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

**MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES
UNIVERSITY NHS TRUST BOARD, HELD on THURSDAY 31 JULY 2025
MEETING HELD AT THE CARDIFF MAKE READY DEPOT AND VIA TEAMS**

Meeting started at 11:00

PRESENT:

Colin Dennis	Non-Executive Director and Chair of the Board
Rhiannon Beaumont-Wood	Non-Executive Director
Jayne Beeslee	Non-Executive Director (Virtual)
Hugh Bennett	Assistant Director, Commissioning and Performance
Lee Brooks	Executive Director of Operations
Peter Curran	Non-Executive Director
Bethan Evans	Non-Executive Director
Professor Hayley Hutchings	Non-Executive Director
Ceri Jackson	Vice Chair and Non-Executive Director
Carl Kneeshaw	Director of People
Angela Lewis	Director of Culture Change
Rachel Marsh	Interim Chief Executive Officer
Trish Mills	Director of Corporate Governance/Board Secretary
Hannah Rowan	Non-Executive Director (Virtual)
Jonny Sammut	Director of Digital Services
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Hugh Parry	Trade Union Partner
Damon Turner	Trade Union Partner

ATTENDEES:

Meshack Ezeadim	Aspiring Board Member
Mark Horrigan	Clinical Navigator (Item 71/25 only)
Fflur Jones	Audit Wales (Item 79/25 only)
Steve Owen	Corporate Governance Officer
Alex Payne	Corporate Governance Manager
Alyson Thomas	Chief Executive, Llais
Rachel Williams	British Sign Language (BSL) (Left during Item 79/25)
Njal Sion Curlett	British Sign Language (BSL) (Left during Item 79/25)

APOLOGIES:

Estelle Hitchon	Director of Partnerships and Engagement
Angela Mutlow	Director of Operations, Llais
Liam Williams	Executive Director of Quality and Nursing

WELCOME AND APOLOGIES FOR ABSENCE

The Chair reiterated that the Board meeting was part of the overall scrutiny and assurance process with much of the detailed work undertaken in the Committees, that met prior to the Trust Board, and that Committee AAA highlight reports, which featured later in the agenda, together with committee minutes, all added to the overall assurance and scrutiny process.

Welcome and Apologies:

The Chair welcomed all to the meeting, apologies were received from Estelle Hitchon, Angela Mutlow and Liam Williams.

Declarations of Interest:

The Board noted that all declarations of interest were formally recorded on the Trust's Register of Interests and no new declarations were declared.

Minutes

The minutes of the Board meetings held on 29 May 2025 and 26 June 2025 were confirmed as correct record.

Action Log

Action 46/25: Chief Executive's Report - *Rachel Marsh to share the personas with Rhiannon Beaumont-Wood for feedback and views.* To remain open.

Action 46/25a: Chief Executive's Report - *Jason Killens to share dialogue from the upcoming meeting with the Cabinet Secretary regarding Violence and Aggression against staff.* On 25 June 2025, Jason met the Cabinet Secretary for Health and Social Care in his role as Chair of the Association of Ambulance Chief Executives (AACE) to discuss recent data that AACE had released relating to the increasing violence and aggression ambulance workers across the UK are subject to. Similar meetings are scheduled with the Health Ministers of the other UK nations. They discussed what more can be done to prevent assaults from occurring and the role Welsh Government can play in that regard. The Cabinet Secretary was very sympathetic to the challenge the Trust, and the wider sector faced and pledged his support and assistance. Action Closed.

Action 49/25: Actions to Mitigate Avoidable Patient Harm in the context of extreme and sustained pressure across Urgent and Emergency Care - *Immediate Release Compliance: It was suggested to include this topic in the Agenda for the next meeting of the Cabinet Secretary's Task and Finish Group to address the challenges related to Immediate Release Requests and their impact on patient harm, and that it was given due attention and integrated into the broader improvement efforts.* Action Closed.

The Board RESOLVED TO:

- 1. Note the declarations of interest on the Trust's Register of Interests.**
- 2. Note the apologies of Estelle Hitchon, Angela Mutlow and Liam Williams.**
- 3. Approve the minutes of 29 May 2025 and 26 June 2025.**
- 4. Note the update on the actions as described.**

69/25

CHAIR AND VICE CHAIR'S REPORT

The Chair presented the report with further updates as follows.

