Similarly, there is no evidence of written delegation from Executive Directors to budget holders within their directorates (see Objective 5).	Unclear accountability increases the risk of inconsistent budget management and non-compliance with the SFIs and Budget Manual, reducing assurance that budget responsibilities are fully understood and applied.	Agreed Action: The Trust will introduce formal written budget-delegation arrangements at both Executive Director and budget-holder level, ensuring documentation aligns with the requirements of the SFIs and Budget Manual to confirm budget accountability. Expected Evidence of Implementation: - Signed budget accountability for all Executive Directors. - Signed budget delegation within each directorate. - Confirmation that the process has been embedded in the annual budget timetable.

Key Findings		Risk & Impact	Agreed Management Action
		Medium Priority	Officer: Jason Collins, Head of Financial Management
	Theme: Finance Management & Control	Control Operation	Target Implementation Date: 31 July 2026 (Executive Director sign-off); 31 August 2026 (all other budget holders)

Objective 5: Effective processes are in place within the Directorates in the setting, delegation, amendment, and approval of budgets, ensuring transparency and accountability.

Reasonable

Budget Setting

The Trust's budget-setting process is evolving from traditional incremental budgeting towards a combined bottom-up and top-down approach, ensuring greater ownership and accountability among managers. While budgets need to be set within forecasted income levels, we were advised that zero-based budgeting has been adopted in some areas to ensure resources are allocated more effectively. We note that the Digital Directorate has utilised it, but that Operations has not yet had the opportunity to consider its use (see the suggested enhancement noted in the Executive Summary).

Budget setting usually begins in November, initially focussing on income before taking account of pay and non-pay costs. For 2025/26, draft budgets were shared by the end of February 2025 and uploaded into the financial system during April, in line with the agreed budget timetable. Their upload process is comprehensive, with budgets journals reconciled to control totals for the financial year. We were advised that budget amendments are permitted if funding is received or to take account of service restructures.

Budget Delegation and Approvals

The Scheme of Reservation and Delegation of Powers (Schedule 1) details that (p40), *"unless otherwise stated, sub-delegations to others are permitted. It is for individual Directors to ensure that a system of sub-delegations is in place for their respective directorates. This scheme only relates to matters delegated by the Board to the Chief Executive and their Executive Directors, together with certain other specific matters referred to in SFIs. Each Executive Director is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated."*

Similarly, Clause 5.2.6 of the SFIs details that, *"all budget holders will sign up to their allocated budgets at the commencement of the financial year."* Our testing of two directorates (Operations and Digital Services directorates) highlighted an opportunity to strengthen documentation of formal delegation approval from Executive Directors to budget holders (see **Key Finding 3**).

Delegated financial limits are clearly defined within Schedule 1, and the receipt of an authorised signatory form prompts the configuration of these limits within the Oracle finance system. Testing of four directorates (Operations, Digital Services, Strategy, Planning and Performance, and Quality, Safety and Patient Experience) confirmed that while there was some variation in how delegated limits are applied, the limits were consistent with that detailed in Schedule 1 and aligned to the authorised signatory form.

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.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Welsh Ambulance Services University NHS Trust and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

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.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Welsh Ambulance Services University NHS Trust. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.





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Agenda Item No.

10

REPORT TITLE

Integrated Medium Term Plan (IMTP) 2025/26 Delivery Update (Mid-point Q4)

MEETING

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

REPORT SPONSOR

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

PURPOSE OF REPORT

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



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REPORT SUMMARY:

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

1. The purpose of this paper is to provide the committee with a progress update and assurance on the 2025/26 quarter 4 (Q4) IMTP deliverables mid-point position. The Clinical Model Transformation (CMT) programme continues to deliver strong progress and awarded 'reasonable assurance' following an internal audit, which is commendable achievement given the breadth and complexity of the transformation programme.
2. A full end of year progress update will be provided on the directorate deliverables following completion of the quarter 4 reporting period. This paper therefore provides the committee with a further update and assurance on the deliverables reported as off-track (red) in the Q3 progress, with a mid-point Q4 update following further consideration by the Strategic Transformation Board (STB) in Jan-26.

RECOMMENDATION(S)

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

The Committee is asked to **NOTE** progress reported against the 2025/26 IMTP deliverables for the mid-point quarter 4 position (covering CMT & Directorate level reported deliverables)

ADDITIONAL PAPER(S)

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

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

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
20 January 2026	Finance & Performance Committee



SITUATION

1. The purpose of this paper is to provide the committee with a progress update on the mid-quarter 4 position to deliver the 2025/26 IMTP deliverables.

BACKGROUND

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

ASSESSMENT

3. This report provides a mid-point Q4 position on progress against our Clinical Model Transformation (CMT) Programme providing key progress reported to the CMT Board on the 23 February.

Clinical Model Transformation (CMT) Mid-Q4 Progress Report

4. The Clinical Model Transformation (CMT) Programme continues to progress in line with its strategic ambition to transition to an integrated, clinically led Clinical Services Model.
5. Development of the programme's foundational documents is nearing completion following the endorsement of the **CMT Programme Benefits Realisation Plan** at CMT Board in Jan-26. This document was subsequently presented for approval at STB later in the month.
6. Ongoing review and management of the **Benefits Realisation Plan** now falls under the remit of the **Benefits Realisation Steering Group**. The Terms of Reference were presented to CMT and approved pending minor amendments, and the group will be initiated from mid-March onwards.
7. **Progress** continues in demonstrating identified **benefits**, with all five workstream scorecards approved alongside the programme scorecards. Refinement is ongoing and IDS are now tasked with developing the PowerBI dashboards. A **workshop** is due to be held in early April to identify and prioritise key interventions with senior stakeholders.



8. In developing our Programme Vision, work remains ongoing on the development of **Patient Personas**. These personas were presented to Clinical Advisory Group for review and onwards to both CMT Board in Dec-26 and Jan-26 for discussion. Further work is required on the inclusion of additional personas.
9. Work has begun in Jan-26 on **Programme Leadership Behaviours**. This is a collaborative effort with the Change Management team to develop role profiles for each of our programme leads via training and engagement. Change Management training is due to take place in early March 2026.
10. CMT programme deliverables and narrative have been submitted for inclusion in early drafts of the IMTP, including detailed milestones against each agreed deliverable. A prioritisation session at the beginning of the year has seen the number of CMT deliverables cut to ten.
11. The **CMT Audit** was completed and a final report received in mid-January. The CMT Programme received **reasonable assurance**, which considering the scale of the work was a satisfactory outcome. The management actions received are all reasonable and achievable and progress will be reporting via the programme update into CMT Board.
12. The table below provides a high-level summary of **progress against each CMT work stream** and further detail can be provided to the Finance and Performance Committee on request.

Table 1: Overview of the CMT Q4 Highlight report

Workstream/Enabling Group		RAG	Notes
Digital Front-End		Yellow	On Track (cautionary status): Downward trend to note the issue regarding capacity. No impact noted on Digital Front End, however this is being closely monitored.
Remote Integrated Care		Yellow	On Track (cautionary status): Upward trend due to mitigated issues surrounding Go Live of RICS on the 21 st April.
Urgent Community Response		Yellow	On Track (cautionary status): No change. Status due to requirement of APP Scheduling mitigations.
Emergency Response	Call Flow and Prioritisation	Green	On Track: No change
	Out of Hospital Cardiac Arrest	Green	On Track: No change
Health Transport		Amber	Off Track; MIS-Cleric interface issues remain
CMT Metrics		Closed	On Track (cautionary status): Upwards trend. Closed and outstanding items transferred to Benefits Realisation Steering Group.
Change Management		Yellow	On Track (cautionary status): no change
Partnerships & Engagement		Green	On Track: No change
CMT Benefits Realisation Steering Group		Not Started	First meeting March 24 th 2026.



Directorate led IMTP Deliverables

13. As part of the planning process for the 2026-29 IMTP, work has continued at pace to develop the IMTP deliverables for next year's plan. This work has been undertaken in collaboration with all directorates to ensure an integrated and co-ordinated approach to agree the organisations key priorities for the next three years. This work has been informed by the organisational principle of 'consolidating' the number of deliverables and has seen a reduction from the 160 deliverables outlined in the current plan (across the three-year planning period) to 47 in next year's plan. Further detail on next year's plan and key IMTP deliverables is included in a separate IMTP paper submitted to the committee.
14. Recognising that the timing of the FPC committee falls within the quarter 4 delivery period and papers are required for submission on the 6 March, work is continuing to implement the 2025/26 IMTP deliverables up to the end of March. This report therefore does not provide a mid-point progress update against all of the directorate level deliverables as this would have duplicated the end of year (Q4 reporting) planned to take place in April after the full completion of the quarter four reporting period.
15. This paper therefore provides the committee with an update against the six 'red' reported deliverables in the Q3 report, following further discussion in STB on the 26 January.
16. The committee will receive a full end of year (Q4 report) to confirm the final delivery status and progress against all of the 25/26 directorate led deliverables along with a detailed audit track of the prioritisation and decision making that has informed the refresh of 2026/27 IMTP deliverables that are included in next year's plan.
17. For reference the table overleaf provides a summary of the reported RAG status for all of the directorate led IMTP deliverables (25/26).



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

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

18. A total of six IMTP deliverables were reported as 'Red' for the Q3 position, and the table below provides a more detailed assessment of progress and mitigation following further consideration by the Strategic Transformation Board (STB) in Jan-2026.

Table 3: Overview of the Q3 IMTP deliverables (reported RED)

IMTP Deliverables	RAG	Delivery Confidence	Progress Update
EMS & NEPTS CAD replacements – business cases written (Q2 – Q3)	Red	Low	This work has been delayed to capacity and requirement for technical expertise to support the scoping and development of the preferred CAD solution. A cost pressure proposal was submitted as part of IMTP development for 2026/27. This was not formally supported; however, funding is being explored within directorate level budgets. This work has been prioritised as an IMTP deliverable for 2026/27 and will roll forward. 2026/27 IMTP Deliverable ref. 30 – 'Develop key requirements and appraisal of options for the EMS, 111 and NEPTs CAD replacement, including strategic direction').
Updated health inequalities maturity matrix for reducing completed by end Q1	Red	Low	The requirement to update the health inequalities maturity matrix has been superseded by the Health Impact Assessment (HIA) regulations passed in Nov-25, with detailed guidance released in Feb-26. Work is now required to develop our response to the regulations to fully understand our role in health inequalities and how the HIA will be delivered and in



			alignment to other impact assessments (e.g. Quality Impact Assessments). This work will need to be completed by Apr-27 to fully embed and operationalise the HIAs across the organisation. This work will therefore roll over into 2026/27 as a directorate led action.
Draft Population Health Plan approved in Q1	Red	Low	Updated provided to Quest Committee (3rd Feb). Population health remains a key commitment for the trust, however due to capacity challenges (in part aligned to the organisation prioritisation the APF and CMT and loss of specialist resources) the anticipated progress against the population health plan has not been achieved. The Trust has continued to work with Public Health Wales and has revised the placement opportunity for a Public Health Specialist Registrar to join WAST. It is hoped that by creating a joint placement between Public Health Wales or a Health Board and WAST, the opportunity might create greater interest in 2026 and subsequently offer specialist support to exploit the opportunities identified in the Baseline Report completed in 2025. This work will roll over into 2026/27 as part of directorate level plans.
'Always On' and Duty of Quality Reporting will be delivered by end of Q4	Red	Low	Duty of Quality reporting will be completed (as per the annual reporting requirements) by the end of Q4. The 'Always On' reporting aspect remains off track and will roll over into Q1 and picked up as a directorate level deliverable. Two key areas of development in progress: (1) External dashboard and metrics require further development by IDS (this has been delayed due to prioritisation of key priorities aligned to the Ambulance Performance Framework and Clinical Model Transformation (rolled over to Q1 26/27). (2) Work required by quality governance team to develop a more patient friendly 'story telling', delayed due to internal team capacity (rolled over to Q1 26/27)



Estates SOP will be reviewed in context of AWC funding by end Q3 (includes consideration of AWC schemes e.g. Swansea)	Red	Low	Current Estate SOP runs from 2018 – 2028. The capital position from Welsh Government for 2026/27 is challenging with no pipeline for additional funding anticipated. There is therefore no immediate requirement to update the Estates SOP for the 2026/27 period, and this can be re-considered for the next year. Work will continue to complete the 6 Facet survey to provide key intelligence regarding current building conditions and wider considerations to inform future estates schemes. ELT decision to remove this as an IMTP Deliverable for the 2026/27 IMTP.
Resource and support to further enhance the approach to decarbonising our fleet to be explored during 2025/26	Red	Low	Further low carbon vehicles being put into the system this year in support of this action. ELT discussion held in February, further actions generated that are currently being considered. De-carbonisation not prioritised as an IMTP priority for 2026/27; however this work will continue as a directorate level action with cross-directorate support.

RECOMMENDATION

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

NEXT STEPS

20. The next steps are as follows:

- Complete and report the full end of year (Quarter 4 report) to confirm the final delivery status and progress against all of the 25/26 directorate led deliverables and present at the next committee meeting.
- Provide the end of year update against the 'what good looks like statements'
- Complete a detailed audit tracking report outlining the prioritisation and decision making that has informed the refresh of 2026/27 IMTP deliverables that are included in next year's plan.
- Identify opportunities to improve IMTP monitoring and reporting process for the 2026/27 planning cycle including reporting by strategic objective.



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Agenda Item No.

11

REPORT TITLE

Internal Audit Report – CMT Programme Management:
Feedback from the Audit, Risk and Assurance Committee

MEETING

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

REPORT SPONSOR

Executive sponsor	n/a
Author(s) of report	AnnaMaria Williams, Corporate Governance Officer

PURPOSE OF REPORT

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



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REPORT SUMMARY:

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

- The purpose of this paper is to provide the Finance & Performance Committee (F&PC) with an assurance update regarding the Clinical Model Transformation Programme (CMT) internal audit report.
- The audit was a high-level review of the governance arrangements established for the CMT to ensure that each identified workstream is managed effectively as a formal strategic change initiative. This included assessing whether appropriate assurance and reporting mechanisms are in place to support oversight, accountability, and informed decision-making.
- The committee noted the scale and complexity of the CMT and was assured that strong governance arrangements, clear programme structures and effective oversight were in place. It was confirmed that actions arising from the audit were being monitored through the Programme Board, with the majority progressing as planned.
- The committee welcomed the positive audit findings, recognising the clear ambition of the programme and the early benefits emerging through staff engagement and improved patient outcomes. The committee further acknowledged that the reasonable assurance rating reflected the ongoing and evolving nature of the programme rather than any concerns regarding robustness or management.

RECOMMENDATION(S)

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

The Committee is requested to note and take assurance from the discussion at the meeting of the ARAC on 02 March 2026.

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 Clinical Model Transformation Programme Final Internal Audit Report



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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

☒ 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
02 March 2026	Audit, Risk and Assurance Committee

Clinical Model Transformation Programme

Final Internal Audit Report

2025/26

Welsh Ambulance Services University NHS Trust



Reasonable Assurance

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Review Reference

WAST-2526-06

Fieldwork

October 2025 - December 2025

Executive Sign Off

14 January 2026

Audit Committee

2 March 2026

Executive Lead

Rachel Marsh, Executive Director of Strategy,
Planning and Performance

Audit Team

Osian Lloyd, Head of Internal Audit
Felicity Quance, Deputy Head of Internal Audit

Executive Summary

Purpose

To undertake a high-level review of the governance arrangements established for the Clinical Model Transformation Programme to ensure that each identified workstream is managed effectively as a formal strategic change initiative. This included assessing whether appropriate assurance and reporting mechanisms are in place to support oversight, accountability, and informed decision-making.

Overview

The Clinical Model Transformation Programme (CMTTP or 'the programme') was established to deliver a unified approach to transformation within Welsh Ambulance Services University NHS Trust ('the Trust'), shifting from a clinical response model to an integrated clinical services model. This evolution aims to improve patient outcomes through better prioritisation and expanded community-based care. Key drivers for change include avoidable patient harm, managing rising demand, addressing workforce pressures, and meeting statutory obligations under the Duty of Quality Act.

A Programme Definition Document (PDD) and individual workstream plans¹ provide frameworks for delivery, supported by programme and digital planning tools established by the Transformation Support Office. These tools enable structured planning and progress tracking; however, visibility of milestone changes and mapping of cross-workstream dependencies could be strengthened as implementation advances.

Roles and responsibilities are well-defined, escalation routes are in place, and reporting to governance forums is consistent. Highlight reports and consolidated programme updates are provided to the Clinical Model Transformation Board ('the CMT Board') and onward through the Trust's governance structure. Recent improvements in reporting content and the inclusion of appendices at committee level have enhanced transparency, though milestone tracking remains largely activity-based rather than outcome-focused.

Early internal evaluations indicate positive impacts, including improved triage efficiency, reductions in unnecessary conveyances, and better patient outcomes. A three-year external evaluation by Edge Hill and Swansea University is planned. However, the Trust must prioritise the creation of a benefits register and implementation of benefit scorecards, which are essential to demonstrate programme impact. These actions have been delayed due to the need to prioritise recent changes related to the Ambulance Performance Framework.

We have concluded **reasonable** assurance over governance arrangements. The matters requiring management attention include:

- Complete benefit measurement tools, cross-workstream dependency mapping and closure arrangements as the programme moves into Phase 3; ensure deliverables are clearly defined and improve milestone visibility.
- Share the Programme Definition Document beyond the programme structure to provide wider assurance to stakeholders.

Full details of matters arising are detailed within the Findings & Agreed Action Plan. During the course of audit fieldwork, we noted that the distinct role profiles for Executive Sponsors and Senior Responsible Officers within the programme had been drafted but not yet finalised (see *objective 2*). These will be completed as part of the Phase 3 workshops scheduled for early 2026. Following this, there is an intention to update the 'Project Path Framework', the Trust's model for programme management, to incorporate these profiles. We have highlighted this point for management information; it does not impact the overall audit opinion.

¹ The programme is delivered through five core workstreams: Digital Front-End, which provides integrated online advice and navigation; Remote Integrated Care, offering multi-professional remote assessment and referral; Urgent Community Response, delivering specialist community-based urgent care; Emergency Response Service, focussed on clinically prioritised call screening and rapid dispatch; and Health Transport which coordinates integrated planned transport for non-urgent care.

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	The programme has established clear measures of success and key milestones aligned to its five core workstreams.	1, 2	Reasonable
2	Roles, responsibilities and ownership are clearly defined across all programme workstreams to support effective delivery and oversight.	-	Substantial
3	Progress is regularly monitored against defined measures and milestones, with active engagement from enabling workstreams, internal functions, and external partners, and appropriate escalation mechanisms in place.	2	Reasonable
4	Performance and progress against the programme's objectives are reported to the Trust Board and relevant committees to ensure effective governance and strategic alignment.	2	Reasonable

Management Actions

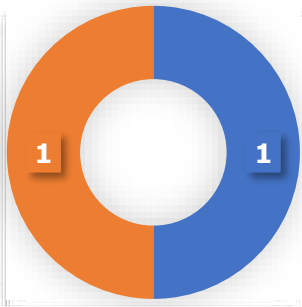


High Priority



Medium Priority

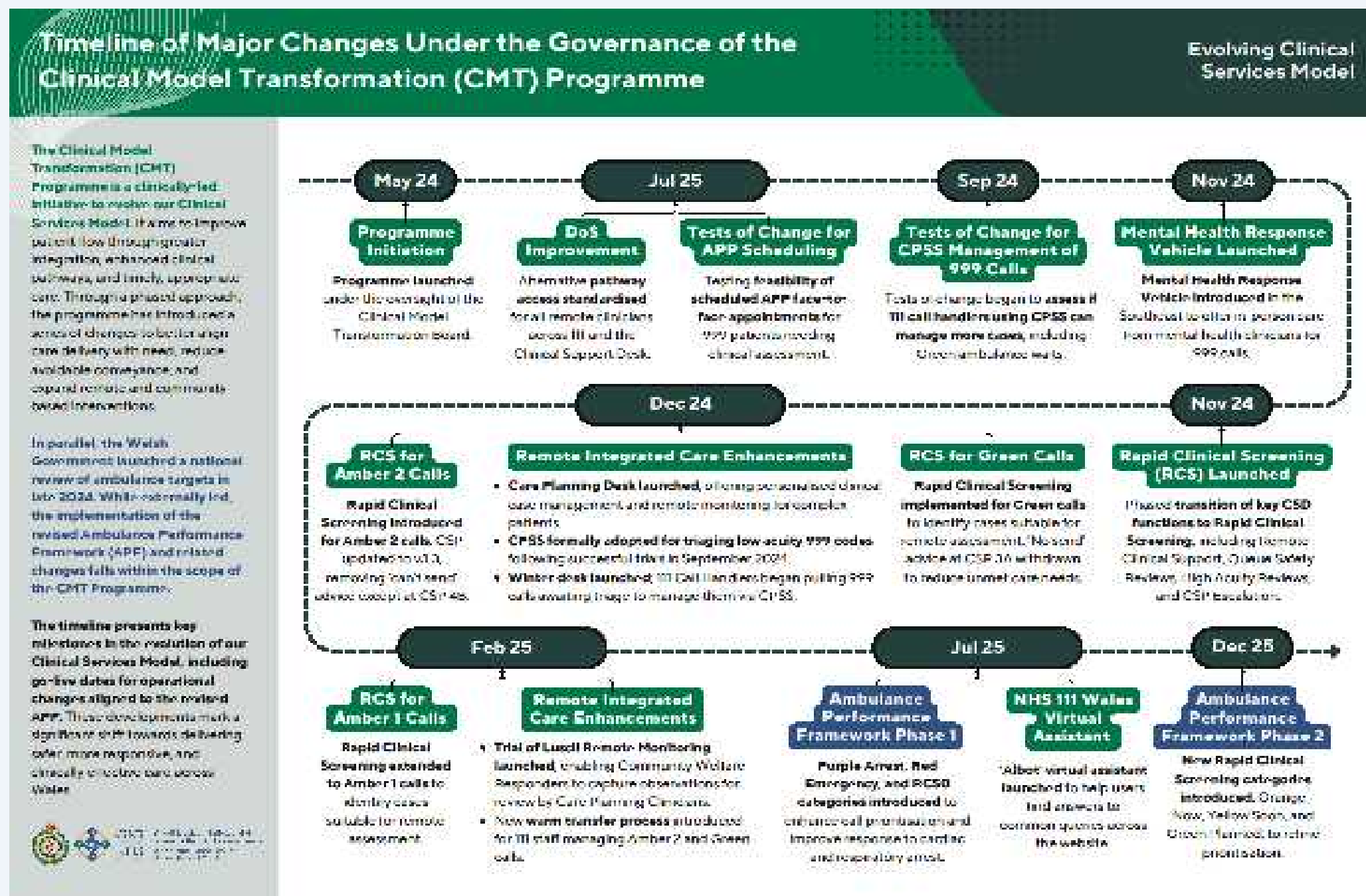
Themes



- Governance
- Planning, Delivery & Deadline Management

Risk Types

Public Perception & Reputational Risk
Quality or Safety Issues



Findings & Agreed Action Plan

Objective 1: The programme has established clear measures of success and key milestones aligned to its five core workstreams.

Reasonable

Governance and Programme Documentation

The Programme Definition Document (PDD) sets out the programme’s scope, governance arrangements, phased delivery timelines, and control mechanisms (see page 3 for a chronology of programme milestones). The PDD was first presented to the CMT Board in November 2024, approved by Strategic Transformation Board (STB) in January 2025, and updated to version 2.1 in September 2025. Although approved by both boards, we could not confirm its circulation to Non-Executive Trust Board members or presentation outside programme forums (see **Key Finding 1**).

The PDD defines three delivery phases:

- Phase 1 – Six critical projects prioritised for winter readiness.
- Phase 2 – Embedding the Integrated Clinical Services Model across all workstreams through process standardisation and sustainable improvements.
- Phase 3 – Longer-term optimisation, culminating in programme closure by April 2027.

During Phase 2, the programme adopted digital tools to strengthen oversight of planning (see delivery planning section below) and maintain programme logs (risk, action, decision, and issue registers).

Workstream Definition Documents (WDDs) have been drafted for the five core workstreams, with enabling groups operating under CMT Board-approved Terms of Reference. We selected Emergency Response Service (ERS) and Remote Integrated Care Service (RICS) for in-depth review. WDDs for these workstreams demonstrated consistency in format and content, including vision statements, objectives, outputs (e.g., recruitment, revised scopes of practice), outcomes (e.g., increased capacity, improved coordination), and indicative benefits. Formal approval of WDDs by the CMT Board commenced recently, with RICS approved in December 2025, reflecting the iterative nature of deliverables across programme phases. Approval of the remaining workstreams is expected in early 2026.

We reviewed project-level specifications for Rapid Clinical Screening (RCS²) within the ERS workstream, and the Process and Digital project groups within the RICS³ workstream. These specifications follow a logical structure covering scope, outputs, and benefits, with variations reflecting operational priorities. However, benefits and indicative Key Performance Indicators (KPIs) are referenced without supporting baseline data or defined targets (see benefits section below). Additionally, while both the Process and Digital groups are responsible for the Care Planning⁴ deliverable, the outputs and benefits specific to Care Planning were not clearly articulated within their respective specifications (see **Key Finding 2**).

Delivery Planning and Interdependencies

Following an initial five-day workshop in May 2024 to determine the programme approach for Phase 1, Phase 2 workshops have been used to develop and refine deliverables which then underpin workstream plans. While the programme has set April 2027 as the target date for delivering

² With RCS, Clinical navigators assess whether a patient requires an on-scene response, identify the most appropriate resource, or refer the case for secondary triage.

The RICS structure was revised between Phase 1 and Phase 2, moving from five groups and 14 task-and-finish teams to a more streamlined model. Current RICS specifications align to its four core groups; Process, Digital, People & Culture, and Clinical and Professional Practice.

⁴ Care Planning provides personalised clinical case management for patients with complex health needs who have accessed WAST services. This approach aims to deliver care closer to home in collaboration with advanced practitioners, community services, and health board pathways, until transfer to the most appropriate provider.

4

a fully Integrated Clinical Services Model, detailed plans with defined deliverables for Phase 3 are not yet available as workshops are scheduled for early 2026.

Programme planning tools are utilised across multiple levels:

- Workstream level – “Plan on a Page” and phase (Miro format) plans highlighting critical deliverables and dependencies.
- Task level – MS Planner software is used for detailed breakdowns of actions, assigned at individual level with target dates aligned to milestones. This has replaced the previous excel based template used in phase one.

Review of the project level plans for RCS (within the ERS workstream) and Process and Digital groups (within RICS workstream) found consistency in mapping milestones across the formats. Within RICS, group plans were iteratively updated to reflect delays in integrating the Computer Aided Dispatch (CAD) system between the 111 and 999 services.

Cross-workstream dependencies are noted in phase and task-level plans, but consolidation into a single view has been paused with no revised delivery date (see **Key Finding 2**). The PDD does not define transition or handover arrangements should actions remain outstanding at programme closure, and we are informed that these will be discussed as part of the Phase 3 workshops scheduled for early 2026. As detailed in *objective 3* of the six initial Phase 1 projects, only one (RCS) is considered closed.

Benefits Realisation and Success Measures

The programme uses a standardised benefits realisation approach, approved by the CMT Board in November 2024, incorporating Logic Benefit Maps (LBM)s that link inputs, activities, outputs, and outcomes to defined benefits and indicators within scorecards combining qualitative and quantitative measures.

LBMs have been developed and approved for each workstream but implementation of scorecards remains in progress. The scorecard format, aligned to four domains (patients, staff, value, and system contribution), was endorsed by the CMT Board, with initial drafts shared in May 2025. Some indicators are long-term and unlikely to be readily reportable, while staff perception measures will require bespoke data collection.

Development of these scorecards, including a consolidated programme scorecard in Power BI, has been delayed due to capacity constraints within the Data and Analytics team, as priority has shifted to reporting for the new Ambulance Performance Framework (see **Key Finding 2**). A draft Benefits Realisation Plan, which includes the development of a single programme Benefit Register, is scheduled for discussion at the December 2025 CMT Board, with endorsement expected in January 2026.

Key Findings		Risk & Impact	Agreed Management Action
1	Limited Circulation of Programme Definition Document The Programme Definition Document (PDD), which sets out the programme’s scope, governance, and phased delivery timelines, has been approved by the CMT Board and Strategic Transformation Board. However, we could not confirm its circulation to Non-Executive Trust Board members or presentation outside programme forums. While we recognise the need to balance the level of detail provided to Non-Executive Directors, this programme represents a significant change to the Trust’s response model. In this	Restricted organisational visibility may reduce assurance over strategic alignment and governance compliance at Board level.	Agreed Action: <i>Circulate the current approved PDD (v2.1 or latest) to the Finance & Performance Committee, ensuring formal “for assurance/noting” agenda placement at the earliest available cycles.</i>

Key Findings	Risk & Impact	Agreed Management Action
context, sharing detail of the outputs and outcomes that sit beneath the headline objectives within the PDD would provide valuable clarity on the intended impact and delivery expectations. Theme: Governance	Medium Priority Control Design	Expected Evidence of Implementation: <i>Committee agendas and minutes showing the PDD as an item</i> Officer: Gareth Taylor, Programme Manager, Transformation Support Office Target Implementation Date: 30 September 2026
2 Programme Planning and Delivery Gaps This review was conducted at approximately the mid-point of the programme's implementation. Programme capacity has been impacted by the need to prioritise resources for the Ambulance Performance Framework, particularly digital capability. While documentation and digital tools are largely in place, further progress and consistency are required. We have consolidated these matters into a single finding to reflect their cumulative effect. Programme documentation: Sample testing identified that the Care Planning deliverable within the RICS workstream lacked clearly defined outputs and outcomes traceable within programme specifications (2a). Programme tools: - Benefit Scorecards: benefits have been articulated across programme, workstream, and project documentation; however, these have not yet progressed to include baseline data, defined targets or timescales, nor have they been integrated into formal reporting tools (2b). While development of a Programme Scorecard is forecast for early 2026, and workstream scorecards are to follow, the Programme Benefits Register that will underpin these tools has not yet been established (2c). - Cross Dependency Mapping: a consolidated view of workstream interdependencies has not been developed. While initial mapping has commenced and is reflected	Without addressing these gaps, there is an increased risk of inconsistent programme implementation, leading to delays, duplication of effort, and reduced ability to track progress and demonstrate achievement of intended benefits and outcomes are within planned timescales. This could undermine strategic objectives and erode stakeholder confidence.	Agreed Action: 2a). <i>Following Phase 3 workshops review Workstream Definition Documents to ensure each deliverable can be mapped to associated outputs, outcomes, and benefits.</i> 2b). <i>Following the population of the Benefit Scorecards, incorporate these within the Programme Highlight Report format.</i> 2c). <i>Progress the development of a Programme Benefit Register to include baseline, target, due date, and data source.</i> 2d). <i>Create one consolidated dependency map covering all critical interdependencies, with owner, impact, mitigation.</i> 2e). <i>Not Agreed: Enabling Groups manage plans via preferred methodology/software. Progress Tracking via existing reports into CMT Board.</i> 2f). <i>Complete the RCS project closure report containing achievements, lessons, and status of any residuals or carried forward actions.</i> 2g). <i>Programme Management Report to CMT Board to collate baseline date, current forecast, variance, and reason for the key workstream milestones.</i> Expected Evidence of Implementation: 2a). <i>Updated Workstream Definition Documents demonstrating the linkage between deliverables and outputs, outcomes and benefits.</i>

Key Findings	Risk & Impact	Agreed Management Action
within individual plans, no timescale has been agreed for completion (2d). Plan consistency: a Programme Engagement Plan has been established to direct and monitor internal and external communications. The current use of an Excel-based format could be digitised for consistency with other programme tools (2e). Closure Planning & Reporting: Transition or handover arrangements for programme closure are yet to be defined, with only one of the six initial Phase 1 projects (RCS) has been formally closed, and a project closure report is still to be developed with absences within the project team contributing to its delay. The RCS project plan included some actions deferred or noted as out of scope for that phase; the closure report will provide an opportunity to confirm whether these have since been addressed (2f). Progress Reporting & Milestone Visibility: Highlight reporting focuses on current and intended activity, with limited inclusion of outcomes (see 2b). While programme tools support monitoring, reporting does not clearly reflect progress against original milestones, limiting the ability to track slippage (2g).	Medium Priority	2b). <i>Updated Highlight Report Format which includes populated Scorecards inclusive of Patients, Staff, Value, System domains.</i> 2c). <i>Programme Benefit Register containing entries for each workstream including baseline, Target, Due date, Status, Data owner.</i> 2d). <i>Published Programme dependency map/register.</i> 2e). <i>Removed as per comment above.</i> 2f). <i>RCS closure report received by CMT Board.</i> 2g). <i>Programme Management highlight report template with baseline/variance columns.</i> Officer: Gareth Taylor, Programme Manager, Transformation Support Office Target Implementation Date: 31 March 2027
Theme: Planning, Delivery & Deadline Management	Control Operation	

Objective 2: Roles, responsibilities and ownership are clearly defined across all programme workstreams to support effective delivery and oversight.

Substantial

Programme-level roles are documented within the PDD, which identifies the Programme Executive Sponsor (Trust CEO), Programme SRO (Director of Strategy, Planning and Performance), and Senior Programme Manager (Head of Transformation). Section 6.7 of the PDD includes a full listing of Executive Sponsors and SROs for all workstreams and enabling groups, supported by a RACI (Responsible, Accountable, Consulted, Informed) matrix to clarify responsibilities.

The Trust's Project Path Framework outlines generic project management roles but combines the definitions of SRO and Executive Sponsor. Following Phase 1 of CMTP, separate profiles were drafted, but finalisation was paused when the SRO assumed interim CEO duties. Completion is planned within Phase 3 workshops, and this action is noted on the CMT Programme Action Log.

Review of the PDD and Programme Board Terms of Reference confirms alignment of governance and delegation arrangements. The CMT Board discussed delegation, with emphasis placed on agile, locally informed decision-making. Strategic oversight remains with the CMT Board, while operational decisions are devolved to workstream and project-level SROs. Escalation routes and membership structures are documented, and workstream and project-level documents reviewed confirm this alignment.

CMT Board minutes (February–September 2025) confirmed quorum and consistent representation across workstreams. Workstream-level attendance records are limited, as SROs manage local arrangements. RICS began recording minutes in July 2025, all of which were quorate. A sample review of Teams logs for four Call Categorisation project meetings also confirmed quorum.

The Change Management workstream experienced engagement challenges including inconsistent identification of Change Leads and low attendance, noted in 'Alert, Advise, Assure' (AAA) reports to the CMT Board. Membership was expanded to include SROs from RICS, ERS, and Digital Front End, which improved participation. Our review of terms of reference and definition documents identified where no lead was documented. Where this was the case we confirmed the SRO or project lead attended the overarching Change Group. This was fed back to the programme team for correction at the date of audit fieldwork; therefore no recommendation is raised.

Objective 3: Progress is regularly monitored against defined measures and milestones, with active engagement from enabling workstreams, internal functions and external partners; and appropriate escalation mechanisms in place.

Reasonable

Monitoring Framework

The programme has established a structured approach to monitoring progress through digitised planning tools (see objective 1) which are regularly presented in workstream and project meetings to indicate respective status and upcoming milestones. A review of MS Planner entries at the end of October 2025 noted 774 tasks populated across the five core workstreams. Of these, 406 tasks have been completed, 52 marked as late (although this includes tasks since completed, paused, or considered 'should do'), 12 in progress, and 305 were yet to be started. A formal change log is maintained to capture the rationale and approvals for process, team, and system changes.

Workstream plans are mapped in Miro and shared with the CMT Board when significant delivery changes occur. Highlight reports provide sequenced updates on completed and planned activity, with each project and workstream assigned an individual RAG rating. While this supports visibility of current status, the format offers limited transparency against original target dates (see **Key Finding 2**). Discussion with programme management indicated that in adapting to evolving priorities has required some flexibility in milestone monitoring.

Enabling workstreams report using the AAA template, with outputs (e.g. communication plans, status of data analytic tools or reports) shared regularly.

Project-Level Monitoring

Two sampled areas were reviewed:

- RCS (ERS Workstream): Milestones were tracked through key deliverables such as Clinical Navigator recruitment, phased go-live approvals, technical developments (e.g., CAD configuration), and governance checkpoints (project initiation/specification, group terms of reference, Quality Impact Assessment (QIA) completion). Progress was monitored via a colour-coded Gantt chart with dated commentary on decisions, dependencies, and delays. Items identified as out-of-scope (e.g., Call Flow Categorisation) were deferred for future projects, but a formal project closure report has not been produced with the recent absence of ERS project support contributing to this (see **Key Finding 2**).
- Care Planning (RICS Workstream): Delivered jointly by the Process Group (care planning design) and Digital Group (remote monitoring enablement). Responsibilities were mapped in Miro, with progress consolidated into highlight reports. Initial Phase 2 plans for service metrics and evaluation from May 2025 were revised after a workshop identified the need for clearer roles and criteria. Complex case prioritisation was agreed, with actions raised on training and process review reflected in highlight reports.

Interim Evaluations

Although benefit scorecards are not yet available to measure programme impact formally, several interim evaluations have been undertaken to assess effectiveness and inform future delivery:

- RCS (ERS Workstream): Early evaluation demonstrated strong impact on triage efficiency, with approximately 75% of incidents suitable for remote assessment. Between November 2024 and January 2025, this contributed to a reduction of around 4,000 conveyances and an increase in consult-and-close rates from approximately 15% to 20% (November 2024 – August 2025).
- Care Planning (RICS Workstream): Proof of concept for remote monitoring using Luscii (remote monitoring technology) achieved 36% resolution without attendance and 69% managed via consult-and-close or referral. However, challenges were noted in data capture and system interoperability, which require further mitigation.

- Winter Desk Trial (RICS Workstream): Testing Band 3 call handlers with the Call Prioritisation Streaming System for 999-originated calls resulted in 30% of cases resolved without escalation and delivered notable cost efficiencies compared to higher-band clinicians.
- Mental Health Response Vehicle (UCR Workstream): Evaluation indicated improved patient outcomes, with conveyance to Emergency Departments reduced to 16% (versus 45% for traditional ambulance resources) and a 69% consult-and-close rate for responded calls. Positive feedback was also received from staff and system partners.
- Staff Survey – Ambulance Performance Framework (Phase 1): Over 400 responses highlighted mixed perceptions - while patient prioritisation was viewed positively, only 46% felt it improved experience and 34% believed it enhanced care. Findings were shared via WAST Live, and subsequent changes to solo response codes were implemented.

In addition, the Trust has commissioned an external evaluation by Edge Hill and Swansea Universities to provide independent assessment of call categorisation changes and programme impact over a three-year period. Evidence gathering commenced in November 2025.

Risk escalation

The programme has implemented a formal Risk and Issue Management Standard Operating Procedure (SOP), supported by a digitised risk log maintained within MS Lists. Risks are reviewed at least every 60 working days, and at the date of audit fieldwork, no overdue reviews were identified. The programme risk log contained 150 entries, of which 101 had been closed. We sampled five high-scoring risks (rated 16+) and confirmed that closure was supported by appropriate commentary and mitigation. While the current MS Lists format limits consolidated visibility across workstreams, development of Power BI dashboards is planned to further enhance reporting and enable drill-down capability at programme, workstream, and project levels.

Programme Engagement and Communication

The Programme Engagement Plan (PEP) sets clear objectives for informing and involving internal and external stakeholders. Engagement activities include targeted sessions with Welsh Government, health boards, clinical advisory groups, and broader stakeholder outreach, plus organisation-wide updates every 4–6 weeks and workstream-specific communications. The PEP outlines proactive engagement tools such as briefing packs, bilingual FAQs, and video explainers, though some workstream entries remain “TBC” because these workstreams are at different stages of development and have not yet required specific FAQs; these will be produced as changes progress.

The internal communications plan, initially managed under the Change Management workstream, was transferred in June 2025 to the Partnerships & Engagement workstream to consolidate internal and external communications and strengthen delivery. An update to the PEP and development of an internal communications plan are planned. Consolidating these actions within MS Planner would support improved visibility and monitoring of progress. (see **Key Finding 2**).

Objective 4: Performance and progress against the programme’s objectives are reported to the Trust Board and relevant committees to ensure effective governance and strategic alignment.

Reasonable

The programme operates within a six-week business cycle guided by a SOP, which sets expectations for reporting and escalation, providing structured oversight through the CMT Board, STB, and Finance & Performance Committee (FPC).

Programme reporting is primarily delivered through standardised highlight reports in PowerPoint format, enabling consistent presentation across workstreams. Reports reviewed generally follow a common structure, though minor variations in terminology were noted (e.g. RICS reports by deliverable, others by project or group). Despite these differences, reports provided sufficient context for RAG ratings and key developments. Variability in detail reflects differences in scope and stage of progression.

Review of CMT Board agendas for the period February–September 2025 identified very few verbal updates, indicating that governance processes are embedded and supported by the structured reporting mechanisms. Each meeting’s highlight reports were accompanied by a consolidated Programme Report summarising progress in development of assurance mechanisms and key documentation such as QIAs. For the period reviewed, Programme Management and overall Programme ratings were consistently yellow, signalling anticipated challenges but no material impact on delivery. However, milestone tracking remains largely narrative-based, with references to “underway” or “planned” rather than specific deadlines, reducing visibility against original baselines (see **Key Finding 2**).

Reporting to the FPC and onward to the Trust Board has matured, evolving from high-level narrative updates to detailed workstream reporting with RAG ratings. The inclusion of highlight report appendices from July 2025 onwards, in response to Non-Executive Director requests, represents a positive development improving both consistency and transparency.

In November 2024 QUEST approved the mechanism by which the programme develops QIAs, involving Clinical Advisory Group (CAG) review followed by Clinical Quality Governance Group (CQGG) approval. QIAs are then shared with the CMT Board and STB for assurance, and the Programme Definition Document states they will also be shared with QUEST for information. Review of QUEST agendas showed only the UCR QIA was presented in May 2025. We were advised that decisions on further presentation of QIAs beyond the programme and STB rest with Clinical Directors as CQGG chairs. Additionally, although not programme-initiated, the Ambulance Performance Framework and its second phase have appeared in QUEST reporting, including QIA and EQIA reviews and operational readiness.

The Trust has introduced an Integrated Governance Programme to standardise and strengthen governance arrangements, promoting consistency, transparency, and accountability across all levels. Governance forums are mapped under six arms, including Strategic Development and Delivery, which encompasses the STB and the CMT Programme. While the governance map accessed during fieldwork did not reflect the most recent changes in programme structure, it did confirm established linkages to the CAG and onward to the CQGG.

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.

Disclaimer

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Ambulance Service University NHS Trust and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

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.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Welsh Ambulance Service University NHS Trust. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.



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Agenda Item No.

13

REPORT TITLE

Monthly Integrated Quality Performance Report – January/February 2026

MEETING

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

REPORT SPONSOR

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

PURPOSE OF REPORT

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



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REPORT SUMMARY:

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

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the “vital few” key metrics. This report is for **January/February 2026**.
2. The general data quality in the report is good (and the amount of data comprehensive), but a number of specific data quality issues have previously been identified. Some have been resolved, and others are being worked through with a clear Executive focus on Phase 2 of the Ambulance Performance Framework, which is now live. Additional capacity is being sought for the Insight & Data Services (IDS) function with a number of appointments into new posts being made, but onboarding and then a lead in time for these new staff to come up to speed is required. In the interim, IDS capacity is being actively managed by senior IDS managers and also through a CMT Metrics Workplan. The CMT Metrics Workstream has now closed, with any outstanding actions passing to the new CMT Benefits Workstream.
3. The new Purple (Arrest) and Red (Emergency) categories were implemented as scheduled on 1 July 2025. Early performance data indicates that the Arrest category is operating within the expected target range; however, Emergency performance remains outside the desired thresholds.
On 2 December, the second phase of the New Ambulance Performance Framework went live. This phase removed the previous Amber and Green categories and introduced three new classifications: Orange (Now), Yellow (Soon), and Green (Planned). Analysis of the first two months following implementation shows that Orange (Now) median response times, including call-to-door intervals, are currently longer than expected and not meeting performance ambitions.
4. 111 call handling performance has stabilised post-delivery of the new 111 CAS, but the service did not achieve the 5% abandonment rate in February 2026 and is not expected to within the current resource envelope.
5. Ambulance Care, in particular, Non-Emergency Patient Transport Service’s (NEPTS) performance is stable, with oncology and renal journeys remaining above target; however, the level of cancellations (by the Trust, by patients and by health boards) is a concern.
6. The Trust continues to focus on its people, with a range of actions in place to improve workplace experience including, for example, reducing shift overruns, whilst also continuing with the more strategic focus on the People and Culture Plan.



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RECOMMENDATION(S)

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

The FPC is requested to:

1. **Consider the January/February 2026** 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



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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

☒ 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

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 & 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
11 March 2026	Hugh Bennett – Assistant Director, Commissioning & Performance (signing off on behalf of Rachel Marsh, Executive Director of Strategy, Planning & Performance)



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SITUATION

1. The purpose of this report is to provide senior decision-makers within the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the “vital few” key metrics. This report is for **January/February 2026**.

