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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 30 JULY 2026
HELD IN THE CARDIFF MAKE READY DEPOT AND VIA TEAMS**

The recording of this meeting can be viewed [here](#)

The meeting started at 11.40am

PRESENT:

Colin Dennis	Chair of the Trust Board (<i>chair of the meeting to 2pm, item 11</i>)
Ceri Jackson	Non-Executive Director (<i>chair of the meeting from 2pm, item 11, deputising for Colin Dennis</i>)
Emma Wood	Chief Executive Officer
Dr Umar Ahmad	Non-Executive Director
Jayne Beeslee	Non-Executive Director
Lee Brooks	Executive Director of Operations
Bethan Evans	Non-Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Professor Hayley Hutchings	Non-Executive Director
Angela Lewis	Director of Culture Change (<i>to 1pm, item 10</i>)
Trish Mills	Director of Corporate Governance/Board Secretary
Hugh Parry	Trade Union Partner
Hannah Rowan	Non-Executive Director
Jonny Sammut	Director of Digital
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources

APOLOGIES:

Peter Curran	Non-Executive Director
Rachel Marsh	Deputy Chief Executive
Damon Turner	Trade Union Partner

OPENING ITEMS

1. CHAIR'S WELCOME, APOLOGIES AND QUORUM

1.1 Apologies were received as set out above. Quorum was confirmed.

2. DECLARATIONS OF INTEREST

2.1 There were no other declarations recorded.

3. MINUTES OF PREVIOUS MEETINGS

3.1 The minutes of the public meetings of the Trust Board held on 28 May 2026 and 25 June 2026 were received and approved.

4. ACTION LOG AND MATTERS ARISING

4.1 The action log was reviewed and discussed, with updates added to the log.

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 The report was received and noted by the board.

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 The report was received and noted by the board.

6.2 Members sought clarity on the plans for a Fire Service training facility in North Wales and were advised that a business case and plans had been developed for this, however funding had not yet been secured. The Fire Service was actively seeking funding, with the facility expected to be delivered within three years. Discussions had taken place regarding potential use of the facility by blue-light partners, including opportunities to align with collaborative work being undertaken in North Wales.

- 6.3 Members asked about Handover 45 plans for the year and confidence levels in health board partners achieving the 95% compliance targets. They were advised that health boards had shared and agreed winter plans with the Trust, representing a collaborative approach, with some plans including additional clinical capacity to support patient handovers and optimism that the 95% target can be achieved.
- 6.4 The current level of scrutiny and engagement from NHS Wales Performance & Improvement regarding Handover 45 was noted as significant, with expectations and risks clearly articulated to health boards and an increased national focus on this. Further time was needed to assess the effectiveness of the plans and greater clarity was needed regarding consequences, should the agreed plans not be implemented by health boards.
- 6.5 Members welcomed the increased engagement of NHS Wales and Welsh Government in addressing handover delays, noting that the national approach felt more coordinated. Members noted the ultimate objective is for 15-minute handovers given current rates of lost ambulance hours remained significantly above the levels within the Trust's planning assumptions.
- 6.6 Members welcomed the national and collaborative work underway to address violence and aggression towards NHS staff and discussed further action that could be taken to increase public awareness and to meet the Trust's duty of care. Assurance was provided that the issue is receiving ongoing organisational focus, with a paper being presented at the next People and Culture Committee bringing together the various strands of work aimed at reducing moral injury and supporting staff wellbeing.
- 6.7 Members were further assured that abusive, offensive or harassing behaviour towards staff is unacceptable, and that work had commenced to consider potential approaches to managing repeated abusive behaviour, with learnings to be shared to inform wider organisational policy development and practice. Ongoing concerns raised by both staff and trade unions had been acknowledged, alongside the need to balance staff protection with the risks associated with callers who may have underlying clinical or mental health needs.

7. QUESTIONS FROM MEMBERS OF THE PUBLIC

- 7.1 There were no questions received.