Ceri Jackson commented that her visit to Vantage Point House the week following the implementation of the new framework was both positive and productive. She observed that staff demonstrated a thorough understanding of the changes.

The Chair recounted on the time he spent time at Ty Elwy, noting call handlers had adapted to the new performance targets as part of standard business operations. Staff feedback indicated that the training provided was of an excellent standard.

The Chair added that the Trust had recently held two of its Long Service Award ceremonies; these were part of a series of three events conducted at different geographical locations across Wales. These ceremonies recognised individuals with the King's Medal for Long Service and Meritorious Conduct, as well as those achieving 20, 30, and 40 years of service with the Trust. The events were very well attended by colleagues, friends, and family.

The Board RESOLVED To note the update.

70/25

INTERIM CHIEF EXECUTIVE'S REPORT

Rachel Marsh presented the report which provided awareness of the Chief Executive's activities up to Friday 18 July 2025 and key service issues since the last Trust Board meeting held on 29 of May 2025. She drew attention to the following areas:

1. The refurbishment of Llangunnor estates has been completed. After consultation with colleagues working from the site, Ty Tywi was selected as the name for the newly renovated site.
2. On 01 July 2025, the Trust went live with its new approach to high-priority incident responses. The current red category was replaced by three new classifications: Purple Arrest, Red Emergency, and RCS0.
3. ISO 14001 was an internationally agreed environmental standard that sets out the requirements for an environmental management system. The Trust was

the only ambulance service in the UK to have achieved ISO14001 accreditation for all of its activities and has held it for nine years.

4. Senior leaders attended the Southwest Wales, regional, joint Hywel Dda, Swansea Bay University Health Board and WAST all day workshop setting out the approaches to Remote access clinical care and single points of access.
5. Despite exceptional efforts, progress within the Digital Front-End workstream has been impacted by delays to key deliverables. The implementation of the Virtual Assistant for the NHS111 Wales website was deferred to early July due to the time required to address Information Governance requirements, despite earlier completion of both the security assessment and Data Protection Impact Assessment. The Virtual Assistant was now go-live ready, with launch confirmed on 09 July 2025.
6. The Trust has surpassed the 85% minimum threshold for Information Governance training compliance, with staff across the organisation up to date with either the Electronic Staff Register or Learning Management System 365 modules.
7. Recognition was given to staff members who had received long service awards, with a special mention to Mike Jenkins, Gill Fleming, and Cari Jones, each of whom had completed 40 years of dedicated service to the Trust.

Bethan Evans referenced the self-assessment exercise conducted to evaluate compliance with Welsh Language Standards, noting that 33 managers from across the Trust had provided responses and requested additional information. Trish Mills indicated that the Welsh Language Annual Report being submitted to the People and Culture Committee would contain further details. Trish Mills further stated there were plans to continue developing this compliance moving forward.

In response to an inquiry regarding the selection of clinical indicators, Andy Swinburn clarified that a workshop was conducted to determine appropriate measures of quality of care. The intent was to identify indicators spanning various aspects of quality, such as pain management, which will continue to be reviewed and refined over time.

Regarding the relocation of staff from Thanet House to Matrix House, it was asked whether any feedback had been received from staff. Chris Turley responded that he was not aware of any concerns, while Rachel Marsh noted that a staff group had been set up with robust mechanisms in place to facilitate communication and address any issues.

The Chair noted the launch of video consultations, allowing clinicians to perform remote visual assessments. This new feature complements, rather than replaces, in-

person care and was designed to enhance decision-making and access for patients in remote or limited-mobility situations.

Ceri Jackson asked whether, regarding Save a Life Cymru (SaLC), there could be an opportunity for a committee or board to review the strategic and operational context, as this could help advance the Trust's goals through this collaboration. Andy Swinburn noted that since SaLC began collaborating with the Trust, they have contributed an extensive to-do list, which has now been incorporated into the Trust's priorities. He proposed that it may be beneficial to provide an update on the integration of SaLC's work with the Trust's initiatives at a future Board Development Day.

Andy Swinburn informed the Board that he and Liam Williams have been invited by Welsh Government to participate in the Wait 45 Taskforce, a group focused on improving ambulance handover times. At this time, the Trust will be the first ambulance service to implement the Chain of Survival as a cardiac arrest measure instead of using a time-based response metric for patients with severe conditions requiring emergency services.

