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

**MINUTES OF THE PUBLIC MEETING OF
WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST, TRUST BOARD
ON THURSDAY 29 JANUARY 2026
HELD IN THE CARDIFF MAKE READY DEPOT AND VIA TEAMS**

Meeting started at 09:45

PRESENT:

Colin Dennis	Chair of the Trust Board
Emma Wood	Chief Executive Officer
Jayne Beeslee	Non-Executive Director
Lee Brooks	Executive Director of Operations
Peter Curran	Non-Executive Director
Bethan Evans	Non-Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Professor Hayley Hutchings	Non-Executive Director
Ceri Jackson	Vice-Chair of the Trust Board
Carl Kneeshaw	Director of People
Angela Lewis	Director of Culture Change
Rachel Marsh	Executive Director of Strategy, Planning & Performance
Trish Mills	Director of Corporate Governance/Board Secretary
Hannah Rowan	Non-Executive Director
Hugh Parry	Trade Union Partner
Leanne Smith	Assistant Director of Digital Services <i>(Deputising for Jonny Sammut)</i>
Chris Turley	Executive Director of Finance & Corporate Resources
Damon Turner	Trade Union Partner
Liam Williams	Executive Director of Quality and Nursing

ATTENDEES:

Meshack Ezeadim	Aspiring Board Member
Ben Collins	Head of Service – EMS South Central <i>(Item 8)</i>
James Gough	Head of Service – Integrated Care <i>(Item 8)</i>
Fflur Jones	Audit Wales <i>(Items 14 and 14.1)</i>
Sarah Harland	Corporate Governance Officer <i>(Virtual)</i>
Alex Payne	Corporate Governance Manager
Ed Roberts	Deputy Director of Finance & Corporate Resources

APOLOGIES:

Rhiannon Beaumont-Wood	Non-Executive Director
Angela Mutlow	Director of Operations, Llais
Jonny Sammut	Director of Digital Services
Andy Swinburn	Executive Director of Paramedicine

OPENING ITEMS

1. CHAIR'S WELCOME, APOLOGIES AND QUORUM

- 1.1 Apologies from Rhiannon Beaumont-Wood, Angela Mutlow, Jonny Sammut and Andy Swinburn were noted. Quorum was confirmed.
- 1.2 The Chair thanked Meshach Ezeadim for his year of participation in the Aspiring Board Members Programme, noting this is his last meeting in the role and wished him well.
- 1.3 The Chair acknowledged the recent passing of Dermot O'Leary, Deputy Operations Manager. Lee Brooks paid tribute to Dermot, highlighting his long service since 2001 in the ambulance service and 26 years in the Territorial Army. Lee described him as a dedicated service member. North Wales Police Chief Constable Amanda Blakeman sent kind words, recognising Dermot's passion for improving road safety. Lee advised that Dermot's funeral was taking place that day with Andy Swinburn attending on behalf of the organisation, and expressed collective condolences to Dermot's family, friends and colleagues.

2. DECLARATIONS OF INTEREST

- 2.1 There were no other declarations recorded.

3. MINUTES OF PREVIOUS MEETING 27 NOVEMBER 2025

- 3.1 The minutes of the open meeting of the Trust Board held on 27 November 2025 were received and approved.

4. ACTION LOG AND MATTERS ARISING

- 4.1 The Action Log was received; there are currently no open actions.

5. CHAIR AND VICE CHAIR'S REPORT

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

- 5.1 Ceri Jackson highlighting recent visits to Cardiff and Morriston hospitals where staff gave positive feedback about reduced ambulance handover delays, resulting in more calls being handled and an improved experience for staff, despite ongoing fluctuations in handover times.