ITEMS FOR ASSURANCE, DISCUSSION OR APPROVAL

8. PATIENT EXPERIENCE: AJ'S STORY

Leanne Hawker joined the meeting at 12.08

- 8.1 The board welcomed Leanne Hawker to the meeting, who introduced a video recording of AJ's story, presented on his behalf by Lucy Burrows, his mother.
- 8.2 AJ is a young boy who lives with a range of physical and neurodiverse conditions. On 10 March 2026, Lucy contacted the Patient Experience Team to formally commend the Emergency Medical Services crew who attended an incident involving her son. In her feedback, Lucy highlighted the crew's exceptional communication skills, empathy, professionalism and specifically noted their ability to adapt their approach to meet AJ's individual needs. The attending staff demonstrated a highly patient-centred approach; their sensitivity and effective communication significantly contributed to a positive experience during what could otherwise have been a distressing situation. AJ's story illustrated how the clinicians' approach to AJ's needs had built trust with the family and resulted in what the family described as exceptional care.
- 8.3 Members reflected on the significant impact of compassionate, person-centred care and the lasting benefits this can have on patient confidence and future healthcare interactions. Members discussed the behaviours demonstrated by the crew, including the clinicians' understanding of neurodiversity and individual communication needs, noting that these can be developed through education and awareness. The clinicians themselves attributed their approach to both training and increased exposure to diverse patient groups. The importance of creating neuro-affirming learning environments and equipping staff with the skills to adapt their approach to different patients was noted.
- 8.4 Members welcomed ongoing work to improve the capture and dissemination of compliments about staff and experiences, acknowledging this as a source of organisational learning and a means of recognising staff contributions. The importance of celebrating excellent care in supporting staff morale and engagement was recognised, with positive feedback received frequently evidencing staff going above and beyond for patients. The Chair thanked Ms Burrows for sharing AJ's story with the board.

Leanne Hawker left the meeting at 12.28

8.5 PREVIOUS STORY FOLLOW UP: STAFF EXPERIENCE, NIC ANDERSON

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.

- 8.6 Members noted the learnings from Ms Anderson's patient story, and her continuing significant contribution to the Trust. Members were advised that Ms Anderson will present at the Leadership Connect conference in September 2026 on the theme of 'Civility Saves Lives'.

9. GOOD GOVERNANCE INSTITUTE (GGi) OUTCOME REPORT

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

- 9.1 Members received the report, noting its conclusion that the Trust is operating from a strong governance foundation and with the potential to further enhance board effectiveness, with no fundamental deficiencies identified. GGi's overall assessment is that this is a good board with the potential to be a really great one.
- 9.2 Strengths noted included board culture, use of patient and staff voices, governance processes, executive collegiality and increasing maturity of risk and assurance arrangements.
- 9.3 The report included focused improvements that would help the board operate with greater clarity, confidence and impact, identifying six priority areas and 28 recommendations. These focused on committee effectiveness, strategy-led governance, strengthened assurance arrangements, improved board reporting, digital and data maturity, and enhanced board development.
- 9.4 Members were assured that many recommendations aligned with improvement work already underway and provided external validation of the Trust's direction. Members were advised that a more focused programme of board development will allow for further development of the board's digital, data and future readiness and space will be created for more protected board time to allow for strategic discussion and future planning. The recommendations would ensure that the board continues to receive robust assurance rather than reassurance, while maintaining visibility of key organisational risks.
- 9.5 The accelerating pace of technological change and the growing importance of digital was seen as critical for organisational infrastructure. The importance of the Finance and Performance Committee's deeper understanding of supplier relationships from both commercial and

resilience perspectives, and the board developing the capability, understanding and oversight required to govern digital, data, AI, supplier resilience and technology risks was highlighted.

- 9.6 Members were advised that an implementation plan would be developed and presented through the Audit, Risk and Assurance Committee in September. The plan will distinguish between actions with defined delivery timelines and longer-term cultural and behavioural changes and will identify clear success factors and measurable outcomes. The focus will be on meaningful improvement rather than simply completing activities, while also considering resource implications.