Jonny Sammut informed the Board that the Windows 11 update was scheduled for release in October this year. The pilot installation was proceeding as planned, with no issues reported to date.

The Board RESOLVED To note the update.

71/25

STAFF STORY

Lee Brooks introduced Mark Horrigan, the Clinical Lead in EMS Coordination, who has played a pivotal role in shaping the Clinical Navigators, a key component of this phase of the Clinical Model Transformation.

Mark Horrigan delivered a PowerPoint presentation to the Board, beginning with an overview of his experience in ambulance services and including his current role as Clinical Lead for Emergency Medical Services Coordination (EMSC).

In terms of developing the Clinical Navigator (CN) role Mark Horrigan stated that feasibility tests for clinical screening as Business as Usual began in late 2023, starting with one Health Board, then expanding regionally and Trust-wide. The Organisational Change Policy improved alignment with EMSC after the Trust received extra funding.

The responsibilities and functions of the role were defined, a job description was written, and the position was titled Clinical Navigator. Recruitment began with more than 75 applicants. Of these, 55 were shortlisted for interviews and clinical assessments. Ultimately, 29 candidates were successful.

Mark referred to the Advanced Questionnaire Module (AQM) a Computer Aided Dispatch (CAD) feature developed and tested to host the tasks performed by the team, with the aim of standardising clinical documentation for Clinical Navigators, including automated CAD commands.

Interim Standard Operating Procedure (SOP) sections were prepared for the initial go-live in November 2024. Subsequently, a comprehensive SOP has been developed and received approval from the appropriate governance groups.

Training: In November 2024, 20 staff members completed training, with additional candidates from external organisations scheduled to join in January 2025. The programme included one week of clinical induction and in-house training led by the clinical leadership team and internal subject matter experts, followed by participation in external courses and a mentorship period eventually leading to sign-off.

Mark outlined the phases of implementation for the CN role which commenced on 18 November 2024 with the realignment of Back Up requests and Remote Clinical Support from the Clinical Support Desk to CN's through to the implementation of Phase 1 of the Clinical Model Transformation on 01 July 2025.

There have been several challenges which Mark outlined below:

During the early stages of Rapid Clinical Screening (RCS) in the Summer of 2024, a Locality Manager had not yet been appointed. As a result, the EMSC Reconfiguration was underway with operational support provided by the Operations Directorate team, senior EMSC Leadership, and corporate services.

ICT changes were made to improve processes for staff and patients and enhance data capture, resulting in effects on other areas. Although thorough testing was conducted, certain interactions involving CAD and other users only became apparent after deployment in the live system.

There has been increased demand on the Team because of complaints, concerns, Senior Case Incident Forum (SCIF)s, and adverse incidents. Most cases were addressed according to procedure through a range of channels.

Data Challenges – The current dashboard measured screening time from when an incident entered the queue to AQM completion, but this does not reflect when screening starts, as AQM was a retrospective record. Since 01 July 2025, a step has been added to track patient wait times until clinical review begins by a CN.

Mark concluded his presentation with a summary of the latest Advanced Questionnaire Module (AQM) data for the Board's attention.

Bethan Evans asked Mark to outline some of the principal direct and measurable benefits for patients resulting from the introduction of the Clinical Navigator role and the Clinical Model Transformation. Mark Horrigan stated there had been a positive impact, with the average review time for patients identified for Rapid Clinical Screening (RCS) being five minutes and thirty seconds. This approach enabled patients to be directed to the appropriate care pathway, thereby optimising ambulance availability in situations where ambulances were urgently required.

Rhiannon Beaumont-Wood asked about job satisfaction in the Clinical Navigator role. Mark Horrigan provided positive feedback, noting that staff members have expressed strong appreciation for the position.

Hayley Hutchings asked about patient perceptions of the role. Mark Horrigan said there was no data, as the role operated in the background without patient feedback. Hugh Bennett noted the Trust plans to collect this information in the future.

Alyson Thomas noted that most concerns were related to learning, with some key lessons identified from complaints, and asked whether this constituted an issue. Mark reported that few issues were found to be directly associated with the Team.

The Chair expressed appreciation to Mark for his comprehensive and informative presentation.