BACKGROUND

2. This Integrated Quality & Performance Report contains information on key indicators at a highly summarised level, which aim to demonstrate how the Trust is performing across four integrated areas of focus:
 - Our Patients (Quality, Safety and Patient Experience).
 - Our People
 - Finance and Value
 - Partnerships and System Contribution
3. December’s Board Development received a presentation on options for the MIQPR, based on feedback received from NEDs and Executives. The following actions were agreed:
 - a) To review the current set of KPIs against the Trust’s strategic objectives, with a view to reducing the number of KPIs (the Trust will undertake the usual review against the IMTP and other changes in the health care system in Wales)
 - b) Disaggregate the MQIPR into committee specific KPIs, but retain the overall scorecard for each committee in order to avoid silo working and maintain an overall awareness of the Trust’s operating context across its balanced scorecard
 - c) Report by exception, so for the committee specific KPIs, only that that are off target will receive a narrative detailing what is causing the KPI to be off target and what is being done about it. For KPIs that are on target, graphs will be provided in an appendix with no supporting narrative
 - d) Retain the balanced scorecard as a way of achieving strategic alignment in a quantitative form
 - e) Seek to add a more predictive element to the reporting (this will take a period of time to achieve, but the Trust has a strong track record of forecasting & modelling)
 - f) Remove the use of upward/downward trend as a target and replace with agreed benchmarks/targets
 - g) A greater use of statistical process control charts, but agreement to empower the Trusts’ analysts to determine the best way of visualising the data.



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4. These changes will take place over a number of months, with full go live in Q1, once the 2026-29 IMTP has been agreed and once the Trust is in a new financial year. Trust Board will receive a report to its March meeting on a revised scorecard (set of metrics) and revised ambitions (benchmarks and targets). This will then go live from 01 April 2026, with further work required with each committee during Q1 on their committee specific metrics. As a first step, the F&P report focuses on the KPIs for which it is the lead committee.

ASSESSMENT

Our Patients – Quality, Safety and Patient Experience

5. **Call answering** (safety): the speed at which the Trust is able to answer a 999 or 111 call is a key patient safety measure.
6. **999** call answering times during February 2026 saw the 95th percentile increasing to 12 seconds but is significantly lower than February 2025 (33 seconds). However, the 65th percentile and median performance times remained consistently good. Work is currently being undertaken on demand and capacity analysis of 999 call demand.
7. **111 call answering performance has minimally decreased over recent weeks**, with the call abandonment rate for February 2026 being 13.1%, and therefore not achieving the 5% target. 111 demand in February 2026 did see an 5.25% increase compared to February 2025. In addition, the external rostering review suggests there is a demand and capacity gap within the current funded establishment, and the Trust is therefore unlikely to reach performance without an increase in its workforce (including efficiencies). The current position with commissioners is to focus on efficiencies (roster practices) and the 111 digital front-end as a way of managing demand rather than investment in call handlers. A letter has been sent to commissioners proposing that the performance metrics and ambitions are reviewed.
8. **111 Clinical response:** clinical ring back times for patients with the highest priority rose minimally above target at 90.3%. Response times for lower priority calls also showed a slight increase, increasing to 35.4% and 26.3% for P2CT and P3CT respectively. A deep dive into P2CT and P3CT performance has recently been undertaken. This has identified an increase in the use of the Clinical Advice Line (CAL) by 111 call handlers, which erodes the time available for 111 clinicians to completed P2CT and P3CT assessments with patients. Levels of clinician sickness were also identified. The deep dive included remedial actions, in particular, CAL reprioritisation work and a focus on sickness reduction.



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9. **Ambulance Response** (safety / patient experience): on 1 July 2025, 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 January 2026, there were 954 purple calls to the ambulance service, around 2.59% of all calls, and 5,251 (Emerg) red calls, around 14.23% of all calls. The main measure for Purple Arrest calls is the Return to Spontaneous Circulation (ROSC) rate which was 21.4% in February 2026 compared to 23.4% in January 2026, although there is an underlying upward trend. Consideration is currently being given to what ambition should be set for this important metrics, as part of Trust Board scorecard discussions.
10. The January 2026 median response times for purple and red calls were 7 minutes 8 seconds and 9 minutes 33 seconds respectively, with the required range being 6- 8 minutes. Operations SLT recently received a report that identified two issues: 1) the deflection rate from RCS0 to Integrated Care is not behaving in the way the Trust anticipated and 2) the impact of handover lost hours on the Trust's capacity to respond. For 1) the Trust is reviewing whether some Emerg incidents in the RCS0 cohort should go straight to dispatch, therefore reducing the RCS0 demand, comparing old Red volumes with new Arrest/Emerg and consideration of whether further Clinical Navigator capacity is required to reduce the number of time outs. For 2) W45 is key. No issues of clinical or operational practice were identified.
11. On 2 December, 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 January 2026 median response times for Now (Orange) was 1 hour 53 minutes, higher than the desired one hour.
12. Traditionally, the main factors which affect response times are demand and capacity (recruitment and lost hours). EMS production has been good and increased to 96% in February 2026. Whilst there has been a reduction in handover lost hours, the Trust lost 14,957 hours in Feb-26 (a shorter month), with W45 equating to less than 7,000 hours per month, so the 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: -



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- Further investment into remote clinical capacity
- Further investment in APPs
- Development of the remote integrated care service (111 clinicians and CSD clinicians)
- Continued focus on a range of responses that support non-conveyance, where it is clinically safe and appropriate to do so: use of volunteers, mental health response pilot, Falls response etc.; and
- The transformation of the various clinical model categories as per the previous paragraph

13. **Ambulance Care (Patient Experience):** Oncology performance in December 2025 was 78.86%, achieving the 70% target. Renal performance increased minimally and remains above the 70% target achieving 74.37%. Advanced discharge and transfer journey performance decreased to 74% (95% target), with this primarily being an issue with capacity. Same day discharge and transfer journey performance achieved 97%, hitting the 95% target. These are positive metrics, 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 and apps for drivers, but through the IMTP development process, the Trust has decided to establish a new NEPTS Improvement Programme to support and drive further transformation in this area.

Our People (workforce resourcing, experience, and safety)

14. **Hours Produced:** The Trust produced 124,788 Ambulance Response unit hours during February 2026 and delivered an emergency ambulance unit hours production (UHP) of 96%, achieving the 95% target.
15. **Response Abstractions:** EMS abstraction levels decreased minimally to 28.46% during February 2026 achieving the 30% benchmark figure. Response sickness abstractions stood at 6.72% (benchmark 5.99%).

Finance & Value

16. **Financial Balance:** the reported outturn performance at Month 10 is a surplus of £0.137m with a forecast to the year-end of breakeven. The Trust is forecasting the achievement of both its External Financing Limit and its Capital Expenditure Limit.

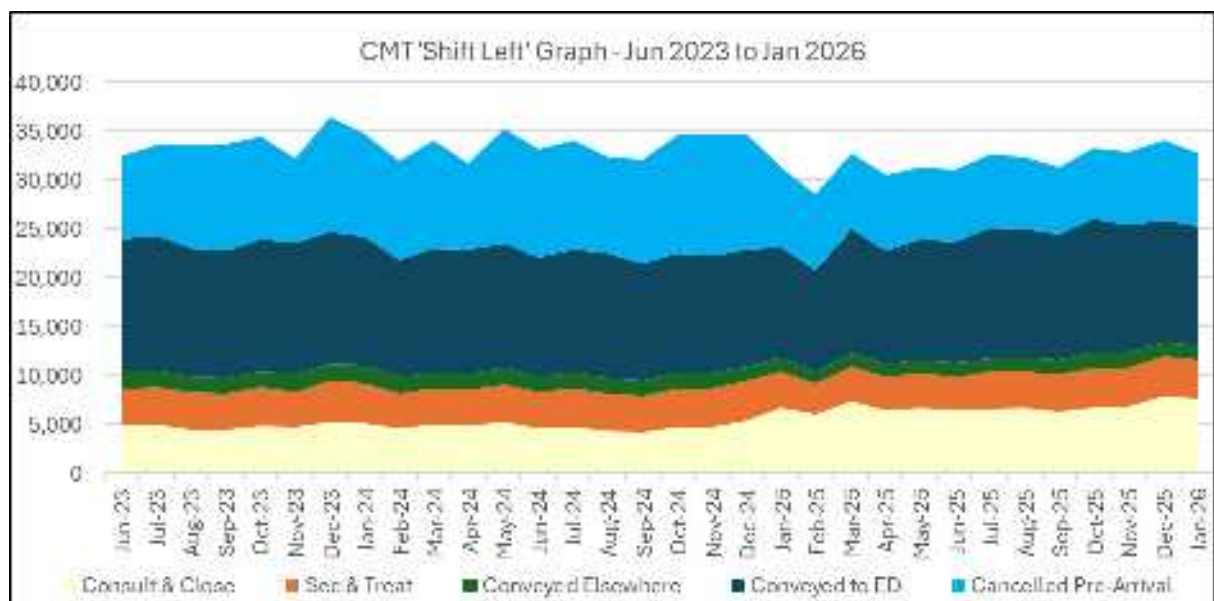


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Partnerships & System Contribution

17. The consult & close rate was 19.6% in February 2026, a slight decrease from the previous month and not achieving the IMTP ambition (and Welsh Government target) of 22%; however, there has been a material uplift in the consult & close rate as a result of the CMT Programme.
18. Same Day Emergency Care (SDEC) centres continue to see only a low level of ambulance activity.
19. Finally, the following graph aims to provide a composite picture of the impact of the Trusts' 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. This is an area of focus into 2026/27.



RECOMMENDATION

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

Welsh Ambulance Services University NHS Trust

Monthly Integrated Quality & Performance Report

January/February 2026

Annex 1 – Top Indicator Dashboard



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

by Commissioning & Performance Team



Section 1: Monthly Indicators / Top Indicator Dashboard



Top Monthly Indicators	Target 2025/26	Dec-25	Jan-26	Feb-26	2 Year Average	RAG	Top Monthly Indicators	Target 2025/26	Dec-25	Jan-26	Feb-26	2 Year Average	RAG
Our Patients							Sickness Absence (<i>all staff</i>)	<6%	9.17%	8.65%	N/A	7.89%	R
Timeliness Indicators							Staff Turnover Rate	<10%	7.98%	7.74%	7.78%	8.22%	G
NHS111 Call Handling Abandonment Rates	<5%	21.8%	14.0%	13.1%	11.6%	R	Statutory & Mandatory Training	>85%	88.00%	87.98%	88.73%	85.72%	G
111 Clinical Triage Call Back Time (P1)	>90%	89.1%	87.3%	90.3%	96.3%	G	PADR/Medical Appraisal	>85%	76.48%	75.11%	73.52%	74.42%	R
999 Call Answer Times 95th Percentile	00:06	00:36	00:06	00:12	00:22	R	Number of Shift Overruns	<2,800	3,537	3,777	3,342	3,734	R
Arrest (Purple) Median	6-8 Minutes	07:34	07:08	N/A	N/A	G	Value						
Emerg. (Red) Median	6-8 Minutes	09:19	09:33	N/A	N/A	R	Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100.00%	100.00%	N/A	100%	G
Now (Orange) Median	<30 Minutes	01:19	01:52	N/A	N/A	R	EMS Utilisation Metric (CHARU)	30%	31.4%	30.5%	28.1%	28%	A
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	>70%	79.9%	76.8%	78.9%	76.4%	G	Average Jobs per Shift (All Vehicles)	2.73	2.86	2.68	2.71	2.50	A
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	>90%	72.0%	78.9%	74.4%	79.1%	R	NEPTS on the Day Cancellations		13.1%	15.6%	14.8%	14%	
Clinical Outcomes / Quality Indicators							Partnerships / System Contribution						
Return of Spontaneous Circulation (ROSC)	>25%	21.9%	23.4%	21.4%	21.0%	R	CMT						
Stroke Patients with Appropriate Care	>95%	92.1%	89.5%	87.7%	87.8%	R	Successful Consult & Close Outcome	>22%	20.8%	20.8%	19.6%	17.2%	R
Stroke Call to Hospital Door Times	Under Review	02:25	02:56	02:21	02:26		No of Handovers over 45 mins	Zero	13,044	19,243	14,957	19,007	R
ST-Elevation Myocardial Infarction (STEMI) with Appropriate Care	>95%	74.0%	76.6%	73.2%	67.3%	R	Number of Handover Lost Hours	<7500	13,044	19,243	14,957	19,006	R
National Reportable Incidents reports (NRI)		5	5	N/A	4								
Can't Send & Cancelled by Patient Volumes	<6000	6,479	6,352	4,806	7,553	G							
Concerns Response within 30 Days	>75%	74%	58%	N/A	61%	R							
Enactment of the Duty of Candour Total		5	6	N/A	5								
Capacity													
Hours Produced for Emergency Ambulances	95-100%	92%	97%	96%	93%	G							

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

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Our Patients: Quality, Patient Safety & Experience

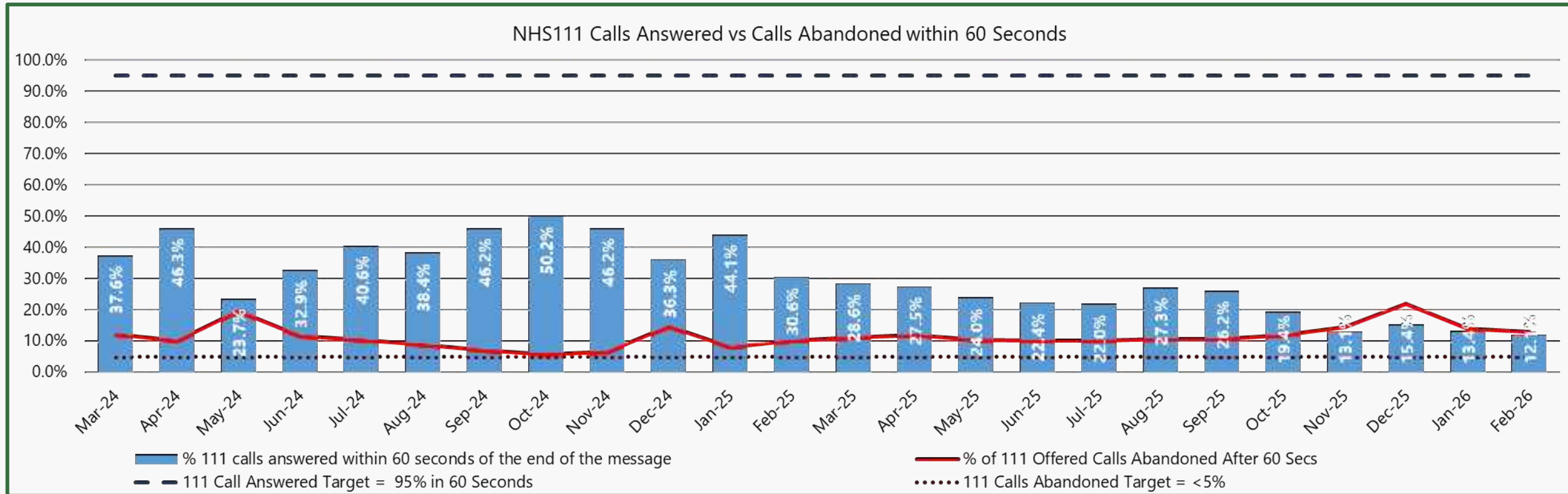
111 Call Answering/Abandoned Performance Indicators

Influencing Factors – Demand and Call Handling Hours Produced

Abandonment Rate

R

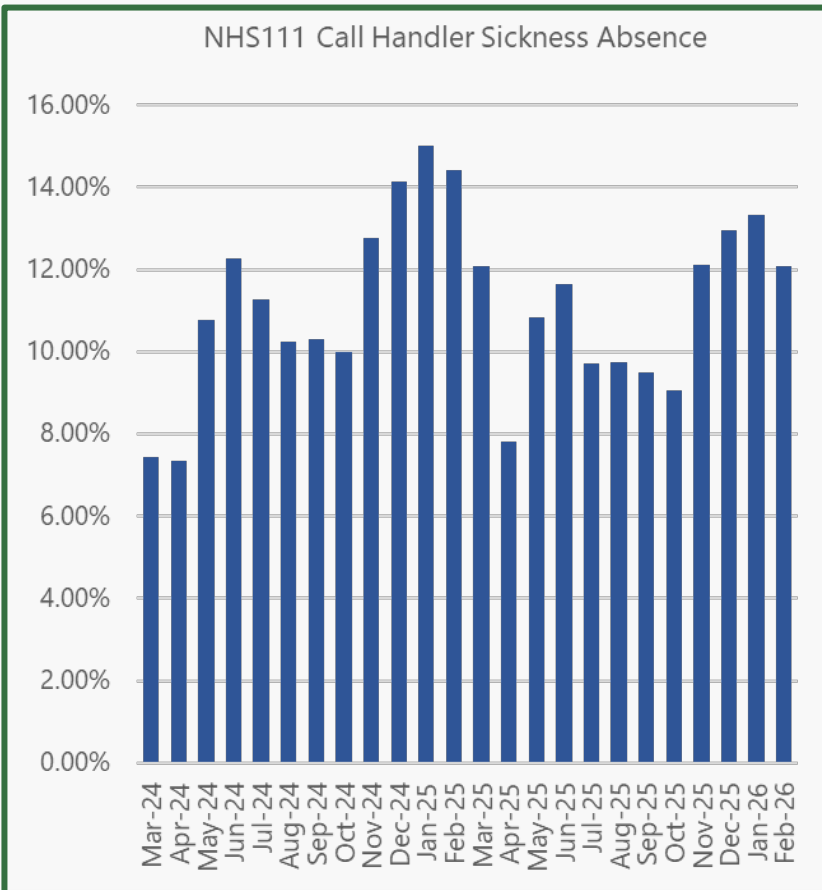
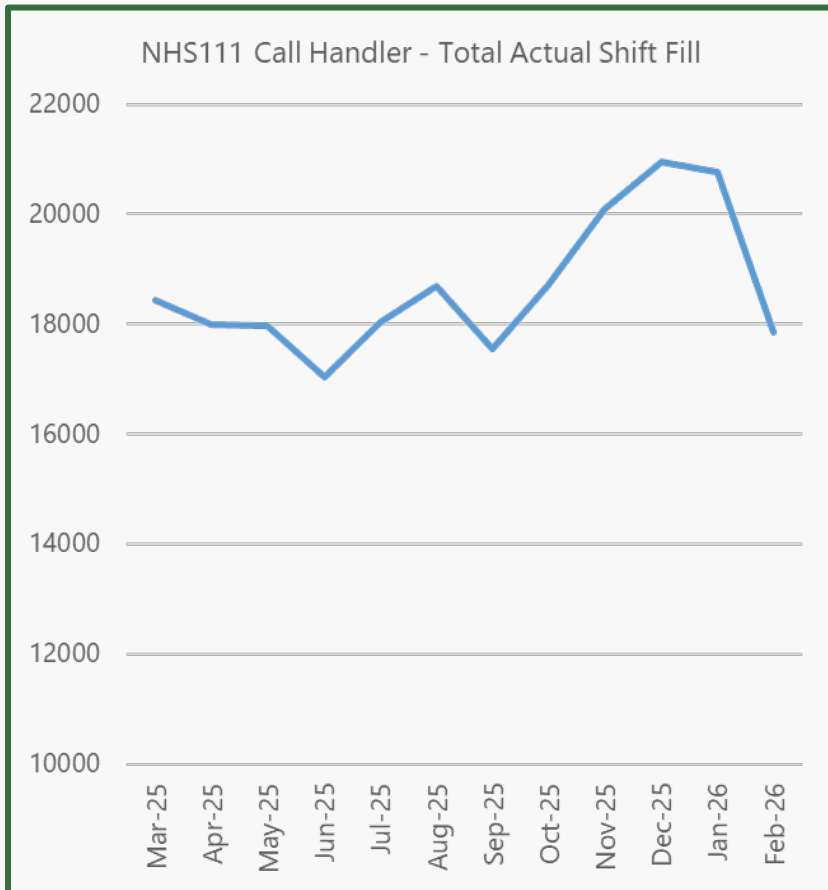
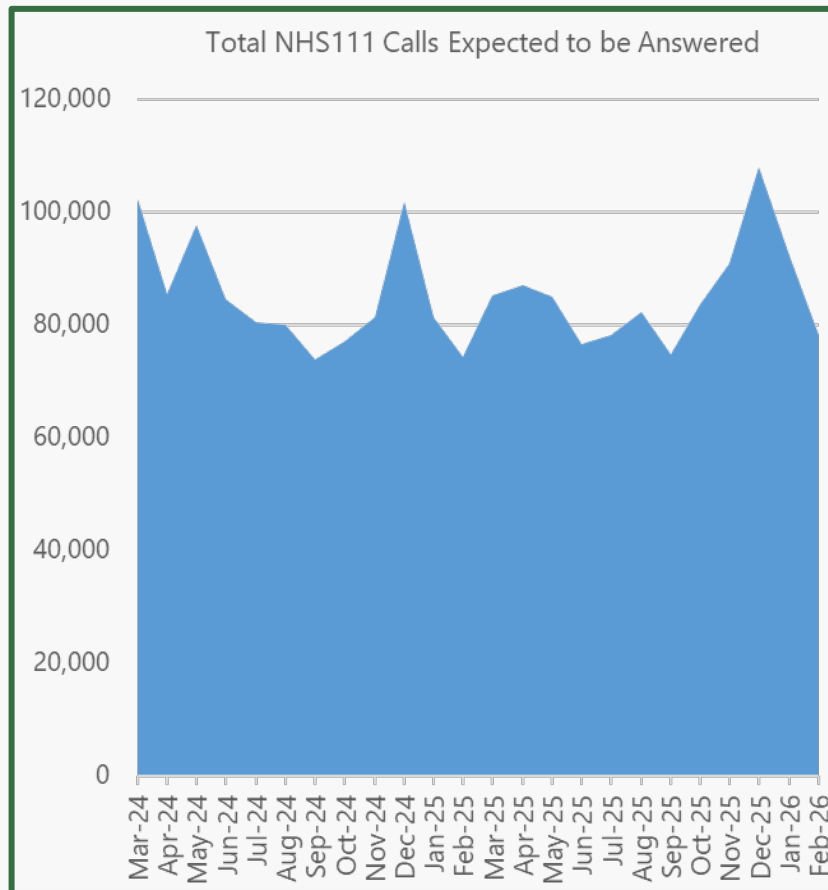
(Responsible Officer: Lee Brooks)



Analysis
The 111-call abandonment rate increased to 13.1% in February 2026 compared to the same month last year (10.1%). The percentage of 111 calls answered within 60 seconds also decreased from 30.6% in February 2025 to 12.1% in February 2026 and continues to remain significantly below the 95% target and the levels seen during 2024. 111 call demand reached 78,123, the second lowest since September 2025 when call levels reached 74,769 this follows historical patterns whereby a high levels of demand negatively impacts performance.

This call answer rate of 12.1% in February 2026 is the lowest since December 2022 (10%) and is significantly below the 55.5% recorded in February 2024. This is at a time when UHP capacity for call handlers has decreased slightly and is lower than the levels produced in February 2025.

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



Remedial Plans and Actions
Key actions include:

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

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

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

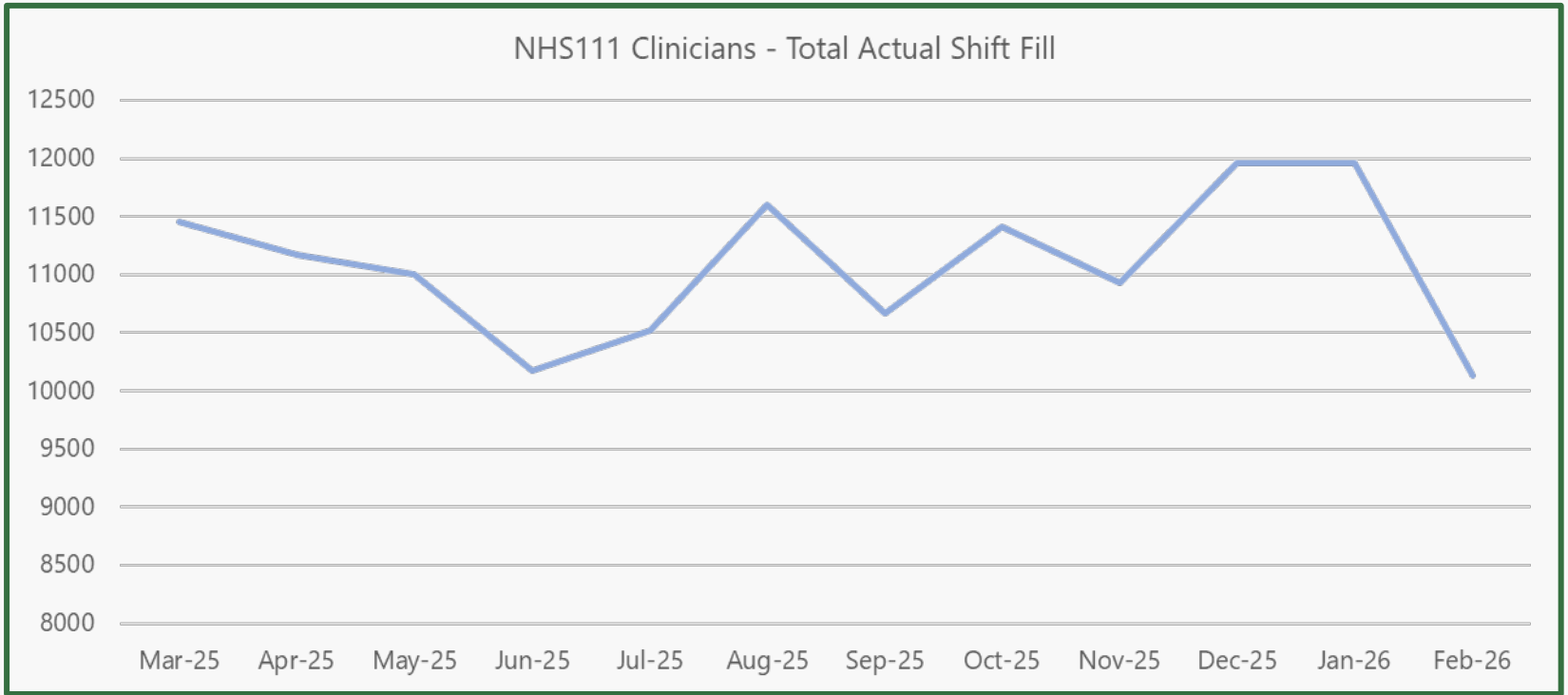
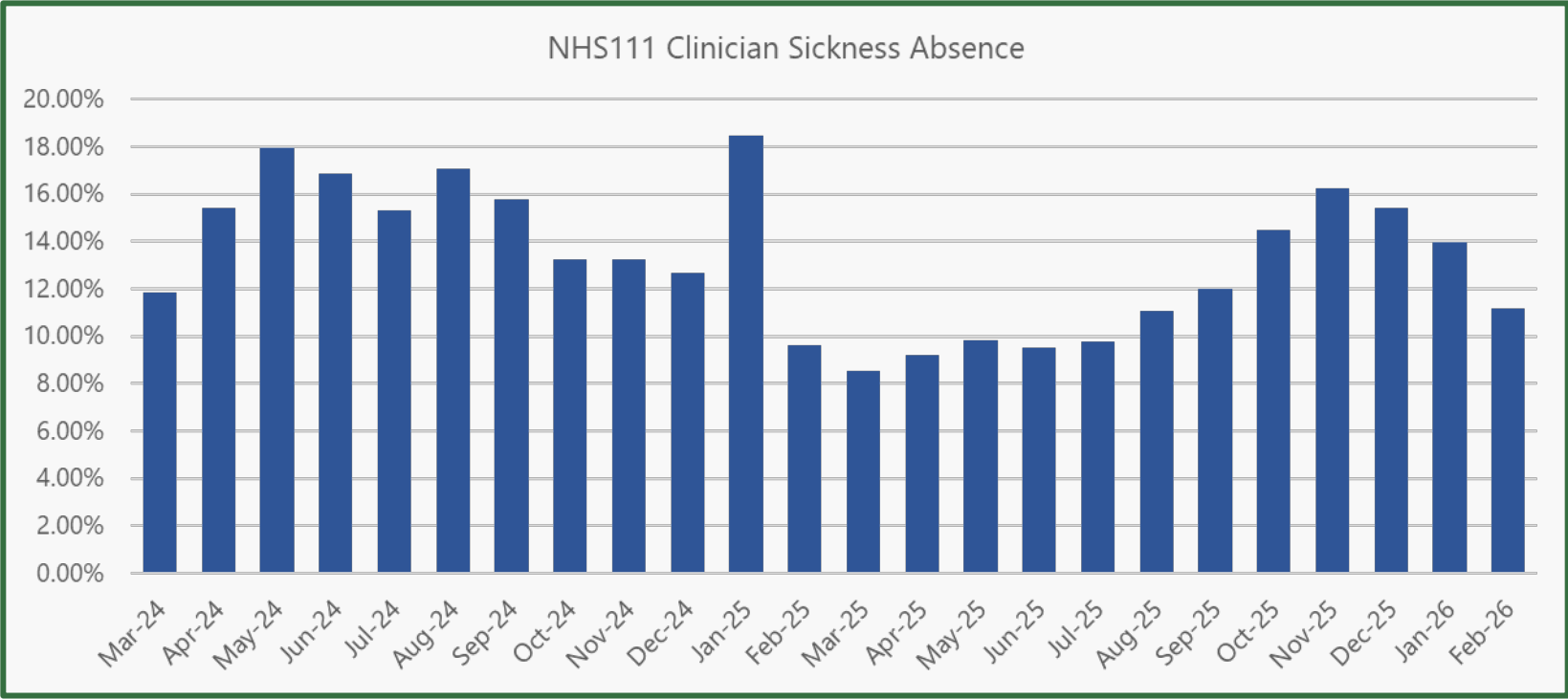
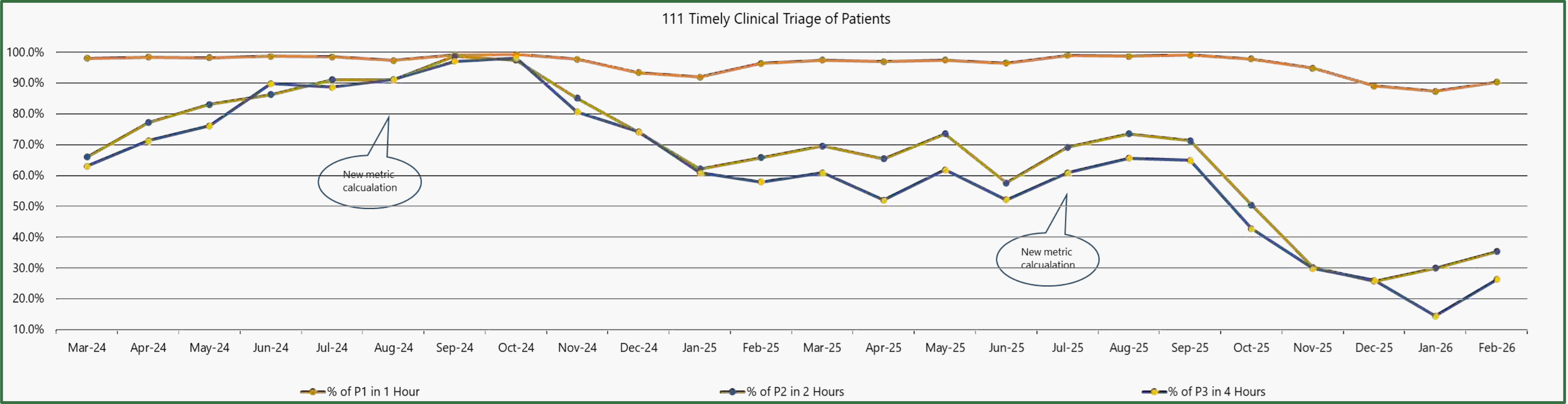
Actions are underway to increase the utilisation of virtual queuing and review the way patients who are re-accessing for the same care episode could be managed differently.

Expected Performance Trajectory
We would expect to see performance levels increase slightly during the Spring if abstraction levels continue to reduce at the same time as demand decreases.

Our Patients: Quality, Safety & Patient Experience

111 Clinical Assessment Start Time Performance Indicators

Influencing Factors – Demand and Clinical Hours Produced

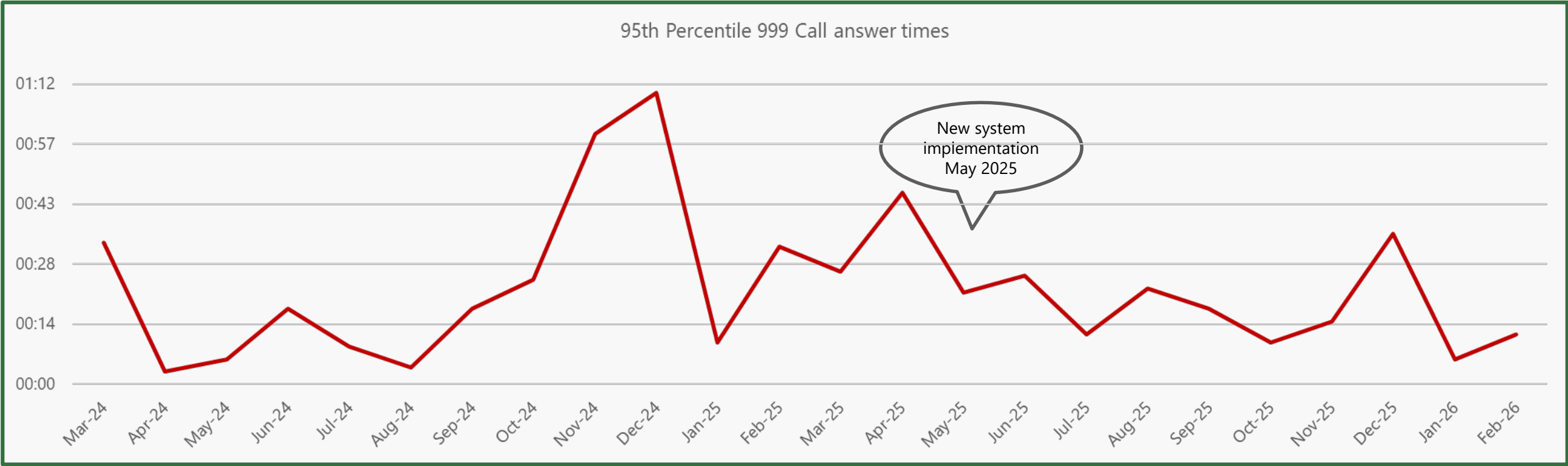


Our Patients: Quality, Safety & Patient Experience

999 Call Performance Indicators

Influencing Factors – Demand and Hours Produced

(Responsible Officer: Lee Brooks)



Analysis

The 95th percentile 999 call answering performance decreased to 12 seconds in February 2026 but is significantly lower than February 2025 (33 seconds). This remains above the 6 second target; however, the median call answer time for the 999-service has been consistently good at 1 second. The new system is now aligned with reporting and is signed off.

There was a slight increase in demand during February 2026 to 39,006 calls from 37,911 in February 2025.

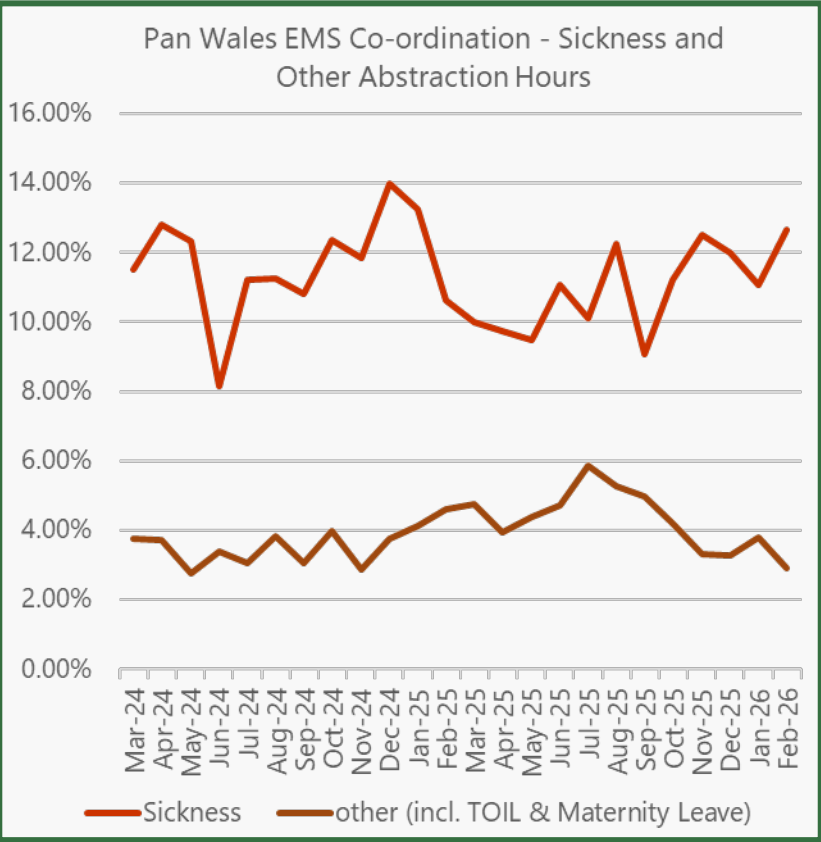
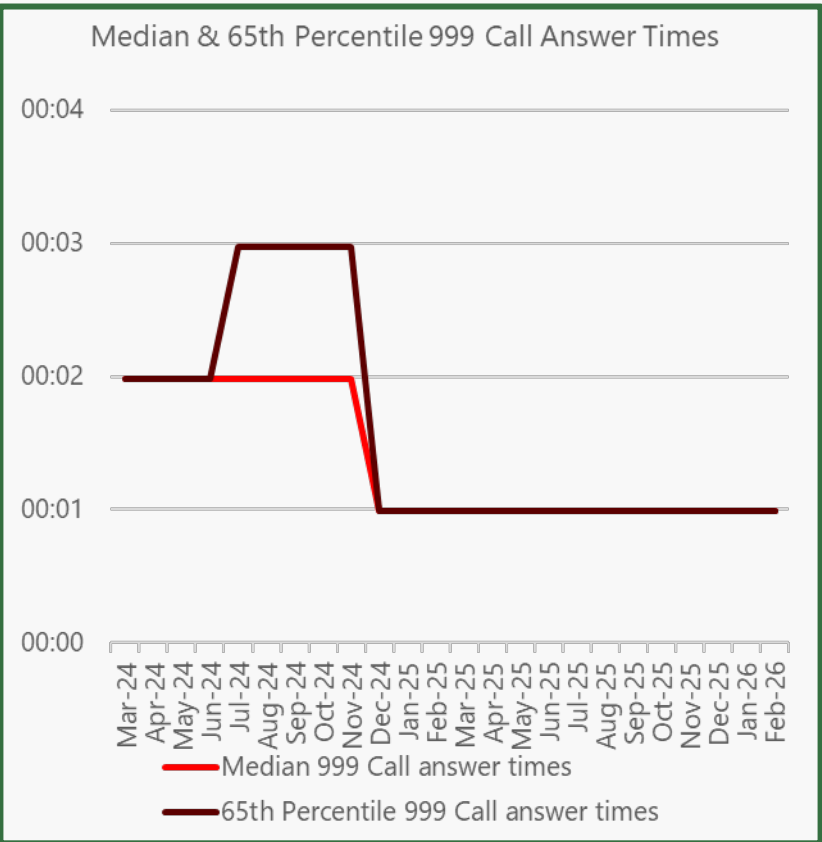
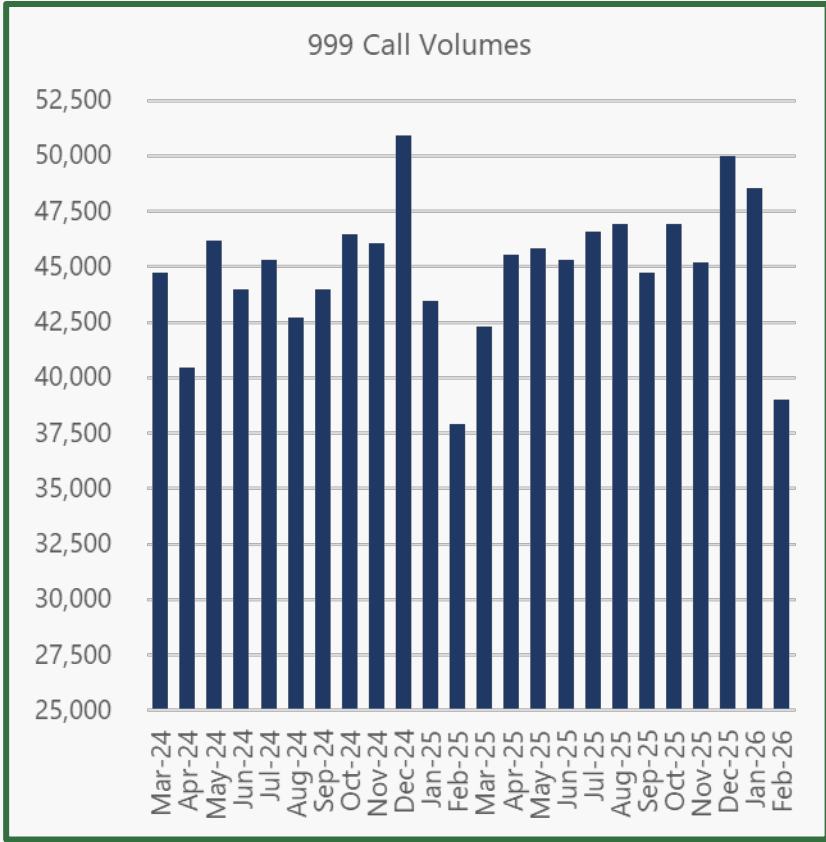
Call taker UHP for the month of February was at 90% and all EMSC sickness level saw an increase, from 10.62% in February 2025 to 12.64% in February 2026.

