Bundle Trust Board (Open Session) 26 March 2026

Agenda attachments

00 Agenda

00 Welsh Agenda

0 09:30 - OPENING ITEMS

1 Chair's welcome, apologies, and confirmation of quorum

2 Board Members Register of Interests
An updated Register is due and will reflect Emma Wood's interests, and will be published once received

Item 02 Board Member Register of Interests

3 Minutes of Previous Meeting 29 January 2026

Item 03 2026-01-29 Draft Public Trust Board Minutes

4 Action Log and Matters Arising

Item 04 Action Log

5 09:35 - Chair and Vice Chair's Report

Item 05 Chair and Vice-Chair Report to Board - March 2026

6 09:45 - Chief Executive's Report

Item 06 CEO Report to Trust Board March 2026

7 10:05 - Questions from members of the public

7.1 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION

8 10:15 - Patient Experience: Kevin Clark
Mr K. Clarke contacted the Trust following the experiences of his later father, Mr J. Clarke, in June 2024 when calls were made to the emergency ambulance service following his collapse at home in Cwmbran. Mr Clarke's father was terminally ill with cancer at the time of the calls made to 999. At the time of calling the Trust was experiencing extended hospital handover delays, and an ETA of 3-5 hours was provided. Unfortunately, Mr J. Clarke experienced a longer than expected wait for an ambulance.
Following this experience Mr K. Clarke reached out to his father's constituency MP The Right Honourable Nick Thomas-Symonds who in turn wrote to the Trust enquiring of its plan to improve response times to emergency situations, especially in cases with serious health issues/risk of rapid deterioration.
An initial meeting was held with Mr K. Clarke and Nick Thomas- Symonds in September 2025, with several points from the meeting asked to be taken forward around: call handling; meeting with the Welsh Ambulance Services Board and the need to take a more personal approach in the complaints process.

8.1 10:45 - Previous story follow up: Judith Parfitt

Item 8.1 Patient Story Driver Diagram - Judith Parfitt

9 10:50 - Assessment of Avoidable Harm

Item 09 Assessing Avoidable Harm

10 11:10 - Monthly Integrated Quality and Performance Report
There is an additional paper include within the MIQPR Item relating to 26/27 Proposed Indicators & Ambitions

Item 10 MIQPR

Item 10 Annex 1 MIQPR

Item 10.1 MIQPR Proposed Indicators & Ambitions

10.1 11:25 - COMFORT BREAK

11.1 11:40 - Integrated Medium Term Plan (IMTP) 2026-2029

Item 11.1 IMTP 2026-29

Item 11.1 Appendix 1 - WAST_IMTP 26-29 v0.4 FINAL Trust Board

Item 11.1 Appendix 2 - IMTP Supporting Information 26-29

Item 11.1 Appendix 3 - WAST Enabling Actions for Delivery in 26-27

Item 11.1 Appendix 4 - IMTP 26-29 Deliverables Cross-Referencing Matrix

Item 11.1 Appendix 5 - Strategic Objectives Plans on a Page 26-29

Item 11.1 Appendix 6 - Ministerial Templates 26-29

Item 11.1 Appendix 7 - Quality Impact Assessment (QIA) for IMTP 26-29

Item 11.1 Appendix 8 - Equality Impact Assessment (EQIA) for IMTP 26-29

Item 11.1 Appendix 9_Financial Plan 2026-27 Final V0.2 20 March 2026

11.2 11:50 - Initial Revenue Budget 2026-27
Item 11.2 Initial Revenue Budget 2026 27

12 12:00 - Finance Update Month 11, 2025-26
Annex 1 Monitoring return submitted to Welsh Government for month 11 as required by WG, is available to view in the Reading Room
Item 12 Finance Report Month 11 25-26
Item 12 Annex 2 Month 11 2025-26 Monitoring Return Letter

13 12:10 - Integrated Medium Term Plan (IMTP) 2025-26 Progress Report
Item 13 IMTP 2025_26 Mid-Point Q4 Assurance

14 12:20 - 2025 NHS Wales Staff Survey
Item 14 2025 NHS Wales Staff Survey
Item 14 Annex 1 2025 Staff Survey Results - High Level Analysis

15 12:30 - Governance Report
Item 15 Governance Report March 2026

16 12:35 - Board Committee Reports

16.1 03 February 2026: Quality Patient Experience and Safety Committee
Item 16.1 Quest Committee Highlight Report 3 February 2026

16.2 10 February 2026: People and Culture Committee
Item 16.2 People and Culture Committee AAA Highlight Report 10 February 2026
Item 16.2 Education Commissioning 2027-2028
Item 16.2 Annex 1

16.3 02 March 2026: Audit, Risk and Assurance Committee
Item 16.3 ARAC AAA Report 2 March 2026
Item 16.3 Standards of Business Conduct Policy
Item 16.3 Risk Management Policy v2.2 190226

16.4 17 March 2026: Finance and Performance Committee
Item 16.4 Finance and Performance Committee Highlight Report March 2026

16.6 CONSENT ITEMS

16.7 12:55 - CLOSING ITEMS

17 Reflections

18 Any Other Business

19 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).