Update on previous patient story

Rachel Marsh provided an update regarding Mr Maxwell's account of his wife's death, which had previously been presented to the Board and was recently reviewed at the Joint Commissioning Committee (JCC) meeting. The ongoing distress experienced by Mr Maxwell and his son during the prolonged wait for an ambulance was evident. This case highlighted a significant risk faced by the JCC, the challenge for the Trust in ensuring timely patient response. The JCC found that this account offered valuable insight into the severity of the risk, underscoring the necessity for continued collaborative discussions with Health Board colleagues to enhance service delivery.

The Board RESOLVED To:

- 1. Note the staff story and acknowledge the work undertaken by Clinical Navigators.**
- 2. Note the update on the previous patient story.**

ACTIONS TO MITIGATE AVOIDABLE PATIENT HARM IN THE CONTEXT OF EXTREME AND SUSTAINED PRESSURE ACROSS URGENT AND EMERGENCY CARE

Rachel Marsh updated the Board on the following areas:

The Trust continued to take many actions to mitigate patient harm, at a strategic, tactical and operational level, which were reported through to committees and Trust Board in a variety of reports e.g. Integrated Medium Term Plan (IMTP) Assurance Report, Monthly Integrated Quality & Performance Report, and the Quality, Patient Experience and Safety Committee agendas.

The Trust went live, as planned, on phase one of the new Ambulance Performance Framework on 01 July 2025. On 17 July 2025 the Cabinet Secretary announced phase two with a back stop delivery date of 01 December 2025.

The Trust achieved a 19%-20% consult & close range in Q1, five percentage points higher than the highest rate the Trust has previously achieved, and consistent with the 2023 EMS Demand & Capacity Review modelling. The switching on of Remote Clinical Screening (RCS) and the increased patient flow into Integrated Care marked a "cultural shift" for the Trust away from traditional dispatch to remote care and community care.

There was a material reduction in hospital handover lost hours in June 2025 to 15,278 compared to 22,229 in the same month last year. Whilst too early to officially report, July appears to have sustained a trend of comparative improvement.

Patient cancellations of ambulances were reducing and the automatic Clinical Safety Plan "can't send" have been switched off. The Trust has seen a 28% reduction which was moving in the right direction.

The Chair commented it was encouraging to observe that the anticipated benefits have materialised, particularly regarding the significant reduction in lost hours. Nevertheless, it was recognised that progress in this area remained necessary.

The Board expressed concern about patients in the amber and green category and asked if there were any extra steps to look after these patients. Lee Brooks emphasised that all patients received attention, ensuring early clinician involvement to prevent avoidable harm. Rapid Clinical Screening proved crucial, supported by the Clinical Support Desk (CSD), which predominantly focused on 999 calls and oversaw patients awaiting a response. Additionally, the 111 service manages cases where patients have urgent or non-urgent needs. The integration of these two services, through Integrated Care, aimed to optimise resources and opportunities within the Trust.

Additionally Lee Brooks commented that a dedicated support desk existed to assist patients in respective locations, including at home. A key factor in achieving these outcomes has been the development of pathways in collaboration with Health Boards.

Lee Brooks added that regarding patients who have experienced falls, it was recognised that further improvements can be made to expedite care; ongoing discussions with the Welsh Government were exploring initiatives to enhance services for these individuals.

Andy Swinburn stated that the Trust was shifting its approach regarding time sensitive outcomes. The current process involved identifying and isolating patients classified as time sensitive for immediate management, while interventions for other patients were determined based on what was most appropriate for their clinical outcomes.

Rachel Marsh added that the Cabinet Secretary has commenced a series of meetings to ensure collaboration across the system with one focus being on hospital handover delays.

The Board RESOLVED To:

- 1. NOTE that the Trust's clinical model transformation was beginning to take effect.**
- 2. NOTE there has been a material reduction in hospital handover lost hours.**
- 3. NOTE that whilst these were positives, the continued level of avoidable patient harm in the 999-emergency care pathway remained too high.**
- 4. NOTE the continued need for Health Boards to further reduce hospital handover lost hours, including reaching the 45-minute target expected by the Cabinet Secretary by October 2025, and for the Trust to support Health Boards in achieving this by continuing to evolve its clinical model.**

72/25

RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

Trish Mills presented the report, with the Board taking assurance that each of the principal risks have been reviewed in line with the agreed schedule detailed at Annex 3 of the report and that the Executive Leadership Team (ELT) approved the principal risk activity on 09 July 2025 having considered the review of each risk undertaken throughout June 2025 by Risk Owners and the Assistant Director Leadership Team (ADLT).