Remedial Plans and Actions

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

Expected Performance Trajectory

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

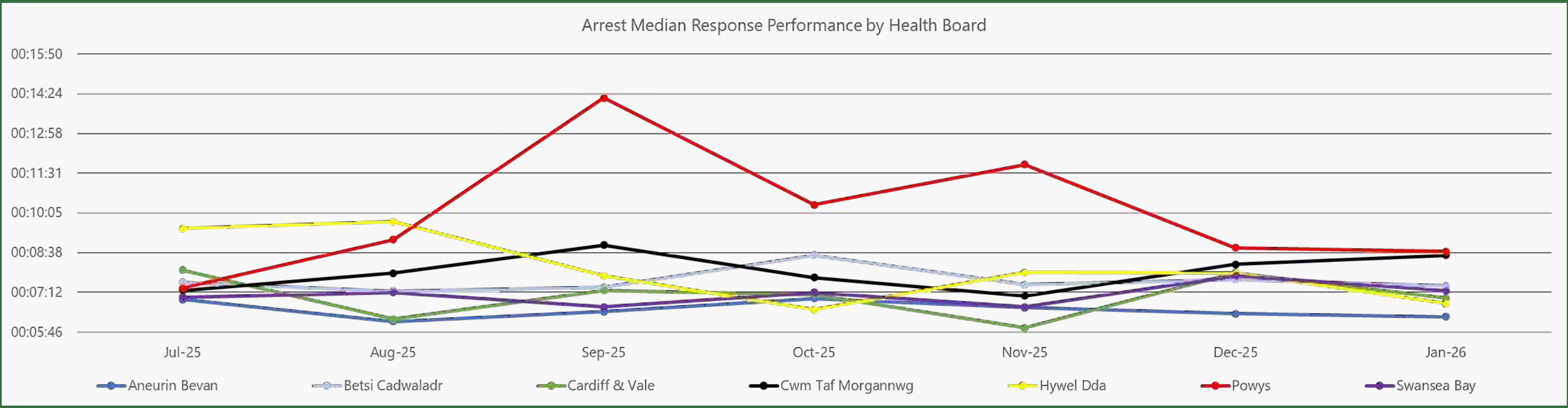
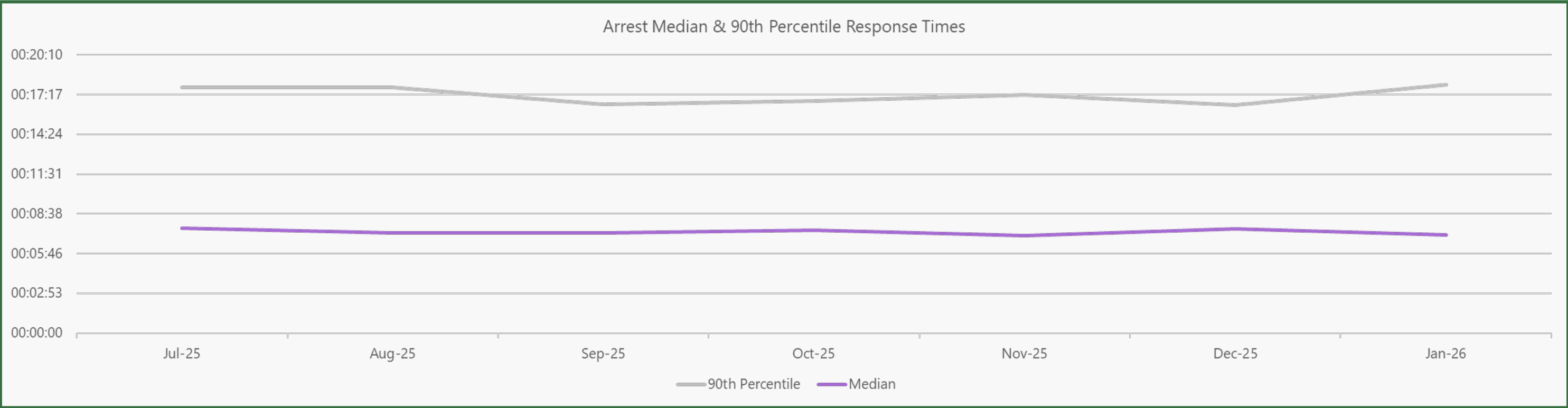


Our Patients: Quality, Safety & Patient Experience

Arrest Purple Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)

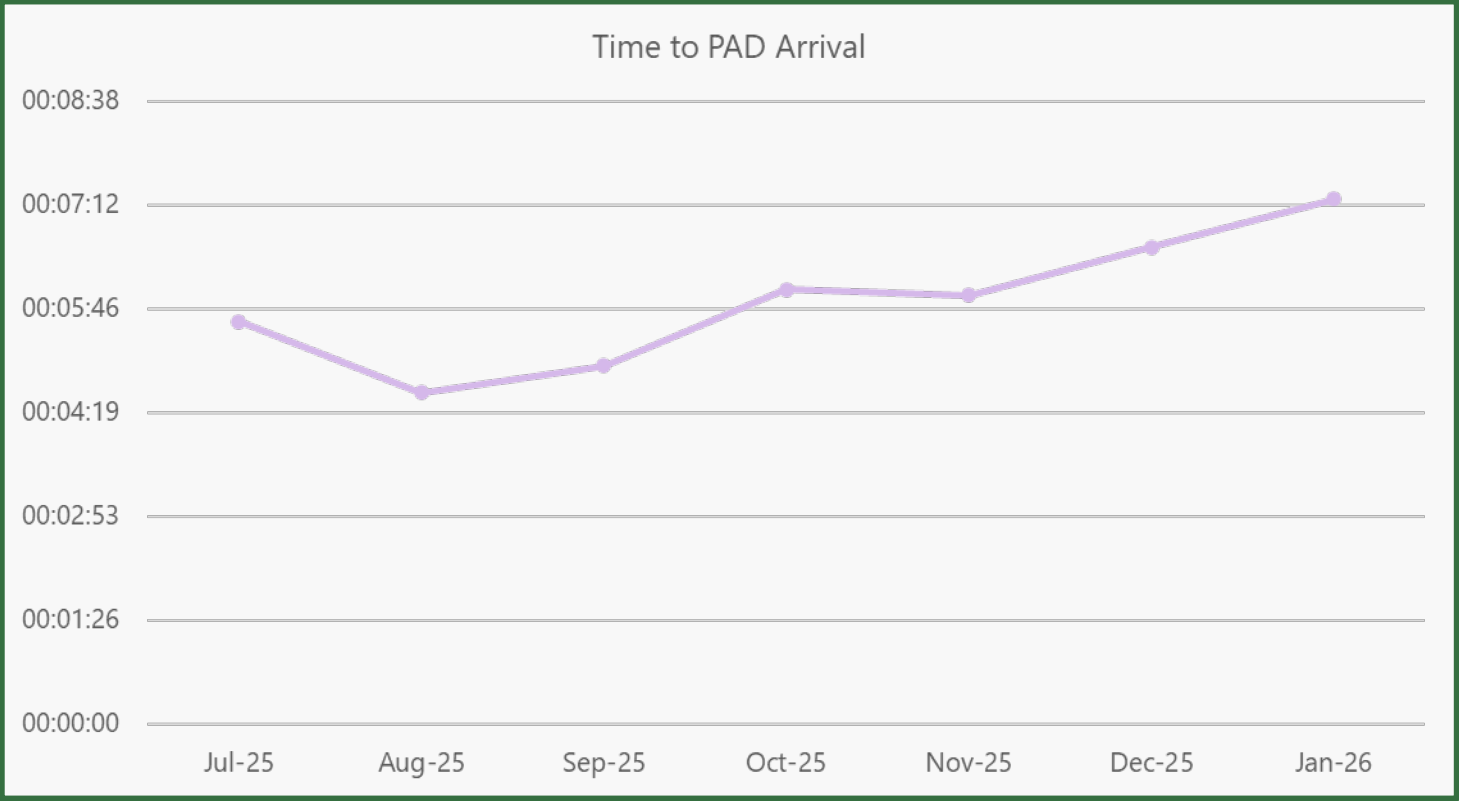
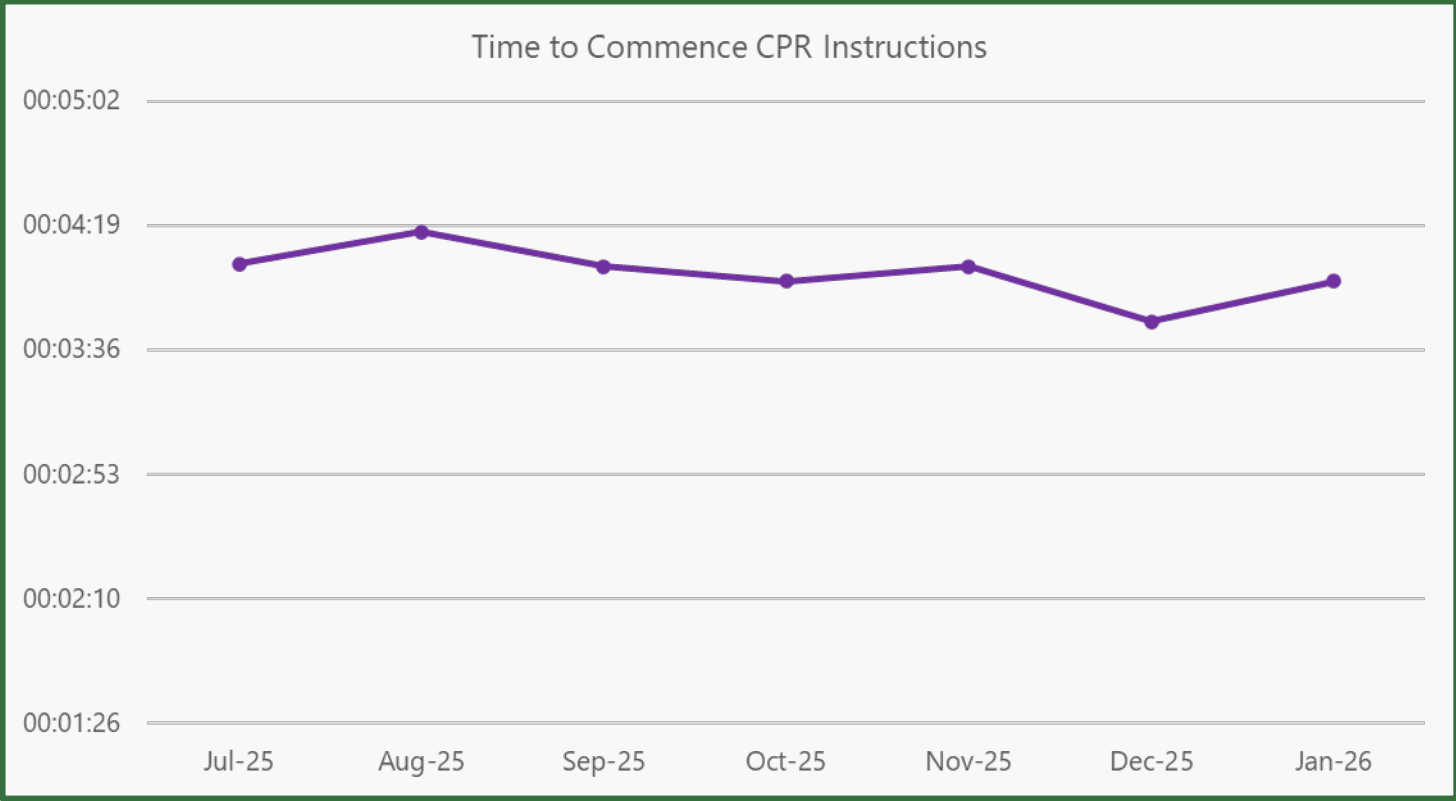
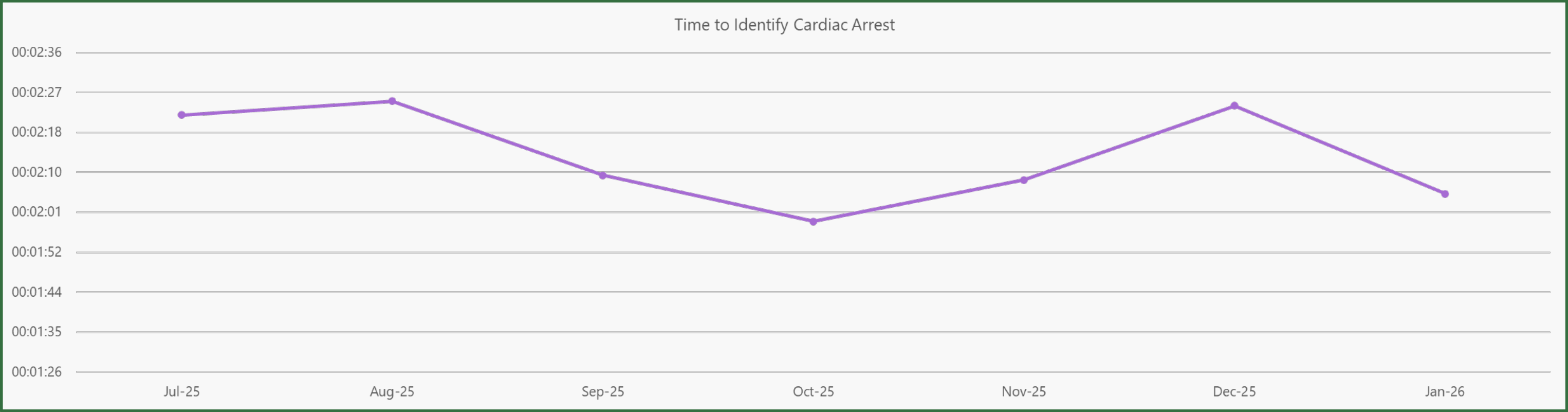
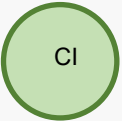


Our Patients: Quality, Safety & Patient Experience

Arrest Purple Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

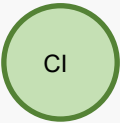
(Responsible Officer: Lee Brooks)



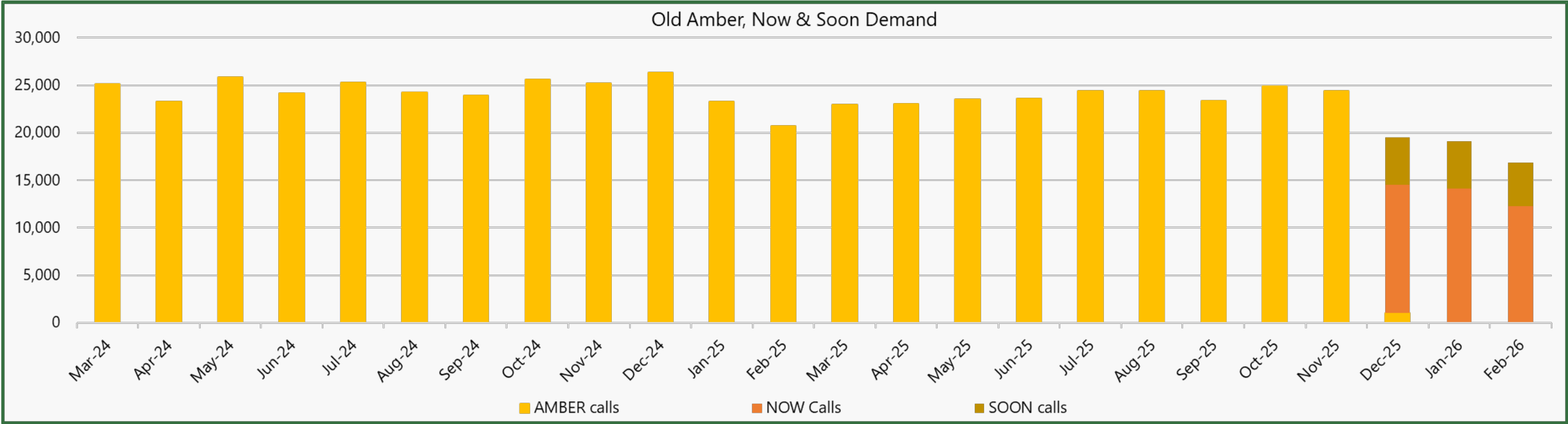
Our Patients: Quality, Safety & Patient Experience

Amber Performance Indicators

(Responsible Officer: Lee Brooks)



Influencing Factors – Demand, Hours Produced and Hours Lost



Analysis

In December 2025 the existing Amber category, was replaced by Orange (now) and Yellow (soon). However, some calls were recorded as the old Amber category.

The median response time in January 2026 for Now incidents was 1 hour 52 minutes 39 seconds. Powys health board had the lowest median time of 1 hour 01 minutes and 4 seconds, and Aneurin Bevan had the highest at 2 hours 14 minutes and 37 seconds.

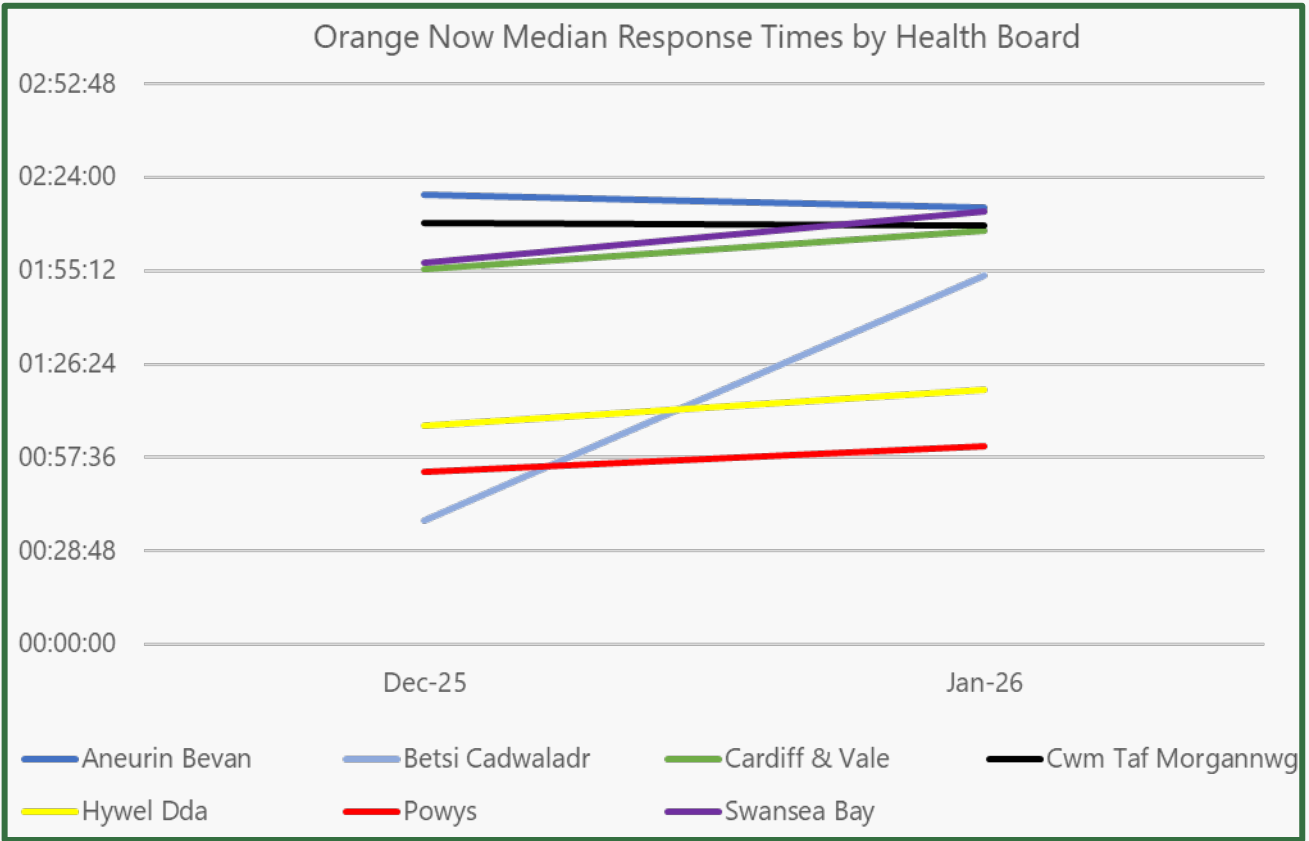
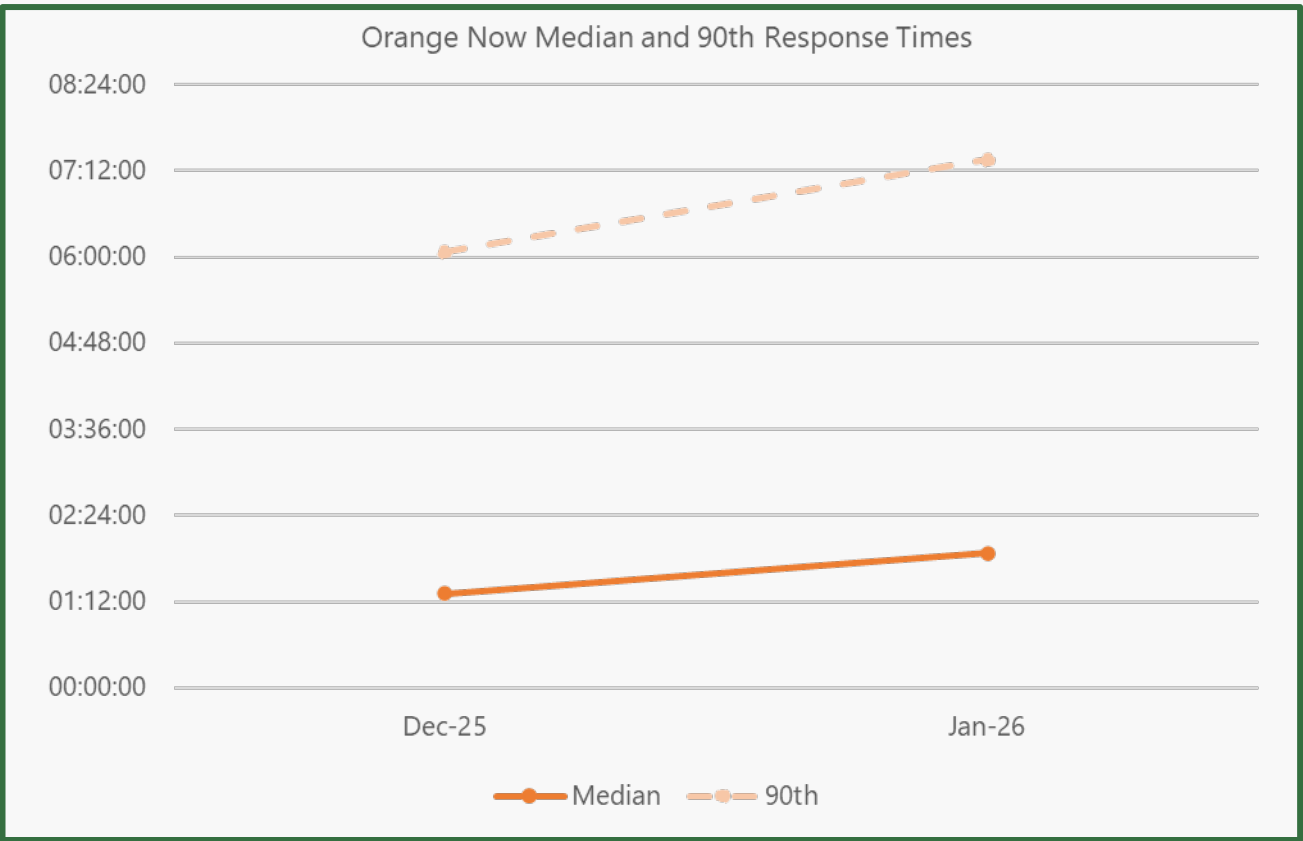
For Now calls, the 90th percentile response time was 7 hours 21 minutes 13 seconds. Powys had the lowest time of 4 hours 53 minutes and 53 seconds, and Swansea Bay had the highest at 8 hours 28 minutes and 42 seconds.

Remedial Plans and Actions

Monitoring of phase 2 will continue via Now and Soon categories.

Expected Performance Trajectory

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



Our Patients: Quality, Safety & Patient Experience

Patient Experience – Influencing Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

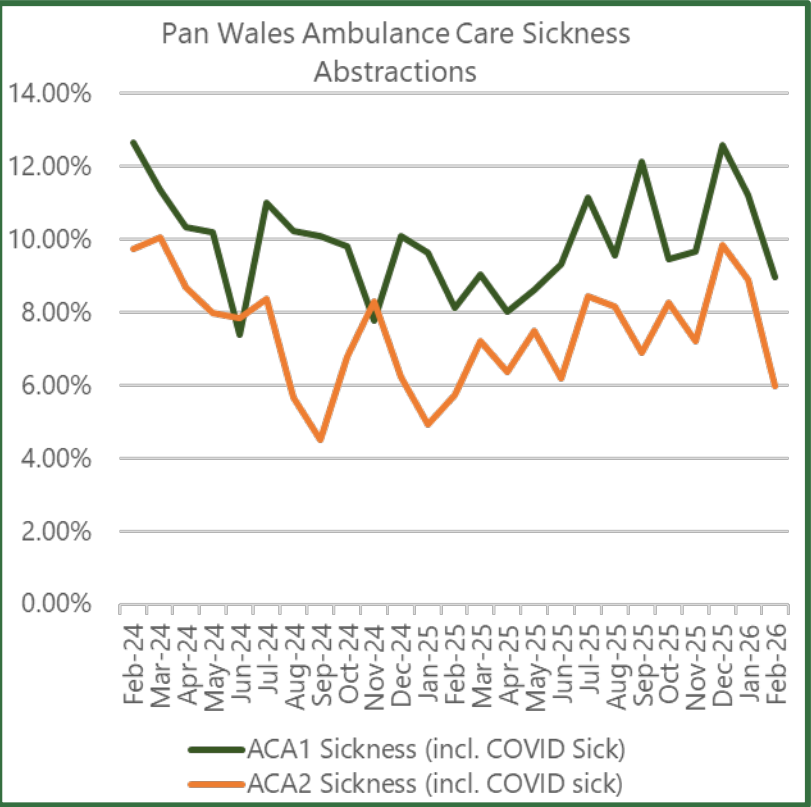
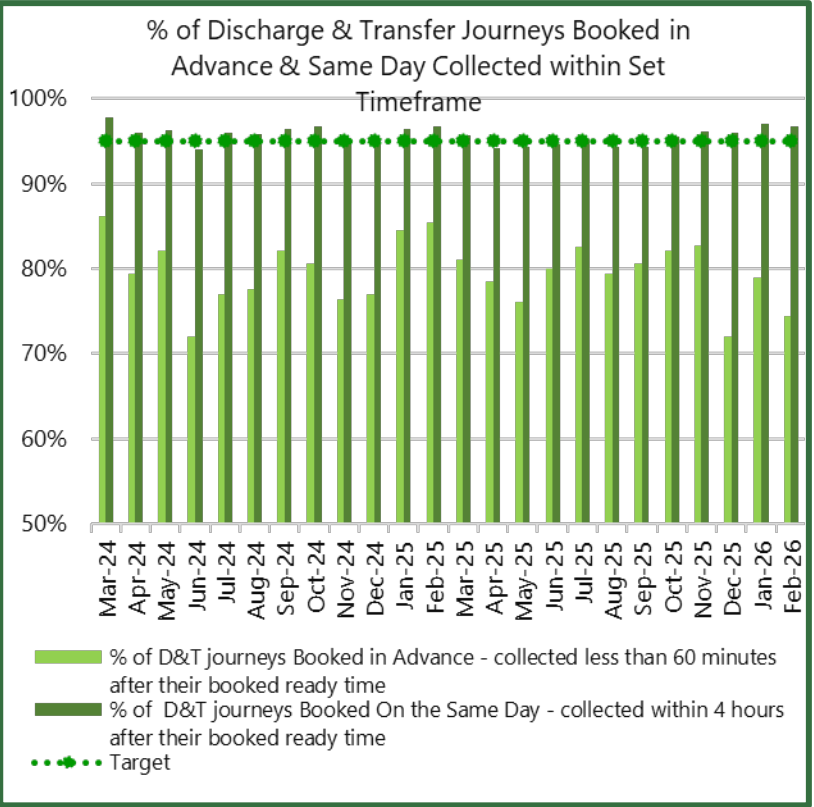
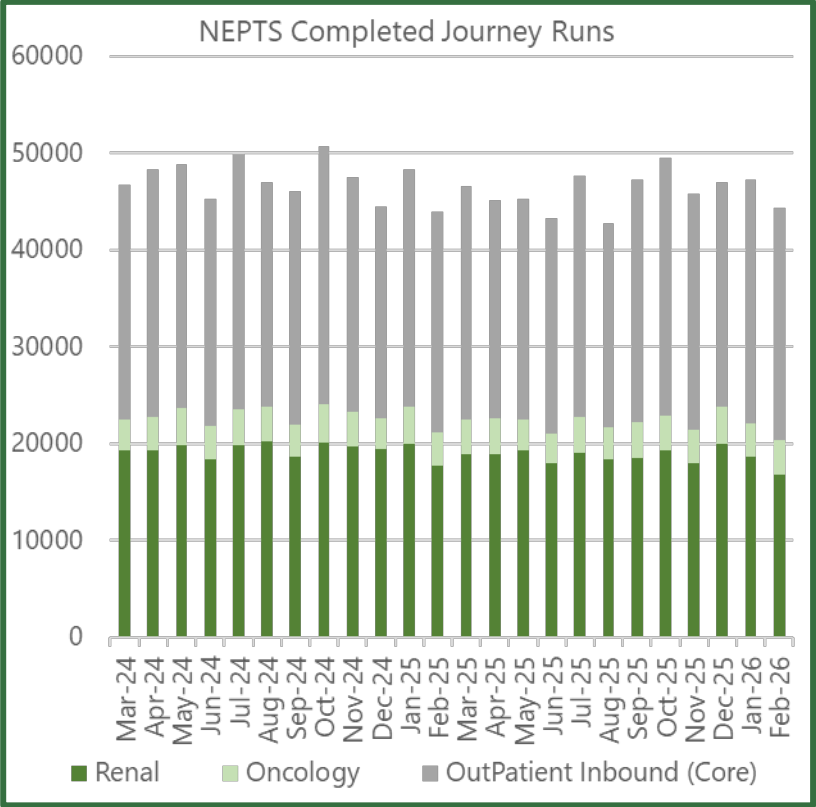
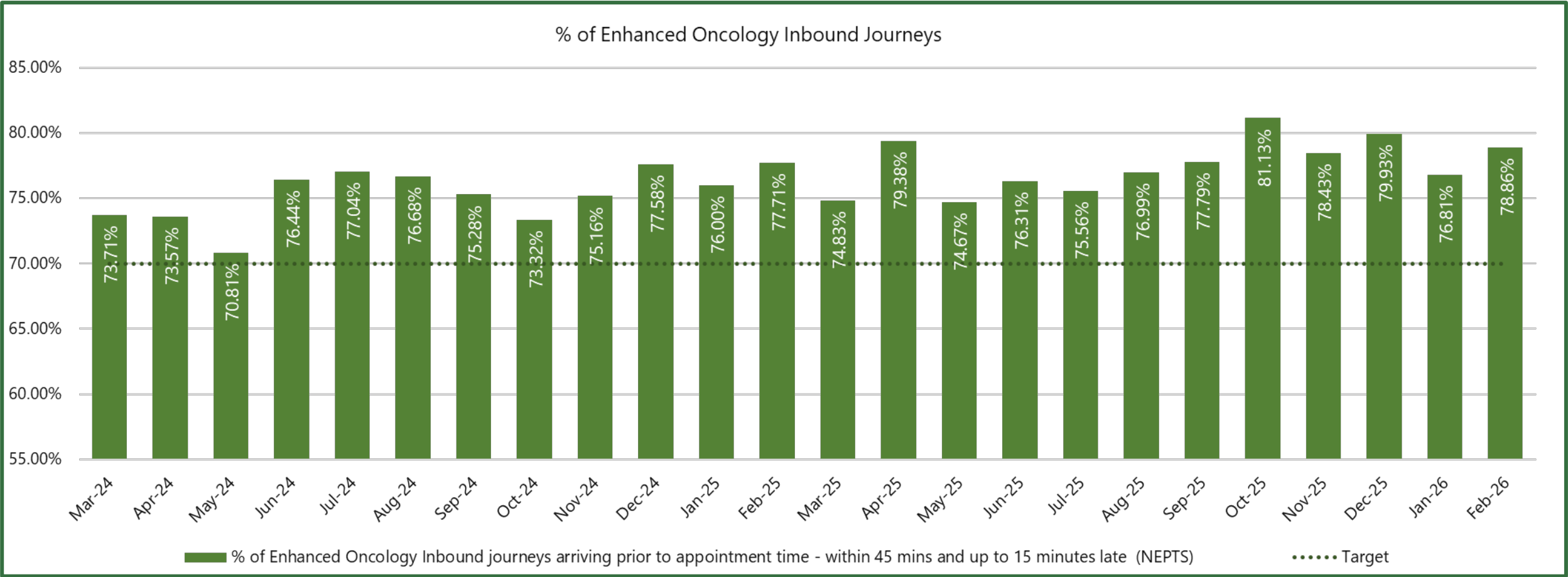
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CI



Analysis

Discharge and Transfer journeys booked in advance and collected less than 60 minutes after their appointment decreased in February 2026 to 74% and remain below the 95% target. Discharge and Transfer journeys booked on the same day achieved 97% in February 2026, achieving the target (95%).

Renal journeys arriving within 30 minutes prior to their appointment time marginally increased from 73.36% in February 2025 to 74.37% in February 2026 and continued to achieve the agreed performance standard of 70%.

Call volumes answered increased to 18,778 calls during February 2026, from 16,237 in February 2025; and the average speed of call answering improved from 3 minutes and 22 seconds to 19 seconds.

In February 2026, ACA1 sickness remained above the 5.99% target, at 8.96% and ACA2 sickness also remains minimally above the 5.99% target at 6%.

Remedial Plans and Actions

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

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

Expected Performance Trajectory

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

Our People

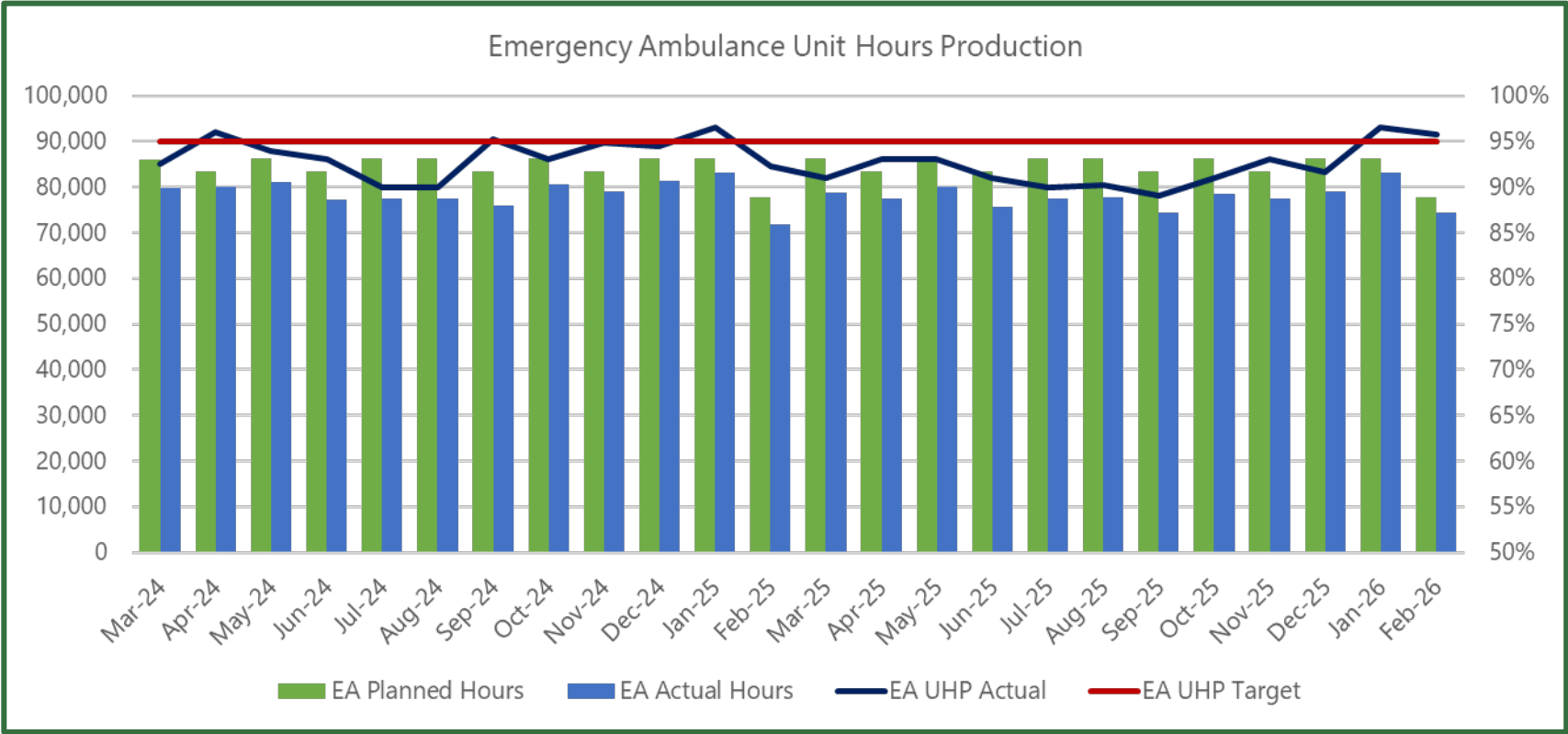
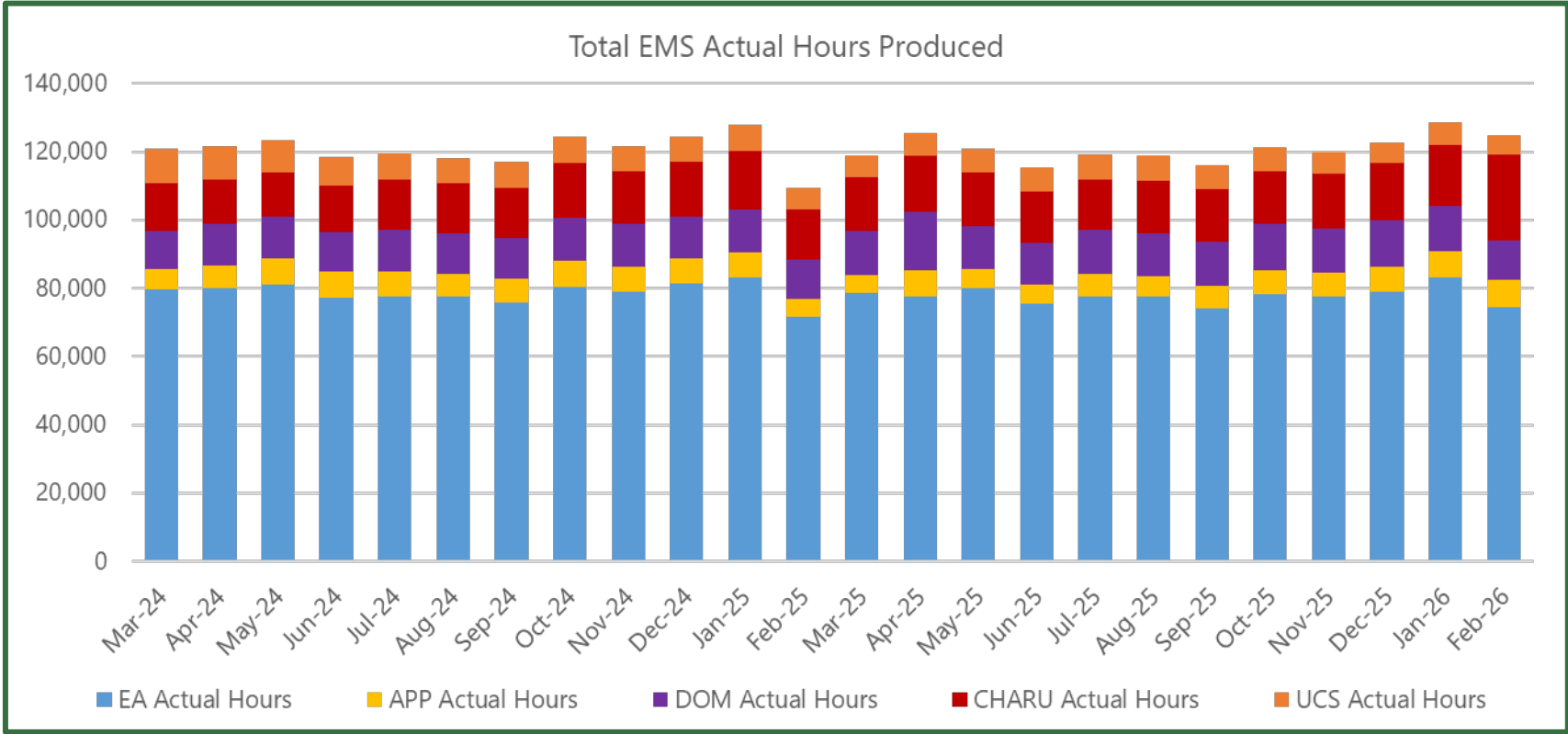
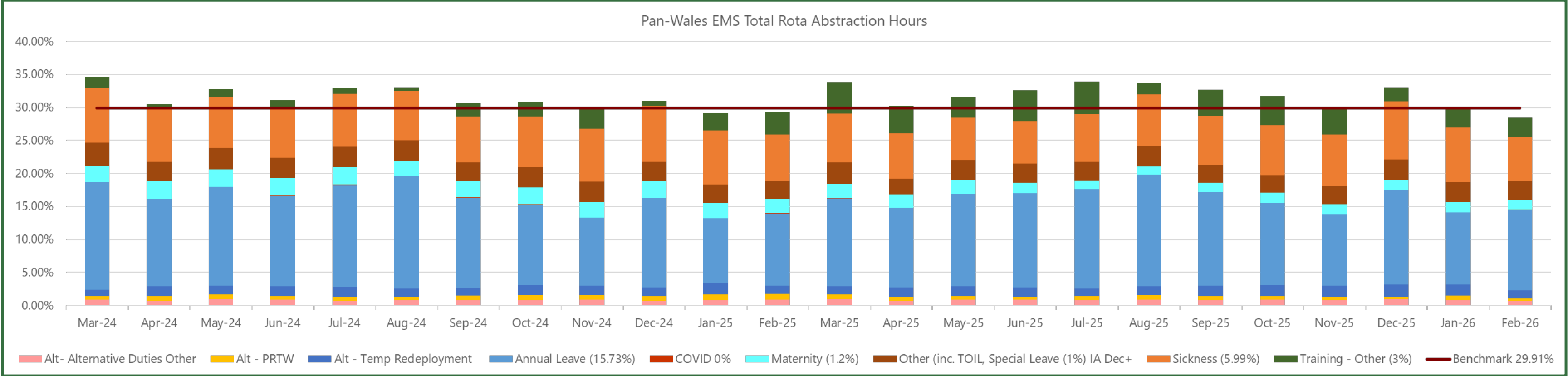
Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)

EA Production

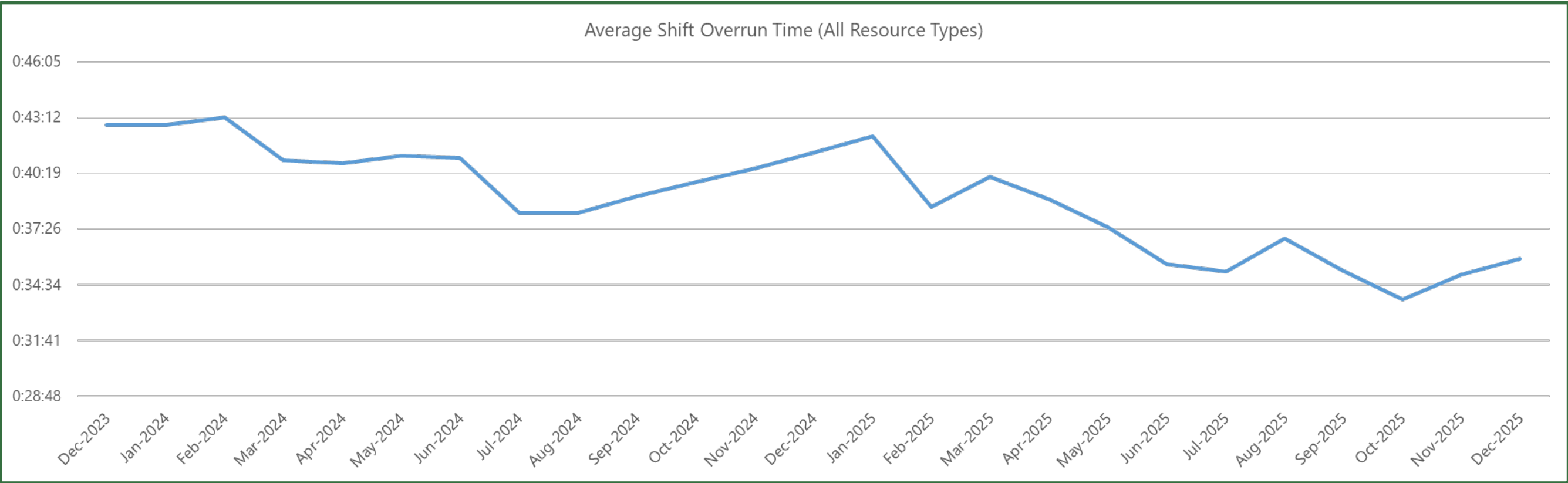
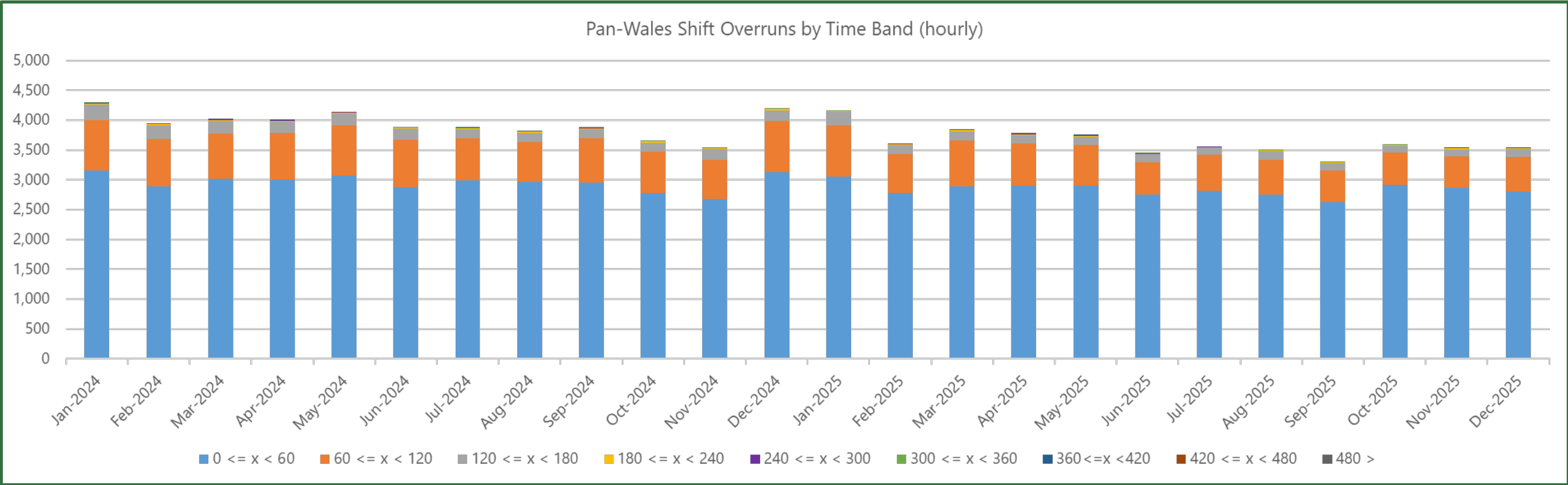
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Our People

Health and Well-being – Shift Overruns



Analysis

There were 3,342 shift overruns during February 2026.