21 Date and time of next meeting: 28 May 2026

22 Acronyms
Item 22 Acronyms

Length of Meeting:	03:30	Agenda Status:	PUBLIC TRUST BOARD: 26 March 2026					Deadline for papers: 17 March 2026	
Time	**Mins allotted**	**Agendum**	**Title**	**Item for**	**Item requested by**	**Format**	**Paper prepared by**	**Item presented by**	**Colleagues to cc**
			OPENING ITEMS						
09:30	00:05	1	Chair's welcome, apologies and quorum	Information	Standing	Verbal	n/a	Chair	n/a
		2	Declarations of Interest	To State Conflicts	Standing	Verbal	n/a	Chair	n/a
		3	Minutes of the Previous Meeting: 29 January 2026	Approval	Standing	Paper	n/a	Chair	n/a
		4	Action Log & Matters Arising	Discussion	Standing	Paper	n/a	Chair	AnnaMaria Williams
09:35	00:10	5	Chair and Vice Chair's Report	Information	Standing	Paper	CorGov	Chair, Vice Chair	Alex Payne
09:45	00:20	6	Chief Executive's Report	Information	Standing	Paper	CEO Office	Emma Wood	Keith Ellingham
10:05	00:10	7	Questions from members of the public	Information	Standing	Verbal	Partnerships	Estelle Hitchon	n/a
			FOR APPROVAL, ASSURANCE AND DISCUSSION						
10:15	00:30	8	Patient experience: Kevin Clark	Discussion	Standing	Presentation	QSPE	Estelle Hitchon	Alison Kelly, Leanne Hawker
10:45	00:05	8.1	Previous story follow up: Judith Parfitt	Discussion	Standing	Verbal	QSPE	Liam Williams	Alison Kelly, Leanne Hawker
10:50	00:20	9	Accessing Avoidable Harm	Assurance	Standing	Paper	QSPE	Liam Williams (Andy Swinburn)	Alison Kelly
11:10	00:15	10	Monthly Integrated Quality and Performance Report (MIQPR) 10.1 26/27 MIQPR Proposed Indicators & Ambitions **[for approval]**	Assurance	Standing	Paper	SPP	Rachel Marsh	Hugh Bennett, Mark Thomas, Georgia Tizzard, Melanie O'Connor
11:25	00:15		COMFORT BREAK						
11:40	00:20	11.1	Integrated Medium Term Plan (IMTP) 2026-2029	Approval	Annual (standing)	Paper	SPP	Rachel Marsh	James Houston
		11.2	Initial Revenue Budget 2026-27	Approval	Annual (standing)	Paper	FinCor	Chris Turley	Ed Roberts
12:00	00:10	12	Finance Update Month 11, 2025-26	Assurance	Standing	Paper	FinCor	Chris Turley	Ed Roberts
12:10	00:10	13	Integrated Medium Term Plan (IMTP) 2025-26 Progress Report	Assurance	Standing	Paper	SPP	Rachel Marsh	James Houston
12:20	00:10	14	2025 NHS Wales Staff Survey	Assurance	Ad hoc	Paper	People	Angela Lewis	Sarah Parry
12:30	00:05	15	Governance Report	Assurance	Standing	Paper	CorGov	Trish Mills	Alex Payne
12:35	00:20	16	Board Committee AAA Highlight Reports:	Assurance	Standing	Paper	CorGov	Various	Alex Payne
		16.1	03 February 2026: Quality Patient Experience and Safety Committee	Assurance	Standing	Paper	CorGov	Bethan Evans	Sarah Harland
		16.2	10 February 2026: People and Culture Committee **[to include HEIW Education Commissioning Report for approval before submission to HEIW]**	Approval	Standing	Paper	CorGov	Ceri Jackson	Sarah Harland
		16.3	02 March 2026: Audit, Risk and Assurance Committee **[to include the revised Standards of Business Conduct Policy AND Risk Management Policy for approval]**	Approval	Standing	Paper	CorGov	Peter Curran	Sarah Harland
		16.4	17 March 2026: Finance and Performance Committee	Assurance	Standing	Paper	CorGov	Jayne Beeslee	AnnaMaria Williams
			CONSENT ITEMS The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so.						
			CLOSING ITEMS						
12:55	00:05	17	Reflections	Discussion	Standing	Verbal	n/a	Chair	n/a
		18	Any Other Business	Discussion	Standing	Verbal	n/a	Chair	n/a
		19	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).	Approval	Standing	Verbal	n/a	Chair	n/a
		20	Date & Time of the Next Meeting: 28 May 2026	Information	Standing	Verbal	n/a	Chair	n/a
		21	Acronyms	Information	Standing	Paper	n/a	Chair	n/a
13:00	**03:30**		**CLOSE**						

LEAD PRESENTERS

Name	Position
Colin Dennis	Chair of the Trust Board
Jayne Beeslee	Non-Executive Director, Chair of Finance and Performance Committee
Emma Wood	Chief Executive
Peter Curran	Non-Executive Director, Chair of the Audit, Risk and Assurance Committee
Bethan Evans	Non-Executive Director, Chair of Quality Patient Experience and Safety Committee
Ceri Jackson	Non-Executive Director, Chair of People and Culture Committee
Angela Lewis	Director of Culture Change
Estelle Hitchon	Director of Partnerships & Engagement
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Director of Corporate Governance/Board Secretary
Chris Turley	Executive Director of Finance and Corporate resources
Liam Williams	Executive Director of Quality and Nursing