6. CHIEF EXECUTIVE'S REPORT

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

- 6.1 Emma Wood provided an update on her recent systemwide engagement, noting visits to Betsi Cadwaladr University Health Board and Swansea Bay University Health Board. Emma observed operational pressures alongside staff commitment to improving patient flow. Emma highlighted ongoing challenges including corridor care and outlined learning from national briefings and ambulance sector discussions.
- 6.2 Emma advised that a summary from Association of Ambulance Chief Executive's (AACE) on actions following the Manchester Arena Inquiry had been requested to support future board decision making. Emma thanked colleagues for implementing the new Ambulance Performance Framework during a period of high demand and reported improved handover times and reduced ambulance unavailability, although further progress is required. Emma noted ongoing regulatory reviews focused on harm and quality, with feedback expected in the coming months. Emma also reported a significant increase in staff survey response rates, making the Trust the highest in Wales, with results due in early spring.
- 6.3 With respect to the 45-minute release, Hayley Hutchings asked about how staff were feeling about leaving patients after 45 minutes and how they are being supported. Emma responded that the Trust is preparing staff for the release-to-respond protocol with clear escalation points for safety concerns and measures to avoid conflicts during handover. Lee Brooks added that staff communication regarding the 45-minute release will increase once fully implemented, emphasising the priority of patients waiting in the community and the positive impact of reaching more patients per shift. Liam Williams explained that earlier handovers to the right specialties allow those teams to achieve better patient outcomes, and that the shift toward the 45-minute release approach reflects a broader understanding of system-wide risk, not just risk within individual wards or departments.
- 6.4 Ceri Jackson asked whether the Health Inspectorate Wales (HIW) review would come to the Quality, Patient Experience and Safety (QUEST) committee, noting its potential for governance insights and lessons. Emma confirmed that it would. Liam added that QUEST will receive papers on the new review regime, which now includes more contact points across the organisation, and clarified that this is the Trust's first experience with the new HIW process, with ongoing communication and information collation for the submission.

6.5 Emma highlighted the College of Paramedics' name change to the Royal College of Paramedics as a sign of the ambulance service's professionalisation and clinical leadership. Emma added that she wrote to the College to congratulate them on behalf of the Trust Board, acknowledging their achievement and its significance for the profession.

7. QUESTIONS FROM MEMBERS OF THE PUBLIC

7.1 Isaac Bennett submitted a question which asked what steps are being taken to improve staff retention and wellbeing in the ambulance service, and how these measures will help patient care and response times. Carl Kneeshaw responded by outlining initiatives such as early intervention and support programs, exit interviews, regular one-to-one meetings, acting on staff survey feedback, and investing in leadership development, all aimed at fostering a supportive work environment and improving patient care through a healthier, more stable workforce.

7.2 Lee Brooks added that retention is monitored regularly, turnover has returned to pre-pandemic levels, and while frontline EMS retention is stable, some areas have higher turnover, prompting continued investment in recruitment and training. Lee emphasised the importance of keeping staff healthy and well to ensure the best patient outcomes. Liam Williams added that work is ongoing to address health inequalities by mapping absence levels to deprived areas and providing targeted interventions.

ITEMS FOR ASSURANCE, DISCUSSION OR APPROVAL

8. PATIENT EXPERIENCE [JUDITH PARFITT]

8.1 Judith Parfitt described her 93-year-old mother Ethel Moss's experience after a fall, resulting in severe pain and immobility in 2025. Judith called the Trust and was told there would be a significant delay, estimated at 19 hours, and was advised not to administer painkillers in case of a fracture. During the wait Judith had to assist Ethel with toileting, causing distress for both. When paramedics arrived, they quickly identified a broken femur and provided care, with Judith praising their professionalism. Ethel recovered well after receiving treatment, but Judith felt the Trust's response to her complaint was unsatisfactory and did not address the trauma or loss of dignity experienced, expressing concern that others might face similar situations unless changes are made.

8.2 The Board apologised for the experience of both Ethel and Judith, recognising the distress caused to them both.

8.3 Members discussed the progress and early impact of the newly established Falls Desk. Ben Collins (Head of Service – EMS South Central) and James Gough (Head of Service – Integrated Care) explained that the Falls Desk focusses on early advice, remote clinical support, safe lifting where appropriate, utilisation of an Assessment Quality Measure, early deterioration recognition and improved resource use. Members discussed the progress and early impact of the Falls Desk. Early data shows the Falls Desk has improved response times and patient support for falls-related calls, which represent approximately 30% of overall demand.

8.4 The Board recognised the need for a national, coordinated approach to falls prevention and response, involving Public Health Wales, local authorities, third sector partners and WAST. Members also discussed the importance of maintaining dignity for both patients waiting at home and those waiting extended periods in ambulances. The Board noted ongoing work to improve Putting Things Right responses under new “Listening to People” regulations to ensure greater personalisation.