Risks 223 (*the Trust's inability to reach patients in the community causing patient harm and death*) and Risk 224 (*Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and*

affects the Trust's ability to provide a safe & effective service for patients) remain at the highest score of 25. These two risks continue to be dynamically reviewed.

Risk 558 *Deterioration of staff health and wellbeing as a consequence of both internal and external system pressures*, 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* and Risk 623 *Failure to comply with Data Protection Legislation* all remain unchanged this period and static at a score of 15 (3x5).

The Board RESOLVED To Consider and discuss the contents of the report and:

- 1. Receive assurance on the review and attention to the principal risks, their review at ELT and at relevant Committees.**
- 2. Note the ratings and mitigating actions for each principal risk.**

75/25

MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD

Hugh Bennett presented the report as read noting that a detailed discussion on this report had taken place at the Finance and Performance Committee meeting on 21 July 2025.

In terms of average jobs per shift he had looked at emergency ambulances achieving 2.89 jobs per shift in June adding that conversations were ongoing to consider what might be a possible benchmark consideration.

Rhiannon Beaumont-Wood asked when the 111 report which was due momentarily would be available and what information it would provide. Hugh stated that the report was received today, and he not yet had a chance to consider the information within it. Hugh added that interim presentation slides have been provided to the Commissioner indicating that the Trust could potentially implement substantial changes to its management of 111 rosters. Specifically, there may be an opportunity to transition from self-serve scheduling to more structured, fixed rosters, while acknowledging the limitations imposed by current resource constraints. He further mentioned a session taking place at a future JCC meeting where the 111 report would be discussed and added that staff engagement was also being conducted by the Trust.

Members noted the increase in sickness rates and asked if it was an issue. Carl Kneeshaw explained this was seasonal and was not a cause for concern.

Ceri Jackson queried if the data quality issues would be resolved by the Autumn. Hugh Bennett advised that the timeframe on phase 2 was ambitious due to capacity issues and would continue to get resources to ensure this was a priority. Rachel

Marsh explained that the Trust will consider any options for additional capacity and provide a more definitive answer at the next meeting.

In terms of the Immediate Release (IR) Policy and Protocols, it was asked whether, with the new Performance Framework and the new categories, would there be a need to revisit this. Lee Brooks commented that as part of phase 1 IR was one of the reviews conducted in time of 01 July and will be conducted for the Phase 2 go live.

Alyson Thomas inquired whether the Trust monitored both the frequency of Non-Emergency Patient Transport Services (NEPTS) journey cancellations and their impact on patients. Hugh Bennett commented that the activity was measured but the impact on the patient was more challenging to measure beyond a patient survey. Lee Brooks advised that NEPTS activity was increasing, particularly among renal patients. He reported that recent changes, such as lower speed limits, have resulted in longer average journey times in some areas.

The Chair reflected that a families and friends test had shown that 92% of service users had rated it as good; and this was a reflection of how important this service was.

The Board RESOLVED To Consider the Consider the June 2025 Integrated Quality & Performance Report and actions being taken and determine whether:
a) The report provides sufficient assurance.
b) Whether further information, scrutiny or assurance is required, or
c) Further remedial actions are to be undertaken through Executives.

76/25

INTEGRATED MEDIUM TERM PLAN (IMTP) DELIVERY/ASSURANCE END OF YEAR REPORT

Hugh Bennett updated the Board on the following points:

1. The Clinical Model Transformation (CMT) programme was progressing at pace, with a recent successful launch of phase one of the new Ambulance Performance Framework on 1 July, described as a monumental effort.
2. The programme was RAG-rated yellow (cautionary) due to the rapid pace of change and the significant demand on staff, with concerns about potential burnout and the need for ongoing prioritisation. This was an improvement from amber in the previous period.
3. Progress on Cabinet Secretary priorities was good, with no red-rated items reported. The priorities were being tracked and reported alongside the CMT and Directorate Integrated Medium Term Plan (IMTP) actions.