Hyd y cyfarfod:	03:30	Statws yr agenda:	BWRDD CYHOEDDUS YR YMDDIRIEDOLAETH: 26 Mawrth 2026					Dyddiad cau ar gyfer papurau: 17 Mawrth 2026		Adolygiad Gweithredol arfer da diwethaf: 11 Mawrth 2026
Amser	**Munudau a neilltuwyd**	**Agendum**	**Teitl**	**Eitem ar gyfer**	**Cais am eitem gan**	**Fformat**	**Papur a baratowyd gan**	**Eitem wedi'i chyflwyno gan**	**Cydweithwyr i'w cynnwys**	**Llwybr cymeradwyo pellach (os yw'n briodol)**
			EITEMAU AGOR							
		1	Croeso gan y Cadeirydd, ymddiheuriadau a chworwm	Gwybodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol	
09:30	00:05	2	Datganiadau o Fuddiant	I ddatgan gwrthdaro	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol	
		3	Cofnodion y cyfarfod blaenorol 29 Ionawr 2026	Cymeradwyaeth	Sefydlog	Papur	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol	
		4	Cofnodion Gweithredu a Materion sy'n Codi	Trafodaeth	Sefydlog	Papur	Ddim yn berthnasol	Cadeirydd	AnnaMaria Williams	
09:35	00:10	5	Adroddiad y Cadeirydd a'r Is-gadeirydd	Gwybodaeth	Sefydlog	Papur	CorGov	Cadeirydd, Is-gadeirydd	Alex Payne	
09:45	00:20	6	Adroddiad y Prif Swyddog Gweithredol	Gwybodaeth	Sefydlog	Papur	Swyddfa'r Prif Swyddog Gweithredol	Emma Wood	Keith Ellingham	
10:05	00:10	7	Cwestiynau gan aelodau'r cyhoedd	Gwybodaeth	Sefydlog	Ar lafar	Partneriaethau	Estelle Hitchon	Ddim yn berthnasol	
			EITEMAU AT GYFER CYMERADWYAETH, SICRWYDD A THRAFODAETH							
10:15	00:30	8	Profiad y Claf: Kevin Clark (wedi'i gadarnhau)	Trafodaeth	Sefydlog	Cyflwyniad	QSPE	Estelle Hitchon	Alison Kelly, Leanne Hawker	
10:45	00:05	8.1	Diweddariad ar y stori flaenorol: Judith Parfitt	Trafodaeth	Sefydlog	Ar lafar	QSPE	Liam Williams	Alison Kelly, Leanne Hawker	
10:50	00:20	9	Mynediad at Niwed y Gellir ei Osgoi	Sicrwydd	Sefydlog	Papur	QSPE	Liam Williams	Alison Kelly	
11:10	00:15	10	Adroddiad Ansawdd a Pherfformiad Integredig Misol (MIQPR) 10.1 26/27 Dangosyddion a Breuddwydion a Gynigir [ar gyfer cymeradwyaeth]	Sicrwydd	Sefydlog	Papur	SPP	Rachel Marsh	Hugh Bennett, Mark Thomas, Georgia Tizzard, Melanie O'Connor	
11:25	00:15		EGWYL							
11:40	00:20	11.1	Cynllun Tymor Canolig Integredig 2026-2029	Cymeradwyaeth	Blynyddol (sefydlog)	Papur	SPP	Rachel Marsh	James Houston	
		11.2	Cyllideb Refeniw gychwynnol 2026-27	Cymeradwyaeth	Blynyddol (sefydlog)	Papur	FinCor	Chris Turley	Ed Roberts	
12:00	00:10	12	Diweddariad Cyllid Mis 11, 2025-26	Sicrwydd	Sefydlog	Papur	FinCor	Chris Turley	Ed Roberts	
12:10	00:10	13	Adroddiad Cynnydd Cynllun Tymor Canolig Integredig 2025-26	Sicrwydd	Sefydlog	Papur	SPP	Rachel Marsh	James Houston	
12:20	00:10	14	Diweddariad ar Arolwg Staff y GIG	Sicrwydd	Ad hoc	Papur	Pobl	Angela Lewis	Sarah Parry	
12:30	00:05	15	Adroddiad Llywodraethu	Sicrwydd	Sefydlog	Papur	CorGov	Trish Mills	Alex Payne	
		16	Adroddiadau Pwyllgorau'r Bwrdd:	Sicrwydd	Sefydlog	Papur	CorGov	Amrywiol	Alex Payne	
		16.1	03 Chwefror 2026: Y Pwyllgor Ansawdd, Diogelwch a Phrofiad y Claf	Sicrwydd	Sefydlog	Papur	CorGov	Bethan Evans	Sarah Harland	
12:35	00:20	16.2	10 Chwefror 2026: Y Pwyllgor Pobl a Diwylliant	Cymeradwyaeth	Sefydlog	Papur	CorGov	Ceri Jackson	Sarah Harland	
		16.3	02 Mawrth 2026: Pwyllgor Archwilio, Risg a Sicrwydd	Cymeradwyaeth	Sefydlog	Papur	CorGov	Peter Curran	Sarah Harland	
		16.4	17 Mawrth 2026: Y Pwyllgor Cyllid a Pherfformiad	Sicrwydd	Sefydlog	Papur	CorGov	Jayne Beeslee	AnnaMaria Williams	
			EITEMAU CYDSYNIAD At ddibenion gwybodaeth yn unig y mae'r eitemau canlynol. Os bydd aelod yn dymuno trafod unrhyw un o'r eitemau hyn, gofynnir iddo/iddi hysbysu'r Cadeirydd fel y gellir neilltuo amser i wneud hynny.							
			EITEMAU CAU							
		17	Casgliadau	Trafodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol	
		18	Unrhyw Fater Arall	Trafodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol	
12:55	00:05	19	Gwahardd y wasg ac aelodau'r cyhoedd. Gwahodd y wasg a'r cyhoedd i adael y cyfarfod oherwydd natur gyfrinachol y busnes sydd ar fin cael ei drafod (yn unol ag Adran 1(2) o Ddeddf Cyrff Cyhoeddus (Derbyn i Gyfarfodydd) 1960).	Cymeradwyaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol	
		20	Dyddiad ac Amser y Cyfarfod Nesaf: 28 Mai 2026	Gwybodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol	
		21	Acronymau	Gwybodaeth	Sefydlog	Papur	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol	
13:00	**03:30**		**DIWEDD Y CYFARFOD**							