The average overrun figure for February 2026 was 35 minutes and 27 seconds, a decrease from February 2025 (38 minutes 36 seconds). The trend continues to be downward over the past two years.

The highest volume of shift overruns occur within the 0 to 60-minute category, accounting for 78.9% of the total. 17% fall within the 61 to 120-minute category, 3.6% in the 121 to 180-minute category, 0.4% in the 181 to 240-minute category and 0.1% in the 241 minutes and over category.

Remedial Plans and Actions

Shift overruns are a key element of staff wellbeing and work is ongoing to mitigate these in conjunction with handovers, as although not shown here there is a clear correlation.

Collaborative work is ongoing with our Trade Union Partners via the Dispatch Framework Steering Group to find and test innovative ways to reduce overruns for our people; however, it must be noted that there is a limit to what the Trust can do to mitigate the impact of handover lost hours. The application of W45 remains the key solution.

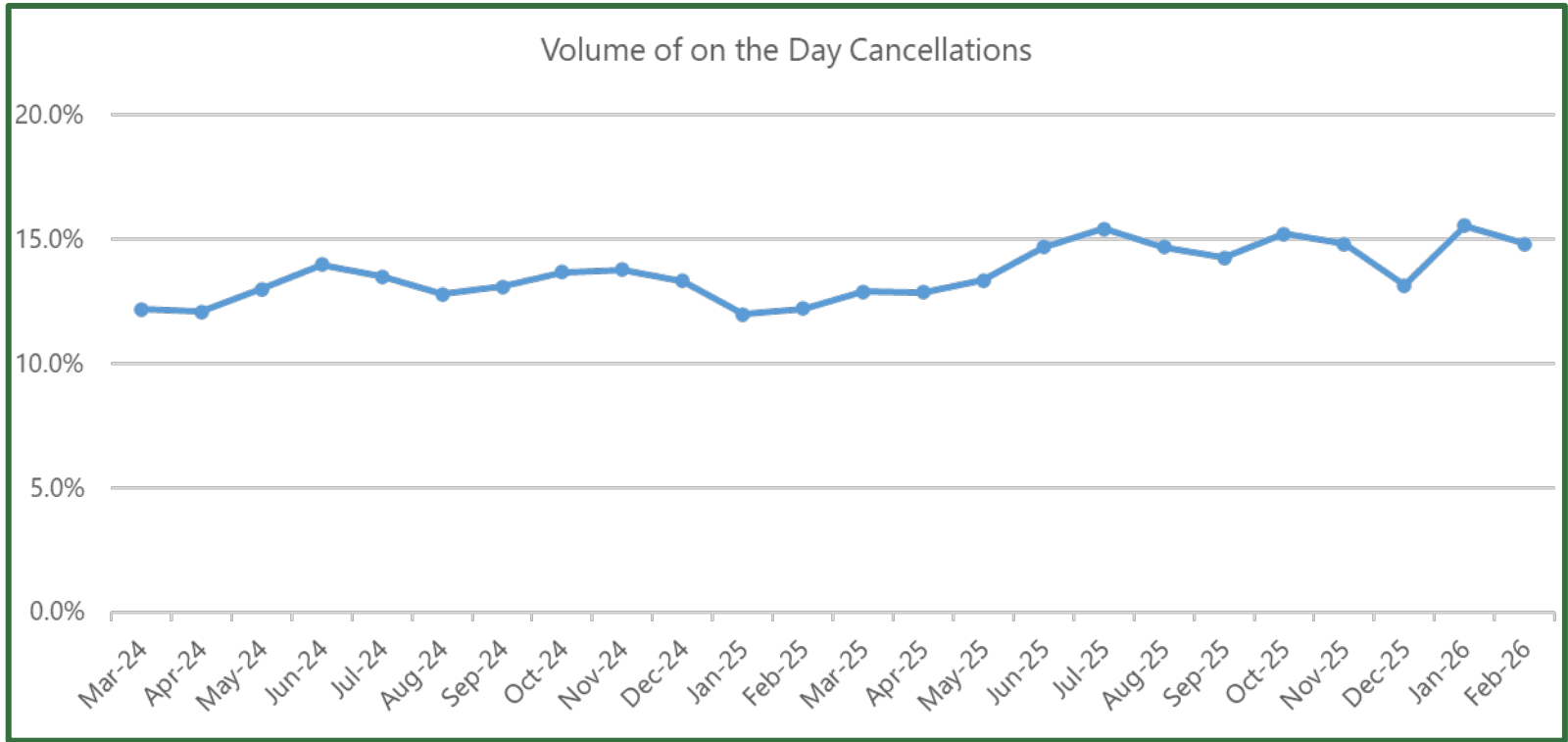
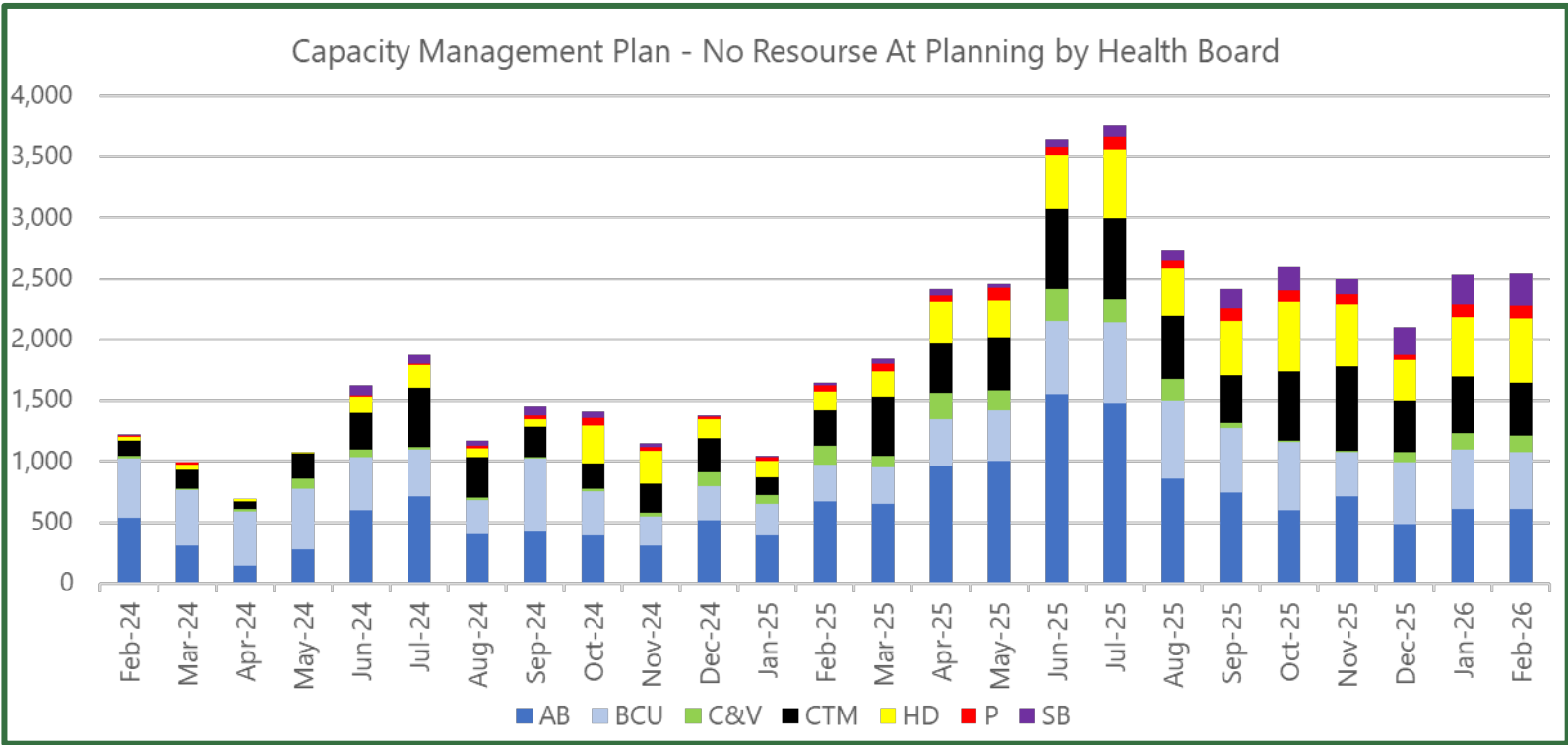
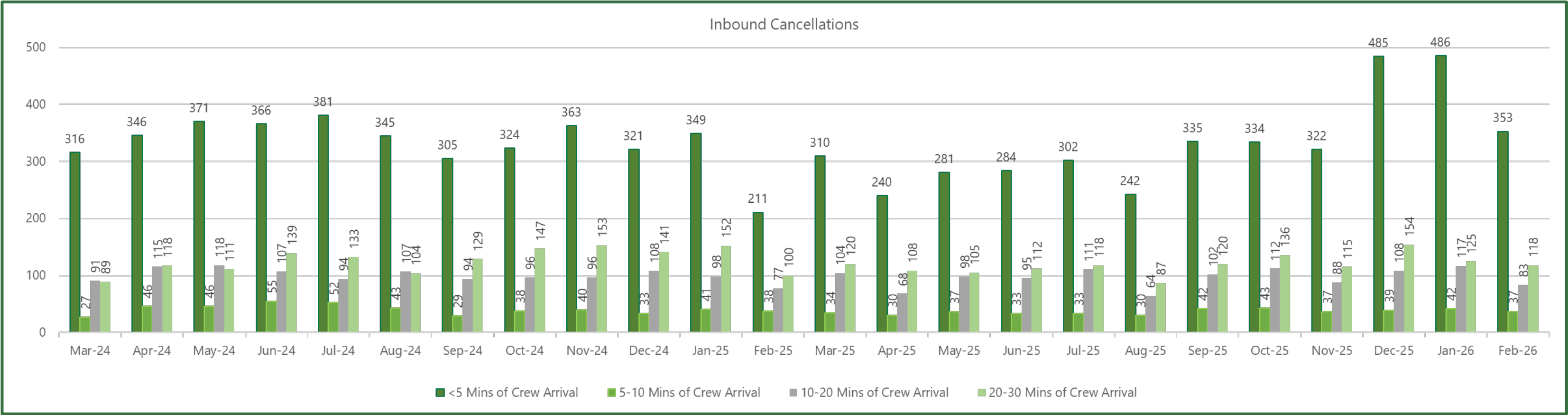
Expected Performance Trajectory

Overruns correlate with handover lost hours and may begin to decrease as handover times continue to reduce.

Finance, Resources and Value

Value: Ambulance Care Indicators

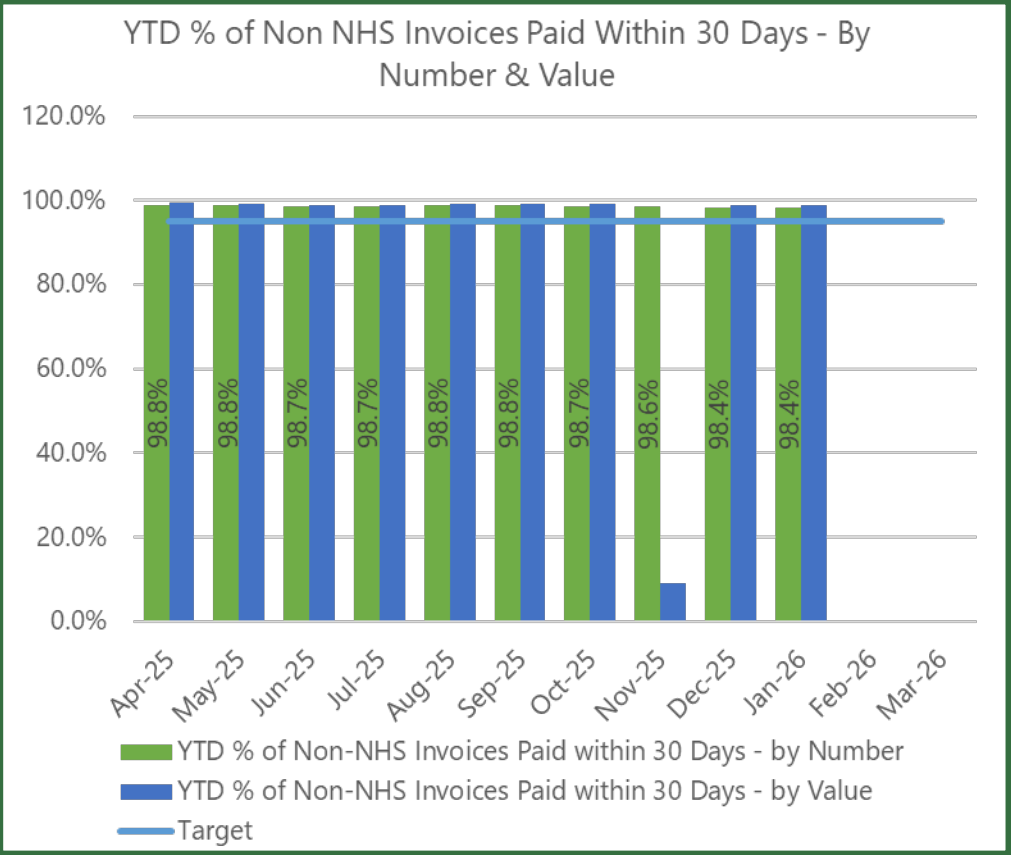
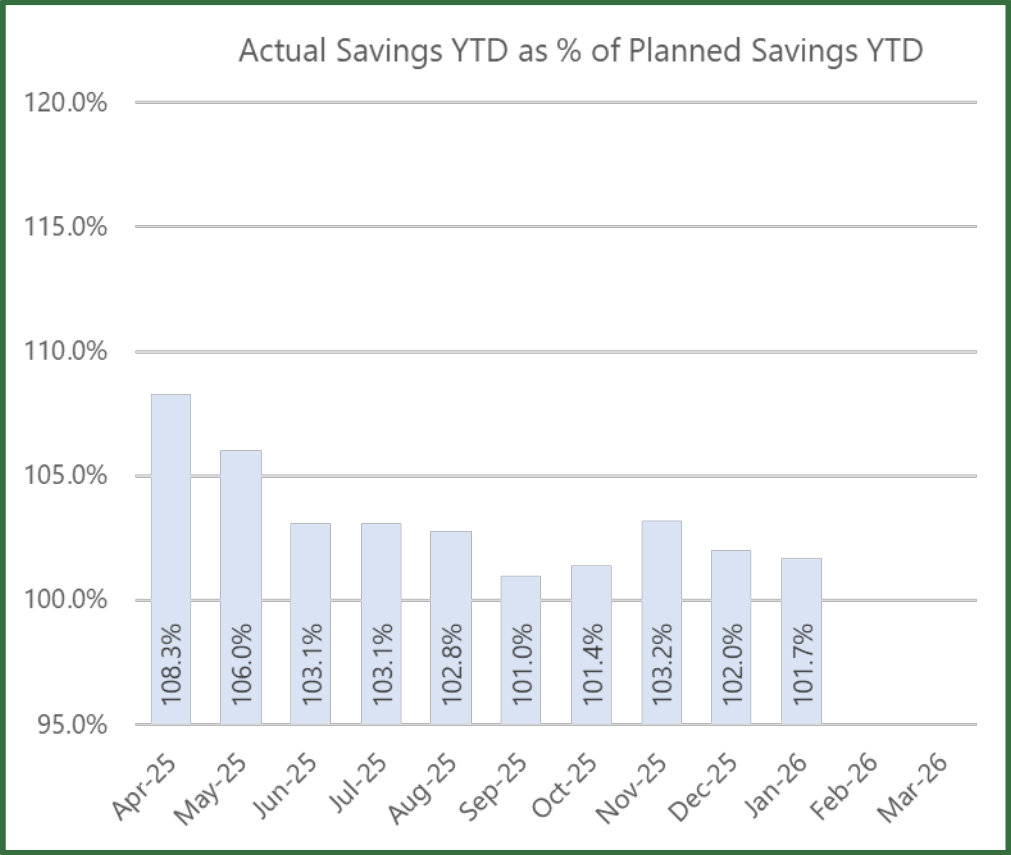
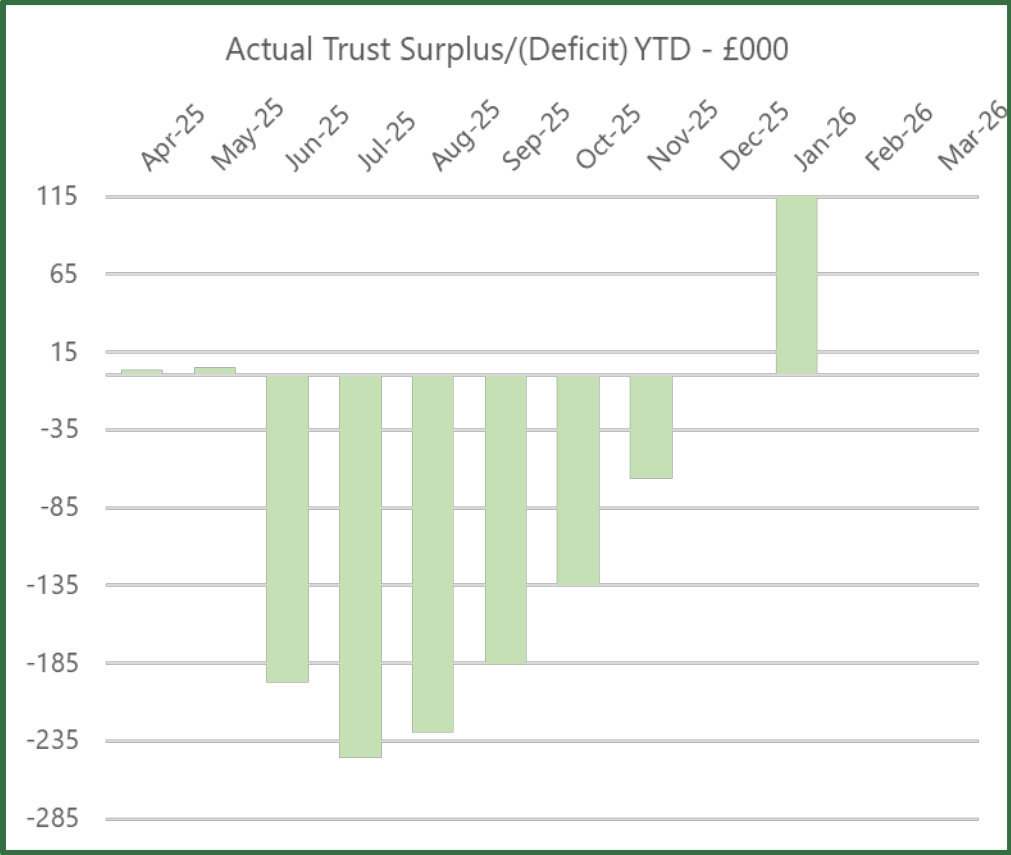
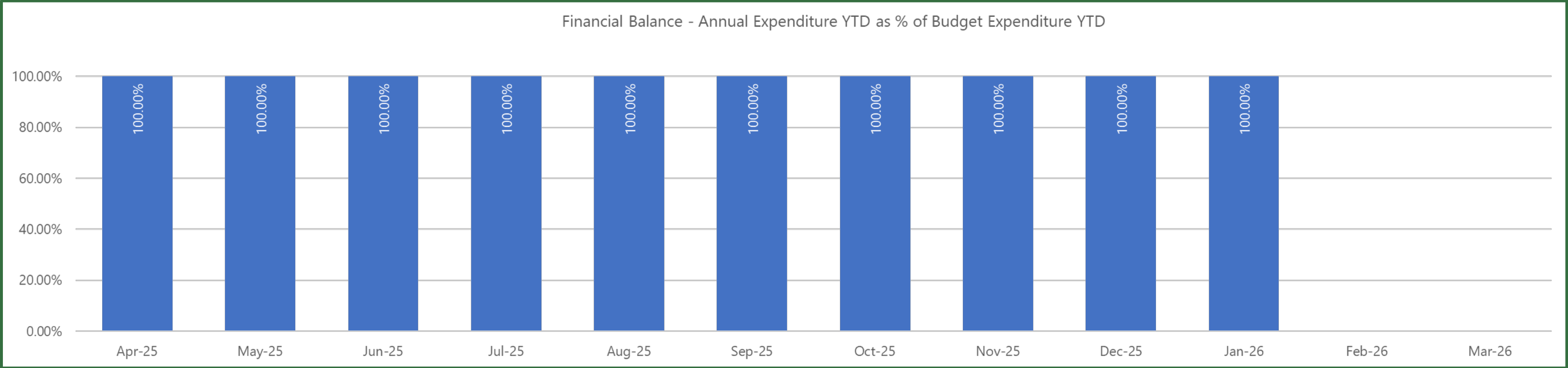
(Responsible Officer: Lee Brooks)



Finance, Resources and Value

Value - Finance Indicators

(Responsible Officer: Chris Turley)



Finance, Resources and Value

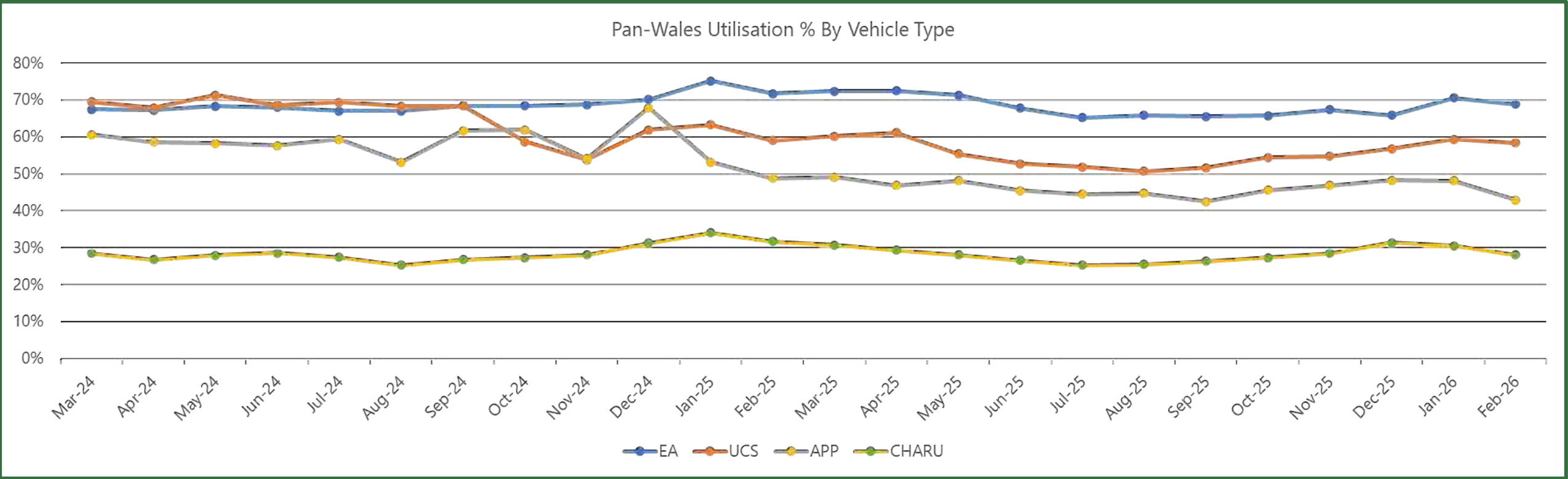
EMS Utilisation

(Responsible Officer: Lee Brooks)

CHARU
Utilisation

A

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



Analysis

Pan Wales Utilisation metrics in February 2026 were 54.1% for all vehicles types, a decrease from 63.8% in February 2025. EA saw the highest rate during the month at 68.9%, a minimal decrease but returning to an upward trend for the beginning of the year. The optimal utilisation rate for EAs needs to be lower so that they are free to respond to incoming calls.

CFR data collation is under review. From the data available, in January 2026 we can see that CFRs attended 523 incidents and were first at scene to 414 of those incidents equating to 79.2% where they were the first response arriving at the scene.

Remedial Plans and Actions

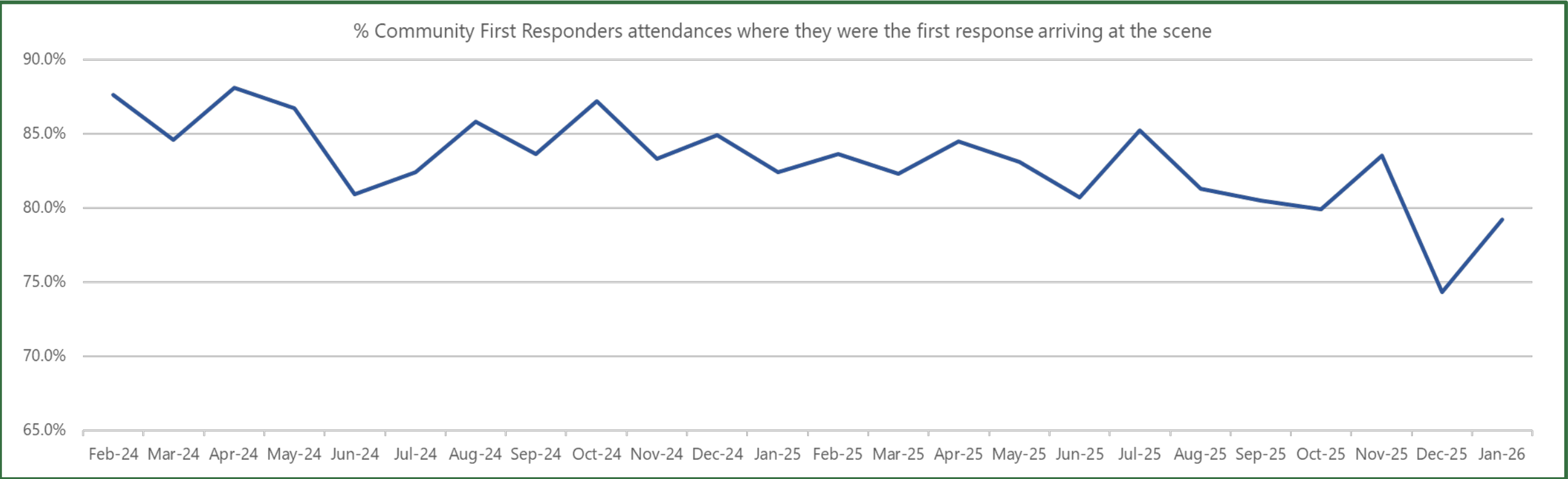
EA and UCS jobs per shift is fundamentally a product of handover delays.

For APPs, the APP Recruitment Task & Finish Group will give a focus on further improvement, in particular, improved information and a re-roster.

Work ongoing to connect Assemble and CAD for all CFR and Community Welfare Responders (CWR) hours.

Expected Performance Trajectory

The Trust's ability to reduce the high utilisation rates for EAs and UCS is a product of handover, which it does not control. If W45 is delivered the Trust should see a reduction in the utilisation rate. Previous modelling has identified an optimal EA utilisation rate of 57%.



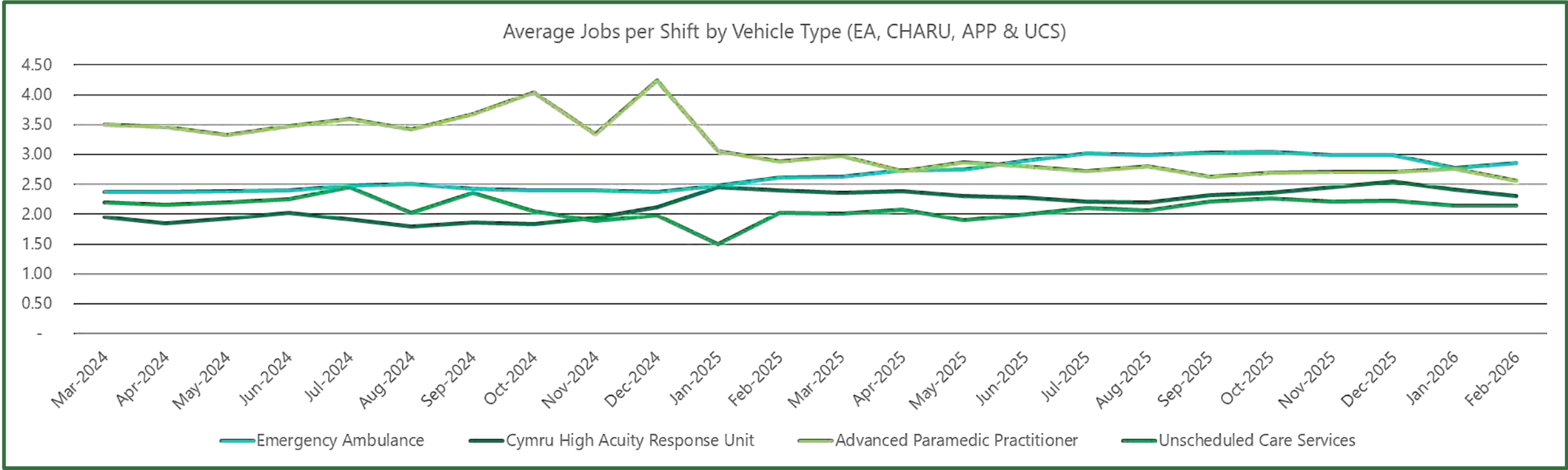
Finance, Resources and Value

Average Job/Shift Times

(Responsible Officer: Lee Brooks)

Jobs Per Shift

A



Analysis

Overall average jobs per shift was 2.71 in February 2026, a minimal increase from February 2025 (2.55). EAs averaged 2.85 jobs per shift and UCS crews 2.14. The D&C review conducted by ORH indicated that 2.3 jobs per shift was the optimum level for EAs if at full establishment and if handover was reduced to target levels and full transformation by the Trust.

APPs attended on average 2.57 jobs per shift and CHARU's 2.31. We would expect CHARUs to be low, as they need to be free to respond very quickly, but it is not clear why APPs are so low.

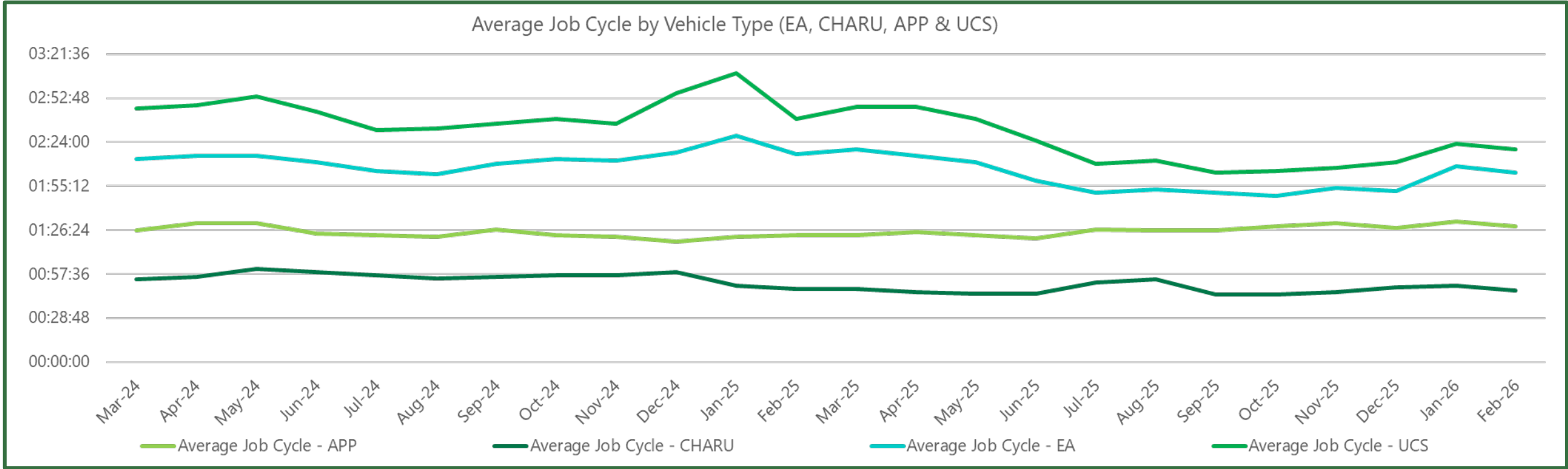
As demonstrated in the bottom graph, the average job cycle minimally decreased in February 2026 for UCS (2 hours and 19 minutes), CHARU (47 minutes), APPs (1 hour 29 minutes) and EAs (2 hours 4 minutes).

Remedial Plans and Actions

There are two key actions underway for APPs a) scheduling (that is responding to the code set they are designed to focus on, and the APP re-roster, which is due to take place in Q4 and into Q1 + Q2 next year.

Expected Performance Trajectory

EA job per shift is already better than benchmark and CHARUs should be low so they are free to respond. The area of focus is for APPs. Currently, the Trust has modelled a level of increased utilisation, via the re-roster work. Further work is required to identify what this higher utilisation rate would give in terms of jobs per shift.

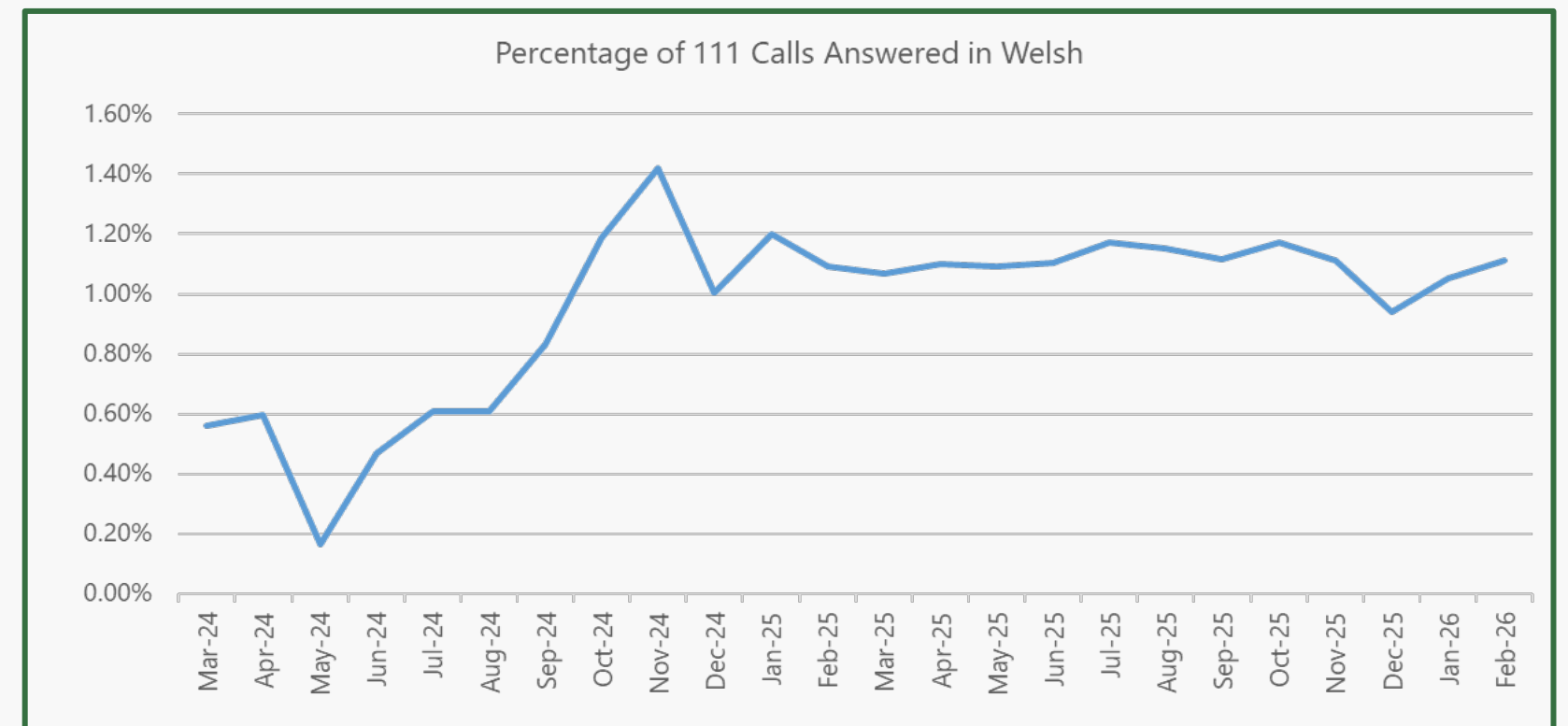
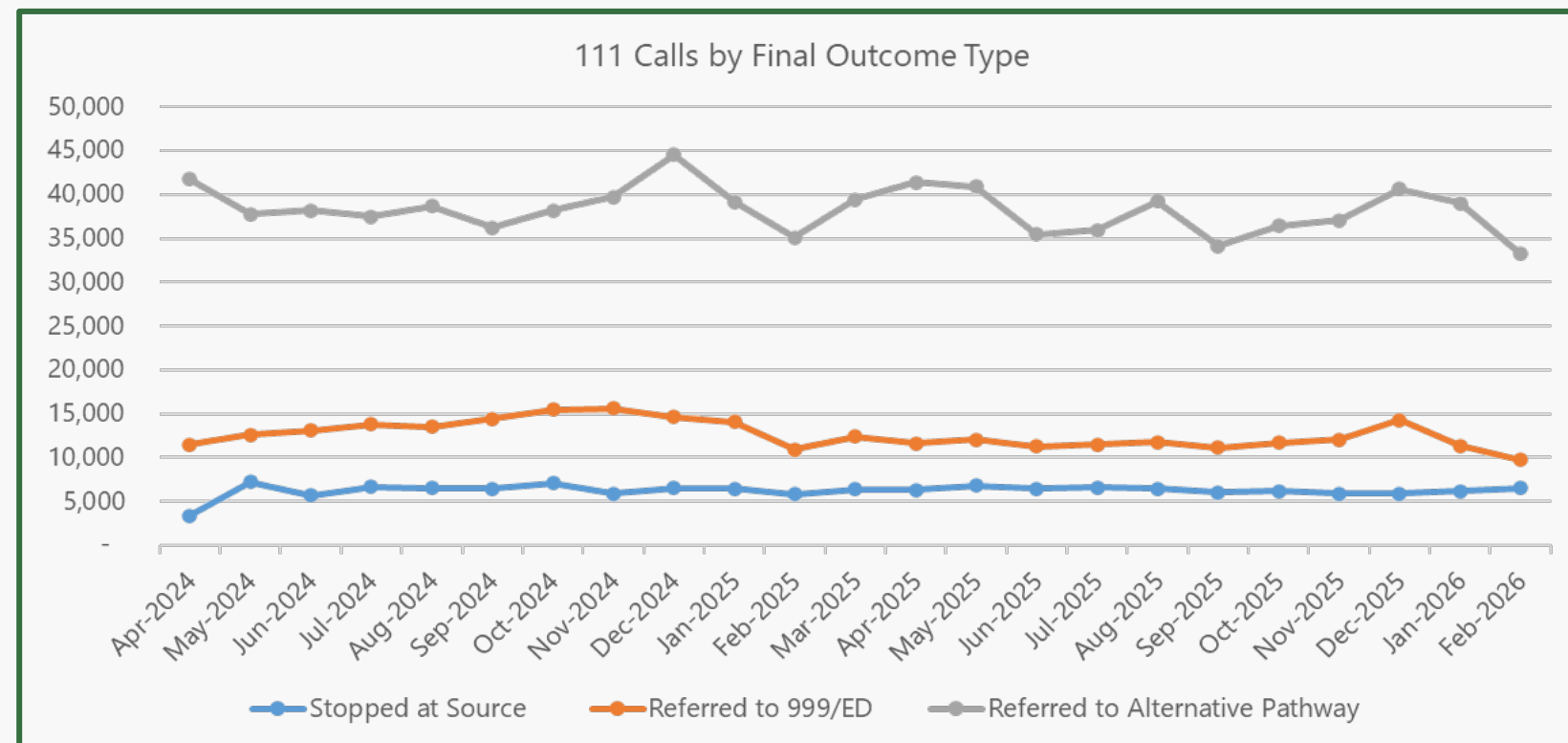
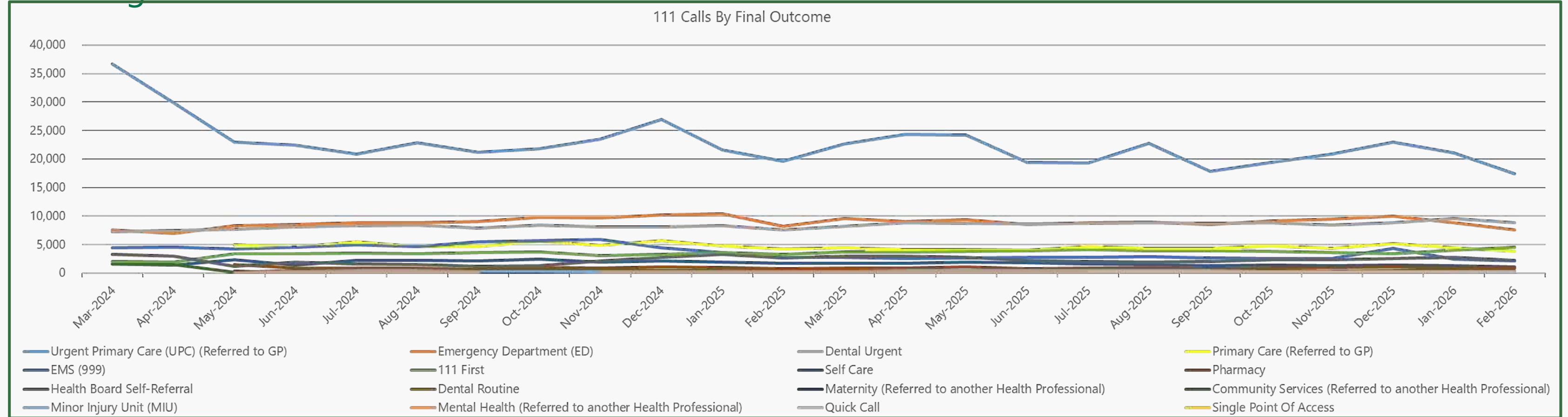


Partnerships / System Contribution

NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators

Influencing Factors – Demand and Clinical Hours Produced

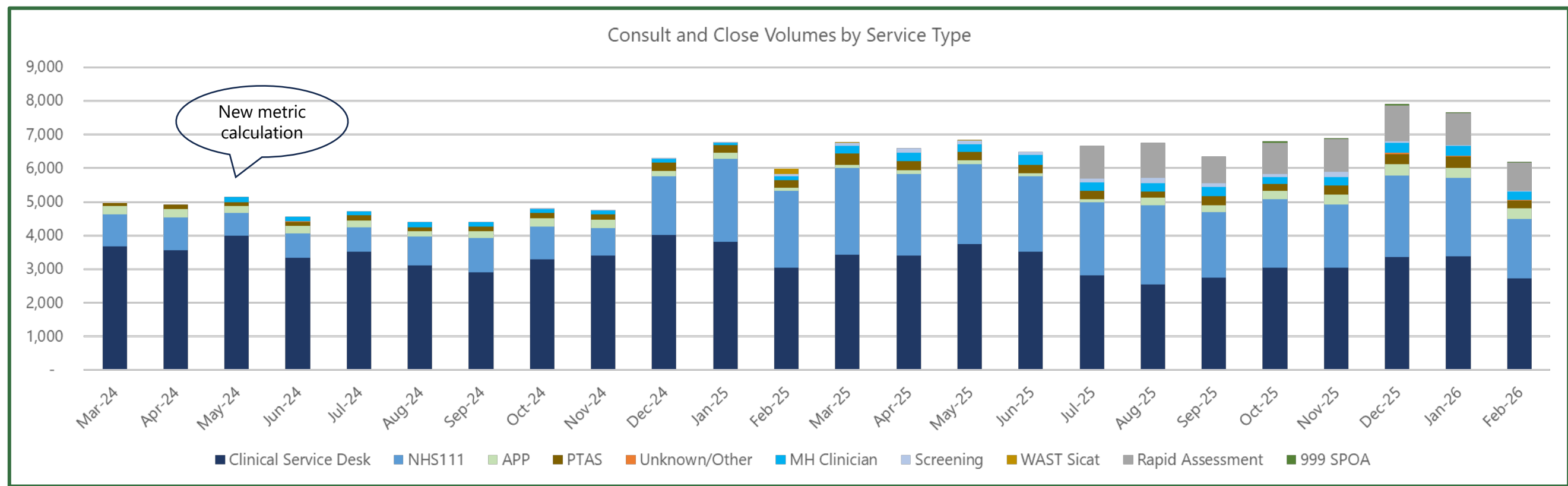
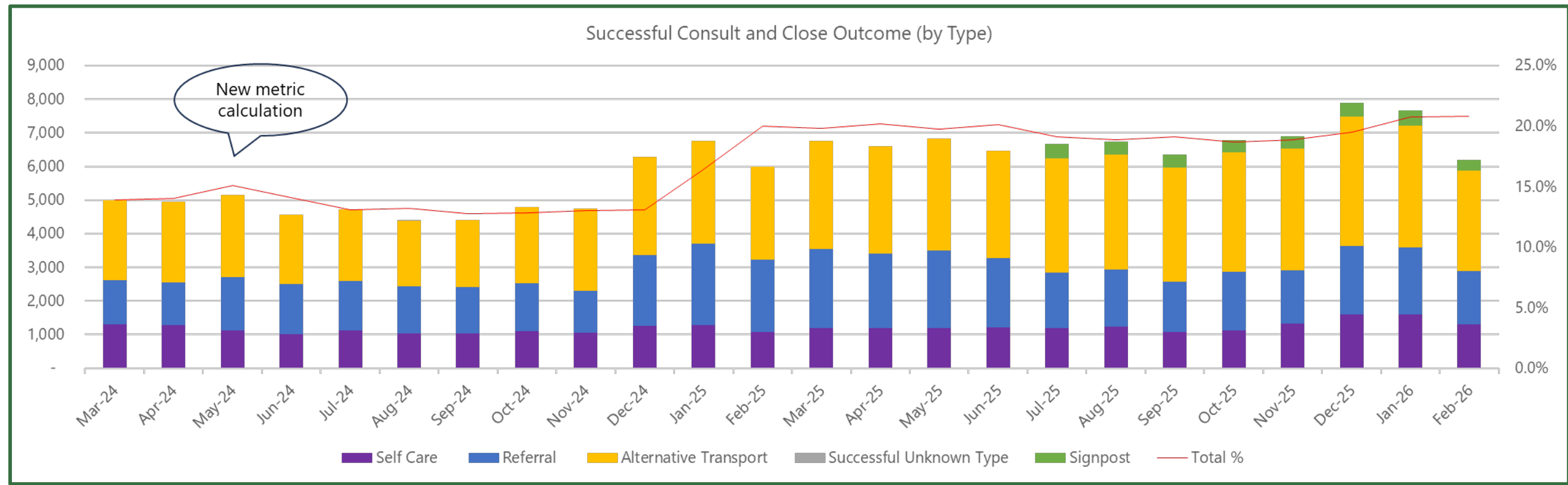
(Responsible Officer: Lee Brooks)



Partnerships / System Contribution

Consult & Close Indicators

(Responsible Officer: Lee Brooks)



Analysis

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

Contributions from Clinical Service Desk (CSD) (8.66%), NHS111 (5.58%), WAST APP (1.03%), Health Boards using Physician Triage and Streaming Service (PTAS) (0.69%), Mental Health Clinician (0.78%), Screening (0.08%), Rapid Assessment (2.67%) and 999 Single Point of Access (SPOA) (0.05%) achieved 19.6% in February 2026, a minimal decrease compared to February 2025 (19.8%), not achieving the 22% target. In February 2026, the number of 999 calls resulting in a Consult and Close outcome was 6,189, up from 5,982 in February 2025.