8.5 Members welcomed the developments made over the past year and acknowledged that further work is required to expand service coverage, enhance partnership working, and continue improving outcomes and experiences for patients who fall. The Chair thanked Judith and her mother for sharing their experience so candidly.

8.1 PREVIOUS STORY FOLLOW UP: STAFF EXPERIENCE, RUSNA BEGUM

8.1.1 The Board received an update on Rusna Begum’s progress, noting her continued development within the NHS Graduate Programme, her contribution to cultural events and the BEAM network, and her nomination for the St David’s Award as Community Champion of the Year.

9. ACTIONS TO MITIGATE AVOIDABLE PATIENT HARM

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

9.1 The Board received an update on the actions being taken to mitigate avoidable patient harm. Members acknowledged the continuing high levels of operational pressure experienced in December, including 3698 patients waiting over an hour in ambulances and 175 patients waiting over 12 hours, and agreed that such delays continue to pose a material risk of avoidable

harm. Members recognised that while many of the drivers of delays sit within the wider system, there remain areas within the Trust's control where improvements can mitigate harm, including call to door times, conveyance decisions, and enhanced monitoring of patients' clinical status during extended waits

- 9.2 Members noted the continued development of the report, which will expand to include wider indicators of harm across clinical areas. The Board was informed that implementation of Phase 2 of the Ambulance Performance Framework has strengthened early clinical oversight and prioritisation, and that the introduction of new reporting is improving the monitoring of patient deterioration during extended waits.
- 9.2 It was further noted that despite improvements in handover performance, a significant number of patients continue to experience prolonged waits, and work remains ongoing with system partners to reduce lost hours and improve patient outcomes. The Board acknowledged plans to embed continuous improvement work across key pathways, including stroke, STEMI and falls, and agreed that the evolving report will support enhanced oversight of areas where avoidable harm risks remain.

The Board:

- 1. Discussed the factors negatively impacting the experience of patients seeking care from the Trust because of delays in responding;**
- 2. Noted that the Trust's clinical model transformation is taking effect and that this report will evolve alongside the MIQPR to demonstrate the impact on patient experience and specifically in this report, mitigations to harm; and**
- 3. Noted there has been a reduction in lost hours to hospital handover, however, the level remains substantially above the rostered levels that would enable us to better respond to community need.**

10. RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

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

- 10.1 The Board received the Risk Management and Board Assurance Framework (BAF) Report as presented by Trish Mills. Trish outlined the current position of the Trust's principal risks and drew the Board's attention to progress made since the previous review.
- 10.2 Members noted the reduction in the score for Risk 223 (*The Trust's inability to reach patients in the community causing patient harm and death*), which had decreased from 25 (5×5) to 20 (4×5), reflecting sustained improvements in ambulance availability, including the fall in average unavailability from

20% to 15% in December, as referenced earlier in the meeting. However, Trish advised that Risk 224 (*delayed access to definitive care*) remained high due to continued delays in hospital handovers and the time needed for improvements to embed.

- 10.3 Members welcomed the assurance that ongoing scrutiny continues at both the Executive Leadership Team and relevant Board Committees, noting that the review processes remained robust and appropriately focused on areas of greatest concern.
- 10.4 The Chair reflected on the operational reality behind the risk scores, noting that over 1,000 patients had spent more than 12 hours in the back of an ambulance during the month, and that this did not capture time waited before ambulance arrival. The Chair also highlighted the dignity and safety implications for patients during such prolonged waits.
- 10.5 The Board discussed the future format of risk reporting, with Trish noting that the Trust has strengthened risk scrutiny at committee level and that, as the new BAF takes shape later in the year, the reporting approach to Board may be refined. Trish proposed bringing options to ARAC in March to consider how the Trust could maintain strong assurance whilst avoiding duplication with committee level work.
- 10.6 The Board noted the report, endorsed the revised risk scoring for Risk 223, and supported the proposal to review the reporting approach alongside the development of the new Board Assurance Framework.