PRIF GYFLWYNWYR

Enw	Swydd
Colin Dennis	Cadeirydd Bwrdd yr Ymddiriedolaeth
Jayne Beeslee	Cyfarwyddwr Anweithredol; Cadeirydd y Pwyllgor Cyllid a Pherfformiad
Emma Wood	Prif Weithredwr
Peter Curran	Cyfarwyddwr Anweithredol, Cadeirydd y Pwyllgor Archwilio, Risg a Sicrwydd
Bethan Evans	Cadeirydd y Pwyllgor Ansawdd, Diogelwch a Phrofiad y Claf
Ceri Jackson	Cyfarwyddwr Anweithredol, Cadeirydd y Pwyllgor Pobl a Diwylliant
Angela Lewis	Cyfarwyddwr Newid Diwylliant
Estelle Hitchon	Cyfarwyddwr Partneriaethau ac Ymgysylltu
Rachel Marsh	Cyfarwyddwr Gweithredol Strategaeth, Cynllunio a Pherfformiad
Trish Mills	Cyfarwyddwr Llywodraethu Corfforaethol/Ysgrifennydd y Bwrdd
Chris Turley	Cyfarwyddwr Gweithredol Cyllid ac Adnoddau Corfforaethol
Liam Williams	Cyfarwyddwr Gweithredol Ansawdd a Nyrsio

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
BEAUMONT-WOOD, Rhiannon	**Non-Executive Director** * Member of the Remuneration Committee * Member of the the Audit, Risk and Assurance Committee * Member of the Quality, Patient Experience and Safety Committee	Dorset Integrated Care Board (NHS Dorset), Non-Executive Director	Financial Interest	May 2023		
		Nursing and Midwifery Council (NMC), Designated Council Member for Wales	Financial Interest	June 2024		
		RBW Executive and Professional Coaching Ltd, Company Director (Company No 14938585) and Shareholder	Financial Interest	June 2023		
		Currently on coaching framework with Health Education and Improvement Wales	Financial Interest	June 2024		
		Registered Nurse (NMC)	Non-Financial Professional	January 1985		
		Registered Specialist Community Public Health Nurse	Non-Financial Professional	September 1996		
		Member of the Royal College of Nursing	Non-Financial Professional	2007		
BEESLEE, Jayne	**Non-Executive Director** * Chair of the Finance and Performance Committee * Member of the Remuneration Committee * Member of the Academic Partnership Committee	Employment for interim assignments via Public Sector Resourcing (an agency) regarding the review of major UK government programmes (remunerated net of tax via an Umbrella Company - Danbro Employment Umbrella Ltd)	Financial Interest	01 October 2023		
		Member Representative on the UK Civil Service Pension Board	Non-Financial Personal	01 October 2019		
		Governor on the Finance & General Purposes Committee of Cardiff and Vale Further Education College	Non-Financial Personal	01 February 2024		
		Fellow Chartered Institute of Personnel & Development	Non-Financial Personal	01 April 2006		
BROOKS, Lee	**Executive Director of Operations**	Partner employed by Welsh Ambulance Services NHS Trust	Any Other Interest	July 2019		
		Member of the Order of St John	Any Other Interest	01 March 2023		
		Volunteer – St John's Ambulance Cymru	Any Other Interest	06 April 2023		
		Council Member – St John's Ambulance Cymru Gwent Council	Any Other Interest	06 April 2023		
CURRAN, Peter	**Non-Executive Director** * Chair of the Audit, Risk and Assurance Committee * Chair of the Charity Committee * Member of the Finance and Performance Committee * Member of the Remuneration Committee	Trustee of Action for Children [1097940]	Position in Charity or Voluntary Organisation	01 February 2021		
		Company Director - Action for Children [04764232]	Directorships	01 February 2021		
		Company Director - Action for Children (Wales) Ltd [10011497]	Directorships	05 April 2022		
		Trustee of National Youth Arts Wales [1170643]	Position in Charity or Voluntary Organisation	06 May 2021		
		Company Director - National Youth Arts Wales [10449512]	Directorships	06 May 2021		
		Non-Executive Director for Taff Housing	Position in Charity or Voluntary Organisation	01 May 2022	17 July 2025	
		Chair - Taff Housing Association	Any Other Interest	17 July 2025		
		Company Director - Team Police Ltd [12518812]	Directorships	01 January 2022	31 October 2024	
		Independent Board Member of the Project Board - National Contemporary Art Gallery for Wales	Any Other Interest	01 January 2024	30 September 2025	
		Interim Finance Director for Torfaen Leisure Trust	Directorships	01 September 2023	29 February 2024	
		Member of Governing Body / Independent Member – Kaplan International Colleges UK Ltd [05268303	Directorships	01 March 2024		
		Independent Member - Kaplan Open Learning (inc member of the Audit & Risk Committee)	Directorships	21 March 2024		
DENNIS, Colin	**Chair of Trust Board and Non-Executive Director** * Chair of Remuneration Committee	Chair - Citizen Housing [Charity] (previously WM Housing Group)	Position in Charity or Voluntary Organisation	01 January 2015	January 2025	
		Company Director - Citizen Treasury PLC (previously WM Housing Treasury Ltd)	Directorships	29 August 2017		
		Company Director - Citizen Treasury Vehicle Ltd	Directorships	04 September 2017		
		Chair - North Devon Homes	Position in Charity or Voluntary Organisation	01 October 2021	January 2025	
		Company Director - North Devon Homes	Directorships	01 April 2022		
		Chair - Green Square Accord (Housing Association)	Position in Charity or Voluntary Organisation	26 March 2024		
		Company Director - LowCarbonLiving Homes Ltd [04207671]	Directorships	26 March 2024		
		Company Director - Green Square Estates Ltd [8719365]	Directorships	26 March 2024		
EVANS, Bethan	**Non-Executive Director** * Chair of Quality, Patient Experience & Safety Committee * Member of Finance & Performance Committee * Member of People & Culture Committee * Member of Remuneration Committee	Chief Executive Officer (Employed) at My Choice Healthcare Limited.	Any Other Interest	01 June 2019		
		Non-Executive Board Member at Beacon Housing (Social Housing Organisation - Community Benefit Society)	Position in Charity or Voluntary Organisation	01 November 2019		
		Company Director - My Choice Healthcare South Wales Limited	Directorships	11 March 2020		
		Company Director - Moorlands Rehabilitation (Staffordshire) Limited.	Directorships	20 December 2019		
		Company Director - Moorlands Property Ltd	Directorships	16 August 2022		
		Company Director - Springfield (Bargoed) Limited.	Directorships	12 March 2020		
		Companty Director - Springfield Property Lettings Ltd	Directorships	16 August 2022		
		Company Director - Homes of Excellence Limited	Directorships	19 March 2021		
		Company Director - Victoria House Care Property Limited	Directorships	05 March 2020		
		Company Director - My Choice Healthcare (Four) Limited	Directorships	27 April 2022		
		Company Director - Luk Ros Property Limited	Directorships	12 March 2020		
		[Previously called Homes of Excellence Healthcare Limited, Company name changed 12.08.2022 - #12513139]	*Directorships*	*12 March 2020*		