Regarding SO5 (Being Quality Driven and Clinically Led), Rhiannon Beaumont-Wood observed that the IMTP objectives listed in this section had low Delivery Confidence and were RAG rated as Red and inquired whether this warranted concern. Rachel Marsh responded that this would be evaluated, with an update to be provided on the timing of any reprofiling and an assessment of the risks associated with not meeting these objectives as originally planned.

The Board RESOLVED To:

- 1. Agree to the proposed approach to reporting on strategic outcomes and benefits.**
- 2. Note the CMT programme end of Q1 position.**
- 3. Note the Directorate-led IMTP end of Q1 position.**
- 4. Note the Q1 position for the Cabinet Secretary's priorities set out in the 2025-26 planning framework.**

77/25

FINANCIAL PERFORMANCE MONTH THREE 2025/26

Chris Turley presented the update noting it had been the subject of a detailed discussion at the last Finance and Performance Committee (FPC) meeting on 21 July 2025

The key points identified were:

1. The Trust was now reporting a year to date revenue deficit (£197k) for month 3, 2025/26. The main reasons for this shift were two external factors: a reduction in expected income and an increase in spend, particularly related to the Welsh Risk Pool (WRP). The FPC took assurance that the Trust was managing this effectively. What was clear given the above was that the current risk of the Trust not achieving its breakeven target and forecast this financial year had significantly increased in month 3.
2. In line with the balanced financial plan approved as part of the submitted 2025-28 IMTP, the Trust was currently continuing to forecast a breakeven position for the 2025/26 financial year end. However, the risks of not achieving this have increased this month.
3. Capital expenditure plans were being finalised with plans to fully achieve in year.
4. In line with the financial plans that support the IMTP, gross savings of £2.137m have been achieved in month 3 against a target of £2.073m.

Peter Curran advised that the Trust needed to recognise that it was in a deficit position which hopefully would reduce over time and acknowledged the financial assurance given by management.

Jayne Beeslee appreciated the early alert to the deficit at the FPC meeting and endorsed the prudent approach to recognise this, noting there were external factors in play.

The Chair commented that, over the past two years, the Trust has absorbed additional costs and faced increasing savings targets each year, resulting in progressively greater financial pressures. Nonetheless, it was commendable that the Trust has consistently maintained a balanced position annually despite these challenges.

The Board RESOLVED To:

- 1. Note and gained assurance in relation to the Month 3 revenue financial position and performance of the Trust as of 30 June 2025. Specifically noting the revised year to date revenue position and the impact on the Trust's forecast and in year financial risk of delivery.**
- 2. Note the delivery of the 2025/26 core 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 3 Welsh Government monitoring returns submission included within *Appendices 1 – 2* (as required by WG).**

79/25

WAST URGENT AND EMERGENCY CARE – ARRANGEMENTS FOR MANAGING DEMAND REPORT

Fflur Jones explained that the Trust continued to make a range of positive changes to manage urgent emergency care demands that focused on community based care and reducing unnecessary conveyance where possible.

Key developments included the expansion of the clinical desk, deployment of advanced paramedic practitioners, and the introduction of rapid clinical screening and clinical navigators, which have increased remote resolution of 999 calls. Early signs from Connected Support Cymru were also promising.

However, the impact of these changes was continually limited by systemic challenges including long handover delays, fragmented data systems and varying access to alternative pathways across Health Board areas.

The report also identified persistent challenges that the Trust must continue to address:

1. Severe handover delays at Emergency Departments, with only 16% of patients handed over within the 15-minute target in February 2025.
2. A lack of joined-up data between the Trust and Health Boards, which limited the ability to track the full patient journey and evaluate the effectiveness of alternative pathways.

3. Inconsistent access to alternative services such as Same Day Emergency Care and Urgent Primary Care Centres, which undermined the Trust's ability to divert patients from Emergency Departments.

The report made two key recommendations:

1. That the Trust work with partners to ensure the accuracy of information on the 111 Wales website, particularly the symptom checker and contact details.
2. That the Trust collaborate with health boards to maintain accurate and up-to-date directories of service, ensuring staff can reliably access and refer to alternative care pathways.