Of the calls successfully closed in February 2026, 1,310 patients received an outcome of self-care; 1,578 patients were referred to other services (including to Minor Injury Units and SDEC), 2,981 were advised to seek alternative transport services to acquire treatment and 320 were signposted.

Remedial Plans and Actions

- Work underway reviewing processes, has yielded efficiencies in remote clinical support.
- Implementation of 15 recommendations from commissioner review.

Expected Performance Trajectory

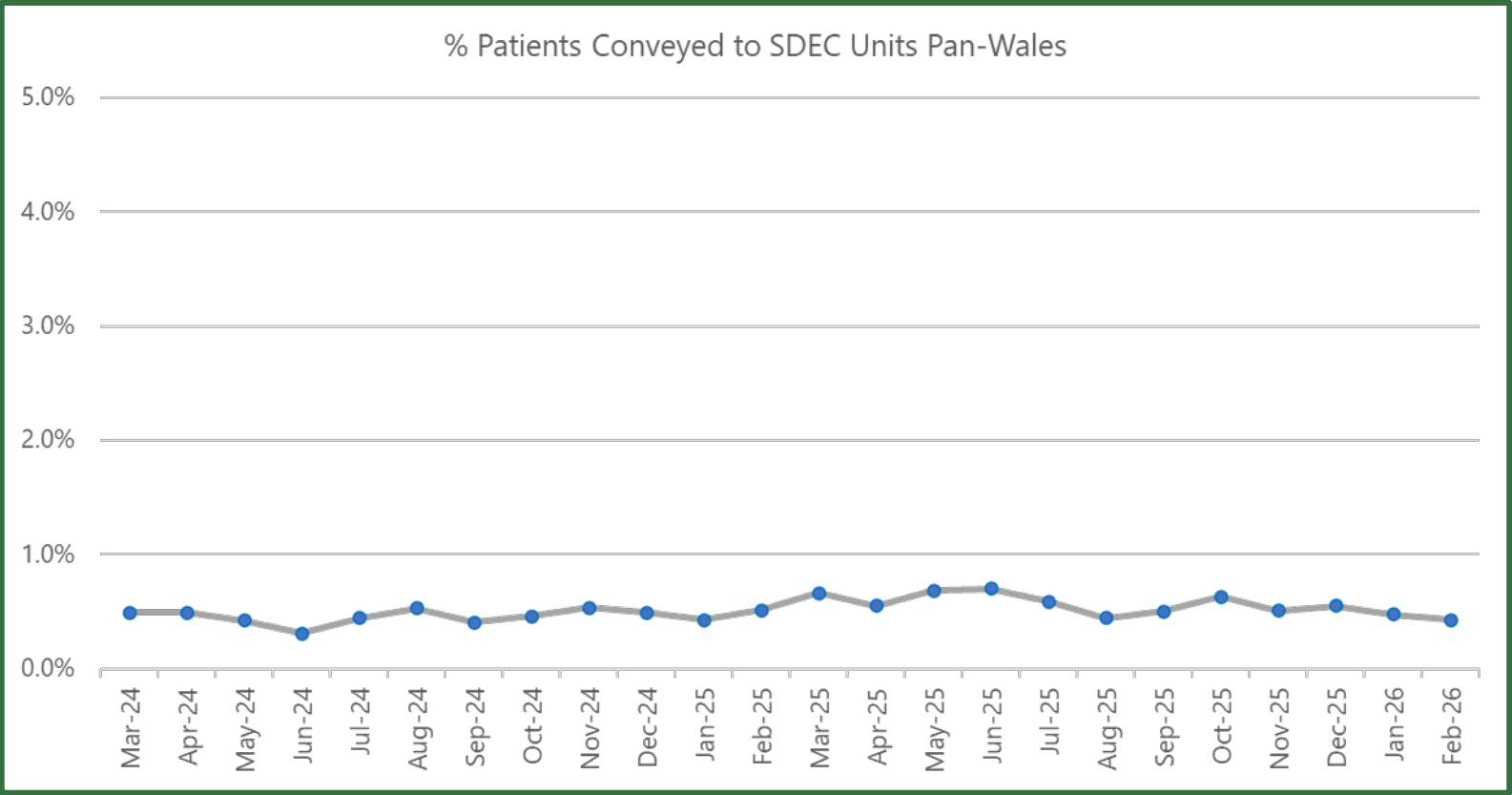
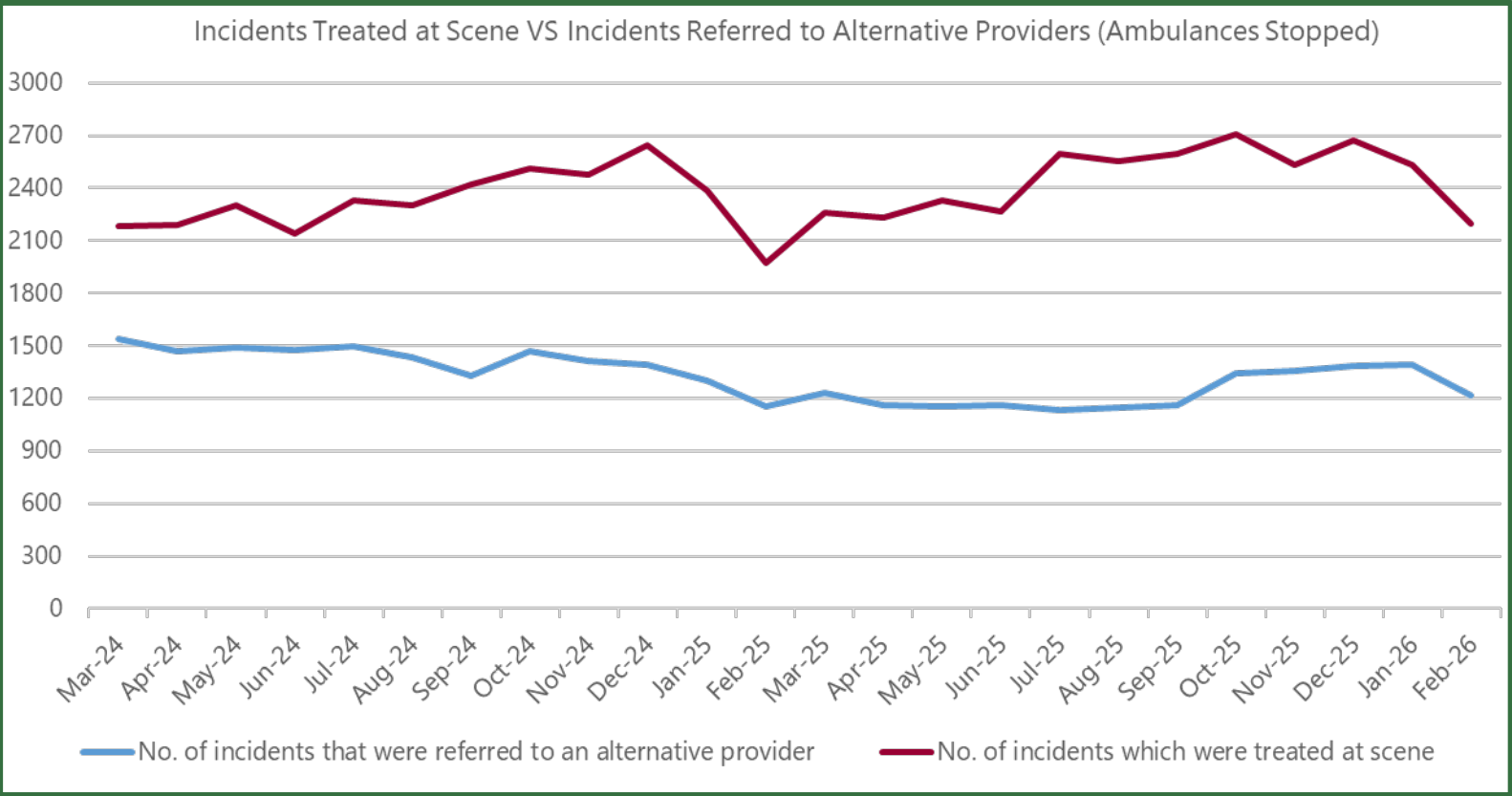
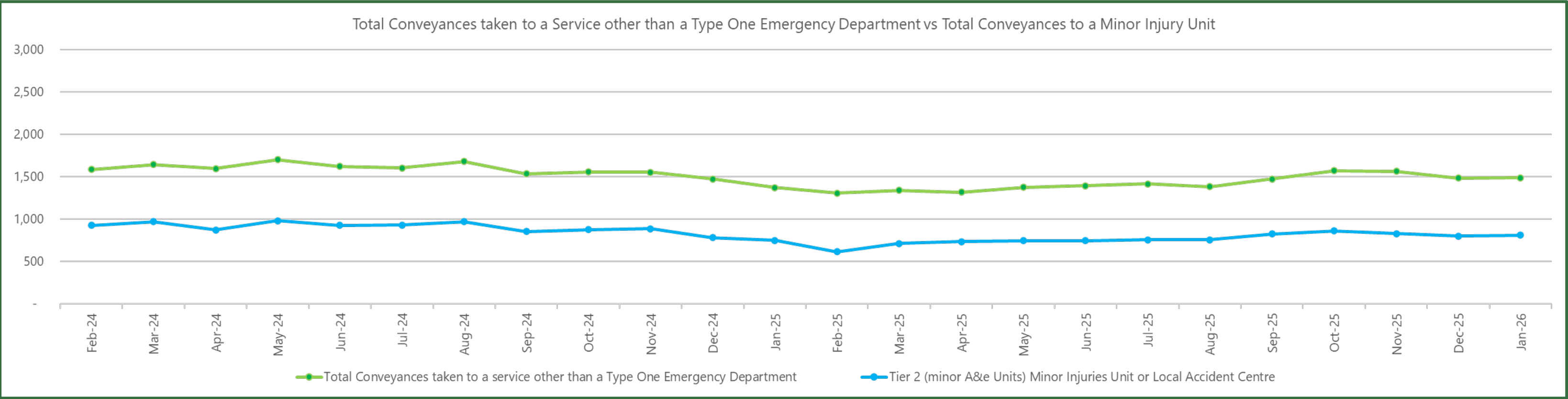
Further improvement is expected linked to CSD staff attendance (reduced abstractions and less vacancies) and the CMT model. The ambition remains 22%.

Partnerships / System Contribution

Conveyance to ED Indicators

(Responsible Officer: Andy Swinburn)

Ministerial Measure



Term	Definiton	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 / PCR _s	Patient Care Record(s)	UHP	Unit Hours Production
CI	Clinical Indicator	ePCR	Electronic Patient Care Record	LTS	Long Term Strategy	JRCALC	Joint Royal Colleges Ambulances Liaison Committee	U/A RTB	Unavailable – return to Base
CHARU	Cymru High Acuity Response Unit	FTE	Full Time Equivalent	MACA	Military Aid to the Civil Authority	PECI	Patient Engagement & community Involvement	VPH	Vantage Point House (Cwmbran)
COOs	Chief Operating Officers	GDPR	General Data Protection Regulations	MIU	Minor Injury Unit	POD	Patient Offload department	WAST	Welsh Ambulance Services University NHS Trust
COPD	Chronic Obstructive Pulmonary Disease	GPOOH	General Practitioner Out of Hours	MPDS	Medical Priority Dispatch System	PPLH	Post Production Lost Hours	WG	Welsh Government
COVID-19	Corona Virus Disease (2019)	GTN	Glyceryl Trinitrate	NCCU	National Collaborative Commissioning Unit	PSPP	Public Sector Purchase Programme	WIIN	WAST Improvement & Innovation Network
CMT	Clinical Model Transformation	HB	Health Board	NEPTS	Non-Emergency Patient Transport Services	QPSE	Quality, Patient Safety & Experience		
CSD	Clinical Service Desk	HCP	Health Care Professional	NEWS	National Early Warning Score	RCS	Rapid Clinical Screening		
CSP	Clinical Safety Plan	HD / HDHB	Hywel Dda / Hywel Dda Health Board	NHS	National Health Service	RICS	Remote Integrated Care Service		

Definition of Indicators

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



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University NHS Trust

Agenda Item No.

14

REPORT TITLE

Digital Reporting

MEETING

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

REPORT SPONSOR

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

PURPOSE OF REPORT

☐ 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), ICT, Digital Innovation & Transformation, and the Clinical Digital Unit functions, as well as progress against the Digital Plan (see the **Appendix** for metrics and project status).

Alerts

2. **Workload & Prioritisation:** The Digital teams are still involved in a significant number of projects and delivery activities, often with competing priorities and limited specialist capacity to facilitate all organisational needs. The Directorate regularly receive requests to support new projects, or information about changes to scope or direction of existing commitments and have to decide on how to resource the request and priority (for an example see paragraph 15). Until the overarching Digital, Data and Technology (DDaT) governance framework which includes the new Digital Oversight Group (DOG) group is established (see paragraph 6) the Digital Leadership Group (DLG), who meet weekly, have a standing item on their agenda to ensure these new requests are appropriately considered against the existing workload, and not lost in the backlog.

Highlights

3. We continue to make progress on recruitment for core roles across the directorate:
 - Recruitment within the **Digital Innovation and Transformation Team** continues to progress. The Digital Adoption Facilitator post has completed job evaluation with the aim to commence recruitment by the end of Q4. The Head of Digital Business Change, Digital Innovation Lead and Business Analyst (who all started in December 2025) are settling in well and already making a positive impact on the portfolio.
 - The **Clinical Digital Unit** recruitment is now complete with the final role (Clinical Safety Officer) filled on 02/02/2026. This crucial role will increase our maturity as an organisation with the anticipation of Digital Clinical Safety Standards becoming legislative in Wales.
 - Recruitment activity continues across the **ICT team** into existing vacancies. Several job descriptions have recently gone through successful job evaluation and are progressing towards recruitment.
 - **Insight and Data Services** (IDS) continue to strengthen the team capacity and expertise. A 12-month secondment for an IG Officer has been recruited into, and an offer has been made to the permanent Data Protection Compliance Manager role. The Records Team currently have support from colleagues on alternative duties, and have a permanent role which is being recruited into. A secondment is planned for the new Data Scientist and AI lead, and a Data Engineering role is at interview stage.



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4. **Clinical Model Transformation (CMT):** we continue to support the CMT with a significant contribution already made in 2025/26. Highlights from the current reporting period include:
- **Emergency Response Service (ERS):** phase 2 of the Ambulance Performance Framework went live on 2nd December including changes to 111 and 999 CADs and their data and reporting modules. Significant efforts enabled operational and organisational visibility of metrics and intelligence from the moment of go-live, and in January the first publication of the full set of new metrics was delivered for the Welsh Government Official Statistics release, and the JCC Ambulance Service Indicators.
 - **Online Symptom Checkers (Digital Front End):** The development of the online symptom checkers progresses as planned. ICT have completed configuration of the test environment and work is underway to integrate the online symptom checkers with the 999 CAD system and Adastra GP out-of-hours system. In-year additional improvements have been supported by Welsh Government to enhance digital access and improve the patient experience, this includes Welsh Translation and producing a media campaign including videos to promote both the symptom checkers and NHS 111 Online.
 - **Virtual Assistant (Digital Front End):** The flagship proof of concept project from Virtual Assistant Phase II has successfully gone live on 02/03/2026, enabling connectivity to a live agent for a specified set of user needs following a conversation with AlBot, the Virtual Assistant. This is following extensive testing with 111 call handlers to ensure confidence in the solution's operational readiness. This is a discreet four-week pilot to evaluate and understand the proof of concept. A set of additional technical proof of concepts are also progressing including WhatsApp integration (to enable users to interact via the platform).
 - The **Virtual Assistant was also awarded a highly commended at the inaugural "Excellence in Healthcare Partnership Awards"** on 05/02/2026 in the Partnership Team of the Year (HealthTech) category, recognising the successful introduction of AlBot.
 - Preparations are underway to implement the **Single Clinical CAD Module (for Remote Integrated Care)** in Q1 which will provide a more streamlined, standardised digital workflow for remote assessment. This is subject to continued testing however no technical issues are currently anticipated. The engagement plan has commenced and will provide clinicians with the opportunity to see changes and ask questions prior to Go Live.
5. **National DOS:** WAST continue to be an active participant in a national project to unify the multiple Directories of Service (DOS) managed around all public health orgs in Wales. As WAST's DOS database is robust and well managed, and the interfaces well utilised, the team are heavily involved in the discovery and scoping phases of this national project being led by Welsh Government. In this reporting period we have continued to support the national project by attending key meetings and workshops. In addition, we are providing some



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learning into the project through our Virtual Assistant Phase II proof of concept work to support effective system working.

6. **Digital Oversight Group:** The Digital Transformation Innovation Group has been rebranded to the Digital Oversight Group, with a revised launch for Q2 2026/27 to ensure alignment with wider work underway. A temporary new-work process will be in place for the new financial year, to ensure all new requests for digital are assessed against consistent criteria, enabling better transparency and prioritisation.
7. **Human-centred design with the wider digital leadership team:** Our journey in building human-centred design capability within the Digital Directorate has continued in this reporting period with our second workshop. This included baselining our current capabilities and exploring our future state opportunities, for transformation and BAU work alike.
8. **ePCR updates:** The following enhancements were delivered as part of the February 2026 application update:
 - The Welsh GP Record (WGPR) Phase 1 was successfully activated. This enhancement significantly improves the accessibility of patient records for operational crews, supporting more informed clinical decision making in the field.
 - Access to historical Electrocardiograms (ECGs) through Welsh Demographic Service (WDS) Match
 - National Early Warning Score 2 (NEWS2) scoring
 - Updated sepsis fluid therapy guidelines
 - Clinical intervention
 - Breathing Adequately documentation within the review screen
 - The commencement of a 12-month evaluation of Point of Care Testing (POCT) with Advanced Paramedic Practitioners (APPs) within WAST.
9. **ePCR refresh:** the wider application refresh is progressing as planned and remains on schedule for the June 2026 deadline. Our aim is to implement a three-week training period to ensure the workforce receives the necessary training ahead of the launch of the refreshed ePCR system. In addition the following work is in development:
 - The Cardiac Arrest tool is also continuing with deployment in 2026.
 - The tenant structure has now been developed, representing the workforce structures for both the Clinical and Operations Directorates and supporting the ePCR platform. Work is now progressing to develop the front-end interface that will enable Senior Paramedics and Duty Operations Managers to access and utilise the system. Further work is ongoing for the next stage to support the monitoring and reporting of clinical performance and to drive continuous improvement.
 - The Just In Case (JIC) section has been developed and is ready to be activated within the ePCR system once the Medication Management team have completed their



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standard operating procedure and information governance and training requirements. This will allow doctors who provide written orders for the administration of 'Just in Case' medications to enter these directly into ePCR via a secure 'tunnel'. This development will significantly strengthen governance, safeguard colleagues and the Trust, and help ensure that patients approaching end of life receive appropriate medication in a timely manner.

10. **AI Developments:** The Trust's AI Steering Group brings essential governance around decision making, advice, and policy with regards to the approach of Responsible AI. In the absence of more formalised decision-making and assurance mechanisms, the group have developed and adopted a more informal mechanism, based on Edward De Bono's "6 thinking hats" framework, to ensure various perspectives are considered, specifically addressing ethics, fairness & bias, transparency, security and sustainability of AI tools and ideas.
11. **The CCTV and Surveillance Systems Policy:** has progressed through the Trust Wide Consultation process and was approved at January's Policy Group. It will now progress through the final stages of the approvals process.
12. **Innovation Labs & Digital Engagement:** The newly established Digital Transformation and Innovation team recently met and mapped out their annual plan (subject to IMTP dependencies). This includes a phased introduction of the digital innovation lab and alignment to our overarching draft Digital, Data and Technology Governance. The team are collaborating closely with our Patient Experience and Community Involvement (PECI) team to develop meaningful user-centred design ways of working.
13. **Cloud GRS:** Work is ongoing to finalise all digital work, in advance of the dry run in April. Migration date is set for 12/05/2026. This includes an extended User Acceptance Testing (UAT) into March to allow further testing from both digital and resourcing perspectives. Main digital actions remaining to be completed are GRS Cloud Live Client rollout method and testing, GRS Cloud Mobile App testing and Reporting Replica UAT by IDS for Unit Hours Production (UHP) reporting. The issues that have been identified against these actions, are in the process of being worked through with the vendor. To maintain pace, we have increased to fortnightly meetings for the GRS Cloud Task and Finish group, which will increase again to weekly from mid-March through to Go Live. The E-timesheets aspect of this work currently requires minimal support from digital teams while operational specifications are in progress with the relevant task & finish group alongside Trade Union Partner engagement. Once complete, the specification will be submitted to the supplier for feedback and any subsequent returns for queries / clarification on requirements, prior to agreement on development timeline/financial implications.



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14. **999 Paramount Replacement:** Licencing requirements have been submitted to the vendor, once these have been received and applied successfully final configuration of the new environment can be completed. This will include the setup of SQL databases for Paramount and AQUA within the 999 space, moving away from the current limitations within the proprietary database setup. Pre-requisite work to update software versions on the current environment, has been completed as of 10/02/2026, so the environment will move from the current infrastructure, to the new one, maintaining the same version. We will then move to a circa 6 monthly regular update schedule, date dependant on releases from the vendor and Trust requirements. Testing of the new environment, via integration with the 999 Training CAD, is still planned for late March / early April 2026.

Lowlights

15. **IDS Prioritisation Challenges:** competing priorities for the Data & Analytics teams within the Insight & Data Services (IDS) function are putting timelines for some projects at risk, for example the Single Clinical CAD Module (mentioned in paragraph 4) planned for go-live in April as part of the CMT RICS workstream requires significant rework of the newly created metrics for Phase 1 and 2 of the Ambulance Performance Framework. It is estimated that approx. 50% of the new metrics will be affected by the CAD changes, creating significant work for the data engineering, analytics and dashboarding teams in a very short timeframe. Additionally, work continues to support the PTR recovery programme, drawing on the same expert resource, during the same period. These risks around capacity and prioritisation are being raised through appropriate project groups.
16. **CAD Replacement:** current amber status (as shown in the Appendix) is due to initial engagement and assignment of dedicated resource yet to take place. Engagement timelines are to be determined to consider the strategic direction, scope and timelines of this project to support ongoing procurement activity for the 111, 999 and NEPTS CAD contracts in future years. Early engagement aligned to human-centred design is both positive and essential to ensure requirements are understood from the relevant teams and leads.
17. **ESN Phase 2:** On the Digital Plan (see Appendix), the goal for 2025/26 was to submit the Outline Business Case to Welsh Government – an activity which was completed in the summer. The original plan was then to submit one Full Business Case (FBC) to encompass all ESN projects, but this plan has changed. Instead, Welsh Government have requested the FBC for handheld and Fixed Vehicle devices be submitted in September 2026 with the Air-to-Ground element being separated and submitted as soon as possible in the new year. Preparation of both the ESN Phase 2 FBC and separate Air 2 Ground element development continue to progress.
18. Capacity within the **Digital Front End** workstream means that in-year planned discovery work with suppliers to refine Content Management System requirements has been



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postponed. This was in order to ensure BAU functions were prioritised and protected. As delivery for the workstream transitions out of programme structures without ongoing funding identified, there is a risk that insufficient capacity is placing additional pressure on existing staff if ownership and resourcing are not clearly agreed. The risk and a mitigation plan is being developed by the workstream.

RECOMMENDATION(S)

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

The Finance & Performance Committee is requested to:

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

ADDITIONAL PAPER(S)

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

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

1. Appendix: Digital Reporting March 2026 – Metrics (pdf)



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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

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

RISK(S) THIS REPORT MITIGATES

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

BAF Risks:

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

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

☒ 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	



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APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
n/a	Wider Digital Leadership Group (review)
n/a	Digital Leadership Group (sign-off)

Digital Contribution 25/26

Everyday Essentials

- Simplified Sign-on
- iPad Replacement
- Automation / RPA
- Cloud GRS
- eTimesheets
- EMS CAD Servers
- Windows 11

- technical impact assessment
- batch replacement ongoing
- processes and DPIAs in dev
- testing planned in Q4
- linked to Cloud GRS in 26/27
- replace 3PH & Paramount
- 50% by Q3 target exceeded

Cyber, Safety & Security

- AI Safety / Policy
- Smart Stations
- Cyber Improvement
- IG Improvement
- Video Compliance

- won't start 'till further delayed
- deprioritised during IMTP
- actions as per corporate risk
- actions for risk & toolkit
- policy published; toolkit live

Digital Pioneers

- Enhanced IVR (111)
- Patient Messaging
- AI Development
- Innovation Lab

- deprioritised during IMTP
- Phase 2 planned in 27/28 IMTP
- GenAI business value project
- plans to continue into 26/27

Transformation

- CMT
- CAD Replacements
- ESN Phase 2
- Drones
- Digital Engagement
- ePCR Phase 2

- see narrative
- RMS, NEPTS & 111 contracts live
- USC business case submitted
- live
- vehicle paused; D1 expected progress
- development due by Q2 26/27

Data, Information & Insight

- Individual Insights
- NDR Programme
- Skills Enablement
- IDS Improvements
- Collaborations

- tenant journey dev complete
- Q2 deliverables partially complete
- e.g. data literacy; Datax self-serve
- limited capacity for data strategy
- Cont. support of WAST research

See IMTP & STB trackers for action & milestone based progress. RAG and progress based on Directorate Plan Last updated 04/03/2026

CMT Digital Contribution 25/26

Remote Integrated Care Service

RICS Integrated CAD

Remote Monitoring

Low code Alignment

CPSS in 999s (pilot)

Video Triage

Welsh Clinical Portal Integration

Digital Front End

Virtual Assistant

Content Management System*

Symptom Checkers

Service Development*

*Subject to funding agreements and processes

Urgent Community Response

ePCR Access (e.g. falls responders)

Scheduling (APPs/palliative)

Emergency Response Service

Red Review Infrastructure

Call Category Changes

CPR in Community (Scoping)

Rapid Clinical Screening

Health Transport

Scoping for the art of the possible

Digital Overarching Support (all workstreams)

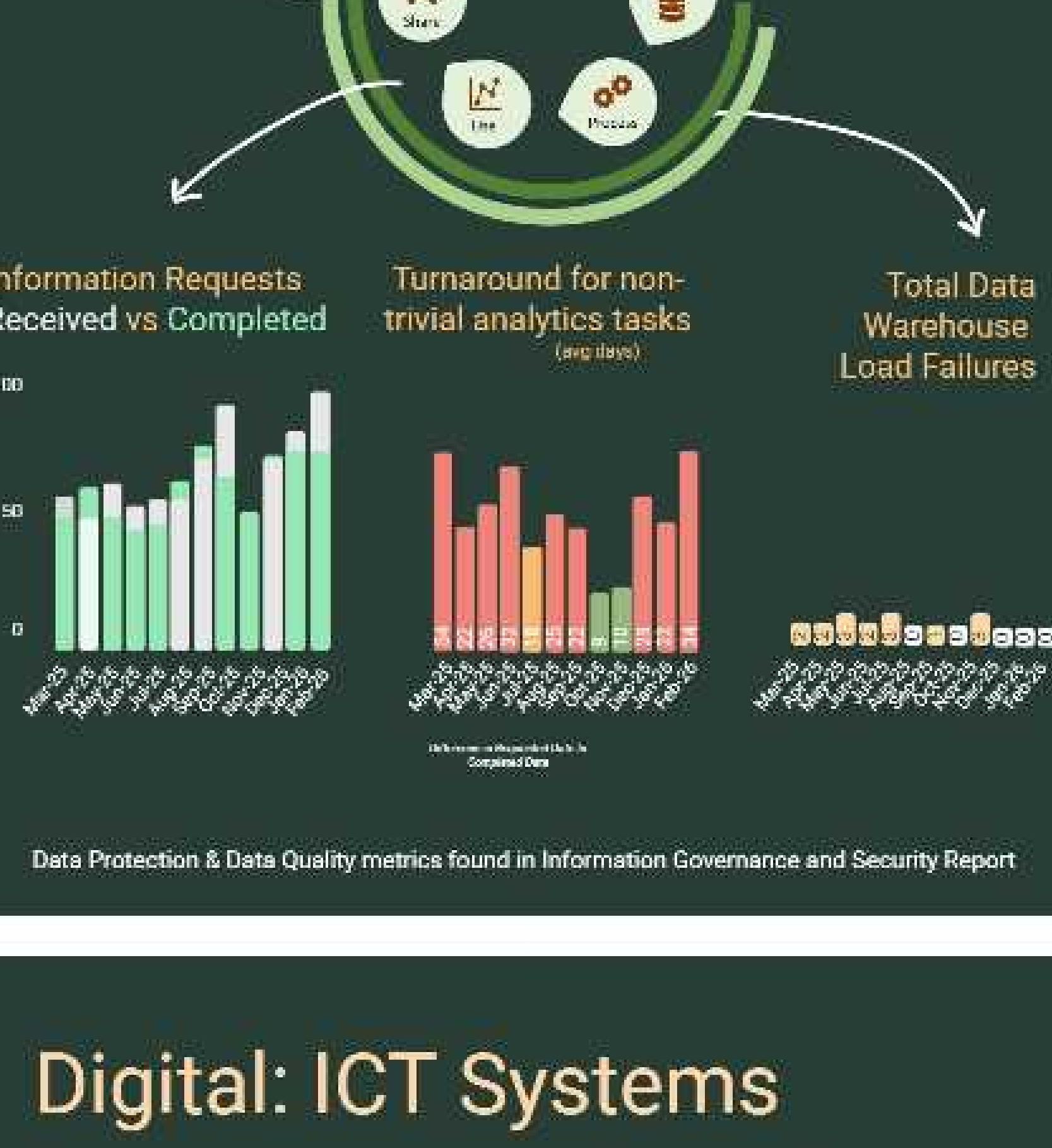
- 26/27 IMTP + CMT
- Metrics & reporting
- IG & Data Protection

Complex requirements and unknown commitments of other Local Directorate Plans may not be feasible
RICS single queue reporting timelines are a risk and still outstanding supplier actions from APF
Late engagement in projects, and competing priorities

Digital: Data & Analytics

Data Lifecycle: Feb 26

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



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

Digital: ICT Systems

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

System availability metrics

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

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

EMSC System Availability %

CAD CS: 2024 (A M J J A S O N D J F M), 2025 (A M J J A S O N D J F M)

27/10/25: 111/999 - 24hrs
30/04/25: loss of transfer functionality at 95 and 111 calls
07/05/25: 111 CAD log issues

999 System Availability %

EMS: 2024 (A M J J A S O N D J F M), 2025 (A M J J A S O N D J F M)

Telephony: 2024 (A M J J A S O N D J F M), 2025 (A M J J A S O N D J F M)

NEPTS System Availability %

CAD Cleric: 2024 (A M J J A S O N D J F M), 2025 (A M J J A S O N D J F M)

CSD System Availability %

ECNS: 2024 (A M J J A S O N D J F M), 2025 (A M J J A S O N D J F M)

Lowcode: 2024 (A M J J A S O N D J F M), 2025 (A M J J A S O N D J F M)

ePCR System Availability %

Terrapace: 2024 (A M J J A S O N D J F M), 2025 (A M J J A S O N D J F M)

111 System Availability %

CAS: 2024 (A M J J A S O N D J F M), 2025 (A M J J A S O N D J F M)

25/09/25: Issue maintaining data to GPDOIT

111 System Availability %

Telephony: 2024 (A M J J A S O N D J F M), 2025 (A M J J A S O N D J F M)

07/05/25: UK-wide 999 telephony outage

Digital: Service Provision

Quality, efficiency, and stakeholder feedback: Feb 26

ICT Service Desk

TBC calls logged

TBC calls resolved

8.6 Service Desk hours saved through use of RPA

Top 5 February Service Desk Requests

- Mobile Device
- Service Request
- Cleric
- Hardware
- Procurement

89% Incidents resolved within target

94% Requests resolved within target

Records

RPA for PCR requests saved people hours in Feb

8.8

IDS Inbox

Same day turnaround of quick tasks

ON TRACK

111 Website

44% February 26 engagement rate

5300 Virtual Assistant conversations monthly

The current position shows a steady trend across previous months

Engagement works with a search-to-go strategy, a follow-up email, or a 2 to 10 second page view



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Agenda Item No. 15

REPORT TITLE

Information Governance Progress Report

MEETING

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

REPORT SPONSOR

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

PURPOSE OF REPORT

☐ 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 the Information Governance (IG) activities of the Trust and related areas, including Information Security, Records Requests and Management, Freedom of Information, and Data Quality. Information Governance Highlight Reports are presented monthly to the Information Governance Steering Group (IGSG) chaired by the Trust's Senior Information Risk Owner (SIRO, and Director of Digital Services). The IGSG reports via AAA to the Executive Leadership Team (ELT).
2. This paper covers data and intelligence from the period of **1st December 2025 to 31st January 2026**, and the topics discussed at the **January** and **February** meetings of IGSG. It should be noted that there was no December 2025 meeting of IGSG. The February 2026 meeting of IGSG was postponed due to key absences including the SIRO / Chair of the Group – instead, business was conducted via email correspondence, with key papers circulated for comment.

Alerts

3. **Paxton DPIA Escalation:** The Paxton Access Control system collects and processes Personally Identifiable Information (PII) on staff and visitors to WAST sites. The associated Data Protection Impact Assessment (DPIA) had previously stalled due to lack of engagement from WAST colleagues; however, recent escalation led to renewed contact. During these conversations significant risks were identified related to user profiles, raising concerns about physical security and data protection. Most mitigating actions are owned by Estates, with IG supporting and monitoring progress via the DPIA process. An action plan is to be developed, noting that resolution may take longer than anticipated.
4. **The Patient Survey ICO Recommendations:** The group discussed the adoption of SMS for patient experience feedback, initially for 999 calls, with plans to expand to 111 calls after initial processes are refined. The DPIA for this initiative has undergone multiple reviews, this has been shared with the ICO who gave recommendations to ensure compliant processing, and their recommendations have been incorporated. Evaluation of the patient survey process will be ongoing, with rapid assessment of response rates, question effectiveness, and risk balance once live. The go live date for the SMS patient survey is dependent on two concurrent workstreams: ensuring all ICO recommendations are met (including patient flow identification and process clarity) and testing the digital process. The go-live date is pending until both streams are aligned.



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Highlights

5. **IG Toolkit:** the IG Toolkit for 2025/26 remains at 90% complete, and mandatory IG Training also standing above 90% compliance, meeting the 'minimum expectations' requirements and above the 85% target. There are some concerns the Minimum Expectations for the video surveillance section may not be met before the end of March deadline.
6. **Mandatory IG training** was at 91% as of the 13th January, supporting a compliant position ahead of the IG Toolkit submission due in March. However, it was noted via email correspondence of group members, that there may be a possible risk to this compliance rate dropping in March / April where there was a concerted effort from Operational leadership in 2025 to increase compliance across the Directorate. This has been flagged within Operations for support again this year, and compliance rates will continue to be monitored closely.
6. **AI Steering Group:** The group supported the Terms of Reference (TOR) for the new AI Steering Group (a sub-group of IGSG) with minor amendments and requested the group's already developed work programme be shared for progress tracking. There was also a recommendation that there is clarification on the process for pausing or stopping AI initiatives if risks arise, specifying which authority (data, patient harm, strategic) would make such decisions.
7. **Policies:** The CCTV and Surveillance Systems Policy was approved at January's Policy Group, and a new Freedom of Information (FOI) Act Policy has been developed and is being shared for Trust-wide consultation.

Lowlights

7. **Data Breach - ECG Data Loss:** The ECG data loss incident was first identified in January 2025, after an unnotified EE connectivity change affected SIM cards in Trust devices, including those used for ECG uploads. About 200,000 records (missions) may be affected, but most do not include patient-identifiable information. Recovery is ongoing, with the vendor attempting to rebuild the file structure as needed. At the time of writing, the associated DPIA has not been completed due to limited engagement of the asset owner(s), leaving key risk actions open, included those related to data loss and understanding data flows. An action was assigned for a detailed security incident report to document the chronology and impacts of the ECG data loss, noting that some records do contain patient-identifiable information and could be requested by patients or coroners.



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8. **CCTV Compliance Risk:** There is a risk in development related to CCTV, focusing on risk of inconsistent installation settings and internal saloon camera recording. Any realisation of these risks could have implications on patient and staff privacy. However, CCTV is a category in the IG Toolkit, and efforts to understand this risk were underway already, supporting the IG Toolkit submission for March 2026. As asset owners, Fleet and Estates colleagues will be responsible for addressing any required mitigating actions. The group agreed that the risk will continue to be monitored by IGSG until resolved.
9. **ePCR Compliance Risk:** A paper was shared with the group on the IG risks identified following a compliance review around ePCR. The risks are currently managed manually due to the lack of a sufficient Enterprise Risk Management System, which complicates escalation and monitoring. Despite resource constraints that have impacted progress the group were assured that outstanding DPIAs are being worked through. The risk will be owned within the Digital Directorate with the Trust's Chief Clinical Information Officer (CCIO) responsible for articulating the risk and required resources for mitigation.
10. **FOI position:** Of the 22 FOI requests received during December 2025, 13 were responded to within the prescribed timeframe, providing a compliance rate of 59%. Whilst this is an improvement on November 2025, it remains a way off the ICO target of 90%. The pressures and absences over the Winter period did impact the timeliness of some responses. However, the FOI team have developed an FOI handbook which provides clarification regarding the FOI process, the statutory timeframe and responsibilities of all involved; and have also created an FOI Checklist to inform points of contact within WAST of steps and timelines, and reduce avoidable delays. Once published, the handbook and the FOI Checklist should support the FOI process and the Trust in improving its FOI response compliance, with a trajectory to meet the ICO target.
11. **Records Services:** Pressure and volume of requests on the small Records team means many records management activities have stalled. The detail of the records improvement plan will be monitored by IGSG with further discussion and understanding of risk planned for a future meeting.

RECOMMENDATION

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

The Finance & Performance Committee is requested to:

1. Consider the contents of the paper and whether this gives assurance on the progress of the Trust's Information Governance arrangements and related specialist activities for Data Quality, Records Management, Freedom of Information requests and Information Security.



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ADDITIONAL PAPER(S)

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

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
- 260 - Significant and sustained cyber attack resulting in denial of service and loss of critical system
- 671 – Unauthorised or inappropriate use of AI technologies

Other Risks monitored by IGSG:

- Risk of delay in testing of the disaster recovery plans / flips for critical operational systems.
- Records disclosure compliance risk
- ePCR compliance risk
- CCTV compliance risk
-

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

☒ Safe	☐ Timely	☒ Effective
☐ Efficient	☐ Equitable	☐ Person Centred

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

☒ Leadership	☐ Workforce	☐ Culture
☒ Information	☐ Learning Improvement and Research	☒ Whole Systems Approach



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WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

☐ A socially responsible and inclusive employer

☒ n/a

☐ An innovative and sustainable organisation

☒ n/a

☐ A pro-active, accessible and equitable care provider

☒ 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
04/03/2025	Content taken from January and February 2026 IGSG Highlight Reports and AAAs

REPORT TITLE

2025/26 Quality Governance Reviews:
Committee Annual Report 2025/26 and Cycle of Business 2026/27

MEETING

Name of meeting	Finance and Performance Committee
Date of meeting	17 March 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	Trish Mills, Director of Corporate Governance/Board Secretary Alex Payne, Corporate Governance Manager

PURPOSE OF REPORT

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



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REPORT SUMMARY:

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

1. The committee received a full report on the 2025/26 quality and governance review outcomes at its meeting on the 18 November 2025. At this meeting the revised terms of reference for the committee for 2026/7 were endorsed. It was acknowledged at that meeting that the committee's annual report and cycle of business would be brought back for approval prior to year-end.
2. The committee is asked to discuss and approve its annual report for 2025/26 and its cycle of business for 2026/27, which has been updated in line with the terms of reference changes agreed in November.
3. Suggested improvements as a result of the quality and governance review for this committee centred largely on supporting members with complex or less-familiar areas of business, including potential bespoke development sessions where required, as well as continued work to improve the clarity and succinctness of reports.
4. The committee is asked to review and approve its cycle of business for 2026/27. There are some areas of the cycle which are to be agreed which have been highlighted in yellow.

RECOMMENDATION(S)

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

The committee is requested to:

- (a) Approve the draft Annual Report at annex 1.
- (b) Approve the draft Cycle of Business for 2026/27 at annex 2.

ADDITIONAL PAPER(S)

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

Annex 1: Finance and Performance Committee 2025/26 Annual Report

Annex 2: Finance and Performance Committee Cycle of Business 2026/27



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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

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

☐ SO3: Being at the forefront of innovation and technology

☒ SO5: Being quality driven and clinically led

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

☐ SO4: Developing services in collaboration

☐ 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

☒ Efficient

☒ Timely

☒ Equitable

☒ Effective

☒ Person Centred

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

☒ Leadership

☐ Information

☐ Workforce

☒ Learning Improvement and Research

☒ Culture

☐ 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

☐ n/a

☒ An innovative and sustainable organisation

☐ n/a

☐ A pro-active, accessible and equitable care provider

☐ 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



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APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
n/a	n/a



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FINANCE AND PERFORMANCE COMMITTEE ANNUAL REPORT 2025/26

INTRODUCTION

1. The Trust's Standing Orders and committee terms of reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.
2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.
3. Standing Orders, Committee terms of reference, and Codes of Governance provide that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part.
4. The committee met on 18 November 2025 and the 17 March 2026 and through a facilitated discussion reviewed its effectiveness, its terms of reference, and its operating arrangements. This Annual Report reflects on the effectiveness of the committee in 2025/26 and proposes changes to terms of reference.
5. The trust board has commissioned an external effectiveness review which will be undertaken in early 2026 by the Good Governance Institute (GGI). The GGI will be reviewing the board committee framework within quarter four 2025/26 and quarter one of 2026/27 which may necessitate further changes throughout 2026/27.