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
EVANS, Bethan [continued]	**Non-Executive Director** * Chair of Quality, Patient Experience & Safety Committee * Member of Finance & Performance Committee * Member of People & Culture Committee * Member of Remuneration Committee	Company Director - Hawthorn Court Property Limited	Directorships	27 April 2022		
		[Previously called My Choice Healthcare (Three) Limited, Company name changed 12.08.2022 - #13371375]	*Directorships*	*27 April 2022*		
		Company Director - Ocean Living Property Limited	Directorships	22 July 2022		
		Company Director - Hawthorn Court Care Limited	Directorships	22 July 2022		
		Company Director - Glyncornel Property Limited	Directorships	01 July 2022		
		Company Director - My Choice Healthcare (Two) Limited	Directorships	01 July 2022		
		Company Director - Carmarthen Care Limited	Directorships	02 January 2024		
		Company Director - Towy Castle Property Limited	Directorships	01 September 2023		
		Company Director - Glamorgan Care Ltd	Directorships	25 October 2024		
		Company Director - The Mountains Care Ltd	Directorships	09 December 2024		
		Company Director - Alexandra House Care Ltd	Directorships	24 June 2024		
		Company Director - Alexandra House Property Ltd	Directorships	24 June 2024		
		Company Director - My Choice Healthcare Seven Ltd	Directorships	22 October 2024		
		Company Director - Danygraig Property Ltd	Directorships	10 December 2024		
		Company Director - The Mountains Property Ltd	Directorships	09 December 2024		
HITCHON, Estelle	**Director of Partnerships and Engagement**	Member of Academi Wales Expert Panel	Position in Charity or Voluntary Organisation	15 July 2024		
		Independent Governor (Non-Executive Director), Coleg Sir Gar/Coleg Ceredigion	Non-Financial Personal	01 January 2025		
HUTCHINGS, Hayley	**Non-Executive Director** * Member of the Remuneration Committee * Member of the Academic Partnership Committee * Member of the People and Culture Committee	Employed at Swansea University, Professor of Health Services Research	Financial Interest	17 June 1995	31 May 2025	
		Emeritus Professor, Swansea University	Non-Financial Professional	31 May 2025		
		Consultancy (temporary cover for the Director of Operations - Clinical Trials Unit) at Wolverhampton University	Financial Interest	10 October 2025	31 December 2025	
JACKSON, Ceri	**Non-Executive Director & Vice Chair of the Trust Board** * Chair of the People and Culture Committee * Member of the Charity Committee * Member of Audit Committee * Member of Quality, Patient Experience & Safety Committee * Member of Remuneration Committee	Management Consultant primarily working in third sector	Interest in Companies and Securities	01 May 2019		
		Associate Director of SamKat Consulting Ltd in my capacity as self-employed management consultant	Directorships	01 June 2021		
		Charity Trustee - Stroke Association Trustee, Chair Wales Advisory Group.	Position in Charity or Voluntary Organisation	08 October 2020		
		Charitable Company - Stroke Association - Company Director	Directorships	08 October 2020		
KNEESHAW, Carl	**Director of People**	Chartered Fellow of Chartered Institute of Personnel and Development	Personal or Departmental Sponsorship	April 2020		
		Fellow of Institute of Leadership	Personal or Departmental Sponsorship	October 2020		
		Safeguarding Lead for local outreach charity, Brunstad Christian Church – Huntworth, Bridgwater, Somerset	Position in Charity or Voluntary Organisation	September 2018		
LEWIS, Angela	**Director of Culture Change**	Nil Declaration				
MARSH, Rachel	**Executive Director of Strategy, Planning and Performance**	Nil Declaration				
MILLS, Patricia (Trish)	**Director of Corporate Governance/ Board Secretary**	Nil Declaration				
PARRY, Hugh	**Trade Union Partner**	Nil Declaration				
ROBERTS, Edward	**Interim Finance Director (from 09 September 2025)**	Nil Declaration				
ROWAN, Hannah	**Non-Executive Director** * Chair of Academic Partnership Committee * Member of Charity Committee * Member of People & Culture Committee * Member of Remuneration Committee	Director, St Martin's Associates (Business consulting and coaching)	Directorships	04 April 2022		
		Non -Executive Director Qualifications Wales (regulator for all non degree qualifications in Wales)	Any Other Interest	01 April 2021		
		Trustee MAE Cymru (Christian charity which champions gender equality in church of Wales)	Position in Charity or Voluntary Organisation	13 November 2021	November 2023	
		Elected member, The governing body of the church in Wales (Parliament of church in Wales - voting member)	Any Other Interest	01 April 2021		
		Relative (Parent) is a Non-Executive Director for Social Care Wales	Any Other Interest	01 April 2017	31 March 2025	
SAMMUT, Jonathan (Jonny)	**Director of Digital Services [appointed 26.09.2023]**	Fellow of the British Computer Society – FBCS	Any Other Interest	04 March 2024		
		Panel Member of the UK CIO Advisory Panel – Digital Health	Any Other Interest	05 July 2023	2 June 2025	
		Federation of Informatics Professionals - Leading Practitioner	Any Other Interest	25 April 2024		
		Chair of BCS Hub Wales	Any Other Interest	20 June 2025		
		Co-opted into the BCS Community Board	Any Other Interest	12 August 2025	11 August 2026	
SWINBURN, Andrew (Andy)	**Executive Director of Paramedicine**	Strategic Advisor to College of Paramedics	Any Other Interest	01 January 2020		
TURLEY, Christopher	**Executive Director of Finance and Corporate Resources**	Treasurer of Royal Gwent Hospital League of Friends.	Position in Charity or Voluntary Organisation	01 February 2022	05 November 2024	
TURNER, Damon	**Trade Union Partner**	Nil Declaration				