The board endorsed the six priority improvement areas identified by the report:

- **Reset committee structures and ways of working**
- **Re-anchor strategy as the primary organising principle**
- **Simplify and strengthen assurance routes below Executive Leadership Team**
- **Improve quality and insight of reporting**
- **Strengthen board capability in digital and future readiness**
- **Create protected space for strategic thinking and Board development**

The board agreed that:

- **Implementation of the recommendations should be progressed through the Trust's integrated governance programme, recognising the significant alignment between the review findings and existing improvement activity**
- **Oversight of implementation should be provided through the Audit and Risk Assurance Committee, with regular progress reports provided to the board.**

10. FINANCE REPORT MONTH 3 2026/27

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

- 10.1 The board received the finance report and noted and gained assurance in relation to the Month 3 revenue financial position and performance of the Trust as at 30 June 2026. The board noted the delivery of the 2026/27 savings plan, and the context of this within the overall financial position of the Trust, noted the initial capital programme for 2026/27 and noted the Month 3 Welsh Government monitoring return submission.

- 10.2 Members were advised that the report received detailed scrutiny at the Finance & Performance Committee meeting on 21 July 2026 as noted in

their AAA report. Members were provided with assurance that performance against the balanced financial plan and budget approved by the Board in March was currently being maintained and was aligned with delivering the approved financial position.

- 10.3 Members noted the risks, pressures and mitigating factors outlined in the report, as well as the key areas of focus for future financial forecasts, including delivery of the savings programme, managing in-year cost pressures, assessing the sustainability of early efficiencies and the continued role of contingencies. Members were assured that, while the financial challenges and risks remain significant and require continued focus, scrutiny and management throughout the year, the Trust remained on track to deliver its financial plan, albeit within an increasingly challenging financial environment.
- 10.4 Members discussed delivery of the Trust's £9 million savings programme and ongoing discussions regarding Welsh Risk Pool funding, noting that the savings were critical to the organisation's longer-term financial sustainability. Members noted Finance and Performance Committee had received assurance that the planned savings were predominantly recurrent rather than one-off in-year measures and welcomed the Trust's focus on delivering recurrent efficiencies to support longer-term financial resilience.

11. INTEGRATED MEDIUM-TERM PLAN Q1 2026/27

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

- 11.1 The board received the Integrated Medium-Term Plan (IMTP) for Q1 2026/27, noting the progress reported and the 31 of 47 deliverables currently rated as green, the one completed deliverable and that there were no deliverables rated as red. Whilst overall progress remained positive, ten deliverables were being monitored and four were assessed as having low delivery confidence, primarily due to organisational capacity and system dependencies.
- 11.2 Members were advised of a significant governance change that will take place from Q2, with IMTP assurance routed through the relevant committees aligned to each strategic objective and the board retaining oversight through a consolidated overview report.
- 11.3 Members were advised that, as set out in their AAA report, Finance and Performance Committee had welcomed the revised IMTP report, noting that it was more coherent, visual and strategically focused and a significant step forward in strengthening committee oversight, assurance and grip on

delivery. The clearer alignment between strategic objectives, performance reporting and accountability was well-received.

- 11.4 Members agreed that the report represented a significant evolution from previous formats and aligned closely with the objectives of the Integrated Governance Programme and the GGi recommendations, with stronger links between strategic objectives, delivery and assurance. Members noted that the report provided enhanced support for the board's ambition to focus on strategic delivery, outcomes and risk, whilst enabling committees to undertake more detailed scrutiny.

12. 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.

- 12.1 The board received the MIQPR report for May and June 2026, noting that the report had been significantly refreshed and was now structured around the Trust's six strategic objectives, with stronger alignment between performance reporting and strategic objectives. The report was enhanced through greater use of statistical process control (SPC) charts and performance trajectories.
- 12.2 Members acknowledged that 18 of the 39 key indicators remained red-rated, with ongoing challenges in many areas. Members were provided with assurance that corrective actions and improvement plans were in place and performance drivers understood, alongside awareness that a number of dependencies remained outside the Trust's direct control.
- 12.3 Members were updated on the Clinical Model Transformation (CMT) benefits realisation programme and were advised that governance arrangements had now been established, and the programme had moved into a structured delivery phase. Six priority workstreams focused on areas including clinical navigation, response prioritisation, call-to-door performance, on-scene times and dispatch optimisation were outlined, with good engagement and early progress reported. Risks relating to capacity, analytical support, operational pressures and the complexity of measuring benefits remain, and the next phase will focus on defining measurable improvements and benefits, with outputs informing productivity, benefits realisation and winter planning.
- 12.4 In response to questions regarding stroke and ST-segment elevation myocardial infarction (STEMI) call-to-door performance, members were advised that the principal challenge remained reducing call-to-scene times, with ambulance availability and hospital handover delays being significant contributing factors. Work to reduce on-scene delays, streamline STEMI