The Board:

- 1. Noted the reduction in scores for Risk 223 from 25 (5x5) to 20 (4x5) and Risk 623 from 15 (3x5) to 10 (2x5);**
- 2. Received assurance on the review and attention to the principal risks and their review at the Executive Leadership Team and at relevant Committees; and**
- 3. Noted the ratings, mitigating actions and scoring trends for each principal risk.**

11. MONTHLY INTEGRATED QUALITY AND 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.

- 11.1 Rachel Marsh introduced the MIQPR and confirmed that work to refine and streamline the report was ongoing, following the discussions held at recent Board Development Sessions. Rachel noted that initial changes had already been implemented for this reporting cycle, including the provision of dashboards and relevant graphs to each committee, with narrative included

only where indicators were not meeting target. Rachel advised that the first Statistical Process Control (SPC) charts had been introduced into the report, covering 111 call volumes answered, and conveyances to emergency departments, both of which demonstrated normal variation with no emerging adverse trends.

- 11.2 In presenting performance highlights, Rachel drew the Board's attention to two areas of concern within 111 performance. First, the call abandonment rate had increased to 21.8% in December, reflecting the significant rise in demand across the service during that month. Second, Rachel noted delays in meeting clinical callback targets for lower acuity 111 cases, explaining that while highest priority cases continued to receive timely responses, operational pressure and cross covering clinical assessment between 111 and 999 meant that lower priority callbacks were increasingly affected. Rachel advised that the Trust had begun discussions with Commissioners regarding demand, capacity and future expectations, particularly in relation to the viability of the longstanding 5% abandonment standard. The Board noted that opportunities existed for the development of digital channels within 111, should Commissioners choose to commission such options.
- 11.3 Rachel also highlighted the ongoing pressures within NEPTS (Non Emergency Patient Transport Service). Rachel reported that 30% of outpatient journeys in December were cancelled on the day, largely because the Trust was not informed of appointment cancellations by health boards. Additionally, more than 2,000 eligible patients were unable to be booked for transport due to insufficient capacity. Members recognised the impact of these pressures on patient experience and noted that NEPTS performance had generated increasing levels of feedback and complaints from the public and elected representatives. It was confirmed that this issue had been discussed with Health Board Chief Executives at the recent Joint Commissioning Committee (JCC) meeting, with agreement that systemwide work was needed to improve the reliability and coordination of patient transport arrangements. The IMTP will outline the improvements WAST can make on NEPTS in the financial climate.
- 11.4 The Board discussed the report and endorsed the ongoing development of the MIQPR, including the introduction of SPC methodology and the alignment of indicators with committee assurance structures. Members acknowledged the sustained pressures on demand across all service lines and reiterated the importance of collaborative work with Commissioners and system partners to improve 111 responsiveness and NEPTS capacity.

12. INTEGRATED MEDIUM TERM PLAN (IMTP) 2025/26 QUARTER 3 ASSURANCE REPORT

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

- 12.1 The Board received the Quarter 3 progress update on the 2024/25 IMTP, presented by Rachel Marsh. The update highlighted strong overall progress across most deliverables, with the majority either completed or on track, though a number had moved into amber or red status due to capacity constraints or external dependencies. Rachel confirmed that the Strategic Transformation Board had reviewed these exceptions in detail earlier in the week, assessing the associated organisational risks and implications for next year's planning cycle.
- 12.2 Members discussed the need for clearer alignment between IMTP deliverables and strategic objectives, and it was agreed that future reporting would be refined to improve alignment. Jayne Beeslee noted the value of developing the benefit realisation aspects of the Clinical Model Transformation (CMT) programme and requested that this area receive additional focus at the next Finance and Performance Committee meeting. Jayne also emphasised the importance of strengthening reporting on key workstreams and ensuring clearer explanation where milestones had slipped.
- 12.3 Leanne Smith highlighted ongoing capacity challenges within Digital Services, noting that work on national priorities, such as the Ambulance Performance Framework and systems development, had drawn heavily on specialist teams. Leanne confirmed that recruitment undertaken in recent months is now beginning to improve capacity, but further sequencing and dependency mapping will remain essential to ensure deliverability in the forthcoming year.
- 12.4 The Board noted the progress made, the realistic assessment of risks, and the steps being taken to streamline and strengthen the planning and reporting process for 2025/26.