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
WILLIAMS, Liam	**Executive Director of Quality and Nursing [from 01 August 2022]**	Chair/Director - Thornbury Carnival Community Interest Company Voluntary	Position in Charity or Voluntary Organisation	01 August 2019		
		Member Royal College Nursing	Any Other Interest	01 August 2022		
		Committee member - Royal College Nursing, Nurses in Management and Leadership Forum Steering Committee	Position in Charity or Voluntary Organisation	01 August 2022		
		Vice Chair - Royal College of Nursing, Nurses in Management and Leadership Forum Steering Committee	Position in Charity or Voluntary Organisation	03 February 2025		
WOOD, Emma	**Chief Executive (from 01 October 2025)**	Chartered Fellow of CIPD (Chartered Institute of Personnel and Development)	Non-Financial Professional	2000		
		External Moderator for HR Masters modules for University West of England	Financial Interest	September 2024	21 January 2026	
		Member of Yoga Professional Alliance	Non-Financial Personal	July 2025		
		Part-time Yoga Teacher at Burnham Swim and Sports Academy Leisure Centre	Financial Interest	July 2025		

Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans 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 *(Deputising for Jonny Sammut)*
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 *(Item 8)*
James Gough	Head of Service – Integrated Care *(Item 8)*
Fflur Jones	Audit Wales *(Items 14 and 14.1)*
Sarah Harland	Corporate Governance Officer *(Virtual)*
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

DRAFT

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 works, 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 <u>02 December 2025: Audit Risk and Assurance Committee (ARAC)</u>
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

ACTION LOG
WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST BOARD

16.2-01/26	29 January 2026	Governance Report, including the 2026/27-2027/28 Board and Committee Calendar	**Meeting Scheduling Arrangements** Hannah Rowan asked whether any cross-body coordination of scheduling might be explored at a national level. Trish Mills agreed to review this with Directors of Corporate Governance and to consider whether broader alignmnet across the public sector is feasible.	Trish Mills	26 March 2026	Update for March meeting: There is currently no coordinated approach to scheduling of board meetings across the public sector, however where opportunities arise to do so this will be explored.	Complete

Agenda Item No.	05

REPORT TITLE

Chair and Vice-Chair's Report – March 2026

MEETING

Name of meeting	Trust Board
Date of meeting	26 March 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Colin Dennis, Chair of the Trust Board Ceri Jackson, Vice Chair of the Trust Board
Author(s) of report	Alex Payne, Corporate Governance Manager

PURPOSE OF REPORT

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

REPORT SUMMARY:

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

CHAIR'S REPORT

1. I am pleased to welcome Aidan Rave, Lead Consultant from the Good Governance Institute (GGI), who is in attendance at the Trust Board meeting today as part of the fieldwork for the GGI's board development activity. The GGI's outcome report will be received by the board later in the Spring.

2. Since the last Trust Board meeting, I have been working with colleagues in the Welsh Government Public Appointments Unit to progress the recruitment for the Non-Executive Director vacancy. Interviews were held on the 9 March 2026 and were successful. The formal appointment announcement will be made in the coming weeks.

3. The Trust Board met for its bi-monthly Board Development activity on 26 February 2026. The focus of this session was on the development of the Trust's Integrated Medium-Term Plan for 2026-29, financial plan for 2026/27, and the continuation of discussions regarding the Trust's Monthly Integrated Performance and Quality Report metrics.

4. Since our last meeting I have been busy, with the following activity: -
   - Regular meetings and briefings Emma Wood, Chief Executive, and other executives.
   - Routine meetings with the Cabinet Secretary for Health and Social Care.
   - Engaged in the Non-Executive Director recruitment activity.
   - Visited colleagues at Vantage Point House in the Falls Service.
   - Engaged with colleagues in preparation for the Trust's Public Accountability Meeting.
   - Attended the Chair's network for Ambulance services on the 19/20 February.
   - Attended a meeting of the NHS Wales body Chairs Peer Group on the 24 February.
   - Attended the Trust's Public Accountability Meeting on the 5 March.
   - Chaired the interview panel for the Non-Executive Director vacancy on 9 March.
   - Attended the Ambulance Leadership Forum on 10/11 March.
   - Attended the Welsh NHS Management Committee on the 11 March.
   - Attended the meeting of the NHS Wales Chairs and Chief Executives on 12 March.
   - Chaired a meeting of the Remuneration Committee on the 13 March.
   - Attended the monthly WAST Live meeting on 23 March.
   - Regular communication with Ceri Jackson, Vice-Chair.
   - Routine meetings with Trade Union Partners.
   - Routine meetings with Internal Audit.
   - Routine meetings with Audit Wales.
   - Routine meetings with Health Inspectorate Wales.
   - Routine monthly meetings with non-executive director colleagues.