pathways and strengthen clinical prioritisation processes was ongoing, as well as further work to improve early identification and prioritisation of time-critical patients.

- 12.5 The importance of improved ambulance availability in supporting better performance across time-critical pathways was discussed, with the achievement of Handover 45 standards expected to increase operational capacity, reduce community waits and help reduce patient harm.
- 12.6 Members agreed that there was a need to better understand what could realistically be achieved through quality improvement activity and the benefits that would deliver, alongside the improvements that are within the Trust's control. An action was agreed for the following to be reviewed and for feedback to be provided at the next board meeting:
- The elements of stroke and STEMI call-to-door performance that are within the Trust's control
 - The improvement work that is currently underway
 - The anticipated benefits and impact of those interventions
- 12.7 Members discussed metrics in the report on Advanced Paramedic Practitioners (APPs), noting that performance remained below the levels originally anticipated and seeking assurance on whether the remedial actions currently proposed would deliver the level of improvement required, as well as whether the Trust should consider any additional actions. Members were advised that recent detailed analysis had provided much greater insight into the factors contributing to reduced APP utilisation, including issues relating to dispatch processes and deployment arrangements, and outlined corrective actions including changes to clinical selection pathways and the introduction of APP scheduling. It was anticipated that these interventions would improve productivity and the organisation now had a clearer understanding of both the causes of deterioration and the actions required to address them.
- 12.8 Members welcomed the greater use of SPCs in reports; it was suggested that developing a set of agreed rules for interpreting the charts would help to understand meaningful changes in trends. An action was taken for a date to be agreed for the rearranged board development session on SPC charts to be delivered by Rachel Marsh.

13. BOARD COMMITTEE AAA HIGHLIGHT 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.

13.1 23 June 2026: Audit, Risk and Assurance Committee

13.1.1 The highlight report was noted.

13.2 21 July 2026: Finance and Performance Committee

13.2.1 Members noted the highlight report and were advised that the committee had reviewed a number of internal audit reports which provided reasonable assurance and informed future thinking regarding infrastructure and governance arrangements. The committee reviewed strategic risks, including decarbonisation, and supported the ongoing development of the associated risk framework. Members were assured that the committee continued to focus on delivery, financial sustainability and the oversight of strategic performance.

14. GOVERNANCE REPORT

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

14.1 The board noted the report.

The board approved the application of the Trust Seal on the Lease Renewal in relation to Unit 14 Vale Park, Colomendy Industrial Estate, Denbigh, LL16 5TA. The relevant parties to the document were David Douglas Jones and the Trust.

CLOSING ITEMS

15. REFLECTIONS

15.1 Members reflected on the powerful impact of the patient story presented at the meeting and the value of learning from positive experiences as well as from areas requiring improvement.

15.2 Members reflected on the board's effectiveness, welcoming progress towards more strategic, insight-focused reporting whilst emphasising the need to maintain appropriate assurance and scrutiny. The balance between celebrating organisational successes and addressing ongoing performance challenges was recognised, with members reaffirming their commitment to continuous improvement and effective governance.

16. ANY OTHER BUSINESS

16.1 There was no other business.

17. EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC

17.1 The board resolved that, pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960), the press and public be invited to leave the meeting because of the confidential nature of the business about to be transacted.

18. DATE AND TIME OF THE NEXT MEETING

18.1 The next meeting will be held on 24 September 2026 at 9.30am

The meeting closed at 2.22pm