PURPOSE OF THE COMMITTEE

6. The committee is established to enable scrutiny and review of the Trust's arrangements in respect of the:

- overall financial position (both capital and revenue) of the Trust and its compliance with statutory financial duties.
- ability of the Trust to deliver on its core objectives as set out in the Integrated Medium Term Plan (IMTP).
- monitoring of the IMTP and ensuring achievement of key milestones.
- robustness of any cost improvement measures and delivery of key strategies and plans.
- ensure development of the long term strategy and delivery of the Trust's strategic aims in relation to value and efficiency, including an increased focus on benchmarking.
- scrutinise business cases for capital and other investment.
- oversight of the development and implementation of the digital, estates, fleet, and environmental strategies.
- business continuity including emergency preparedness, resilience and response, information governance and security, cyber security, and cyber resilience.

MEMBERSHIP AND ATTENDANCE

7. The committee met six times in private and in public as scheduled in 2025/26 and was quorate on each occasion.

The committee is supported by the Chair and three Non-Executive Directors as members, alongside a number of prescribed attendees who have demonstrated good levels of attendance. During the year, meetings of the Joint Commissioning Committee (JCC) clashed with this committee's meeting schedule. In addition, for part of the year the Executive Director of Strategy, Planning and Performance was undertaking the Interim Chief Executive Officer role, which resulted in her membership being deputised with full authority at several meetings. These scheduling JCC clashes will not occur in 2026/27.

8. The chart below illustrates attendance of members and prescribed attendees as listed in the terms of reference for 2025/26. The committee welcomed non prescribed attendees at various meetings as well as external guests.

COMMITTEE ATTENDANCE						
Member	28 May 2025	21 Jul 2025	16 Sep 2025	18 Nov 2025	20 Jan 2026	13 Mar 2026
Amya Seedwa (Chair)					External Guest	
Arif Ali (Vice Chair)						
Peter Curran						
Chris Bailey			External Guest	External Guest		
Rachel Ward	Head of HR	Head of HR	External Guest	Head of HR	Head of HR	
Lee Brooks				External Guest		
Lucy Williams	Head of HR	Head of HR				
Cliff Blandford						
Jonny Samuels			From HR			
Trish Bell						
Hugh Perry						
Simon Turner						
Alan Douglas						

	Approved
	Disputed/Revised
	Apologies received
	No longer a member

INSERT NEW VERSION AFTER MARCH 2026

9. No changes to membership are proposed at this stage, noting however that may change following the outputs from GGI.

COMMITTEE'S VIEWS ON EFFECTIVENESS

Feedback from membership

10. The committee undertook a light effectiveness review on 18 November 2025, as agreed with the Audit, Risk and Assurance Committee (ARAC). This was due to the comprehensive review undertaken in 2024/25 involving a detailed examination of the terms of reference and the assurance arrangements for each delegated responsibility.
11. For 2025/26 a survey of the members was carried out to gather feedback on the proposed changes to the terms of references and to identify what is working well, and where improvements could be made. The questions asked were:

- Are there any changes you wish to see to the terms of reference?

- Are there any changes you would like to see to the committee's membership?
 - What works well in this committee?
 - What improvements would you recommend?
12. The feedback from the committee included that members praised the committee's well-structured agendas, strong chairing, high-quality reporting, constructive scrutiny, transparent engagement from the Executive Leadership Team, and excellent corporate governance support. Suggested improvements centred largely on supporting members with complex or less-familiar areas of business, including potential bespoke development on fleet, estates and environmental matters; as well as continued work to improve the clarity and succinctness of reports.
13. Further recommendations included ensuring consistency in how key metrics are reported across committees, reducing duplication between committees, maintaining regular reviews of potential remit overlaps and conflicts of interest, and continuing to refine the quality and volume of committee papers through ongoing writing-guidance improvements.
14. The changes to the terms of reference were reviewed on the 18 November 2025 and were endorsed for review by the ARAC. The amendments agreed were the transferral of the oversight of assurance on value-based healthcare to the Quality, Patient Experience and Safety Committee, and the inclusion of assurance on the development of commercial partnerships, in addition to the Trust's commercial framework, from the Academic Partnership Committee.

Management of the committee's work programme

15. The committee has a cycle of business that is aligned to its terms of reference. All matters scheduled for oversight and review have been brought to the Committee other than the waste management, noting however that the committee received assurances that there were no escalations in this regard. The annual capital revenue budget for 2026/27 had been scheduled on the cycle to be received in quarter four, however it was adjusted to be received in quarter one going forward which is more appropriate. The revised cycle of business was reviewed on the 17 March 2026.

16. The committee prepares its agenda aligned to the cycle of business in order to ensure it discharges its delegated responsibilities in a systemic way. Any deviation from the cycle is reported to the committee.
17. The board is kept informed of the committee's oversight of a range of issues by way of an 'Alert', 'Assure' and 'Advise' (AAA) report to the Board after each meeting. Any issues of concern are escalated to the board in the 'Alert' section, and the chair of this committee presents that report at each board meeting.
18. Other than that which is set out in this report, the substantial detail of the work of the committee in 2025/26 is included in the committee AAA reports which are linked below:
 - 18.1. AAA: [20 May 2025](#)
 - 18.2. AAA: [21 July 2025](#)
 - 18.3. AAA: [16 September 2025](#)
 - 18.4. AAA: [18 November 2025](#)
 - 18.5. AAA: [20 January 2026](#)
 - 18.6. AAA: [17 March 2026](#)
19. In year the committee has informed the ongoing review of the metrics within the Trust's Monthly Integrated Quality and Performance Report (MIQOR). This work has continued throughout quarter four and will continue into 2026/27 and included discussion at the February 2026 Board Development Day.
20. In private session the committee took matters that were commercially sensitive and confidential. Most matters made their way to the trust board private session and where appropriate were reported in public session in accordance with the standing orders. Other matters taken in private session included updates on the Manchester Arena Inquiry recommendations, as well as cyber key performance indicators and business cases.
21. The committee is not serviced by any sub-committees or task and finish groups that this time. In year, where papers were not published in line with the Trust's Board and Committee's Secretariat SOP, the late publication was managed in discussion with the Chair on each occasion.

PROPOSED CHANGES TO THE TERMS OF REFERENCE

22. There are only two material changes to the terms of reference for 25/26, which are the transferral of the oversight of assurance on value-based healthcare to the Quality, Patient Experience and Safety Committee, and the inclusion of assurance on the development of commercial partnerships, in addition to the Trust's commercial framework, from the Academic Partnership Committee.
23. Proposed changes to the operating arrangements for this committee set out below, were agreed on the 18 November 2025:
- 23.1. Members are encouraged to provide feedback on reports after meetings, should that be considered appropriate. This was on reflection of the volume and length of papers.
- 23.2. Report authors are encouraged to seek advice from the Corporate Governance Team should further support be required when preparing papers.

COMMITTEE PRIORITIES

Priorities for 2025/26

24. The Committee received an update on progress against its priorities at each meeting. The 2025/26 priorities were:

Priority	Progress
The development and approval of the Digital Plan.	This priority has been delivered. At its meeting on in May 2024 the Committee received the Digital Plan Refresh 2024-29 and considered the options presented. The Committee noted that the funding for this Plan was included in the digital revenue allocation approved by the Executive Finance Group and included in the 2024/25 IMTP submission. At its meeting in July 2024 the Committee received final Digital Plan 2024-29 which was endorsement, and it was approved by the Trust Board on the 25 July 2024. This priority has been fulfilled by the Committee.

Priority	Progress
Oversight of the potential commercialisation streams in the Financial Sustainability Programme.	Whilst there was reporting on the financial sustainability programme in 2024/25, the head of commercial was not in post. That role was filled in 2025/26 and the commercial plan will be received by this committee in early 2026/27 with close oversight during that financial year and beyond.
Focus on the new elements of its terms of reference relating to Information Governance and Information Security.	This priority has been delivered. Receipt of the Information Governance Toolkit and Information Governance (IG) Reports have been included on the Committee's Cycle of Business for 2024/25. The information governance and information security assurance updates have been received at each meeting of the committee. The Data Quality Internal Audit Report was also received. The committee received a deep-dive item on cyber-security risks in closed session at its meeting in July 2024 and received cyber reporting throughout the year as cycled.

PAPER	PRE-C'EE FORUM	FREQUENCY	MAY	JUL	SEP	OCT	NOV	JAN	MAR	LEAD	PURPOSE	COMMENT/COMPLIANCE
FINANCE AND PERFORMANCE COMMITTEE - CYCLE OF BUSINESS 2026-27												
TERMS OF REFERENCE NOTED IN RED TEXT												
STRATEGY DEVELOPMENT AND DELIVERY												
3.1 Oversee and contribute to the development of the Trust's long term strategic direction and make recommendations to the board for its approval, including any adjustments to the Trust's current long term strategy. Delivering Excellence: Our Vision for 2030												
3.4 Oversee and contribute to the development of the long term plans associated with Delivering Excellence. Our Vision for 2030, including but not limited to Estates Plan; Fleet Plan; Digital Plan; Environmental Plan; Commercial Development Plan; Wellbeing Objectives												
3.5 Hold a central overview of all long term plans that align to the long term strategy. These plans will be reviewed for alignment by the relevant committee first and their implementation will be guided by the IMTP or relevant local directorate plans.												
Refreshes of 2030 Delivering Excellence	STB	Ad Hoc								EDSPP	Endorsement	
Refreshes of long term plans	STB	Ad Hoc								EDSPP	Endorsement	
Long term plans organogram	STB	Annually								EDSPP	Assurance	Central view of all long term plans aligned to LTS and their review/renewal dates
3.2 Oversee and contribute to the development of the Trust's Integrated Medium Term Plan (IMTP) and ensure alignment of that plan to deliver the long-term strategy.												
IMTP for following year	STB/ELT/Board	Annually								EDSPP	Endorsement	Earmarked for potential preliminary discussions n November/January
3.3 Monitor and review progress against the IMTP.												
IMTP Progress Report	STB/Board	Each meeting								EDSPP	Endorsement	
FINANCE												
3.6 Oversee and contribute to the financial strategy, in relation to both revenue and capital												
Annual revenue budget	ELT	Annually								EDOF	Endorsement	SFI 4.2.2 - Boards must approve balanced revenue and capital plans before the start of the year
Annual capital budget	Capital M'ment Board	Annually								EDOF	Endorsement	
3.7 Monitor the Trust's in-year and forecast revenue financial position against budget and review and make appropriate recommendations for corrective action where required												
3.8 Monitor progress against the Trust's capital programme including for estates, fleet and digital												
3.9 Receive, review and ensure mitigation of financial risks of delivery of plans												
3.10 Review progress against the Trust's annual operating framework and make recommendations to the Board in relation to development of the annual financial plan and budget setting and financial strategy and financial sustainability programmes, efficiency review implementation and required savings targets												
3.11 Review performance against the relevant Welsh Government financial requirements												
Financial report	ELT	Each meeting								EDOF	Assurance	Financial sustainability report may be included in this report or separately throughout the year, year end report May
Year end M12 report (same time as M1 in new year)	ELT	May meeting								EDOF	Assurance	
IMTP financial plan	STB/ELT	Annually								EDOF	Endorsement	
Financial Sustainability Report	TBC	Each meeting								DPC	Assurance	Agreed at 18.09.23 FPC to include quarterly updates on the Financial Sustainability Programme (FSP) for future meetings.
3.12 In accordance with the SoRD, review all business cases and contract awards for approval by the board (those over £500K) and consider whether post-implementation evaluations to the above will return for key learning points												
Business cases over £500K	TBC	As required								EDOF	Endorsement	FPC to consider if individual business cases should return for PIR, and if so at what time
COMMERCIAL												
3.13 Receive assurance on the development of the Trust's commercial partnerships and commercial framework when developed.												
Reporting to be developed in 2025/26 (commercial framework and partnerships)	TBC	TBC								EDSPP/DoPE	Assurance	Reporting to be developed in 2026/27
PERFORMANCE												
3.14 Review performance against targets and standards set by Commissioners and/or Welsh Government for the Trust and, where appropriate, against national ambulance quality indicators												
Review of Ambulance Service Indicators	TBC	Bi-annually								EDSPP	Assurance	Timing of reporting to be agreed in 2026/27
Report on commissioning	TBC	TBC								EDSPP	Assurance	Scope of this element to be developed - see Note 1
3.15 Review the effectiveness of the Trust's Quality and Performance Management Framework and receive assurance on the value of outcomes produced by the framework.												
QPMF update report	QPMF Steering Group	Bi-annually								EDSPP	Assurance	Assurance on the value of outcomes produced by the framework and effectiveness. Benefits mapping in May 25 then agree regular reportint cycle
3.16 Endorse (and recommend to the board) and monitor progress against Trust wide key performance indicators and ensure the development of robust intelligent targets against (a) board level KPIs in the MIQPR, and (b) KPIs reporting outside of the MIQPR including digital systems, information governance and information security.												
3.17 Monitor and review plans to recover areas of underperformance, reviewing where appropriate associated KPIs as part of any deep dives, and providing assurance to the Board and escalating to the board or a committee as required												
Monthly Integrated Quality Performance report	ELT	Each meeting								EDSPP	Assurance	
MIQPR review of metrics	ELT/Board Committees	Annually								EDSPP	Endorsement	KPIs relevant to PCC and Quest reviewed by those Committee in Q4 prior to presentation to FPC
Annual HART KPI report	TBC	Annually								EDO	Assurance	HART Internal Audit Nov 22 recommended annual reporting of HART KPIs which was accepted. See July FPC on HART KPIs
Metrics for digital systems infrastructure	TBC	Three times a year								DD	Assurance	
PLANNING												
3.18 Monitor the effectiveness of commissioning arrangements;												
Commissioning arrangements	ELT	Consider annually								EDSPP	Endorsement	Consider potential annual report to be developed
3.19 Review and consider matters relating to demand and capacity including proposals for reviews in this area and recommendations arising from such reviews												
Demand and capacity reviews	ELT	Ad Hoc								EDSPP	Endorsement	
INFRASTRUCTURE												
3.20 Review proposals for acquisition, disposal, and change of use of land/buildings.												
3.21 Receive assurance on compliance with environmental regulations and national targets in relation to the environment and sustainability												
Estates Condition and Backlog Maintenance Update (EFPMS Data/Report)	TBC	Annually								EDOF	Assurance	This was added in as a future requirement (following initial receipt in September 2024) by CorGov.
Decarbonisation Update	Decarb Programme Board	Every other meeting								EDOF	Assurance	Progress also against WG action plan and Trust Plan; metrics in development. Annually to include update on waste management.
Waste Management Update	Decarb Programme Board	Annually								EDOF	Assurance	Annual update aligned with Internal Audit recommendations. First report in September 2023.
Sustainability Report	Decarb Programme Board	Annually								EDOF	Assurance/Endorse	Annual update - as per Manual for Accounts.
3.22 Receive assurance on arrangements to comply with fire safety and waste management regulations.												
Fire safety annual report	ELT/Board	Annually								EDOF	Assurance	Timing of annual report TBC (annual compliance report was presented in Jan 24). By exception reporting outside cycle.
Fire safety exception report	TBC	Periodically as required								EDOF	Assurance	By exception outside of annual report
BUSINESS CONTINUITY AND CYBER												
3.23 Oversight and scrutiny of the Major Incident Plan and Business Continuity Plan and receive assurance that such plans are effective												
WG Annual Emergency Planning Report	ELT/Board	Annually								EDO	Assurance	Report provides for compliance with Civil Contingencies Act 2004; exercises carried out; learning from incidents/exercises/debriefs.
Incident Response Plan Report (closed session)	ELT	Annually								EDO	Assurance	Externally reported - See Note 2
Business Continuity Annual Report	ELT	Annually								EDO	Assurance	See Note 2
3.24 Oversight and scrutiny of cyber resilience including assurance on awareness and training of WAST staff and volunteers; maintenance of upgrades/updates of systems, and replacement of legacy/high-risk systems												
3.25 Oversight and scrutiny of cyber security including assurance of regular monitoring of risks and threats, business continuity planning and engagement with national cyber centres and stakeholders												
Cyber Resilience and Cyber Security Reporting	TBC	TBC								DD	Assurance	Reporting developing in 23/24 - start off at 3 times a year reporting; intention to bring to every meeting if possible.
INFORMATION GOVERNANCE AND INFORMATION SECURITY												
3.26 Receive assurance the information governance and information security arrangements are appropriately designed and operating effectively to ensure the reliability, integrity, safety, and security of information to support the delivery of high quality, safe healthcare across the organisation.												
3.27 Review progress of measures to improve information security and adherence to Caldicott principles against the Information Governance Toolkit, Network and Information Systems (NIS) Directive (2018), Data Protection Act (2018), and receive assurance on compliance with relevant standards, legislation and regulations.												
3.28 Receive assurance on, and review effectiveness of the Trust's information security protocols.												
3.29 Review performance of the Trust in relation to statutory and mandatory information requests and reporting requirements including but not limited to freedom of information requests, data breaches, police requests and subject access requests.												
Information Governance Toolkit	IGSC	Annually								DD	Assurance	
Information Governance Report	IGSC	Each meeting								DD	Assurance	
POLICIES												
3.30 Approval of policies within the remit of the Committee												
Policies for review and approval	Policy Group	Ad Hoc								BS	Approval	

RISK AND AUDIT									
3.31 Oversee the effective management of strategic and principal risks, as set out within the Board Assurance Framework (BAF), as appropriate to the purpose of the committee									
Board Assurance Framework	Board	Each meeting						BS	Assurance
Corporate Risk Register	Board	Each meeting						BS	Assurance
3.32 Receive and gain assurance from internal and external audits in their remit. The committee will receive assurance that management actions to address recommendations are in place via the audit tracker and receive appropriate reporting as agreed by the Audit, Risk and Assurance committee. This committee will, where appropriate, scrutinise the impact of actions in response to audit recommendations.									
Audit Recommendation Tracker	ADLT	Each meeting						BS	Assurance
Audits within purview of Committee	Audit Committee	Ad Hoc						Relevant Director	Assurance
STANDARD ITEMS									
Quarterly operations update	TBC	Each meeting						EDO	Information/Discussion
GOVERNANCE									
Committee effectiveness review and annual report	Audit/Board	Annually						Board Sec.	Approval
Review of Terms of Reference	Audit/Board	Annually						Board Sec.	Approval
Committee cycle of business refresh	N/A	Annually						Board Sec.	Approval
Committee Cycle of Business review	Audit/Board	Each meeting						Board Sec.	Approval
Committee Review of Annual Priorities	None	Every other meeting						Chair	Review
SUB-GROUPS									
Where applicable	N/A	Ad Hoc						N/A	N/A
No sub-committees - but may set up task and finish groups from time to time									
PROMPTS									
External Reports	N/A	Ad Hoc						TBC	TBC

EDOF - Exec Director of Finance and Corporate Resources
 EDO - Exec Director of Operations
 EDSP - Exec Director of Strategy, Planning and Performance
 DD - Digital Director
 BS - Board Secretary
 EDQN - Exec Director of Quality and Nursing
 DP - Director of People

 Cycled for each meeting
 Ad hoc item - prompt for agenda setting
 Reporting developing

- 1 **Commissioning**
- 2 **Emergency Preparedness**

Review of commissioning standards is the commissioning intentions met as part of IMTP. AQIs published monthly to EASC. Key AQIs included in the 28 KPIs.

The Trust is classed as a category one responder under the Civil Contingencies Act (2004) and as a result there is a legislative obligation for us to address 6 key responsibilities, which are

- Assess local risks and use this to inform emergency planning
- Put in place emergency plans
- Put in place Business Continuity Management arrangements
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- Share information with other local responders to enhance co-ordination
- Co-operate with other local responders to enhance co-ordination and efficiency

CCA Part one devolved to Wales.

WAST is a category 1 responder under the Civil Contingencies Act (2004) and Regulations (2005). Category 1 responders are required to maintain plans for preventing emergencies; reducing, controlling or mitigating the effects of emergencies in both the response and recovery phases, and has a duty to ensure business continuity plans are in place. Trust is working towards ISO22301 accreditation.

Internal Audit on Major Incidents - September 2022 AC - raised F&P review of incident response plan when reviewed next.

NHS Emergency Planning Annual Report: return that is signed by JK. Comes to FPC for assurance. One element is assurance the board has received the IRP which FPC does on behalf of the board. WG compile into an All Wales return and in September 2024 the first meeting of the Health Executives for EPRR has been called by WG and likely they will be the primary reviewer of these.

Incident Response Plan Report: WG report accompanied by assurance that Incident Response Plan (IRP) in place and approved by ELT. SBAR includes detail of staff training in place, compliance levels, and resourcing for assurance; list of plans that underpin IRP are in date and regularly reviewed. IRP provides guidance and support to commanders on a range of incidents. Taken in closed session due to sensitivities.

Business Continuity Annual Report: SBAR to include compliance with CCA 2004 if not included in WG annual report and compliance under policy; list of plans that underpin BCP are in date and regularly reviewed; staff training in place, compliance levels and resourcing for assurance if not included in IRP report above; exercises carried out and planned; learning from incidents/exercises/debriefs.



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Agenda Item No. 17

REPORT TITLE

Risk Management and Board Assurance Framework Report

MEETING

Name of meeting	Finance & Performance Committee
Date of meeting	17 March 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:

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

1. The purpose of the report is to provide assurance in respect of the management of the Trust's principal risks, specifically the seven risks that are relevant to Committee's remit.
2. A summary of these risks is set out in Annex 1 with a detailed description contained within the Board Assurance Framework (BAF). All updates are highlighted in blue and show changes to the narrative, mitigating actions, controls, and assurances.



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3. The more detailed description contained within the BAF (Annex 4) provides the Committee with an opportunity to review the controls in place against each principal risk and the assurance provided against those controls where applicable. This will assist Members in evaluating current risk ratings supported by the scoring matrix (Annex 2).
4. Members can take assurance that each of the principal risks have been reviewed during this reporting period in line with the agreed schedule detailed at Annex 3 with continual and dynamic focus on the highest rated risks scoring 15-25. Attention has been given to the risk ratings of each risk and the mitigating actions identified and taken to ensure that risks achieve their target score. This is in addition to the standard and regular review of all controls, assurances, and any gaps.
5. The Executive Leadership Team (ELT) approved the principal risk activity on 28 December 2025 having considered the review of each risk undertaken throughout the period by Risk Owners. There have been no material changes to the principal risks during this period. The activity was reported to Trust Board in January 2026 and the Audit, Risk & Assurance Committee in March 2026.
6. **Risk 260** *A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems* remains static at a score of 20 (4x5) due to the escalated world conflicts and recent increase in targeted cyber-attacks against NHS organisations. The specific detail and planned mitigations of this risk will be considered in closed session of committee today due to the sensitive and security based nature of these and is not included in Annex 4.
7. **Risk 641** *The Trust's inability to implement the learning from all relevant Manchester Arena Inquiry (MAI) recommendations impacting its response to a major incident/mass casualty incident* remains static at a score of 20 (4x5). This risk is taken in open session in full transparency. However, members will note that the actions to address individual recommendations are not included in detail in the BAF extract. This is for reasons of sensitivity and security.
8. **Risks 542** *Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan* at a score of 16 (4x4). Work remains ongoing to reframe the risk and present it using the new approach to separate controls, assurances and gaps into internal and external themes and categories; those that the Trust manages and those that it monitors. Each of the assurances against the controls will be described over three lines of assurance.
9. **Risk 671** *Unauthorised or Inappropriate use of AI technologies* remains static at a score of 16 (4x4) with a target of 8 (2x4).



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10. **Risk 594** *The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death remains unchanged this period and static at a score of 15 (3x5).*
11. **Risk 100** *Failure to persuade JCC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience remains static at a score of 12 (3x4) during this period.*
12. **Risk 139** *Failure to Deliver our Statutory Financial Duties in accordance with legislation remains unchanged at a score of 12 (3x4) during this period.*
13. Whilst there have been no further material changes made during this period, the BAF includes a commentary for each risk for the Risk Owner to describe the rationale for each of the risk ratings which is particularly important where ratings have remained static or increased.

RECOMMENDATION(S)

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

The Finance & Performance Committee is requested to:

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

ADDITIONAL PAPER(S)

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

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

- Annex 1** Summary table
- Annex 2** Scoring Matrix
- Annex 3** Frequency of Risk review
- Annex 4** Board Assurance Framework



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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

☒ 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

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

28 December 2025

Executive Leadership Team

Annex 1 – Corporate Risk Register Summary

CORPORATE RISK REGISTER				
RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
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 Services	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	Executive Director of Operations	20 (5x4) 

542 FPC	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan	IF there is a lack of resources and available technology and infrastructure THEN there will be a failure to deliver the commitments outlined in the action plan and within the Welsh Government timelines RESULTING IN negative environmental and social impacts causing and reputational damage	Executive Director of Finance & Corporate Resources	16 (4x4) 
671 FPC	Unauthorised or Inappropriate use of AI technologies	IF staff use Gen-AI tools such as ChatGPT, Co-Pilot or other AI enable platforms outside of approved organisational channels or without appropriate governance THEN information passed into, accessed by, or returned by the AI tools may breach information security and data protection controls, and use of the output may breach transparency, medical device, equality, Welsh Language and ethical requirements RESULTING IN potential breach of confidentiality and data protection law, data, damage to Trust, and non-compliance with other legislation, regulation and standards.		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 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.	Executive Director of Operations	15 (3x5) 
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	Executive Director of Strategy Planning & Performance	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 EFL 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	8 (2x4) 

Annex 2 - Risk Scoring Matrix

Consequence:	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Safety & Well-being - Patients/ Staff/Public	Minimal injury requiring no/minimal intervention or treatment. No time off work. Physical injury to self/others that requires no treatment or first aid. Minimum psychological impact requiring no support. Low vulnerability to abuse or exploitation - needs no intervention. Category 1 pressure ulcer.	Minor injury or illness, requiring minor intervention. Requires time off work for >3 days Increased hospital stay 1-3 days. Slight physical injury to self/others that may require first aid. Emotional distress requiring minimal intervention. Increased vulnerability to abuse or exploitation, low level intervention. Category 2 pressure ulcer.	Moderate injury/professional intervention. Requires time off work 4-14 days. Increased hospital stay 4-15 days. RIDDOR/Agency reportable incident. Impacts on a small number of patients. Physical injury to self/others requiring medical treatment. Psychological distress requiring formal intervention by MH professionals. Vulnerability to abuse or exploitation requiring increased intervention. Category 3 pressure ulcer.	Major injury leading to long-term disability. Requires time off work >14 days. Increased hospital stay >15 days. RIDDOR Reportable. Regulation 4 Specified Injuries to Workers. Patient mismanagement, long-term effects. Significant physical harm to self or others. Significant psychological distress needing specialist intervention. Vulnerability to abuse or exploitation requiring high levels of intervention. Category 4 pressure ulcer.	Incident leading to death. RIDDOR Reportable. Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients.
Quality/ Complaints/ Assurance/ Patient Outcomes	Peripheral element of treatment or service suboptimal. Informal complaint/inquiry.	Overall treatment/service suboptimal. Formal complaint (Stage 1). Local resolution. Single failure of internal standards. Minor implications for patient safety. Reduced performance.	Treatment/service has significantly reduced effectiveness. Formal complaint (Stage 2). Escalation. Local resolution (poss. independent review). Repeated failure of internal standards. Major patient safety implications.	Non-compliance with national standards with significant risk to patients. Multiple complaints/independent review. Low achievement of performance/delivery requirements. Critical report.	Totally unacceptable level or quality of treatment/service. Gross failure of patient safety. Inquest/ombudsman/inquiry. Gross failure to meet national standards/requirements.
Workforce/ Organisational Development/ Staffing/ Competence	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/service due to lack of staff. Unsafe staffing level (>1 day)/competence. Low staff morale. Poor staff attendance for mandatory/key professional training.	Uncertain delivery of key objective/ service due to lack/loss of staff. Unsafe staffing level (>5 days)/competence. Very low staff morale. Significant numbers of staff not attending mandatory/key professional training.	Non-delivery of key objective/service due to loss of several key staff. Ongoing unsafe staffing levels or competence/skill mix. No staff attending mandatory/professional training.
Statutory Duty, Regulation, Mandatory Requirements	No or minimal impact or breach of guidance/statutory duty.	Breach of statutory legislation. Reduced performance levels if unresolved.	Single breach in statutory duty. Challenging external recommendations/improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low achievement of performance/ delivery requirements. Critical report.	Multiple breaches in statutory duty. Zero performance rating. Prosecution. Severely critical report. Total system change needed.
Adverse Publicity or Reputation	Rumours. Low level negative social media. Potential for public concern.	Local media coverage - short-term reduction in public confidence/trust. Short-term negative social media. Public expectations not met.	Local media coverage - long-term reduction in public confidence & trust. Prolonged negative social media. Reported in local media.	National media coverage <3 days, service well below reasonable public expectation. Prolonged negative social media, reported in national media, long-term reduction in public confidence & trust. Increased scrutiny: inspectorates, regulatory bodies and WG.	National/social media coverage >3 days, service well below reasonable public expectation. Extensive, prolonged social media. MP/MS questions in House/Senedd. Total loss of public confidence/trust. Escalation of scrutiny status by WG.
Business Objectives or Projects	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national targets.10-25 per cent over project budget. Schedule slippage. Key objectives not met.	>25 per cent over project budget. Schedule slippage. Key objectives not met.
Financial Stability & Impact of Litigation	Small loss. Risk of claim remote.	Loss of 0.1–0.25% of budget Claim less than £10,000.	Loss of 0.25–0.5% of budget. Claim(s) between £10,000 and £100,000.	Uncertain delivery of key objective. Loss of 0.5-1.0% of budget. Claim(s) between £100,000 and £1 million. Purchasers failing to pay on time.	Non-delivery of key objective. Loss of >1 per cent of budget. Failure to meet specification. Claim(s) >£1 million. Loss of contract/payment by results.
Service/ Business Interruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours. Some disruption manageable by altered operational routine.	Loss/interruption of >1 day. Disruption to a number of operational areas in a location, possible flow to other locations.	Loss/interruption of >1 week. All operational areas of a location compromised, other locations may be affected.	Permanent loss of service or facility. Total shutdown of operations.
Environment/Estate/ Infrastructure	Minimal or no impact on environment/service/property.	Minor impact on environment/ service/property.	Moderate impact on environment/ service/property.	Major impact on environment/ service/property.	Catastrophic impact on environment/service/property.
Health Inequalities/ Equity	Minimal or no impact on attempts to reduce health inequalities/improve health equity.	Minor impact on attempts to reduce health inequalities or lack of clarity on the impact on health equity.	Lack of sufficient information to demonstrate reducing equity gap, no positive impact on health improvement or health equity.	Validated data suggests no improvement in the health of the most disadvantaged, whilst supporting the least disadvantaged, no impact on health improvement and/or equity.	Validated data demonstrates a disproportionate widening of health inequalities, or negative impact on health improvement and/or equity.

Risk Scoring Matrix (Likelihood x Consequence = Risk Score)		Consequence:				
Likelihood:	Frequency:	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
1 Highly Unlikely: Will probably never happen/recur	Not for years	1	2	3	4	5
2 Unlikely: Do not expect it to happen/recur but it is possible	At least annually	2	4	6	8	10
3 Likely: It might happen/recur occasionally	At least monthly	3	6	9	12	15
4 Highly Likely: Will probably happen/recur, but not a persisting issue	At least weekly	4	8	12	16	20
5 Almost Certain: Will undoubtedly happen/recur, maybe frequently	At least daily	5	10	15	20	25

Annex 3 - Frequency of Risk Review

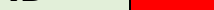
Risk Score	Review Frequency	Risk Rating
15 – 25 Red	Review monthly	High
8 – 12 Amber	Review quarterly	Medium
1 – 6 Green	Review every 6 months	Low

Risk ID 641	The Trust’s inability to implement the learning from all relevant Manchester Arena Inquiry (MAI) recommendations impacting its response to a major incident/mass casualty incident		Date of Review:		28/10/2025		TREND	20
			Date of Next Review:		28/11/2025		➡	(4x5)
IF the Trust has not fully implemented the MAI recommendations AND a major incident or mass casualty incident is declared	THEN there is a RISK that the Trust’s Incident Response will be suboptimal	RESULTING IN avoidable patient harm and/or death, detriment to staff wellbeing, reputational damage and potentially expose the Trust to legal liability.		Likelihood	Consequence	Score		
			Inherent	5	5	25		
			Current	4	5	20		
			Target	2	3	6		
IMTP Deliverable Numbers:								
Strategic Objective:								
EXECUTIVE OWNER		Executive Director of Operations	ASSURANCE COMMITTEE		Finance & Performance Committee			
Risk Commentary 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. <i>This Board Assurance Framework (BAF) extract is supported by a more detailed appendix of itemised actions required to permit greater scrutiny of remaining gaps and actions, as well as a detailed repository of control measures that have been successfully implemented.</i>								
CONTROLS			ASSURANCES					
			Internal Management (1 st Line of Assurance)					
1. Forty-six (46) of the pertinent MAI Recommendations have been implemented into WAST practice through the work undertaken to date.			1. MAI recommendations that have been marked as implemented by the EPRR MAI Project are authorised and ratified by Operations Senior Leadership Team and cascaded via the approved governance route (AAA) to ELT and Trust Board. This forms a documented governance route for rationale for completion and details of this are recorded in the EPRR share drive alongside evidence of compliance. Additional details of assurance are provided in the annex to this Corporate Risk. Ongoing monitoring and assurance of lessons learned is captured through BAU processes and the established debriefing/lessons learned process such as the Organisational Learning Spreadsheet.					
GAPS IN CONTROLS			GAPS IN ASSURANCE					
1. Two (2) outstanding MAI Recommendations, identified as pertinent to WAST by the self-assessment, require action against to implement the associated learning (REF: MAI recommendations 26 & 88). These are not included in the R106 funding request.			1. Work is progressing against these recommendations as part of the ongoing MAI project. It is anticipated that these recommendations can be implemented without additional financial support. Regular updates on these four recommendations are provided through the regular ‘touch point’ meetings with EPRR HoS, ADO for National Operations & ED of Ops, with periodic updates to SLT that are then cascaded via the approved governance route.					

Risk ID 641	The Trust’s inability to implement the learning from all relevant Manchester Arena Inquiry (MAI) recommendations impacting its response to a major incident/mass casualty incident	Date of Review:		28/10/2025	TREND	20 (4x5)
		Date of Next Review:		28/11/2025	➡	
2. Eighteen (18) outstanding MAI Recommendations that have been submitted to Trust commissioners via the ‘R106’ process as requiring financial support to implement the learning (REF: MAI recommendations 16, 17, 20, 23, 24, 25, 50, 53, 71, 84, 85, 86, 87, 92, 108, 109, 117, 124).		2. The outstanding recommendations are not able to be implemented independently by WAST and may remain unresolved until such time that additional financial resources and practical arrangements are in place to support this work. Trust commissioners have been notified of this via the formal R106 submission completed in August 2024.				
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:		
1. Implement the learning relating to forty-eight (48) recommendations identified in the MAI report as pertinent for WAST (REF: Outstanding MAI recommendations (26 & 88)).		Assistant Director of Operations, National Operations & Support	CLOSED	This programme of work is underway, with nearly all recommendations completed. 2 recommendations remain outstanding, with a plan in place to implement all these recommendations. May 25 – Progress report has been submitted to SLT and outstanding actions are now monitored through the risk register (Ref: 641). Submission to commissioners and further scrutiny sessions completed and awaiting commissioner outcome expected in August 2025.		
2. Submit evidence to Commissioners demonstrating that additional funding is required to implement a further twenty (20) recommendations identified in the MAI report (REF: MAI recommendation R106).		Assistant Director of Operations, National Operations & Support	CLOSED	March 25- During March and April the Trust has engaged with commissioners on a series of scrutiny sessions to review content of submission for the MAI; following these scrutiny sessions it will be for the commissioners to formally respond to the Trust, determining next steps and any subsequent course of action. A formal submission of requirements has been submitted to commissioners for consideration and approval. Commissioners have been engaged with since early 2024 to raise awareness and facilitate early discussion. The Trust is awaiting a formal response to the submission. May 25 – Progress report has been submitted to SLT and outstanding actions are now monitored through the risk register (Ref: 641). Submission to commissioners completed and awaiting commissioner outcome expected August 2025. Oct25 – A series of scrutiny sessions with Commissioners has been undertaken, the most recent being in September 2025. The original timescales to respond to the Commissioner November 2025 has been extended by 1-month to December 2025.		
3. Implement the necessary amendments to Trust infrastructure, resourcing level and equipment required to address the remaining recommendations once funding has been made available. (REF: MAI recommendations 16, 17, 20, 23, 24, 25, 50, 53, 71, 84, 85, 86, 87, 92, 108, 109, 117, 124).		Assistant Director of Operations, National Operations & Support	March 2029	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).		

Risk ID 542	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan			Date of Review:		04/12/2025	TREND	16 (4x4)
				Date of Next Review:		04/01/2026	➡	
IF there is a lack of resources and available technology and infrastructure		THEN there will be a failure to deliver the commitments outlined in the action plan and within the Welsh Government timelines	RESULTING IN negative environmental and social impacts causing reputational damage		Likelihood	Consequence	Score	
				Inherent	5	4	20	
				Current	4	4	16	
				Target	2	4	8	
IMTP Deliverable Numbers: 17, 18, 33								
Strategic Objective:								
EXECUTIVE OWNER		Executive Director of Finance and Corporate Resources	ASSURANCE COMMITTEE	Finance and Performance Committee				
Risk Commentary Challenges continue around resources and technology, and currently there is not an ability to reduce this score. Decarbonisation Programme Board continue to meet. Noting some progress on positive movement to actions within the DAP. Recent progress is focussing on implementation of PHEV and BEV SRVs. WG is refreshing the Strategic Delivery Plan – final version now received but discussion is required on the Trust response, the next steps, and the resources requiried to further progress this. It should be noted that as work in this space increases, so too does the volume of BAU management required e.g. on the development of EV charging infrastructure, the Trust now has an EV Network which needs to be formally managed (contract management with suppliers, remedial action on faults, warranty renewal, liaison with suppliers, use of network and prevention of fraudulent use, reporting on charging capacity used, financial implications etc).								
CONTROLS			ASSURANCES					
			Internal Management (1 st Line of Assurance)					
1. Oversight of implementation and delivery of Decarbonisation project and monitoring of action plan at Decarbonisation Programme Board and Capital Management Board			1. Regular meetings of the Decarbonisation Programme Board quarterly. Requirements of the Decarbonisation project have been presented to the Trust Board & Finance and Performance Committee. Challenges of the project have also been highlighted. Report goes regularly to FPC and then onto Trust Board. Next update will be January FPC meeting					
2. Capital and Estates directorate lead support – Director of Finance (DOF)			2. Regular briefings to DOF					
3. Partnership working via Communications/Stakeholder liaison group with NHS Wales, Welsh Government and other bodies to gain support and knowledge- with the anticipation of working in collaboration.			3. Sharing of knowledge via partnership working through various forums is documented in minutes of meetings held. Requirements also form part of the action plan					
4. Approach changed for heating/lighting/energy systems to become more energy efficient- replacing old inefficient plant with more sustainable technology such as natural gas boilers for air source heat pumps			4. (i) Estate Survey undertaken every 5 years. This is a 6-facet survey to understand where the back log is and the requirements for energy systems. Next survey round to take place in 2025/26 which will inform the update of the Estates SOP. (ii) Approved Estates SOP (iii) Estate Retrofit Guide and framework used to prepare schemes					
5. Changing procurement practices for fleet, Estates, equipment, supplies, and ICT to reduce emissions			5. Fleet SOP shows move to ULEV vehicles. BJC 2025/26 details intention for move to EV for smaller and support vehicles. Ambitions for further decarbonisation of fleet to be included in 2026/27 Business Justification Case (approved by Trust Board on 27th Nov and submitted to WG on 28th Nov 2025)					
6. Board Development sessions with respect to Decarbonisation to raise awareness of decarbonisation requirements, additional sessions will be required.			6. Board Development session occurred on 8th November 2021 – presentation slides are available.					
7. Finance & Performance Committee has oversight of decarbonisation project, decarbonisation to become a standard agenda item.			7. (i) Routine updates at every other FPC meeting (3 times a year) (ii) Annual report (which includes a Sustainability section) is approved by the Finance & Performance Committee					
8. KPIs with respect to energy transmissions are communicated to Estates team annually by sustainability manager			8. KPIs to Estates team includes energy use at all WAST managed buildings					
9. ISO14001 accreditation in place			9. ISO14001 – Annual audits are undertaken against the accreditation. Environmental Coordinators act as champions in the organisation.					
10. Environment Strategy in place			10. Environment strategy has been approved by the Trust Board. This covers the next 5 years					
11. Programme Board Risk Register			11. Programme Risk Register reviewed at every Decarbonisation Programme Board meeting					
12. Reporting to WG via DCR reporting, qualitative, and quantitative reports and emissions reporting			12. Submissions to WG – quarterly DCR reporting. Annual qualitative and quantitative reporting					
13. Membership of National Programme Board (WG), Transport Task and Finish Group and BELP Project Board			13. Minutes and papers of meeting					
14. Full engagement in Strategic Development Plan (SDP) refresh process undertaken by Welsh Government			15. WAST specific comments provided. Full engagement in support of influencing future SDP (and therefore DAP) actions.					
			External - Independent Assurance: • Sustainability section in Annual Report audited by Internal Audit. Annual audits by BSI on accreditation					

Risk ID 542	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan			Date of Review:	04/12/2025	TREND	16 (4x4)
				Date of Next Review:	04/01/2026		
GAPS IN CONTROLS				GAPS IN ASSURANCE			
1. Establishment of further workstreams to address a Programme Plan to support strategy requirements							
2. Ability to deliver on EV infrastructure plan including electrical capacity issues for the purposes of electronic charging points for vehicles							
3. Procurement of an electronic fleet of vehicles – this is not currently possible for anything other than a car/van (limited)							
4. Resources to be able to deliver extent of DAP – work ongoing to establish actions required and potential cost impacts. Note detailed schemes are challenging to work up without appropriate resource which in turn allow for realistic financial estimates to be made about cost.							
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:			
1. Ability to deliver on EV infrastructure plan including electrical capacity issues for the purposes of electronic charging points for vehicles: develop an investment strategy/prioritised list of sites where further EV charging is required. Will need further investment.		Decarbonisation Programme Board	Ongoing programme of investment. Next phase to be complete by March 2026	Actions taken in line with investment provided to implement rapid charging by end of March 2025 at a small number of sites. Confirmed adequate charging provision for the replacement of 20 x PHEV and 10 x BEV in March/April 2025. This action is ongoing. Further consideration of the increasing resource requirements will be highlighted at the Transport Project Board, Decarbonisation Programme Board and through the Capital Management Board. Specific action in relation to development of investment plan was closed on the Audit Tracker in March 2025, given that this has been absorbed within other strategic investment plans. To note, as the Trust further implements infrastructure, there is a greater BAU workload which the team is currently not resourced to manage. With the development of EV charging infrastructure, the Trust now has an EV Network which needs to be formally managed (contract management with suppliers, remedial action on faults, warranty renewal, liaison with suppliers, use of network and prevention of fraudulent use, reporting on charging capacity used, financial implications etc)			
2. Procurement of an electronic fleet of vehicles – this is not currently possible for anything other than a car/van (limited): development of specifications for vehicles considering achievable and safe ULEV options where possible. NOTE: will be dependent on confirmation of 2024/25 BJC funding		Fleet Team	Ongoing programme of investment. Next phase to be completed by March 2026	Position remains that only vans can currently be purchased. This will be delivered by March/April 2025. Further PHEV SRVs and full BEV small NEPTS vehicles to be procured in 2025/26 for implementation by end March 2026.			
3. Resources to be able to deliver extent of DAP – work ongoing to establish actions required and potential cost impacts. Note detailed schemes are challenging to work up without appropriate resource which in turn allow for realistic financial estimates to be made about cost: Development of an investment requirements schedule (also aligned to IA recommendations). Contribute resources to support the Decarbonisation Strategy action plan		Director of Finance & Corporate Resources	31.03.25 March 2026	Discussions ongoing regarding enhanced resource requirements to implement low carbon emission vehicles. Targeted Estate Fund (TEF) bids were submitted, and it has been confirmed that 3 of the 6 submitted projects have been supported. Work is well underway on delivery of the 2025/26 schemes. Further Executive level and Trust Board discussion will be required on the Trust response to the new SDP, and the ability for the Trust to resource this appropriately. Given the developmental nature of this work, it is now not possible to sustain the current governance, infrastructure, progress without additional resource.			