VICE-CHAIR'S REPORT

5. Since our last meeting I have been busy with the following activity: -
   - Attended a meeting of the QuEST Committee on 3 February.
   - Chaired a meeting of the People and Culture Committee on 10 February.
   - Attended the Vice-Chairs Peer Group meeting on the 11 February.
   - UHW Emergency Department Visit to meet WAST crews 11 February.
   - Engaged in the Good Governance Institute effectiveness review.
   - Visited colleagues at Vantage Point House 111, EMSC, and ODU on 20 February.
   - Chaired the Board Development Day on the 26 February.
   - Chaired the extraordinary meeting of the private Trust Board on 26 February.
   - Attended the Audit, Risk and Assurance Committee (ARAC) on 2 March.
   - Attended the ARAC members' quarterly meeting on 3 March.
   - Attended the Remuneration Committee on 13 March.
   - Held routine meetings with the Chair of the Trust Board.
   - Held routine meetings with members of the Executive Leadership Team.
   - Held routine meetings with people and culture colleagues and Trust executives.
   - Held routine meetings with the Trust's Mental Health Lead.
   - Routine meetings with Trade Union Partners.
   - Routine monthly meetings with non-executive director colleagues.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section
The Trust Board is requested to: 1. Receive and note the report.

ADDITIONAL PAPER(S)

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

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
☐ SO1: Providing the right care or advice, in the right place, every time	☐ SO2: Enabling our people to be the best they can be
☐ SO3: Being at the forefront of innovation and technology	☒ SO4: Developing services in collaboration
☒ SO5: Being quality driven and clinically led	☐ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
N/A

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document here for further details.

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
29 January 2026	Trust Board

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

Agenda Item No.	06

REPORT TITLE

Chief Executive Report: March 2026

MEETING

Name of meeting	Trust Board
Date of meeting	26 March 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Emma Wood, Chief Executive Officer
Author(s) of report	Emma Wood, Chief Executive Officer

PURPOSE OF REPORT

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

REPORT SUMMARY:

[See writing and presentation guidance here to inform this section]
This report is presented to the Trust Board to provide awareness of the Chief Executive's activities and key service issues since the last Trust Board meeting held on the 29 January 2026. It is intended that this report will provide a strategic briefing as linked to our strategic objectives.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section
The Trust Board is requested to: 1. Discuss and note the content of this report

ADDITIONAL PAPER(S)

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

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
☒ SO1: Providing the right care or advice, in the right place, every time	☒ SO2: Enabling our people to be the best they can be
☒ SO3: Being at the forefront of innovation and technology	☒ SO4: Developing services in collaboration
☒ SO5: Being quality driven and clinically led	☒ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
The report references updates which relate to the following risks. Risk 223 - The Trust's inability to reach patients in the community, causing patient harm and death.

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.

Risk 558 - Deterioration of staff health and well-being in the face of continued system pressures as a consequence of workplace experiences.

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

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document here for further details.

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
	N/A

SITUATION

1. This report provides an update to the Trust Board on recent key activities, matters of interest and material issues since the last report dated 29 January 2026

BACKGROUND

2. This report is presented to the Trust Board to provide awareness of the Chief Executive's activities and strategic issues relevant to the Trust.

ASSESSMENT

Strategic update

3. I would like to extend my sincere thanks to the Cabinet Secretary for Health, Social Care and Early Years, Jeremy Miles MS, for the opportunity to showcase the progress and impact of our service delivery at WAST during 2025/26 out our Public Accountability Meeting on 5 March. The session provided a valuable platform to reflect on the improvements we are driving across the 999 emergency medical services, non-emergency patient transport, NHS 111 Wales, and our wider transformation and partnership programmes. I am grateful to the teams across the Trust who worked at pace to prepare such a comprehensive and balanced submission, and to the board for their continued support, guidance and engagement throughout the process. We look forward to collectively focusing with our partners on the areas discussed, particularly embedding and evaluating the changes to our clinical model and the ambulance performance framework to ensure sustainable, patient-centred improvement.

4. The new NHS Wales Operating and Accountability Framework introduces a clear and coherent model of oversight, built around the four pillar domains of quality, workforce, finance, and delivery/performance, supported by the foundation domain of leadership. As this framework is now emerging, we are beginning work to reframe our Executive Leadership Team so that its terms of reference, governance approach and assurance flows are fully aligned to these domains. This will ensure that WAST is well positioned to respond to the expectations set out in the new model and to strengthen the consistency, transparency and effectiveness of our internal governance arrangements.

5. At this year's Ambulance Leadership Forum (ALF), I was delighted to take part in two key discussions that reflect our organisational priorities and the broader system challenges we all face. I joined fellow UK ambulance service chief executives on a panel discussing how we can ensure sustainable services for our patients and staff. Our dialogue focused on the innovations, workforce developments, and strategic partnerships needed to maintain service resilience

whilst future proofing the Ambulance sector's role in Urgent and Emergency Care. I also participated in a three-nation panel with the interim Chief Executive of the Northern Ireland Ambulance Service and the Chief Executive of the Scottish Ambulance Service, where we examined environmental sustainability from the perspectives of our respective national contexts. This offered a valuable opportunity to showcase the progress we are making in Wales on decarbonisation and to learn from broader UK approaches to integrating sustainability into frontline ambulance operations. Collectively, these sessions reinforced the importance of shared leadership, collaborative problem-solving, and a clear long-term vision for the future of our service.

6. Andy Swinburn our Director of Paramedicine presented to the ALF conference around the Clinical Model Transformation and associated Welsh Ambulance Performance Framework. The presentation generated a great deal of interest and discussion, with a number of follow up conversation from across the sector.

7. Jen Lloyd, Business Administration Manager for the Clinical Directorate, has been awarded 'Administrator of the Year' at the AACE ALF conference. Jen was described as exemplifying the highest standards of professionalism, leadership, and administrative excellence within the Welsh Ambulance Services NHS Trust. Her impact is felt across every major workstream in the Clinical Directorate, where she operates as the central coordinating force underpinning the effectiveness, cohesion, and performance of multiple national and internal programmes.