13. FINANCE UPDATE MONTH 9, 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.

- 13.1 The Board received the Month 9 Finance Update, presented by Chris Turley. The Board noted an improved in year position following the release of additional Welsh Government funding to offset increased Welsh Risk Pool contributions. This support has allowed the Trust to derisk elements of the

financial position and reduce the need for nonrecurrent mitigations. Members were informed that the Trust is on track to deliver a balanced yearend revenue position.

- 13.2 Members discussed the capital programme, noting that although there remains a significant level of spend required in Quarter four, assurance was provided that key schemes, including fleet procurement and estates works, are progressing to profile. Chris Turley confirmed that the Trust continues to maintain close oversight and had provided assurance to Welsh Government regarding deliverability.
- 13.3 Peter Curran welcomed the improving financial position and commended the progress made in managing revenue and capital pressures, while highlighting the importance of increasing the level of recurrent savings going forward. Peter noted that the doubling of the fleet allocation has added complexity to the capital programme and recognised the efforts of teams in meeting year-end requirements.
- 13.4 Emma Wood emphasised the need to reduce reliance on non-recurrent savings in future financial plans. Emma noted that cultural change and tighter vacancy management will be necessary to ensure sustainability, and highlighted the work underway through the Senior Leadership Community and Financial Sustainability Programme. Board members acknowledged the continuing challenges across the wider system and noted the importance of maintaining financial discipline while supporting operational resilience.

The Board:

- 1. Noted and gained assurance in relation to the Month 9 revenue financial position and performance of the Trust as at 31 December 2025;**
- 2. Noted the delivery of the 2025/26 savings plan, and the context of this within the overall financial position of the Trust;**
- 3. Noted the capital programme for 2025/26; and**
- 4. Noted the Month 9 Welsh Government monitoring returns submission (as required by WG).**

14. AUDIT WALES STRUCTURED ASSESSMENT 2025

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

- 14.1 Fflur Jones outlined the key findings of the 2025 Structured Assessment, noting that the Trust continues to demonstrate strong and effective governance, well managed board and committee arrangements, and clear commitment to continuous improvement. Fflur confirmed that all outstanding recommendations from the previous year had been completed, and that the Trust's management responses to the new recommendations were appropriate and supported by realistic timelines. Audit Wales

highlighted positive progress in strategic planning and financial management while noting increasing financial pressures across NHS Wales and the need for the Trust to continue testing the realism and affordability of future plans.

- 14.2 Trish Mills welcomed the report and confirmed that the recommendations had been accepted, noting that oversight would be provided through Audit Risk and Assurance committee (ARAC) and QUEST as appropriate. Trish also highlighted ongoing work to manage the backlog of outdated policies and outlined actions underway to streamline policy processes.
- 14.3 Leanne Smith provided an update on improvements to data quality management, including the re-establishment of the Information Owners Group and the rollout of data literacy and quality assurance support across the organisation.
- 14.4 Peter Curran commended the report and noted the continued maturity of the Trust's governance arrangements and the clear demonstration of progress across key areas.
- 14.5 The Chair thanked Audit Wales for the comprehensive assessment and noted the positive assurance provided, together with the areas for further development.

14.1 AUDIT WALES ANNUAL AUDIT SUMMARY 2025

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

- 14.1.1 Fflur Jones reported that the Trust had received an unqualified audit opinion on the annual accounts, confirming that they presented a true and fair view with no significant issues identified. Fflur highlighted the continued strength of the Trust's governance and assurance arrangements. Fflur also outlined key findings from national thematic work, including emergency care, and advised that three further audit reviews [Digital Transformation, Estates, and NEPTS] were nearing completion, with draft reports expected in March.
- 14.1.2 Board members welcomed the report. Peter Curran expressed his appreciation for the constructive engagement between Audit Wales and the Trust and noted the assurance provided by the findings. Trish Mills highlighted the importance of maintaining momentum on implementing outstanding recommendations and confirmed that ARAC and QUEST would continue to monitor progress. Emma Wood thanked Audit Wales for the clarity of the report and acknowledged the continued national context of

financial pressure, emphasising the importance of robust governance as the Trust enters the next planning cycle.