Rhiannon Beaumont-Wood requested clarification regarding paragraph 63 of the report, which noted that certain alternatives to the Emergency Department such as direct referral to specialised units, may be reluctant to accept referrals from paramedics. Fflur Jones noted that this matter was identified across the Health Boards and the Trust itself during various discussions she had conducted. Andy Swinburn provided an explanation where guidance indicated that some services may be unwilling to accept for example, a falls patient with a head injury unless prior intervention had been performed on the patient. He also mentioned that the Wait 45 Task Force, comprised of senior clinicians, would examine such issues.

Ceri Jackson asked for progress on part three of the report. Fflur Jones shared that internal discussions were underway to produce a national summary, focusing on issues identified during discharge planning and demand management, particularly regarding harm from unscheduled care. Ongoing talks will also address data alignment and potential next steps. There was no set date yet when the report would be ready.

The Chair noted that effective integration between the Trust and the broader healthcare system was essential. However, some areas of the system may not fully recognise the capabilities and clinical direction of the Trust. As a result, certain service providers may be hesitant to accept recommendations from the Trust, perceiving the ambulance service in a more traditional role rather than as a modern, clinically focused unit.

The Board RESOLVED To receive the report for assurance.

80/25

GOVERNANCE REPORT

Trish Mills presented the report which outlined the Chair's Action's taken since the last Board meeting and corresponding ratifications required, the use of the Trust Seal, decisions made in private session and any other governance matters.

The Board received and noted the contents of the report.

The Board RESOLVED To:

- 1. NOTE the ratification of the Chair's Action in private session on 29 May 2025 and to NOTE the use of the Trust Seal which was applied on the 26 June 2025 to the lease documentation for the Dolgellau Ambulance Station.**
- 2. NOTE the approval of the 2025/26 Annual Reports and Accounts for 2024/25 and to NOTE the decisions made in private since the meeting held on the 29 May 2025.**
- 3. APPROVE the Welsh Ambulance Services Partnership Team (WASPT) terms of reference for 2025/26, as endorsed at the WASPT meeting held on 30 May 2025.**

81/25

BOARD COMMITTEE REPORTS

The following Board Committee reports were presented to the Board for noting:

3 June 2025 and 11 July 2025 - Remuneration Committee

Colin Dennis advised there were no further updates to add to the report.

13 June 2025 - Quality, Patient Safety and Experience Committee

Bethan Evans advised there was only one item on the report. The Committee held an extraordinary meeting to receive the 2024/25 Duty of Quality Annual Report for endorsement ahead of approval at Trust Board on 26 June 2025.

24 June 2025 - Audit, Risk and Assurance Committee (included the Head of Internal Audit Opinion)

Peter Curran updated the Board on the following areas:

Several Internal Audit reviews were completed during the quarter and presented to the Committee.

Regarding the implemented recommendations on the Audit Tracker, the Trust's closure rate in quarter 3 2024/25 of 67.9% was higher than the All-Wales average of 65.1%.

The Trust continued to progress its Integrated Governance Programme, which aimed to streamline and unify governance structures and practices from 'floor to board.'

21 July 2025 - Finance and Performance Committee

Jayne Beeslee updated the Board as follows:

Emergency Preparedness, Resilience and Response (EPRR) - Board members will note in paragraph 15 of this AAA that the Trust has shifted its assurance position in the EPRR submission to WG, indicating that some Civil Contingency Act 2004 (CCA)

principles were only partially met rather than fully met, reflecting learning from the Manchester Arena Inquiry (MAI).

The bi-monthly update on the Financial Sustainability Programme (FSP) was provided which outlined the current position.

The Digital Key Performance Indicators relating to data and analytics, ICT systems, digital services, projects and programmes, and details on the progress against the Digital Plan were presented.

82/25 MINUTES OF BOARD AND OTHER COMMITTEES

The Board received the following minutes:

1 May 2025 - Audit, Risk and Assurance Committee
20 May 2025- Finance and Performance Committee
20 May 2025 JCC Highlight Report

The Board RESOLVED To Receive the following minutes: 1 May 2025 - Audit, Risk and Assurance Committee, 20 May 2025- Finance and Performance Committee and 20 May 2025 JCC Highlight Report.

83/25 ANY OTHER BUSINESS

There was none.

84/25 EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 31 JULY 2025

Members of the Press and Public were invited 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).

Date of next meeting: 25 September 2025

Meeting closed at 14:10