Risk ID 671	Unauthorised or Inappropriate use of AI technologies			Date of Review:		02/12/2025		TREND		16 (4x4)
				Date of Next Review:		19/01/2026				
IF staff use Gen-AI tools (e.g. ChatGPT, Copilot, Gemini) or other		THEN information passed into, accessed by, or returned by the AI tools		RESULTING IN potential breach of confidentiality and data protection law, data leakage (staff,			Likelihood	Consequence		Score
						Inherent	5	4		20
						Current	4	4		16

Risk ID 671	Unauthorised or Inappropriate use of AI technologies			Date of Review:		02/12/2025		TREND		16 (4x4)	
				Date of Next Review:		19/01/2026		➡			
AI-enabled platforms (including standalone apps, algorithms or built-in functionality) outside of approved organisational channels or without appropriate governance			may breach information security and data protection controls, and use of the output may breach transparency, medical device, equality, Welsh Language and ethical requirements		public and business sensitive information), damage to Trust reputation through such a breach or through FOI responses, and non-compliance with other EU, UK or Welsh legislation, regulation and standards			Target	2	4	8
IMTP Deliverable Numbers:											
Strategic Objective: Being at the forefront of innovation and technology											
EXECUTIVE OWNER			Director of Digital		ASSURANCE COMMITTEE		Finance & Performance Committee				
Risk Commentary											
The current risk is high due to the appetite of WAST to adopt new AI technologies, the ease of access by individuals to a breadth of (freely) available Generative-AI tools offered by tech start-ups and companies globally, and the currently limited guidance and regulation offered in this sector for health & care providers.											
Given the evolving nature of AI technologies, it will not be possible to fully mitigate this risk. The consequences will remain, but with greater awareness, confidence and support for staff, the chance of breach, bias, or reputation damage from AI output can be reduced.											
An AI Steering Group (AISG) has been established, reporting into Information Governance Steering Group, which already has delegated authority from the Executive Leadership Team, and provides AAAs monthly, and additional reporting for assurance through to Finance & Performance Committee. The AISG met for the first time in October 2025, and again in November, and will continue monthly with a regular cycle of business including oversight of existing tooling, projects and implementations, advice on strategic alignment of future use cases, and responsibility to support the development of guidance and frameworks to ensure the approach of “responsible AI” across the Trust.											
CONTROLS						ASSURANCES					
1. Guidance & Awareness a) Gen-AI guidance + Engagement sessions (small audience) b) Procurement toolkit						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) Toolkit for Procurement of AI in health and social care sector in Wales (v1.2 2025), has been published by the AI Working Group of Health & Social Care in Wales, 2025.					
2. Strategic Alignment a) IMTP reference to use cases						2. Strategic Alignment a) AI safety and adoption updates reported via Digital Report to Finance & Performance Committe bi-monthly b) IGSG maintain responsibility for data protection and information security, including in respect to AI. IGSG report via AAA to ELT monthly and an IG report passes to Finance & Performance Committee bi-monthly.					
3. Technical Controls a) Digital issued and managed Copilot licences (and pilot) b) Deactivation of licences not regularly used						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					
4. Processes a) Cyber Assurance of suppliers during procurement processes through existing mechanisms e.g. cyber essentials b) Data Protection related to AI projects / tools covered by existing DPIA c) Alignment with NHS Wales guidance and position including e.g. procurement routes						4. Processes a) Cyber risks and Data Protection logs reported to IGSG. b) Monitoring of Datix incidents related to data breaches and security					
5. Expertise a) Ability to draw on Digital expertise for advice (including data science, algorithmic, cyber, data protection, data quality and other relevant domains) b) Leverage support from existing suppliers with technical expertise (e.g. Microsoft) c) AI Steering Group established to advise and guide on AI-related decisions and progress						5. Expertise a) AI risks and issues informally reported via IGSG to date in lieu of dedicated forum b) - c) First meeting of monthly AISG occurred in October 2025, with AAA to be shared at next meeting of IGSG, and routinely thereafter.					

Risk ID 671	Unauthorised or Inappropriate use of AI technologies	Date of Review:		02/12/2025	TREND	16 (4x4)
		Date of Next Review:		19/01/2026		
GAPS IN CONTROLS			GAPS IN ASSURANCE			
1. Guidance & Awareness a) Copilot rollout and chat requires guidance for all WAST staff b) General awareness sessions / e-learning for all WAST staff c) Ethics and responsible AI frameworks			1. Guidance & Awareness a) eLearning compliance b) Pulse check or other mechanism to understand staff views on AI c) Approval and monitoring of any developed or adopted frameworks by AISG and IGSG			
2. Strategic Alignment a) AI Mission Statement / strategy b) Clear set of ‘approved’ use cases c) Steering Group to maintain alignment of use cases and horizon scan (for opportunity and risk)			2. Strategic Alignment a) Regular reporting and clear governance route from AI Steering Group to Board			
3. Technical Controls a) MS 365 Copilot chat offer for all staff (without need for upgraded licence) - needs monitoring for appropriate use b) Sanctioned / unsanctioned apps list to be maintained c) Monitoring and auditing of users d) Sensitivity tagging project for all digital documents to support access management e) Metadata / data quality project to support accurate AI use			3. Technical Controls a) Escalation route established for inappropriate use of Copilot chat and other available tooling b) SharePoint access and controls to be tested and confirmed			
4. Processes a) Procurement to consider AI specific requirements b) IG x AI Programme to be developed c) WAST AI Policy to consider UK and Welsh position across several domains (data protection, cyber security, WBFGA, Equality Act, Welsh Language etc)			4. Processes a) Processes to be identified, developed and maintained by AI steering group			
5. Expertise a) AI lead to be determined and position filled b) Connection in with NHS Wales and public sector specialist groups.			5. Expertise a) DTIP forum in development to support governance routes and in decisions related to capacity, planning and prioritisation of Digital expertise to WAST projects b)			
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:	
1. Publication of WAST AI Policy			Leanne Smith	November 2025	AI Policy in development with support from TU Partner; in agreement with Policy Group this has been deferred until February meeting to allow inclusion of recent guidance and external policy updates.	
2. Agreement on sanctioned and unsanctioned apps, and block of certain apps / sites			James Rowland	Q4 25/26	WAST to align with national steer on sanctioned / unsanctioned apps	
3. Awareness campaign (including ethics, DP, shadow IT risks)			Leanne Smith	Q1 26/27	To be managed by AISG	
4. Board Development Day and AI Mission Statement development with Trust Board			Leanne Smith	February 2026		
5. Copilot rollout to avoid ChatGPT risk – requires usage monitoring mechanism			Aasha Cowey	June 2026 (current pilot licences run until this time)	Dependent on funding Dec-25: copilot pilot evaluation underway, and decision to be made on reallocation of unused licences and associated process.	
6. Alignment with WG and NHS Wales AI policy positions			Leanne Smith	Q4 25/26	Proactively engage with WG AI Commission	
7. eLearning for all staff			Leanne Smith	Q4 25/26	Supported by AISG Dec-25: AISG to support Digital Learning Manager (Education & Development team) in development of AI e-learning module. Leanne Smith as Chair of AISG to be responsible for updates on this action.	
8. IG x AI programme (confirming DPIA and checklists are appropriate)			Kelly Holding	Q4 25/26	Will be a requirement of the 26/27 IG Toolkit	
9. WG AI Commission membership / alignment			Leanne Smith	Q3 25/26	Proactively engage with WG and NHSW AI groups	

Risk ID 671	Unauthorised or Inappropriate use of AI technologies	Date of Review:		02/12/2025	TREND	16 (4x4)
		Date of Next Review:		19/01/2026	➡	
				Dec-25: Welsh Government are redesigning the AI Commission, and considering membership (likely to include Directors of Digital). An AI policy and plan is also in draft for Wales. Further updates are expected in Q4 25/26.		
10. Document sensitivity / confidentiality tagging project (linked to SharePoint migration project)		Leanne Smith / Aled Williams	Q4 26/27	Large scale project across digital		
11. AI Lead to be identified and agreed		Leanne Smith	Q3 25/26	AISG to have oversight		
12. Monitor usage		Kara Walsh	Ongoing from Q3 25/26	AISG to have oversight Dec-25: AISG now regularly monitor the use cases, tooling and uptake of AI tools. This will form part of regular reporting through to IGSG in future months.		

RISK ID 594	The Trust’s inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death			Date of Review:		28/10/2025	TREND	15 (3x5)
				Date of Next Review:		28/11/2025	➡	
IF a major incident or mass casualty incident is declared		THEN there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients due to vehicles not being released from hospital sites	RESULTING IN catastrophic harm (death) and a breach of the Trust’s legal obligation as a Category 1 responder under the Civil Contingency Act 2004		Likelihood	Consequence	Score	
				Inherent	4	5	20	
				Current	3	5	15	
				Target	2	5	10	
IMTP Deliverable Numbers: 1, 5, 6, 7,14, 15, 24								
Strategic Objective:								
EXECUTIVE OWNER		Director of Operations		ASSURANCE COMMITTEE		Finance & Performance Committee		
Risk Commentary Q1 2024/2025								
The challenges across the unscheduled care system. Handover lost hours in October were 12,497 and November were 14,513. There is a direct correlation with ambulance availability and high levels of resources unavailable due to protracted waits at hospital E.Ds. Several incidents declared have failed to provide sufficient on the ground assurance that vehicles would be released. Health Boards have declined to incorporate testing of vehicle release into a recent mass casualty exercise. Further, a recent workshop undertaken by the EPRR team as part of the Manchester Arena Inquiry assurance process which has tested our ability to fulfil the PDA in North and South Wales, both in and out of hours, has confirmed that we would only meet the PDA in one of these four mass casualty scenarios. After a thorough review and assessment of Risk 594 within the Corporate Risk Register at SLT on 02/10/2024, we propose reducing the risk score from 20 to 15 (likelihood from 4 to 3) due to the following reasons: · Mitigation/Controls have been Implemented: We have several controls measures that directly address the identified risk and are content we have exhausted all opportunities for additional controls. These controls are embedded within the corporate risk register. · Immediate Release Protocol: The revised version of the IR protocol v1.3 has been agreed and shared at COO group and published which has included the release schedule for ambulances at the declaration of an incident as set out below: ·50% of vehicles released within 10 minutes · 75% of vehicles released within 20 minutes · 100% of vehicles released within 30 minutes · Monitoring and Review: We will continue to monitor the risk within the normal governance channels (SOT/SLT/ADLT etc) to ensure that mitigations are still in place and any emerging risks are promptly identified and addressed. 22/01/25 - In light of the critical incident declared earlier this month, a review of the risk scoring is scheduled for this at SLT on 11th February in the first instance and this will be updated following conversations. March 25 – following review at SLT, it has been agreed to maintain the score as it stands currently.								
CONTROLS			ASSURANCES					
			Internal Management (1 st Line of Assurance)					
1. Immediate release protocol			1. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report provided weekly to the DG for Health & Social Services. V1.3 has been reviewed, updated and released (August 2024).					
2. Resource Escalation Action Plan (REAP)			2. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure. REAP has undergone an annual review with v5.1 released in January 2025					
3. Regional Escalation Protocol			3. Daily conference calls to agree RES levels in conjunction with Health Boards					
4. Incident Response Plan			4. The Incident Response Plan has been ratified via EMT					
5. Mutual Aid arrangement with NARU			5. AACE National Policy on mutual aid in place					
6. Clinical Safety Plan			6. CSP adopted by EMT and operational; reviewed annually by SLT in December 2023, Version 2.21 of the Clinical Safety Plan was released. The reduction in the demand is the assurance which is dynamically monitored via ODU. New version 3.3 released in December 2024.					
7. Operational Delivery Unit 24/7 cover			7. Shift reports from ODU & ODU Dashboard received by Exec, SOT, and On-Call Team at start/end of shift and cover review at weekly performance meeting					
8. In hours and Out of hours command cover			8. Civil Contingency requirement as set out in the Command Policy and Incident Response Plan. Cover review at weekly performance meetings					
9. Notification and Escalation Procedure			9. Published procedure in operation, reviewed 3 yearly by SLT					
10. Continued escalation of risk to partners and stakeholders			10. Referenced by the Executive Director of Operations in correspondence sent to health board Chief Operating Officers dated 30 March 2023. It was further emphasised at the face-to-face COO Peer Group meeting on 14 April 2023.					
			External Independent Assurance N/A					

RISK ID 594	The Trust’s inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death			Date of Review:	28/10/2025	TREND	15 (3x5)
				Date of Next Review:	28/11/2025	➡	
11. CEO letter to Health Boards dated 3 Jan 2023, and DOO letter to Chief Operating Officers dated 30 March 2023 to seek assurance on plans.				11. Acknowledgement and acceptance of risk by HBs and balancing the risk across the whole system. Improvement in handovers in C&VHB and ABUHB. This has been sustained form some months across C&V in a phased programme of improvement with no delays more than 2 hours. Programme of improvement underway in ABUHB commencing at 4-hour tolerance with a plan to reduce over time. In other HBs there remains little or no controls with variation in both handovers and risk levels across HBs.			
12. Health boards are asked to provide assurance of existing and tested plans to immediately reduce emergency ambulances on incident declaration.				12. All Health Boards responded with assurance of plans except BCU.			
13. Multi Agency Exercise to be arranged.				13. This exercise has taken place although Health Boards declined to incorporate vehicle release plans			
14. Meeting with Welsh Government to outline this risk; WG agreed to write to HBs seeking assurance from EPRR leads in HBs on the ability to clear EDs and release vehicles. WG agreed to incorporate testing into the forthcoming mass casualty exercise, and a timeframe for vehicle release was proposed by WAST with 30% of vehicles released within 10 minutes of an incident declaration, 50% within 20 minutes and 100% within 40 minutes.				14. WG have confirmed that they have written to HB EPRR leads. Health Board COOs approved the proposals for vehicle release as outlined.			
GAPS IN CONTROLS				GAPS IN ASSURANCE			
Despite the controls listed, the single most limiting factor in providing a pre-determined response in line with the Incident Response Plan is the lost capacity due to hospital handover delays. In this area, WAST has no control. – link to CRR 223 on CRR.				The Trust is not assured that Hospital sites have plans in place that are trained and tested to release ambulances effectively and immediately in the event of an incident declaration.			
				Following two incidents (Pembroke Dock Ferry fire on 11 th February 2023 and the Swansea gas explosion on 13 March 2023), The Trust is not assured by the effectiveness of assurances given by Health Boards (responses provided following correspondence from WAST CEO – formal returns received from LHBs except BCU). Despite these two incidents being lower-level incident declarations where the pre-determined attendance was met, the experience does not add confidence to the ability to release all resources from hospitals which would support assurance. Further testing of the pre-determined attendance levels has been undertaken as part of the Manchester Arena Inquiry recommendations; This tested the Trust’s ability to fulfil the PDA in North Wales and South Wales in the event of a mass casualty scenario both in hours and out of hours. This simulation concluded that in three of these four scenarios, the Trust would be unable to fulfil the PDA. A further declared major incident at Treforest Industrial Estate in December 2023 following an explosion, failed to release resources from 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.		

RISK ID 594	The Trust’s inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death			Date of Review:	28/10/2025	TREND	15 (3x5)
				Date of Next Review:	28/11/2025	➡	
				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	Executive Director of Operations	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. Ongoing monitoring of the 45MR continues, as reducing handover delays is expected to decrease the number of ambulances waiting outside hospitals, particularly within BCU.	Assistant Director of Operations						

Risk ID 100	Failure to persuade JCC/Health Boards about WAST’s ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience		Date of Review:		05/12/2025		TREND	12 (3x4)
			Date of Next Review:		05/03/2025		➡	
IF WAST fails to persuade JCC/Health Boards about WAST ambitions		THEN there is a risk of a delay or failure to receive funding and support	RESULTING IN a catastrophic impact on services to patients & staff and key outcomes in the IMTP not being delivered		Likelihood	Consequence	Score	
				Inherent	4	4	16	
				Current	3	4	12	
				Target	2	4	8	
IMTP Deliverable Numbers: 7, 9, 11, 12, 14, 15, 20, 24, 25, 32								
Strategic Objective:								
EXECUTIVE OWNER		Executive Director of Strategy, Planning & Performance		ASSURANCE COMMITTEE		Finance and Performance Committee		
Risk Commentary								
From the 01 April 2024 111, emergency ambulance and Ambulance Care are all commissioned by the Joint Commissioning Committee (JCC). This is viewed as a positive development by the Trust, supporting the development of an organisational ambition. The ambition is appropriate levels of patient safety and good working conditions for our staff across the 111 pathway, emergency ambulance care pathway and Ambulance Care pathway. Clearly neither of these are currently being achieved in the emergency ambulance care pathway as evidenced by the long waits, shift overruns and volume of concerns and reportable incidents. The Trust is currently commissioned on the assumption of 6,000 hours of handover lost hours, with current levels at 12,560 (Jul-25). The extant WG policy is 15 minute handover i.e. no lost hours, with the current WG focus on W45 i.e. 45 minute handover, which equates to approximately 6,000 hours. There is evidence of some material handover lost reduction in some health boards in recent months. The Trust had almost recruited up to the modelled 153 CHARU FTEs and connected to this focus on CHARU productivity. CHARU UHP in January 2025 was 94%, which is the highest it has achieved, and it is now seeking to close the remaining gap through the recruitment of fully qualified paramedics (current levels are staff in post to establishment for CHARUs at 85%). The Trust delivered on its ambition to switch on key aspects of its clinical model transformation programme in 2024/25, in particular, rapid clinical screening, which included the recruitment of 28 FTES to EMSC (clinical navigators) and increasing the APP establishment to APPs. The 111-call abandonment rate has stabilised post 111 CAS go live, as the Trust has recovered it call handler staff in post to establishment, but the commissioned levels are not sufficient to achieve the 5% abandonment rate. Ambulance Care performance is stable, but the level of capacity management plan cancellations are running at c20,000 per annum. For 2025/26 the Trust’s ambitions are set out its IMTP, with a particular focus on delivering further aspects of the clinical model transformation programme: the re-categorisation of 999 demand (purple, red and RCS0 etc), remote clinical care and further see & treat capability. The EA skills mix (no funding from JCC) and Manchester Area Inquiry (MIA) submission are also important considerations. The JCC is now becoming more established. Current areas of focus for the JCC (in relation to WAST) include: a scrutiny exercise on the Trust’s MAI submission, consideration of the Future Vision for NEPTS, the Emergency Ambulance Measures Review Task Group and Ambulance Patient Handover Improvement Implementation (APHID) Group. The Trust has received the JCC commissioning intentions 25/26 for 111, 999 and NEPTS, which are reflected in the Trust’s IMTP. These are broadly supportive of the Trust’s ambitions, but the financial pressures within NHS Wales means that there’s limited financial support of the Trust’s ambitions.								
CONTROLS			ASSURANCES					
			Internal & External Management (1 st Line of Assurance)					
1. JCC/WAST Forward Plan for EMS and NEPTS in place and monitored at JCC meetings			1. Minutes of meetings and a standard agenda item					
2. JCC and its 2 sub-committees established as a forum to discuss WAST’s strategy (sub-committees currently under review as part of move into JCC).			2. Minutes of meetings and a standard agenda item. Sub-committees now established, with report on commissioning arrangements to July Finance & Performance Committee.					
3. Weekly catch up between Interim Director of 111 & Ambulance Commissioning /CEO			3. Meetings are diarised every week					
4. Collaboration between JCC and WAST on specific projects			4. Representatives are co-opted onto meetings and frequency is between 3–6 weeks. Set agendas with NCCU reps co-opted.					
5. Joint WAST Executive/JCC SLT Monthly Meeting			5. 02/12/25 This meeting has now restarted with the first one held on 26 Nov-25.					
6. Patient Safety information e.g. Appendix B incidents, weekly/monthly patient safety reports produced			6. These reports supplied to Director of Quality and Nursing in Health Boards and other senior stakeholder’s fortnightly					
7. Commissioning intentions.			1. In year progress reported each quarter to the relevant commissioning meeting and 24/25 commissioning intentions approved for 111 Wales and expected to be approved by Mar-24 JCC (approved).					
8. Governance arrangements for JCC Committee, Ambulance & 111 Commissioning Management Group and NEPTS DAG			2. Minutes of meetings and a standard agenda item					
			External Management (1 st Line of Assurance)					
			1. Plans go to every bi-monthly meeting					

Risk ID 100	Failure to persuade JCC/Health Boards about WAST’s ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience			Date of Review:	05/12/2025	TREND	12 (3x4)
				Date of Next Review:	05/03/2025		
				2. Meet bi-monthly and agendas, minutes and action logs available			
GAPS IN CONTROLS				GAPS IN ASSURANCE			
1. JCC remit is wider than just ambulances and will reduce the agenda time dedicated to WAST’s three patient pathways.				1. A shorter provider brief will go to the JCC with more detailed discussions taking place at its sub-committees. There is no provider brief going at this time, but the Trust does produce extensive slides for the bi-monthly WG Integrated Quality, Planning & Delivery accountability meeting, with the Director of Commissioning for Ambulance & 111 Services in attendance. 02/12/25 It is anticipated that the new Joint WAST/JCC SLT Monthly Executive Meeting will provide dedicated time for discussion on the three pathways and will likely be supported by a quality, performance & information pack from WAST.			
2. Governance coordination between the JCC and WAST to be improved.				2. Identified need for a governance meeting between JCC and WAST to manage the overall commissioner/provider interface. Actioned, but has lapsed due to capacity and resourcing in NCCU team (now the JCC team) . This will be further reviewed as the JCC goes live in April-24 (period of transition likely to extend through Q1). This has lapsed at this time, but request to re-establish it sent to commissioners. This meeting has now been restarted and continues to function.			
3. WAST’s ability to influence hospital handover delays (this is outside of the Trust’s control and a Health Board responsibility)				3. Ministerial direction on handover reduction with significant pressure being applied to health boards through the NHS Leadership Board and NHS Executive accountability arrangements. The Welsh Government target is no waits > one hour, which equates to 7,000 lost hours. WG has now established an Ambulance Patient Handover Improvement Implementation (APHID) Group to take forward this ambition. This has led to the W45 initiative i.e. 45 minute handover, with handover lost hours in July 2025 being their lowest since July 2021. A continued focus by health boards is required to achieve the ambition and sustain it. 02/12/25 14,512 hours were lost to hospital handover in Nov-25. Previous year’s performance would suggest this will increase further in Dec-25. Whilst there has been a material reduction in handover lost hours, they are some distance from the 6,000 hours on which the roster keys are predicated.			
4. Funding does not flow in a manner to balance demand with capacity (outside of WAST’s control)				4. Strategic demand and capacity review completed and reported to Finance & Performance Committee. Whilst the Director of 111 & Ambulance Commissioning is sighted on the findings, it has not yet been formally reported to the JCC, in agreement with WAST. This remains the case. 02/12/25 2026/27 is expected to be flat cash, with a significant savings target for the Trust. The Trust is also expecting the JCC to carry out an review of WAST during the remainder of Q3 and into Q4.			
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:			
1. Agree and influence JCC/Health Boards that sufficient funding to be provided to WAST		CEO WAST	As part of 25/26 budget setting process in Q4 this year (18/03/25 F&P Committee). IMTP now with WG awaiting approval, timeframe dependent on WG.	26.06.24 Funding for a 32 FTE APPs secured for 2024/25 and 23.2 FTEs into Integrated Care. 06/08/24 WAST briefing on evolved CRM and 2023 EMS Demand & Capacity Review to JCC Board Development session in Aug-24. 21/01/25 ELT has considered the draft commissioning intentions and responded to the Director of Commissioning. 14/04/25 Commissioning intentions built into the Trust’s 2025-28 IMTP with FTE additionality planned in the remote care and see & treat space. MAI scrutiny exercise on-going. Skills Mix Task & Finish on-going, due to report into ELT end of April 2025, no funding from JCC expected. 19/08/25 Q1 commissioning intentions reported to JCC sub-committee. EA Skills Mix paper went to ELT in June 2025 with further paper on 27/08/25. 02/12/2025 The Trust has responded to the draft review by the JCC, the draft 2026/27 commissioning intentions and has submitted a presentation on its outline 2026-29 IMTP identifying risks, cost pressures, emerging deliverables etc. Whilst the Trust is actively influencing the commissioning process, this is within the construct of flat cash for 2026/27.			
2. Agree and influence JCC/Health Board of the need for significant reduction in hospital handover hours		CEO WAST	IQPD 12/02/25 The APHID is a WG led group, so timeframe is dependent on WG.	26/04/24 This modelling has been further supplemented by modelling the Ministerial target of no handovers of more than one hour. 26/06/24 May-24 levels at 24,000, which is higher than 2023 and concerning as an indicator of the winter the Trust may expect. Trust moving at pace to evolve clinical response model, with Welsh Government full sighted on impact of handover hours on the Trust. 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.			

Risk ID 100	Failure to persuade JCC/Health Boards about WAST’s ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience			Date of Review:	05/12/2025	TREND	12 (3x4)
				Date of Next Review:	05/03/2025	➡	
				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.			
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.				
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				
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.				

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation			Date of Review:		19/11/2025		TREND	8 (2x4)
				Date of Next Review:		19/02/2026		➡	
IF the Trust does: - not achieve financial breakeven and/or - does not meet the planning framework requirements and/or - does not work within the EFL and/or - fails to meet the 95% PSPP target and/or - does not receive an agreement with commissioners on funding			THEN there is a risk that the Trust will fail to achieve all its statutory financial obligations, and the requirements as set out within the Standing Financial Instructions (SFIs)	RESULTING IN potential interventions by the regulators, qualified accounts, and impact on delivery of services and reputational damage		Likelihood	Consequence	Score	
					Inherent	3	4	12	
					Current	2	4	8	
					Target	2	4	8	
IMTP Deliverable Numbers: 9, 12, 15, 18, 24, 25, 30, 31, 32									
Strategic Objective:									
EXECUTIVE OWNER		Executive Director of Finance and Corporate Resources			ASSURANCE COMMITTEE		Finance and Performance Committee		
Risk Commentary: To end of November 2025 of the 2025/26 financial year. The risk has now been further reviewed in conjunction with the level of financial risk detailed in the Trust’s financial monitoring returns submitted to WG year to date to Month 7 of the 2025/26 Financial Year. The score is consistent with that of Qtr. 2 2025/26 due to presenting an opening balanced financial plan for 2025/26, full allocation of the £8.5m savings delivery target and YTD overachievement. Reported Financial position is currently in deficit (£0. 135 m) but revised year end forecast is one of balance. It must be noted though that clear monitoring of the savings target for 25/26 will be needed as this is £2m increase from the 24/25 delivered position and also the recovery of the current deficit albeit in a challenging financial climate for all public sector organisations.									
CONTROLS				ASSURANCES					
				Internal Management (1 st Line of Assurance)					
1. Financial governance and reporting structures in place				1. Risk is reviewed quarterly at FPC, and a report is submitted bi-monthly to Trust Board					
2. Financial policies and procedures in place									
3. Budget management meetings				3. Diarised dates for budget management meetings and delegation of budgets has occurred					
4. Regular financial reporting to ADLT, EFG, ELT, FPC and Trust Board in place				4. Diarised dates for ADLT, FPC and Trust Board and monthly reports with budget managers. EFG meetings held in July and August 25					
5. Welsh government reporting				5. MMR submitted monthly to WG and monthly catch ups with F&P Delivery unit					
6. Monthly review of savings targets				6. ADLT updated via core reporting. Reporting included in finance reports to committees and boards					
7. Regular review monitoring and challenge via WAST and JCC / CASC quality and delivery meeting with commissioners.									
8. Monthly ICMB (Internal Capital Monitoring Board) meetings to monitor and review progress against capital programme and engagement with WG and capital leads.				8. Diarised dates for ICMB meetings with regular monthly report					
9. PSPP monthly reporting and regular engagement with P2P colleagues and periodic Trust Wide communications				9. Regular PSPP communications (Trust wide) on Siren					
10.Forecasting of revenue and capital budgets				a) Monthly monitoring returns to ELT (EFG) and FPC (b) Reliance on available intelligence to inform future forecasting.					
11.Business cases and benefits realisation (both revenue and capital)				11. Business cases – scrutiny and approval at senior management team which are submitted to ELT, FPC prior to Trust Board for approval as appropriate according to value.					
				External Assurances Management (1 st 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 (3 rd Line of Assurance)					
				1-10 Internal audit reviews covering					
				1-10 External audit reviews					

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation	Date of Review:		19/11/2025	TREND	8 (2x4)
		Date of Next Review:		19/02/2026		
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		31/03/25 31/03/26	Supported financial plan included in IMTP for 25/26. At least bi-monthly meetings with WAST finance and JCC in relation to contract payments.	
2. Embed a transformative savings plan and ensure organisational buy in		Savings subgroup / FSP		31/03/25 31/03/26	The Financial Sustainability Program (FSP) will continue to be a key vehicle for the Trust to monitor and develop its savings program. Over delivery was achieved for the 24/25 financial year and the point of strong delivery is further highlighted with the programs ability to fully identify the 25/26 £8.5m savings plan before the start of the financial year.	
3. Embed value-based healthcare working through the organisation		Executive Leadership Team and Value Based Healthcare Group		31/03/25 31/03/26	Work to identify the PROMS & PREMS evaluation criteria for Emergency based services via the Value-Based Healthcare working group continues.	
4. Foundational economy, Decommissioning, and procurement to mitigate social and economic wellbeing of Wales		Estates, Capital and Fleet Groups, NHS Wales Shared Services Partnership		31/03/25 31/03/26	The organisation utilises the NWSSP Shared Services Procurement framework to ensure contracts tendered provide best value for money while ensuring criteria within the tender docs ask bidders to highlight their ability to serve the aims of FE, Decommissioning, Decarbonisation and social as well as the economic wellbeing of Wales. Ad hoc reports are received from Shared Services on WAST's progress in switching more expenditure to Welsh suppliers to keep the Welsh pound in Wales.	



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Agenda Item No. 18

REPORT TITLE

Audit Tracker 3.0 25-26 Q3 Reporting (Oct-Dec25) – FPC 170326

MEETING

Name of meeting	Finance and Performance Committee
Date of meeting	17 March 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 2025/26 Q3 position with respect to management actions for audits within the purview 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.



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Management of the Audit Tracker

3. Audit Tracker 3.0 has not been embedded across directorates. Quarter 3 represents the first full reporting cycle using the upgraded system. Key developments include:
 - Expanded visibility to Responsible Officers.
 - Automated email notifications three months prior to deadlines.
 - Ongoing development of reporting dashboards supported by Power BI.
4. The transition has been stable, with only minor refinements required. Quarter 4 reporting will be presented via a Power BI dashboard accompanied by a focussed Executive Summary.
5. The Audit Tracker has been updated in Quarter 3 of 2025/26. In an attempt to manage volume of papers, the tracker has been added to the Ibabs reading room filtered to the actions assigned to this committee for oversight. This digital reading room hosts documents for additional information, not essential for scrutiny or decision-making. Access to the reading room is through the documents/shared folder in Ibabs' main menu. Documents in the reading room will not be posted on the Trust's website with committee papers; however, copies can be provided to those without access to Ibabs upon request.

Internal Audit

6. During 2025/26 Quarter 3, there were a total of 27 open internal audit recommendations relevant to the Committee: two from 2022/23 (one of which relates to Technical Resilience and is reported in the committee's private session), two from 2023/24, 19 from 2024/25 (seven of which relates to 111 Wales Website which are all reported in the committee's private session), and four more recent actions recorded in 2025/26.
7. Of the 27 open internal audit recommendations, 17 were due for closure in quarter, and 10 were not yet due.
8. By end of quarter, 7 (41%) of the 17 audit recommendations due for closure during quarter were confirmed as completed - a marked reduction compared to the 79% closure rate reported in the previous quarter.
9. One further audit recommendation from 2024/25, which was not due until April 2026 (2026/27 Quarter 1), was also reported completed. This additional closed action was originally due for completion in April 2026 which was its original date.
10. New revised deadlines have been proposed for ten open audit recommendations: six new 1st revised dates, two new 2nd revised dates, one amended 2nd revised date, and one new 3rd revised date, as shown below:



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Action Ref. [Priority]	Internal Audit [Assurance Rating]	Directorate	Original Date	New Revised Dates		
				1 st	2 nd	3 rd
22/23-621b [Medium]	Technical Resilience [Reasonable]	Digital	Sep-24	Jun-25	Sep-25	Mar26
23/24-691 [Medium]	ICT Contracts Management [Reasonable]	Digital	Mar-25	Sep-25	Mar-26 Sep-26	
24/25-053 [Medium]	Vehicle Accident Management [Limited]	Operations	Sep-25	Dec-25	Jul-26	
24/25-054 [Medium]		Operations	Sep-25	Dec-25	Apr-26	
24/25-088 [Medium]	Forecasting and Modelling [Reasonable]	Planning & Performance	Nov-25	Mar-26		
24/25-093 [Medium]		Planning & Performance	Nov-25	Mar26		
24/25-113 [High]	111 Wales Website [Limited]	Digital	Oct-25	Apr-26		
24/25-114 [Medium]		Digital	Nov-25	Mar-26		
24/25-117 [Medium]		Digital	Oct-25	May-26		
25/26-130 [Medium]	IMTP Development Process [Substantial]	Planning & Performance	Dec-25	Mar-26		

11. The Directors of the Operations and Digital Directorates were requested to attend the Audit, Risk and Assurance Committee (ARAC) meeting on 02 March 2026. In the Directors' absence, Assistant Directors provided updates and assurance on the new 2nd revised dates applied:

11.1 **Action 23/24-691 ~ ICT / Digital Contract Management**

Update provided by Leanne Smith, Assistant Director of Digital Services: Data & Analytics:

- A Digital Contract Management Standard Operating Procedure (SOP) is now in place.
- A central contract register has been established, with named contract owners, regular review cycles, and initial focus on the highest-value and most critical digital systems.



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- Work is ongoing to extend the SOP and register across the full portfolio of digital contracts (circa 70–80 contracts), with consideration being given to proportionality for lower-value contracts.
- Complex contract scenarios were acknowledged, noting tight timescales and governance challenges. A lessons-learned exercise is underway.
- As a result, additional governance actions have been identified, including:
 - Earlier visibility of high-value contract renewals
 - A more strategic approach where suppliers hold multiple contracts.
- ARAC was informed that these additional actions would be monitored through this committee.

Assurance given: Controls are now embedded for critical contracts, with strengthened governance and oversight arrangements in place and further improvements underway.

11.2 **Actions 24/25-053 & 054 ~ Operations / Vehicle Accident Management**

Update provided by Judith Bryce, Assistant Director of Operations – National Operations and Support:

Audit areas:

- Vehicle Accident Management – Checklist and Process
- Vehicle Accident Management – Post-Investigation Documentation

Update provided:

- Both actions required revised timescales due to their complexity.
 - For the checklist and flowchart action, a pilot commenced on 1 March in one Health Board area. The pilot will run for one month, after which feedback will be reviewed prior to wider rollout.
- For the post-investigation documentation action:
 - A task-and-finish group reviewed whether a centralised system was appropriate.
 - It was concluded that centralisation was not suitable, but governance arrangements were appropriate.
 - Further assurance work is being undertaken to ensure themes and trends are robustly captured.
- Both actions are on track to be completed and closed ahead of their final revised target dates.

Assurance given: Delivery is progressing as planned, with effective governance in place and early completion expected.



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12. At the end of Quarter 3, a total of 19 internal audit actions remained open. The majority (14) of these open actions are due for closure during 2025/26 Quarter 4 (Jan-Mar 2026), and the other five are due during 2026/27 Quarters 1 and 2 – therefore all current open actions are scheduled to be closed by the end of September 2026.

Audit Year	No. Open Actions (at end of Q3)	Scheduled for Completion		
		25/26 Q4	26/27 Q1	26/27 Q2
2022/23	1	1	0	0
2023/24	1	0	0	1
2024/25	15	11	3	1
2025/26	2	2	0	0
Totals	19	14	3	2

External Audit

13. During 2025/26 Quarter 3, there were two open external audit recommendations relevant to the Committee, both relating to the Audit Wales report: *Unscheduled Emergency Care (UEC) Arrangements for Managing Demand - WAST (April 2025)*.

14. One action is due to completed by March 2026, and the other by May 2026, and are therefore not yet due.

RECOMMENDATION(S)

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

The Committee is requested to:

(a) Receive assurance on the monitoring of management actions to address recommendations in the Tracker, noting any revised dates for actions.

(b) Note the updates provided to ARAC relating to the Technical Resilience (closed session), ICT Contract Management, and Vehicle Accident Management.

ADDITIONAL PAPER(S)

Annex 1: Audit Tracker 3.0 – 2526 Q3 Internal Audit Updates - FPC Mar26 (Public)

Annex 2: Audit Tracker 3.0 – 2526 Q3 External Audit Updates - FPC Mar26 (Public)



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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

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	N/A [DPIA Checklist > DPIA not indicated]

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee

[illegible]

Annex 2 - Audit Tracker 3.0 - External Audit Q3 Updates - Mar26 PPC (Public)

Audit Tracker 3.0 Worksheet	Year / Audit Plan	Audit Type	Commission Arrangement	Public or Private Committee	Report Title	Resource's Rating	Responsible Officer	Director	Rec. No. in Audit Report	Recommendation	At-risk to High Response	Management Response	Expected Evidence of Implementation	Agreed Completion Report	Status - Met or not met agreed deadline to report	1st Received Date	2nd Received Date	3rd Received Date	Action Status	*ACTION UPDATE	*DATE REVIEWED	*REVIEWED BY	*REVIEW OUTCOME	*LIST OF EVIDENCE SUPPLIED TO SUPPORT PROPOSED CLOSING
127	DA-2026-001	2026	External Audit	PPC	Public	UHC Arrangements for Managing Demand WAGS (April 2025) AM	Not Set	Jenny Semmel (Wales AM, Jenny Semmel	n/a	1	"Accuracy of 111 Website To ensure information used to support patients to agent 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 (page 4 of 18)."	1	"The Trust accepts this recommendation. While WAGT is not directly commissioned to manage the 111 Wales website, we fully support the need for accurate content to support patients safely. We routinely raise concerns, such as outdated references to NHS Direct Wales and email addresses that by forwarding emailing 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 membership regarding financial oversight 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, issues will be actively monitored, and formal recommendations regarding the demonstrate progress and provide evidence of action taken."	21/05/2026	Not Yet Due				Open				Not Set	
128	DA-2026-002	2026	External Audit	PPC	Public	UHC Arrangements for Managing Demand WAGT (April 2025) AM	Not Set	Jenny Semmel (Wales AM, Jenny Semmel	n/a	2	"Directories of Services To ensure the Trust has access to accurate and up-to-date information on health board services it should work with health boards to identify issues for maintaining the directories (Paragraph 16)."	2	"The Trust accepts this recommendation. We agree on the need for accurate and up-to-date service information. While WAGT does not own the content providing health boards, we maintain our business to receive and manage this data. The recommendation is the first best address need through strengthened collaboration with health boards, who remain responsible for the accuracy of their service information. A business case has been drafted to improve Directory of Services (DoS) governance and support. Discussions with Welsh Government are ongoing regarding financial oversight and commissioner expectations, which are prerequisites to formal submission. WAGT will continue to update any content we overpublish into the DoS and will actively update information to relevant health boards. This will be monitored over 12 months, with updates logged as evidence of action."	21/05/2026	Not Yet Due				Open				Not Set	



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Agenda Item No. 19

REPORT TITLE

CCTV and Surveillance Systems Policy

MEETING

Name of meeting	Finance and Performance Committee
Date of meeting	17 March 2026
Public or Private	Public
If private - rationale	Choose item from below

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

REPORT SUMMARY:

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

Purpose of the report

1. The purpose of this report is to request that the committee approve and adopt the updated CCTV and Surveillance Systems Policy.



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RECOMMENDATION(S)

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

The Finance and Performance Committee is requested to:

1. **Approve and adopt** the updated CCTV and Surveillance Systems Policy (Annex 1)

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. Annex 1 – CCTV and Surveillance Systems Policy [**For Committee Approval**]



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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

☒ 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

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
09/03/2026	Director of Corporate Governance / Board Secretary



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CCTV and Surveillance Systems Policy

Policy Number:	017	Version No:	V0.18	Supersedes:	V0.13 Published 25/04/2019
Date of Approval:	TBC	Review Date:	Three years from date of approval	Impact Assessments Completed:	Yes – EqIA 09/09/2025
Classification of Document:	Corporate	Type of Document:	Policy	Approved by:	TBC
Brief Summary of Document:	This Policy intends to provide an overview for the day-to-day management of Closed Circuit Television (CCTV) within the organisation, outlining roles and responsibilities and conditions for its use.				
Scope:	This Policy applies to all Trust staff. For this document, the term 'staff' refers to contracted employees, bank workers, non-executive directors, students, volunteers (Community First Responders, Ambulance Car Drivers etc.), contractors (this includes those with an honorary contract), and anyone carrying out approved work on behalf of the Trust. It also applies to any other Data Subject captured by video surveillance including visitors to our premises, or passengers in our vehicles. Other agencies, individuals and suppliers working with the Trust who have supply, provide or have access to Trust CCTV and other Surveillance Systems will also be expected to comply with this Policy.				
To be read in conjunction with:	• Data Protection Policy • Confidentiality Code of Conduct • Records Management Policy • Information Security Policy • Access Control Policy • ICO Video Surveillance Guidance • Surveillance Camera Code of Practice • Access to Personal Information Policy • Health and Safety Policy • Violence and Aggression Policy • Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Policy • Safeguarding Children and Adults at Risk of Harm Policy				



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Owning Committee	Finance & Performance Committee		
Policy Lead:	Kelly Holding	Job Title:	Data Protection Officer
Trade Union Lead:	Henry Garrard		Trade Union Partner
Executive Director:	Jonathon Sammut	Job Title:	Director of Digital Services and Senior Information Risk Officer (SIRO)

Version Control Sheet

Version	Date	Author	Summary of Changes
For previous versions of the policy please refer to V0.13 published on 25/04/2019			
0.14 Draft	12/08/2025	Kelly Holding	Full revision.
0.15 Draft	18/09/2025	Lisa Trounce	Review, editing and formatting of updated policy in advance of Policy Group on 22/09/2025
0.16 Draft	26/09/2025	Lisa Trounce	Prepared for Trust-wide Consultation
0.17 Draft	09/01/2026	Kelly Holding	Post consultation version for Policy Group on 26/01/2026
0.18 Draft	26/01/2026	Lisa Trounce	Prepared for endorsement by ELT on 18/02/2026
0.18 Draft	06/03/2026	Lisa Trounce	Prepared for approval and adoption by Finance and Performance Committee 17/03/2026

Keywords

CCTV, Surveillance System, Video Surveillance, Drones, ANPR, Facial Recognition Software, Body Worn Camera

Task and Finish Group Members

Name	Job Title
Kelly Holding	Data Protection Officer
Henry Garrard	Trade Union Partner
Catharyne Punyer	Legal Services Manager
Bethan Davies	Senior People Services Advisor
Phillip Lloyd	Violence and Aggression Manager
Gareth Eckley	Cyber Security Specialist
Judith Birkett	Head of Records
Susan Woodham	Head of Estates and Facilities
Kataya Muira	Facilities Manager
Andrew Jones	Regional Fleet Manager (North)
Esther Jones	Fleet IT System Manager
Giles Hodges	HART Training Manager
Nicci Stephens	Capital Programme Manager
Lauren Games	Data Protection Compliance Manager

Impact Assessment Reviews

Area	Date of Review	Name of Reviewer
Data Protection	09/09/2025	Kelly Holding (DPO) Henry Garrard (TUP) Equality Diversity & Inclusion Team
EqIA / Welsh Language		
Environment		
Quality		



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Policy Approval Route

Meeting Title	Meeting Date	Purpose/Outcome
Policy Group	22/09/2025	Approved for Trust-wide Consultation
Trust-wide Consultation	03/10/2025 – 31/10/2025	Staff Engagement
Policy Group	15/12/2025	Post Consultation Changes / Recommend for Approval by Committee
Executive Leadership Team (ELT)	18/02/2026	Endorsement / Recommend for Approval by Committee
Finance and Performance Committee	17/03/2026	Approval and adoption

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Amb_policies@wales.nhs.uk



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

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1. INTRODUCTION

- 1.1. The Welsh Ambulance Services NHS University Trust (the Trust) operates overt CCTV and Surveillance System technologies to provide a safe and secure environment for staff, visitors, patients and stakeholders.
- 1.2. The Trust recognises that the use of such technologies is subject to the requirements of the UK General Data Protection Regulation (UK GDPR), the Data Protection Act 2018 and Article 8 of Human Rights Act 1998 (Right to Private Life).
- 1.3. This Policy seeks to:
 - Outline why and how we will use CCTV or other Surveillance Systems, and how we will process the recorded data;
 - Ensure that the legal rights of staff and other data subjects are recognised and respected;
 - Assist staff in complying with their own legal obligations when working with CCTV and other Surveillance Systems. In certain circumstances, misuse of information generated by CCTV or other Surveillance Systems could constitute a criminal offence; and
 - Explain how to make a subject access request in respect of personal data created by CCTV or other Surveillance Systems.
- 1.4. The Policy aims to comply with the requirements of the Information Commissioner's Office (ICO) Video Surveillance Guidance. In addition, whilst the Surveillance Camera Code of Practice only applies to relevant authorities across England and Wales, it has been taken into consideration as good practice.

2. SCOPE

- 2.1. This Policy applies to all Trust staff. For this document, the term 'staff' refers to employees, non-executive directors, students, volunteers (Community First Responders, Ambulance Car Drivers etc.), contractors (this includes those with an honorary contract), and anyone carrying out approved work on behalf of the Trust. It also applies to any other Data Subject captured by video surveillance including visitors to our premises, passengers of our vehicles, and members of the public.