The Board: Noted and took assurance from the Structured Assessment 2025, and Audit Wales Annual Audit Summary 2025 and the positive assurance provided by Audit Wales.

15. 2025/26 QUALITY GOVERNANCE REVIEWS

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

- 15.1 Trish Mills outlined the objectives of the annual quality and governance review programme, noting the focus for this cycle on streamlining committee structures, strengthening alignment with the Trust's strategic objectives, and improving operational efficiency across governance arrangements. Trish highlighted the proposed reduction in the number of Board committees from seven to six and the redistribution of the Academic Partnership Committee's remit, while confirming that this recommendation would be deferred pending completion of the 2026 Good Governance Institute (GGI) external effectiveness review.
- 15.2 Members welcomed the work undertaken. Emma Wood emphasised the importance of ensuring committees remain appropriately focused and agile, and supported greater flexibility in executive attendance to maximise the effective use of leadership capacity. Hannah Rowan endorsed the value of involving deputies and managers closer to operational delivery, noting the benefits this brings to both the quality of discussion and organisational development. Jayne Beeslee supported the proposal to enhance clarity around delegated responsibilities and expressed the importance of maintaining strong links between committee workstreams and strategic objectives.
- 15.3 The Board approved the updated committee terms of reference (with the exclusion of ARAC and Charity Committee, to be finalised separately), endorsed the approach to the board's quality and governance review for 2025/26, and agreed to revisit the committee structure recommendations following the outcome of the GGI review.

The Board:

- 1. Noted the issues considered with respect to the wider board committee framework changes and approve option 1, to be deferred until the outcomes of the externally facilitated board effectiveness review are received and considered (noting this may be mid-year in 2026/27);**
- 2. Approved the changes to the terms of reference of the Quality, Patient Experience and Safety Committee, People and Culture Committee,**

Finance and Performance Committee, Remuneration Committee and Academic Partnership Committee (Annexes 2-6). The board is also requested to delegate approval of changes to director membership of committees to the committees themselves, to be reported through the AAA report.; and

- 3. Approve the proposal that the survey and the full governance review undertaken by the Good Governance Institute, together with the resulting outputs, will constitute the board's quality and governance review for 2025/26**

16. GOVERNANCE REPORT, INCLUDING THE 2026/27-2027/28 BOARD AND COMMITTEE CALENDAR

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

16.1 The Board received the Governance Report which included the proposed Board and Committee calendars for 2026/27 and 2027/28 and the application of the Trust Seal to the required lease and land transfer documents, as outlined in the report. Trish Mills outlined the schedule planning principles used to minimise clashes, support committee sequencing and ensure appropriate timing for statutory and assurance reporting cycles. Trish confirmed that invites for 2026/27 had been issued and that draft dates for 2027/28 would follow to support longer term diary planning.

16.2 Members discussed the proposed calendar. Hannah Rowan raised the challenge of overlapping commitments for non-executive directors who sit on multiple Welsh Government sponsored bodies, noting that such conflicts can affect attendance despite best efforts. Hannah asked whether any cross-body coordination of scheduling might be explored at a national level. Trish agreed to review this with Directors of Corporate Governance and to consider whether broader alignment across the public sector is feasible, while acknowledging the practical limitations given the scale of scheduling involved.

16.3 The Board approved the following applications of the Trust Seal:

- *Approval of the application of the Trust Seal on the Lease Agreement relating to **Unit 15, Aberaman Park Industrial Estate**, Aberdare between the Welsh Ambulance Services University NHS Trust and CIP Threadneedle UK Property Nominee No 1 Limited AND CIP Threadneedle UK Property Nominee No 2 Limited;*

- Approval of the application of the Trust Seal on the Lease Agreement for the contract for sale of leasehold land with vacant possession, **Unit 25, Samlet Road, Swansea Enterprise Park**, Swansea, SA7 9AF between Velindre University National Health Service and the Welsh Ambulance Services University NHS Trust. *(this report had a Land Registry Transfer Deed that required Sealing, as well as the Lease document);*
- Approval of the application of the Trust Seal on the Lease Agreement **AND** on the related Deed of Surrender of Lease relating to **Unit 8 Cyfarthfa Industrial Estate**, Merthyr Tydfil, CF47 8PE between Vennercrest Limited and the Welsh Ambulance Services University NHS Trust; and
- Approval of the application of the Trust Seal on the Counterpart Lease relating to premises at **Units 32 and 33 Gelli Industrial Estate** between United UK PROPCO 2 Ltd and between the Welsh Ambulance Services University NHS Trust.

16.4 The 2026/27 and 2027/28 Board and Committee calendars were approved. It was agreed that any adjustments arising from the wider review of governance arrangements, or external coordination discussions, would be brought back to Board if required.

17. BOARD COMMITTEE REPORTS

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

17.1 02 December 2025: Audit Risk and Assurance Committee (ARAC)

Peter Curran highlighted that the committee had considered a number of substantive internal audit reports, with two receiving reasonable assurance; Mandatory and In-service Training and Clinical Equipment, and one receiving substantial assurance relating to the IMTP process. The Committee also noted progress on outstanding audit recommendations and discussed upcoming Audit Wales work, including the national review of accident and emergency services and the forthcoming non-core structured assessment. Peter advised that both reports were expected to be presented to ARAC and QUEST in March.

17.2 04 December 2025: Remuneration Committee

The Chair provided an update on the recent meeting of the Remuneration committee. The committee considered routine business relating to senior pay and conditions, including a review of a settlement agreement, which was approved in line with established governance requirements. The committee also reviewed the Chief Executive's objectives for the forthcoming year and noted progress against existing goals. No matters of concern or escalation were identified, and the committee was assured that all decisions had been taken in accordance with statutory requirements and internal governance processes.

17.3 20 January 2026: Finance and Performance Committee

Jayne Beeslee reported that the committee had reviewed the month 9 financial position, noting the improved outlook following the release of Welsh Government funding and the continued expectation of delivering a balanced year-end position. The committee also scrutinised progress against the IMTP deliverables, highlighting the need for clearer benefit realisation reporting and strengthened alignment to strategic objectives.

Jayne advised that performance pressures within NEPTS, 111 and elements of the emergency medical service (EMS) system had been examined in detail, with the committee noting areas requiring further focus, including call abandonment rates, unmet patient transport requests and workforce availability. Jayne confirmed that the committee had also received assurance on the capital programme, including progress on fleet and estates schemes scheduled for Quarter four delivery.

17.4 Academic Partnership Committee AAA from Chair's Action: 5 Year Research Plan (for approval)

Hannah Rowan reported that the committee continues to operate on a reduced meeting cycle pending the wider governance review, with its current focus concentrated on the research agenda to ensure continuity and oversight during the transition period. Hannah highlighted the Committee's role in maintaining strong academic partnerships and supporting ongoing research activity aligned to Trust priorities.

Hayley Hutchings provided an update in her capacity as board Research Champion, confirming that she had undertaken a detailed review of the draft five-year research and development plan (which was approved by the committee) and was satisfied that it aligns well with national expectations and Welsh Government requirements. Hayley also advised that the Trust has been invited to participate in the upcoming annual research and development review in the spring, which she has agreed to attend. Hayley reflected positively on her recent engagement with the research and development team and the progress being made to strengthen research capability within the organisation.

The Board: The Board Committee Reports were noted and the Academic Partnership Committee 5 Year Research Plan was approved.

CONSENT ITEMS

18. MINUTES OF BOARD COMMITTEES

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.

02 September 2025 Audit, Risk and Assurance Committee

10 October 2025 Quality, Patient Safety and Experience Committee

18 November 2025 - Finance and Performance Committee

The Board noted the minutes of Board Committees.

CLOSING ITEMS

19. REFLECTIONS

19.1 There were no reflections recorded for this meeting.

20. ANY OTHER BUSINESS

20.1 Meshack Ezeadim expressed his sincere gratitude to the Board for the warm welcome, support and encouragement he had received throughout his placement, noting the positive impact the experience had on his development. The Board recognised his contribution and was pleased to note that Meshack would be joining the Trust permanently within the People and Culture Directorate from 24 February 2026, undertaking a rotational development role.

21. Exclusion of the press and members of the public. To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).

22. DATE AND TIME OF THE NEXT MEETING

22.1 26 March 2026

MEETING CLOSE: 13:15