- 2.2 Other agencies, individuals and suppliers working with the Trust who supply, provide, or have access to Trust CCTV and other Surveillance Systems will also be expected to comply with this Policy.
- 2.3 This Policy applies to all forms of video surveillance used within or by the Trust, including but not limited to:
- Closed-Circuit Television (CCTV) – fixed installations within Trust premises and vehicles.
 - Automatic Number Plate Recognition (ANPR) – systems used to monitor vehicle movements, for example in and out of Trust premises.
 - Body Worn Video (BWV) – devices worn by staff for recording interactions and incidents.
 - Unmanned Aerial Systems (UAS)/Drones – aerial surveillance used for operational purposes.
 - Facial Recognition Technologies – systems used for identity verification.
 - Smart Doorbells (commercial use) – video-enabled entry systems used in Trust facilities.
 - Surveillance in Vehicles – including dashboard cameras, internal saloon cameras, and internal vehicle monitoring such as GPS.
 - Action Cameras and Portable Surveillance Devices – used in mobile or field operations.
- 2.4 Detailed operational procedures supporting the implementation and management of surveillance systems, in alignment with the principles outlined in this policy, will be established and must be read in conjunction with this policy.
- 2.5 All detailed operational procedures relating to the implementation and management of surveillance systems must be formally reviewed by the Trust's Data Protection Officer prior to adoption, to ensure compliance with data protection legislation and organisational policy.

3. PURPOSES OF VIDEO SURVEILLANCE

- 3.1 The Trust operates video surveillance for the following legitimate and proportionate purposes:
- **Protection of Trust Assets:** To safeguard Trust premises, vehicles, buildings, equipment, and other assets from damage, theft, unauthorised access, or other criminal activity.

- **Enhancing Safety and Security:** To promote the personal safety of staff, patients, and visitors, reducing the fear of crime and serious harm.
- **Crime Prevention and Investigation:** To support law enforcement bodies and Accredited Counter Fraud Specialists in the prevention, detection, and prosecution of crime, including but not limited to fraud, violence, and theft.
- **Incident Investigation:** To assist in the investigation of criminal activity, road traffic collisions involving Trust vehicles, and serious harm.
- **Protection of Individuals and Property:** To protect members of the public, service users, and private property within the Trust's operational scope.
- **Operational Oversight:** Supporting the effective management of Trust sites, vehicles and incidents.
- **Deterrence of Criminal Activity:** Supporting Police and external agencies to deter and detect criminal behaviour, including fraud and violence
- **Workplace Protection:** Safeguarding employees and service users from acts of violence, aggression, abuse or serious harm in the workplace.
- **Legal Proceedings:** Where it is necessary to establish, exercise or defend legal claims.

- 3.2 The Trust's overarching purpose for use of CCTV and other surveillance systems is intended to reduce the overall level of crime (including fraud, theft, property damage and violence), enhance the safety and security of staff and stakeholders, and improve public confidence in the Trust's protective measures.
- 3.3 These systems will not be used for general behaviour or performance monitoring, nor for routine evaluation of clinical practice or staff performance. In exceptional cases, such as serious incidents or gross misconduct, footage may be reviewed and used if necessary and proportionate, in line with documented purposes. The information captured by the CCTV recording system may only be used for the purposes as described in clause 3.1.

4. OBJECTIVES

- 4.1 In pursuit of these aims, the Trust will:



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- Operate CCTV or other surveillance systems for monitoring activity within sites and vehicles and other high risk areas to provide enhanced security and evidential quality recordings of criminal activity and breaches of health & safety;
- Ensure that all employees operating the CCTV or other surveillance system are appropriately trained, accredited and vetted;
- Ensure that the system is operated in accordance with Data Protection legislation and guidance produced by the ICO;
- Ensure that the proper management and control procedures are in place to protect the integrity and security of all recordings made using the CCTV or other surveillance systems.

5. POLICY CONTENT

5.1 To ensure the lawful, fair, and transparent use of video surveillance systems, the Trust will implement the following principles:

- **Data Integrity and Security:** All data captured by surveillance systems will be stored in a manner that preserves its integrity, confidentiality, and availability. This includes the use of encryption, secure access controls, and audit trails to prevent unauthorised access, tampering, or loss.
- **Data Protection Impact Assessments:** a DPIA will be completed prior to procurement and implementation of surveillance systems to ensure compliance with key data protection requirements, such as data protection by design and default, fairness, accountability, transparency, justifying any processing to be necessary and proportionate, and ensuring respect for the rights and freedoms of individuals.
- **Quality of Images:** Systems should produce high quality, clear images. Regular checks should be carried out to ensure that the system is continuing to produce high quality images and that system settings do not compromise quality. All digital recordings must be digitally watermarked to preserve integrity and prevent tampering.
- **Access and Monitoring:** Live feeds from CCTV cameras will only be monitored where there is a clear and proportionate justification, such as to protect health and safety, respond to an incident, or support operational oversight. Monitoring will be strictly limited to authorised personnel whose roles require such access. Viewing of live surveillance footage on monitors will be restricted to the designated operator

and any other expressly authorised individuals, unless the monitor displays a scene that is also directly visible from its physical location. Access to stored footage must be restricted to authorised personnel only, with audit trails maintained for any access or use.

- **Live Streaming (Non-Recording):** The viewing of live surveillance footage on a screen without recording still constitutes the processing of personal data under data protection legislation, where individuals can be identified directly or indirectly. Although no images are stored, the act of collecting or displaying identifiable data in real time qualifies as processing and will be subject to the same legal and organisational safeguards as recorded footage.
- **Minimisation and Purpose Limitation:** Surveillance systems will be configured to minimise the collection of personal data unrelated to the stated purposes. Cameras will not be directed at private dwellings, staff rest areas, or other locations where individuals have a reasonable expectation of privacy.
- **Transparency and Signage:** Clear and visible signage will be displayed in all areas under surveillance, stating the presence of CCTV, the purpose of monitoring, and contact details for further information. Where surveillance is less obvious (e.g. drones or body-worn cameras) or where individuals may be visually impaired, additional steps will be taken to ensure individuals are informed including for example verbal information and audio warnings. Privacy information will be made available.
- **Use of Data Processors:** Where third-party data processors are engaged to manage or maintain surveillance systems or data, the Trust will ensure that:
 - Information is only processed in accordance with our instructions.
 - Contracts include specific clauses on data protection, confidentiality, and security, storage, and use by properly trained staff.
 - Processors are subject to appropriate due diligence and regular review.
 - Data processing agreements are in place in accordance with Article 28 of the UK GDPR.
- **Asset Management:** Asset inventories of CCTV and Surveillance Systems in use will be maintained and will detail the specification of the equipment used, supplier information, and locations, ensuring there is clear visibility of what systems are in place and who has access to them.

- **Joint Controllers:** Where more than one organisation is jointly involved in the decisions regarding the purpose and operation of a surveillance system, the Trust will ensure that responsibilities are agreed in a transparent and documented manner. Joint controllers remain individually and collectively responsible for compliance with all controller obligations. Any agreement to share surveillance services must include clear guidelines and procedures to ensure appropriate control, use, and accountability. In shared service arrangements, the Trust will clearly define and communicate which organisation is legally responsible for specific data at any given time.
- **Review and Oversight:** The Trust will regularly review the use and placement of surveillance systems to ensure they remain necessary, proportionate, and effective. This includes annual reviews of camera locations, system functionality, and compliance with this Policy.

5.2 These principles will be embedded into all aspects of the Trust's surveillance operations to ensure ongoing compliance with legal, ethical, and organisational standards, and to uphold the rights and expectations of individuals affected by video surveillance.

6. INTRODUCTION OF NEW SURVEILLANCE SYSTEMS

- 6.1 Prior to the deployment of any new surveillance systems, including the installation of new CCTV cameras in workplace locations, or change to existing surveillance system, the Trust will adopt a data protection by design and default approach. A formal Data Protection Impact Assessment (DPIA) must be completed to assess the necessity, proportionality, and potential impact of the proposed system. Failure to complete the DPIA would constitute an infringement of the data protection legislation and will result an incident being reported on the Trust's Datix system.
- 6.2 The DPIA will assist the Trust in determining whether the surveillance system is justified, whether its use should be limited, and whether alternative, less privacy-intrusive methods could achieve the same outcome. The assessment will consider the rights and freedoms of individuals whose personal data may be captured, as well as their reasonable expectations of privacy. As part of the DPIA process, the Trust must consult and proactively inform staff about the introduction of new surveillance systems or any significant changes.
- 6.3 The DPIA must clearly identify the problem the Trust is seeking to address and evaluate whether surveillance is the most effective and proportionate solution.

Surveillance systems must not be procured or deployed solely on the basis of availability, affordability, or perceived public approval.

- 6.4 Procurement decisions must be based on the system's ability to deliver a data protection-compliant solution. Criteria for deployment and configuration must be established and documented prior to purchase.
- 6.5 The Trust shall refer to the Biometrics and Surveillance Camera Commissioner's Buyers' Toolkit when planning and installing surveillance systems, to ensure best practice is followed.
- 6.6 Surveillance systems must be designed to support the Trust's obligations under data protection legislation, including the ability to locate and extract personal data efficiently in response to subject access requests or lawful disclosures to third parties such as law enforcement.
- 6.7 The use of surveillance technologies must always be a necessary and proportionate response to a clearly defined problem. Alternative methods must be considered and ruled out before surveillance is introduced. *Please refer to the Data Protection Policy and DPIA Procedure for more information.*

7. AUDIO RECORDING

- 7.1 Audio recording will only be enabled where there is a clearly evidenced and justified need. By default, all audio capabilities within surveillance systems are disabled.
- 7.2 Where audio recording is deemed necessary, the Trust will take additional steps to ensure individuals are made aware that audio capture is taking place, beyond the standard notification provided for visual surveillance.
- 7.3 Audio recording will only be activated when:
 - A specific issue or operational need has been identified and evidenced;
 - Less privacy-intrusive alternatives have been considered and ruled out as ineffective;
 - A documented assessment concludes that audio recording is the only proportionate and effective means of addressing the identified issue.

- 7.4 All decisions to enable audio recording must be supported by a Data Protection Impact Assessment (DPIA) and approved by the Trust's Data Protection Officer prior to implementation.

8. COVERT MONITORING

- 8.1 Covert surveillance is a means of monitoring carried out in a manner to ensure those subject to it are unaware that it is taking place for the prevention or detection of criminal activity or equivalent malpractice.
- 8.2 The application and management of covert surveillance within the Trust can be subject to both the [Regulation of Investigatory Powers Act 2000](#) (RIPA) and the [Investigatory Powers Act 2016](#) (IPA). The Trust will not engage in covert monitoring or surveillance unless, in highly exceptional circumstances, there are reasonable grounds to suspect that criminal activity or extremely serious malpractice is taking place and, after suitable consideration, the Trust reasonably believes there is no less intrusive way to tackle the issue.
- 8.3 In the unlikely event that covert monitoring is considered to be justified, it will only be carried out with the express authorisation of the Chief Executive or Deputy Chief Executive Officer following consultation with the relevant police authority and/or Local Counter Fraud Team. The decision to carry out covert monitoring will be fully documented and will set out how the decision to use covert means was reached and by whom. The risk of intrusion on innocent workers will always be a primary consideration in reaching any such decision.
- 8.4 Only limited numbers of people will be involved in any covert monitoring.
- 8.5 Covert monitoring will only be carried out for a limited and reasonable period of time consistent with the objectives of making the recording and will only relate to the specific suspected illegal or unauthorised activity.

NOTE: Covert monitoring should not normally be considered. It will be rare for covert monitoring of employees to be justified. It should therefore only be used in exceptional circumstances and with approval outlined in section 8.3.

9. MAINTENANCE

- 9.1 Each CCTV or Surveillance System must have a designated Information Asset Owner (IAO). The IAO is responsible for ensuring processes are in place to check and confirm the efficiency of the system daily, and in particular, that the equipment is properly recording and that cameras are functional.
- 9.2 All CCTV and other surveillance systems operated by the Trust must be covered by a formal service agreement with a Trust-approved provider. This agreement must ensure:
- Regular servicing and maintenance inspections take place;
 - There is prompt notification to the Trust of any faults, repairs, or upgrades; and
 - Documentation of all maintenance activities, including system health checks and firmware updates are maintained.
- 9.3 All faults and malfunctions must be reported immediately to the designated IAO and the service provider. Faults must be logged using an approved pro forma, and both the fault log and repair report must be retained securely for a minimum of **12 months**, in accordance with the Trust's Records Retention Schedule. Any faults or systemic issues resulting in data loss, data corruption, or data unavailability must also be reported on the Trust's Datix System.
- 9.4 System downtime or surveillance blind spots will be reported via Datix and risk assessed against possible compromise of patient and staff safety.
- 9.5 Maintenance procedures must include checks to ensure the integrity of recorded data. This includes:
- Verification of time/date stamps.
 - Confirmation that footage is being recorded and stored correctly.
 - Ensuring that digital watermarking is applied where applicable to prevent tampering.
- 9.6 During maintenance, access to surveillance systems must be restricted to authorised personnel only. Service providers must comply with the Trust's Information Security Policy and be subject to appropriate confidentiality agreements and access control restrictions.

- 9.7 If it is identified at any point that the surveillance system is not operating in accordance with this policy, governance requirements, or the approved DPIA, the issue must be reported and escalated as an incident.
- 9.8 Maintenance records will be audited periodically by the Information Governance Team to ensure compliance with this Policy.

10. DATA STORAGE, RETENTION AND DISPOSAL

- 10.1 Data recorded by CCTV or other surveillance systems may be stored digitally via cloud-based platforms, local hard drives, or removable media such as SD cards, depending on the system configuration. Prior to implementation, all storage and security arrangements must be assessed and assured through a Data Protection Impact Assessment (DPIA) and relevant cyber security assessments.
- 10.2 Surveillance data will be retained in accordance with the Trust's Records Retention Schedule and associated policies. Retention periods may vary depending on the purpose for which the footage is held.
- 10.3 The standard retention period for footage stored on digital systems is 28 days, after which data will be automatically overwritten on a rolling basis.
- 10.4 In certain circumstances, extended retention may be required. Example include:
- **Routine surveillance:** Maximum retention of 28 days.
 - **Crime prevention and detection:** Copies of footage shared with law enforcement agencies will be retained for up to **3 years**.
 - **Internal investigation, litigation or legal proceedings:** Extended retention may be required during investigations or legal proceedings, but it should be reviewed and justified based on the specific needs of the investigation. Clear justification and a log of all retained data must be maintained. On conclusion of proceedings, footage may be retained for a further **10 years**.
- 10.5 For extracted copies, removable media (e.g. CDs, DVDs, SD cards) will be securely erased or destroyed once the footage is no longer required. Physical media such as tapes, discs or printed images will be disposed of as confidential waste.
- 10.6 A comprehensive log of when data is deleted shall be maintained.

11. ACCESS TO AND DISCLOSURE OF VIDEO SURVEILLANCE DATA

- 11.1 Footage will only be disclosed internally or externally where it is reasonably necessary for one of the legitimate purposes outlined in the section 3.1 (Purposes). Requests for disclosure must be supported by satisfactory evidence demonstrating alignment with those purposes, a valid legal basis under the Data Protection Act 2018 and UK GDPR, and appropriate authorisation.
- 11.2 Disclosure may also occur if required for legal proceedings or under a court order. Additionally, data may be disclosed to law enforcement agencies to view or remove footage when necessary for the detection or prosecution of crime.
- 11.3 The decision-making process and the proportionality and necessity test should be documented whenever CCTV footage is to be used.
- 11.4 All disclosures of video surveillance footage will be recorded in a disclosure log, detailing the nature of the request, the legal basis, and the recipient of the data. A clear, documented audit trail must be maintained, recording who has handled, viewed, transferred, or copied the footage from the point of retrieval. This record must be retained securely and made available to Data Subjects upon request under their Subject Access Rights (subject to any relevant exemptions.)
- 11.5 All data must be disclosed securely in accordance with the Information Security Policy.
- 11.6 Refer to the Appendix: CCTV Access and Disclosure Requests for further guidance.

12. REQUESTS TO PREVENT PROCESSING

- 12.1 The Trust recognises that, in limited circumstances, individuals may have a legal right to request the erasure of personal data concerning them or to restrict its processing, including data captured through video surveillance systems.
- 12.2 Any member of staff who believes these rights apply to them in relation to the Trust's use of video surveillance footage should submit their request in accordance with the Data Protection Policy and Data Subject Rights Procedures. Each request will be assessed on a case-by-case basis, taking into account the applicable legal grounds, the nature of the footage, and any overriding obligations, such as those relating to public safety, legal proceedings, or regulatory compliance.

13. BREACHES AND OFFENCES

- 13.1 Failure to comply with this Policy may result in the Trust being in breach of data protection legislation, which could lead to enforcement action, financial penalties, and reputational damage.
- 13.2 It is a criminal offence under data protection law for an employee, without the consent of the Data Controller, to knowingly or recklessly:
- Obtain personal data: Acquiring personal data without authorisation.
 - Disclose personal data: Sharing personal data with unauthorised individuals.
 - Procure disclosure of personal data: Causing or arranging for someone else to disclose personal data unlawfully.
 - Retain personal data: Keeping personal data without a lawful basis, even if it was initially obtained legitimately.
- 13.3 In addition, under the Computer Misuse Act 1990, it is an offence to access computer systems or data without permission. This includes unauthorised access to surveillance systems or footage stored on Trust devices or networks.
- 13.4 Any such actions will be considered serious breaches of Trust policy and will constitute gross misconduct. Examples of gross misconduct include, but are not limited to:
- Unauthorised access to or misuse of surveillance systems or data.
 - Tampering with surveillance equipment.
 - Sharing or disclosing surveillance footage without proper authority.
 - Using surveillance data for personal gain or malicious intent.
- 13.5 Such breaches will be subject to formal disciplinary procedures and may be reported to the ICO and/or the Police, where appropriate, for further investigation and potential criminal prosecution.

14. COMPLAINTS

- 14.1 If any member of staff or data subject has any concerns about this Policy or the use of video surveillance by the Trust, they should speak to their line manager or the Data Protection Officer in the first instance.
- 14.2 Staff may also raise Highly Confidential incidents via Datix or the Freedom to Speak Up platform, and have the right to lodge a complaint with the Information Commissioner's Office (ICO), and seek judicial remedy.

15. GLOSSARY OF TERMS

- 15.1 **Personal Data:** means data relating to a living individual who can be identified from that data (or other data in our possession). This will include video images of identifiable individuals.
- 15.2 **Processing:** means any activity which involves the use of data including obtaining, recording, holding the information or data, or carrying out any operation on the data including organising, amending, retrieving, using, disclosing or destroying it. Processing also includes transferring personal data to third parties
- 15.3 **Data:** means information, which is stored electronically, or in certain paper-based filing systems. In respect of video surveillance and CCTV, this generally means video images. It may also include static pictures such as printed screen shots.
- 15.4 **CCTV:** means fixed and domed cameras designed to capture and record images of individuals and property.
- 15.5 **Surveillance systems:** means any devices or systems designed to monitor or record images of individuals or information relating to individuals. The term includes CCTV systems as well as any technology that may be introduced in the future such as automatic number plate recognition (ANPR), body worn cameras, unmanned aerial systems and any other systems that capture information of identifiable individuals or information relating to identifiable individuals.
- 15.6 **Data Subject:** means all living individuals about whom we hold personal information as a result of the operation of our CCTV or other surveillance systems.

- 15.7 **Data Controller:** means an organisation which determines the purposes and manner in which any personal data is processed. They are responsible for establishing practices and policies to ensure compliance with the law. The Trust is a Data Controller of all personal data used in as part of its public function.
- 15.8 **Data User:** are those of our employees whose work involves processing personal data. This will include those whose duties are to operate CCTV cameras and other surveillance systems to record, monitor, store, retrieve and delete images. Data users must protect the data they handle in accordance with this policy and our Data Protection Policy.
- 15.9 **Data Processor:** means any other person (not a Trust employee) or organisation that processes data on our behalf and in accordance with our instructions (for example, a supplier which handles data on our behalf).
- 15.10 **Third Party:** in relation to personal data, means any person other than (a) the data subject, (b) the data controller, or (c) any data processor. Third party does not include employees or agents of the data controller or data processor”.

16. TRAINING AND IMPLEMENTATION

- 16.1 All staff who manage or operate video surveillance systems (Data Users) must receive appropriate information, instruction, and training on the requirements for using, operating, and accessing video surveillance systems prior to that access being granted. This training may be delivered by the system provider prior to installation or upgrades, or by the Trust through mandatory or dedicated training programmes, and must be refreshed periodically.
- 16.2 The training must cover:
- The principles and obligations under Data Protection legislation and this Policy, including the lawful processing of personal data captured by surveillance systems.
 - Ethical and behavioural responsibilities, including professional conduct, the psychological impact of surveillance, and expectations under Professional Registration, Trust Values and Behaviours, and the Duty of Candour.
 - Operational and administrative functions of the surveillance systems, tailored to the specific technology in use (e.g. CCTV, vehicle cameras, drones, Body Worn Cameras).

- How to use the relevant video software, ensuring staff are equipped to respond to disclosure requests efficiently, within statutory timescales, and in accordance with the law.
- How to recognise and respond to a request for video surveillance footage/images.

16.3 All relevant staff will be fully briefed and trained in the secure and compliant handling of surveillance data.

16.4 General information about the systems and associated data protection requirements will be communicated to all Trust staff via this policy and supporting reference materials, including guidance documents and internal communications.

17. IMPACT ASSESSMENTS

17.1 Equality

The Trust is committed to providing equality of opportunity, not only in its employment practices but also in the services for which it is responsible. As such, this policy has been screened, and an Equality Impact Assessment has been carried out, to identify any potential discriminatory impact. Recommendations from the assessment have been incorporated into the policy and have been considered by the approving committee. The Trust also values and respects the diversity of its employees and the communities it serves. In applying this policy, the Trust will have due regard for the need to:

- Eliminate unlawful discrimination;
- Promote equality of opportunity;
- Provide for good relations between people of diverse groups.

A copy of the EQIA can be obtained from the Information Governance Team or the Corporate Governance Team who received the documentation as part of the policy approval process.

17.2 Welsh Language Impact Assessment

Under the The Welsh Language (Wales) Measure 2011 the Trust's Welsh Language Scheme has been replaced by Welsh Language Standards. This means that the Trust, when formulating new policies or reviewing or revising existing policies, is required to assess what effect a policy decision would have on opportunities for persons to use the

Welsh language and on treating the Welsh language no less favourably than the English language. Further guidance can be obtained from the Welsh Language Officer.

In order to comply with the Welsh Language Standards and the Trust's Compliance Notice, the Trust is required to publish several policies in Welsh; particularly those that relate to:

- behaviour in the workplace;
- health and well-being at work;
- salaries or workplace benefits;
- performance management;
- absence from work;
- working conditions;
- work patterns

17.3 Environmental Standards and Impact Assessment

This policy will put the relevant requirements in place (such as waste management plan, reduction of CO₂ emissions & reduction of carbon footprint) in order to ensure that the Welsh Ambulance Services NHS Trust ongoing commitment to reduce its impact on the environment is maintained and to become a more sustainable organisation in line with Trust policy and Environmental Governance System.

17.4 Counter Fraud

Anti-Fraud and Corruption Concerns

The Welsh Ambulance Services NHS Trust is committed to taking all necessary steps to counter fraud, bribery and corruption within the Trust. Staff should report suspected incidents of fraud and corruption to the Trust Local Counter Fraud Specialist, who will be happy to discuss any issues or concerns. Alternatively staff may contact the confidential NHS Counter Fraud Authority, Fraud and Corruption Reporting line on 0800 028 40 60; or the on-line reporting facility Service <https://cfa.nhs.uk/report-fraud> Fraud investigations may lead to disciplinary action and / or prosecution and civil recovery procedures.

17.5 Records Management

The Welsh Ambulance NHS Services Trust recognises the importance of sound records management arrangements for both clinical and corporate records. The Trusts' records are its corporate memory, providing evidence of actions and decisions and representing

a vital asset to support daily functions and operations. Records support policy formation and managerial decision-making, protect the interests of the Trust and the rights of patients, staff and members of the public.

17.6 Information Governance

Information Governance (IG) is an overarching term used to describe all aspects of information management. The Trust and its staff shall ensure that they provide satisfactory assurance to stakeholders as to how the organisation fulfils its statutory and organisational responsibilities in relation to the management of information. It will enable management and staff to make correct decisions, work effectively and comply with relevant legislation and the organisations aims and objectives.

The IG framework ensures that it sets out the high level principles for confidentiality, integrity and availability of information to promote and build a level of consistency across the Trust.

18. ROLES AND RESPONSIBILITIES

18.1 Chief Executive

The Chief Executive, as Accountable Officer, has overall responsibility for the effective operation of this policy and for ensuring the Trust has appropriate policies in place to ensure the organisation works to best practice and complies with all relevant legislation.

The Chief Executive has overall responsibility for approving the use of Covert Surveillance under the Regulation of Investigatory Powers Act (2001) and Investigatory Powers Act (2016).

18.2 Director of Digital Services

The Trust's Director of Digital Services (and SIRO) has responsibility for assessing the risk to the organisation and its staff by processing video surveillance footage.

18.3 Executive Director of Nursing, Quality and Patient Experience

The Trust's Director of Nursing, Quality and Patient Experience (and Caldicott Guardian) has responsibility for clinical and safety oversight in relation to CCTV use.

18.4 Data Protection Officer

The Trust's Data Protection Officer (DPO) has responsibility for ensuring that adequate procedures and processes are in place for the management of personal information contained within video surveillance footage. This includes overseeing the Trust's compliance with data protection legislation in relation to the collection, use, storage, disclosure, and retention of such footage.

The DPO will:

- Ensure that video surveillance processing activities are documented and assessed for data protection risks, including through Data Protection Impact Assessments (DPIAs) where appropriate.
- Ensuring that procedures are followed, that standards are set, procedures are put in place to meet these standards, and that the system complies with this guidance and other legal obligations.
- Advise on and monitor the implementation of safeguards to protect individuals' rights and freedoms.
- Support and assure the development of procedures for handling subject access requests, disclosures, and requests to restrict or erase footage.
- Provide guidance to staff and stakeholders on lawful processing and ensure alignment with the Trust's Data Protection Policy and related governance frameworks.

18.5 Information Asset Owners

Each of the Trust's surveillance systems will have a designated Information Asset Owner (IAO) responsible for overseeing their operational use, data handling, and ensuring compliance with relevant legislation, internal policies and procedures, and guidance issued by the Information Commissioner's Office (ICO).

Designated IAOs for video surveillance systems are accountable for the maintenance and operational procedures of these systems. Their role is to ensure full compliance with this Policy, ICO guidance, and to provide assurance to the Board that all regulatory requirements are met. IAOs hold overall responsibility for:

- Ensuring surveillance systems are installed and maintained to appropriate technical and legal standards.
- Implementing procedures for secure access, storage, and disclosure of footage, including the downloading and retention of images in accordance with Trust policies.

- Overseeing the installation and maintenance of video surveillance systems, ensuring image quality is appropriate, and maintaining accurate logs of inspections, maintenance, and repairs.
- Maintaining secure access to all recordings captured by the surveillance systems.

Specific Responsibilities:

- **National Fleet Manager:** Responsible for the maintenance, servicing, and secure operation of vehicle-mounted camera systems.
- **Assistant Director of Capital and Estates:** Responsible for the installation, maintenance, and operational oversight of CCTV systems within Trust buildings and premises.
- **Assistant Director of Operations – National Operations:** Responsible for the maintenance, servicing, and secure operation of drone surveillance systems.

As new surveillance technologies are introduced (e.g., Body Worn Cameras), designated IAOs will be appointed to ensure compliance with this Policy, and internal governance frameworks.

18.6 Information Governance Team

The Trust's Information Governance Team have a responsibility to monitor, review and assure all video surveillance related processes and procedures and ensure that regular audits are undertaken on processing activities. This includes reviewing and assuring the procedures to ensure lawful and controlled use of any images gathered, and ensuring that disclosures whether internal or external are handled in accordance with applicable data protection legislation and organisational policies.

18.7 Head of Records

The Trust's Head of Records has responsibility for ensuring that appropriate procedures are in place for the disclosure of video surveillance footage in accordance with this policy. The Head of Records and Record Services Team will also liaise internally, with the Police, or other interested parties, if required following a disclosure request.

18.8 Suppliers and Contractors

Designated suppliers and contractors may be responsible for the day-to-day maintenance, servicing, and technical support of the video surveillance systems in user

across the Trust. An approved contract will be in place to ensure that all parties are fully aware of their responsibilities regarding the handling and protection of surveillance data.

These responsibilities include:

- Ensuring systems are maintained in a secure and operational state.
- Complying with the Trust's data protection and information governance policies.
- Supporting the Trust in fulfilling its legal obligations under the Data Protection Act and UK GDPR.
- Ensuring that any access to or handling of footage is authorised, documented, and conducted in accordance with agreed procedures.
- Cooperating with the Trust in the event of incidents, audits, or investigations involving surveillance data.

All supplier activities relating to video surveillance must be subject to appropriate oversight and review to ensure continued compliance with contractual and legal requirements.

18.9 Line Managers

Line managers must ensure that all staff involved in the operation or monitoring of CCTV systems are appropriately trained, accredited, and vetted.

It is also the responsibility of line managers to ensure that staff are made aware of this Policy, the presence and operation of CCTV systems in place in their areas of work, and the specific purposes for which CCTV is used.

18.10 All Staff

Are responsible for ensuring that:

- They comply with the provisions of this policy and where requested to demonstrate such compliance. Failure to comply will be dealt with under the Trust's Disciplinary Policy as appropriate.
- All individuals involved in the operation of video surveillance or the monitoring of images have a responsibility to comply with the provisions of the Data Protection legislation, and where relevant, the Security Industry Authority Licensing requirements.

- Information regarding failure to comply with the policy, for example, lack of training, or inadequate equipment, is reported to their line manager and on the incident reporting system.
- All staff must be aware of the potential consequences of CCTV misuse, including breaches of trust, disciplinary action, and the impact on patient and staff safety, privacy, and confidence in the Trust.

19. AUDIT AND MONITORING

- 19.1 The Trust will maintain arrangements to monitor compliance with this policy. These arrangements include:
- Completion of the annual Information Governance (IG) Toolkit Assessment, which incorporates a dedicated section on video surveillance.
 - Completion of internal and external audits to assess adherence to relevant legislation, regulatory requirements, and policy standards.
- 19.2 The results from the audits and assessments will be reported to the Information Governance Steering Group, with evidence of action on the audit results, compliance indicators and monitoring outcomes.
- 19.3 The Trust will also review the ongoing use of existing CCTV and other surveillance systems in the workplace at least every 12 months to ensure that their use remains necessary and appropriate, and that any surveillance system is continuing to address the needs that justified its introduction.
- 19.4 Any identified non-compliance in system setup will be reviewed through a formal governance process. This will involve consideration of financial impacts of replacement and other risks, and that a range of solution options and mitigations should be considered before defaulting to deactivating the system to avoid introducing other unmitigated risks to physical security.

20. REFERENCES

Health & Safety at Work Act 1974;
Equality Act 2010;
Human Rights Act 1998;
European Convention of Human Rights;
Guidance issued by the NHS Counter Fraud and Management Service (CFSMS) relating to CCTV;
Video Surveillance Guidance issued by the Information Commissioner's Office;
Guidance issued by the Security Industry Authority;
Data Protection Act 2018;
Regulation of Investigatory Powers Act 2000 (RIPA);
Investigatory Powers Act (2016);
Freedom of Information Act 2000;
The Surveillance Camera Code of Practice;
UK General Data Protection Regulation 2021;
Confidentiality Code of Conduct;
Records Management Policy;
Access to Personal Information Policy;
Information Security Policy;
Data Protection Policy.

21. APPENDICES

A suite of standard operating procedures relating to this policy (listed below) can be accessed via this link: *[Kelly to share link when back in work]*

Appendix 1	Estates CCTV Operational Procedures
Appendix 2	Fleet CCTV Operational Procedures
Appendix 3	Access Requests Operational Procedures
Appendix 4	HART Drones Operational Procedures



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A suite of SOPs are in development which will reflect the principles outlined within this policy. However, rather than supply copies of SOPs attached to the policy, readers will be signposted to Siren / SharePoint. This will enable the SOP owners to update them dynamically as and when required, without the need for the policy to be brought back through Policy Group.



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Agenda Item No.

20

REPORT TITLE

Committee Cycle of Business Monitoring and Priorities Report 2025/26

MEETING

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

REPORT SPONSOR

Executive sponsor	Trish Mills, Director of Corporate Governance/Board Secretary
Author(s) of report	Alex Payne, Corporate Governance Manager

PURPOSE OF REPORT

☐ 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 updates the committee on progress against the priorities it set for 2025/26 and progress against the agreed cycle of business for the committee. There are two matters in regard to the cycle of business to escalate to the committee, indicated in paragraph five below.
2. During the effectiveness reviews, it was agreed that it is good practice for committees to set priorities for the forthcoming year. The committee's priorities, which are set out below, were agreed by the Trust Board in May 2025 and will be tracked quarterly.
3. The committee's cycle of business was approved by the committee in May 2025. The agenda is set with reference to that cycle, together with the forward planner, action log and highest rated principal risks.
4. The monitoring report is at Annex 1. The 'pre-agenda setting' key indicates that items in green show where they are cycled for a particular meeting. Items in beige indicate they are a prompt at agenda setting as they may be ad hoc items such as business cases or external reports.
5. The 'post-agenda setting' key indicates that items in blue were either on the agenda as scheduled or is an *ad hoc* item which was discussed in agenda setting and scheduled. The orange indicates where an item was programmed for receipt but has been deferred to a future meeting. The update on the committee's annual priorities is included in the table below.
6. The committee is asked to note that the Waste Management Update Report - which was originally scheduled for the September 2025 meeting is deferred. This position was initially reported to the committee at its meeting in September 2025 and has been reached in agreement with the committee Chair. The date for its receipt is to be confirmed however assurances are provided that there are no issues to escalate with respect to waste management in the absence of this report. Also, the annual capital budget for 2026/27 is programmed on the cycle for receipt in March each year, but it is actually received in May. This has been updated for the 2026/27 cycle.

Priority

Progress

A focus on financial sustainability

- It has been agreed that an update on the Financial Sustainability Programme will be received at every other meeting of the Committee, and as such has been programmed for July 2025, November 2025 and March 2026 (on the Committee Cycle of



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A focus on Clinical Model Transformation performance

- Business). The November 2025 update was received as scheduled and the business is due to be received in March 2026.
- The August 2025 meeting focused on the implementation of Phase 2 of the Ambulance Performance Framework. The committee provided assurance to the board on readiness ahead of the extraordinary QuEST and board meetings in October 2025.
 - Updates on the progress are included as part of the Integrated Medium-Term Plan (IMTP) Progress Report which is received at every meeting of the Committee.
 - An update on Phase 2 go-live was received at the November 2025 meeting. The committee were assured that plans were in place for Phase 2 go-live in early December 2025. An assurance piece regarding clinical response in rural areas is due to be received in March 2026.
 - The internal audit report on the delivery of the Clinical Model Transformation programme management will be received at the March 2026 meeting, with the internal audit report on the Cymru High Acuity Response Unit, which reviewed the effectiveness of the Cymru High Acuity Response Unit (CHARU) in delivering improvements to patient care.

A focus on resilience including information security

- The Information Governance (IG) Report received at every meeting highlight ongoing efforts to enhance information governance and data protection within the Trust, addressing both compliance requirements and operational challenges.
- As part of the additional funding secured for the Digital Directorate in 2024/25 and 2025/26, a significant recruitment programme is underway to strengthen capacity within the directorate.



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A focus on the progress of the Manchester Arena Inquiry recommendations

- The committee will continue to receive progress updates against the Manchester Arena Inquiry (MAI) with regards to the recommendations required via the Operations Directorate report received at each meeting.
- An update was received at the January 2026 meeting. Also, an update on the progress of recommendations and the case submitted to Welsh Government was received in the closed session of the September and November 2025 meetings.

RECOMMENDATION(S)

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

The Committee is requested to NOTE the update.

ADDITIONAL PAPER(S)

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

The Committee is requested to receive the following:

1. FPC Cycle of Business Monitoring Report – March 2026



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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

PAPER	PRE-C'EE FORUM	FREQUENCY	MAY	JUL	SEP	NOV	JAN	MAR	LEAD	PURPOSE	COMMENT/COMPLIANCE
FINANCE AND PERFORMANCE COMMITTEE - CYCLE OF BUSINESS 2025-26											
TERMS OF REFERENCE NOTED IN RED TEXT											
Refreshes of 2030 Delivering Excellence	STB	Ad Hoc							EDSPP	Endorsement	
Refreshes of long term plans	STB	Ad Hoc							EDSPP	Endorsement	
Long term plans organogram	STB	Annually							EDSPP	Assurance	
IMTP for following year	STB/ELT/Board	Annually							EDSPP	Endorsement	Earmarked for potential preliminary discussions in November/January
IMTP Progress Report	STB/Board	Each meeting							EDSPP	Endorsement	
Annual revenue budget	ELT	Annually							EDOF	Endorsement	SFI 4.2.2 - Boards must approve balanced revenue and capital plans before the start of the year
Annual capital budget (closed)	Capital M'ment Board	Annually							EDOF	Endorsement	Private session: this should go to the May meeting each year, not March (AP 3001260)
Financial report	ELT	Each meeting							EDOF	Assurance	Financial sustainability report may be included in this report or separately throughout the year; year end report May
Year end M12 report (same time as M1 in new year)	ELT	May meeting							EDOF	Assurance	
IMTP financial plan	STB/ELT	Annually							EDOF	Endorsement	
Financial Sustainability Report	TBC	Every other meeting							DPC	Assurance	Agreed at 18.09.23 FPC to include quarterly updates on the Financial Sustainability Programme (FSP) for future meetings.
Business cases over £500K	TBC	As required							EDOF	Endorsement	FPC to consider if individual business cases should return for PIR, and if so at what time.
Reporting to be developed in 2025/26 (commercial framework)	TBC	TBC							EDSPP	Assurance	Head of Commercial being appointed in 2025. Reporting to be confirmed following appointment.
Value Based Healthcare Report	TBC	Every other meeting							EDQN	Assurance	May: VBH deferred to future meeting, in line with update from LW, EDON. Note, this item will now be presented at a BDD
Review of Ambulance Service Indicators	TBC	Bi-annually							EDSPP	Assurance	Added in 20062025; reporting placement to be agreed.
Report on commissioning	TBC	TBC							EDSPP	Assurance	Scope of this element to be developed - see Note 1
QPMF update report	QPMF Steering Group	Bi-annually							EDSPP	Assurance	QPMF Benefits map went to July meeting
Monthly Integrated Quality Performance report	ELT	Each meeting							EDSPP	Assurance	
MIQPR review of metrics	ELT/Board Committees	Annually							EDSPP	Endorsement	May: review of metrics not taken, discussions held at BDD.
Annual HART KPI report (Open Session)	TBC	Annually							EDO	Assurance	HART Internal Audit Nov 22 recommended annual reporting of HART KPIs which was accepted. See July FPC on HART KPIs
Metrics for digital systems infrastructure	TBC	Three times a year							DD	Assurance	
Commissioning arrangements	ELT	Consider annually							EDSPP	Endorsement	Consider potential annual report to be developed
Demand and capacity reviews	ELT	Ad Hoc							EDSPP	Endorsement	
Estates Condition and Backlog Maintenance Update (EFPMS Data/Report)	TBC	Annually							EDOF	Assurance	This was added in as a future requirement (following initial receipt in September 2024) by CorGov.
Decarbonisation Update	Decarb Programme Board	Every other meeting							EDOF	Assurance	Progress also against WG action plan and Trust Plan; metrics in development. Annually to include update on waste management.
Waste Management Update	Decarb Programme Board	Annually							EDOF	Assurance	Annual update aligned with Internal Audit recommendations. First report in September 2023; Deferred from Sept 2025 to tbc date.
Sustainability Report	Decarb Programme Board	Annually							EDOF	Assurance/Endorse	No Sustainability Report required or 2024/25 (to be received in 2025/26)
Fire safety annual report	ELT/Board	Annually							EDOF	Assurance	Timing of annual report TBC (annual compliance report was presented in Jan 24). By exception reporting outside cycle.
Fire safety exception report	TBC	Periodically as required							EDOF	Assurance	By exception outside of annual report
WG Annual Emergency Planning Report (Open session)	ELT/Board	Annually							EDO	Assurance	Report provides for compliance with Civil Contingencies Act 2004; exercises carried out; learning from incidents/exercises/debriefs.
Incident Response Plan Report (closed session)	ELT	Annually							EDO	Assurance	Externally reported - See Note 2
Business Continuity Annual Report (Open Session)	ELT	Annually							EDO	Assurance	See Note 2
Cyber Resilience and Cyber Security Reporting	TBC	TBC							DD	Assurance	Reporting developing in 23/24 - start off at 3 times a year reporting; intention to bring to every meeting if possible.
Information Governance Toolkit	IGSC	Annually							DD	Assurance	
Information Governance Report	IGSC	Each meeting							DD	Assurance	
Policies for review and approval	Policy Group	Ad Hoc							BS	Approval	
Board Assurance Framework	Board	Each meeting							BS	Assurance	
Corporate Risk Register	Board	Each meeting							BS	Assurance	
Audit Recommendation Tracker	ADLT	Each meeting							BS	Assurance	
Audits within purview of Committee	Audit Committee	Ad Hoc							Relevant Director	Assurance	
STANDARD ITEMS											
Quarterly operations update	TBC	Each meeting							EDO	Information/Discussion	Only received in quarter, not at every FPC meeting (if it would otherwise be a duplicate from previous meeting)
GOVERNANCE											
Committee effectiveness review and annual report	Audit/Board	Annually							Board Sec.	Approval	
Review of Terms of Reference	Audit/Board	Annually							Board Sec.	Approval	
Committee cycle of business refresh	N/A	Annually							Board Sec.	Approval	
Committee Cycle of Business review	Audit/Board	Each meeting							Board Sec.	Approval	
Committee Review of Annual Priorities	None	Every other meeting							Chair	Review	
SUB-GROUPS											
Where applicable	N/A	Ad Hoc							N/A	N/A	No sub-committees - but may set up task and finish groups from time to time
PROMPTS											
External Reports	N/A	Ad Hoc							TBC	TBC	UEC report presented 21 July 2025

EDOF - Exec Director of Finance and Corporate Resources
 EDO - Exec Director of Operations
 EDSPP - Exec Director of Strategy, Planning and Performance
 DD - Digital Director
 BS - Board Secretary
 EDQN - Exec Director of Quality and Nursing
 DP - Director of People

Key: Pre-agenda setting

- Cycled for each meeting
- Ad hoc item - prompt for agenda setting
- Reporting developing

Key: Post-agenda setting

- Presented as cycled
- Ad hoc / item considered - not programmed
- Item deferred
- Reporting developing

1	Commissioning	Review of commissioning standards is the commissioning intentions met as part of IMTP. AQIs published monthly to EASC. Key AQIs included in the 28 KPIs.
2	Emergency Preparedness	The Trust is classed as a category one responder under the Civil Contingencies Act (2004) and as a result there is a legislative obligation for us to address 6 key responsibilities, which are - Assess local risks and use this to inform emergency planning - Put in place emergency plans - Put in place Business Continuity Management arrangements - Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency - Share information with other local responders to enhance co-ordination - Co-operate with other local responders to enhance co-ordination and efficiency CCA Part one devolved to Wales. WAST is a category 1 responder under the Civil Contingencies Act (2004) and Regulations (2005). Category 1 responders are required to maintain plans for preventing emergencies; reducing, controlling or mitigating the effects of emergencies in both the response and recovery phases, and has a duty to ensure business continuity plans are in place. Trust is working towards ISO22301 accreditation. Internal Audit on Major Incidents - September 2022 AC - raised F&P review of incident response plan when reviewed next. NHS Emergency Planning Annual Report: return that is signed by JK. Comes to FPC for assurance. One element is assurance the board has received the IRP which FPC does on behalf of the board. WG compile into an All Wales return and in September 2024 the first meeting of the Health Executives for EPRR has been called by WG and likely they will be the primary reviewer of these. Incident Response Plan Report: WG report accompanied by assurance that Incident Response Plan (IRP) in place and approved by ELT. SBAR includes detail of staff training in place, compliance levels, and resourcing for assurance; list of plans that underpin IRP are in date and regularly reviewed. IRP provides guidance and support to commanders on a range of incidents. Taken in closed session due to sensitivities. Business Continuity Annual Report: SBAR to include compliance with CCA 2004 if not included in WG annual report and compliance under policy; list of plans that underpin BCP are in date and regularly reviewed; staff training in place, compliance levels and resourcing for assurance if not included in IRP report above; exercises carried out and planned; learning from incidents/exercises/debriefs.