Partnership Update

8. I was pleased to host Michael Dickson, Chief Executive of the Scottish Ambulance Service (SAS), who spent the day engaging directly with the Executive Team and colleagues across the organisation. His visit included a tour of our call centres, providing a first-hand view of our operational environment and the vital work carried out by our call-handling and clinical assessment teams. He also visited the Cardiff Make Ready Depot and the HART base, where Michael could see the investments we are making in preparedness, resilience, and fleet modernisation. The visit was a valuable opportunity to share learning, showcase our developments, and further strengthen collaboration between our services. SAS are hosting a reciprocal visit in April where we will be joined by the CEO of Northern Ireland Ambulance Service to continue to develop our devolved nations collaborations and shared learning.

9. I was pleased to welcome a delegation from Yorkshire Ambulance Service to Vantage Point House for a full day programme highlighting our organisational priorities and ongoing transformation. The visit covered our operational changes,

the development of our evolving clinical model, and the wider strategic and system impacts of our planning work. Delegates also toured our Control Centre and the Operational Delivery Unit to gain a practical understanding of how our teams deliver services in real time, before concluding with open discussions on shared challenges and future opportunities. The visit offered a valuable opportunity to strengthen collaboration, exchange learning, and showcase the progress we are making across key areas of the service.

10. The Trust was pleased to welcome the Older People's Commissioner to the Trust in February. The Commissioner was given a tour of our Vantage Point House Clinical Contact Centre and viewed a Non-Elective Transport vehicle that has been equipped to offer greater sensitivity for people living with dementia. The Commissioner was also given an insight to our clinical transformation model, the work we have undertaken to consider mental health and dementia in the services we offer, how we have developed our approach to frailty, deconditioning and falls and, participated in a table top discussion on the experiences of older people requiring hospital transport across Wales.

11. Executive to Executive meetings continue to take place most recently with Betsi Cadwaladr University Health Board and Powys Teaching Health Board. These were useful opportunities to connect with peers, strengthen our relationships and agree collaborative work programmes. Powys are keen to improve our response to Falls and together we will oversee a Falls Symposium to better understand our pathways and response to frail fallers. Cardiff and Vale are reviewing their stroke pathway and we intend to connect with this work as we commence a continuous improvement project on call to door times.

12. The Executive Director of Strategy, Planning & Performance and I continue to support the Community by Design programme linked to Urgent and Emergency Care and continue to develop a model which is consistent, sustainable and system designed. Ensuring a reliable and sustainable community response to urgent needs remains a priority for the future model.

Integrated Medium Term Plan (IMTP) and Financial plan

13. The Trust is in the final stages of preparation and approval of IMTP planning with our final draft received by JCC on March 17. Our commissioner colleagues were offered an overview of WAST's priorities for next year, financial plan, savings plan and the productivity gains the Trust seeks to make. As part of our financial plan, and subject to final sign off from commissioners, we have committed to invest in

developing our response to the Manchester Arena Inquiry further. At the end of March the JCC will meet with WAST to provide further clarity on the support the Trust can expect to receive from commissioners and Welsh Government. Following final Board approval of the IMTP, an extensive engagement and communications plan for external and internal stakeholders will be drafted and shared.

Operations

45 Minute Ambulance Release (Release-to-Respond)

14. There continues to be significant variation in relation to 45 Minute Ambulance Release performance. Hospital handovers have been on average 1.5 hours during January and 1.3 hours during February. The Operational Delivery Unit continues to escalate waits dynamically in line with the 45 Minute Release escalation framework and NHS Performance and Improvement (NHS P&I)colleagues are engaged as part of the escalation process. Work is ongoing to defining the role of NHS P&I during periods of system escalation and how they may support issue escalation and resolution to drive improvements. A new daily report is published by NHS P&I to support this ambition, which is shared with HB CEOs, COOs daily for situational awareness.

15. Dialogue is currently ongoing with the Welsh Government and NHS P&I to ready ourselves locally to deploy Release to Respond. The Trust maintains a position that for this to be operationalised, logistics support with additional equipment is required at Emergency Departments. The Trust has provided NHS P&I colleagues with a costed option and waits for direction to proceed.

NEPTS Roster Review

16. The roster review process is progressing as planned and will be completed ready for implementation in Q2.

Integrated Care Clinical Queue (ICCQ)

17. The Integrated Care Clinical Queue (ICCQ) brings all CSD and 111 clinicians onto one shared clinical queue, replacing the current separate systems and manual hand-offs.. This single-queue model is the key enabler for the Remote Integrated Care Service (RICS), allowing both services to operate as one integrated clinical team and better balance demand across the workforce.

18. Technical development is progressing, with the new Single Clinical CAD Module. Clinician training begins in March and is to continue through April.

19. All workstreams across technology, workforce, clinical governance, and Health Board readiness remain on schedule for the planned 21 April go-live, ahead of the May bank holiday period.

Clinical

STEMI Call to Door Times Through Targeted System Improvements

20. A set of five immediately deliverable system improvements have been proposed to reduce call-to-door times for STEMI patients by addressing upstream factors that inflate the Orange Now queue and delay the timely progression of time-critical cases. STEMI recognition within call handling and rapid clinical screening remains reliable; however, delays arise later in the pathway because of system behaviours and operational processes. Together, they provide a coherent set of improvements that enhance prioritisation accuracy, reduce avoidable queue inflation and considerably improve call to door times for STEMI.

21. This work will form part of the wider 'Benefits Realisation' workstream within the CMT programme, alongside an associated Quality Improvement process which is under development for all time critical presentations within the 'Orange' category.

Finance

22. Reported year-to-date financial position to Month 11 of the current financial year 25/26 is a surplus of £100k. This is in line with forecast and assumes that we will see again a small overspend against budget in Month 12. Finance teams continue to support the forecast year-end position which remains reported as that of break even, balanced position.

23. Welsh Government confirmed to the Trust that the business case for the Fleet Replacement programme for 26/27 was approved in full, £23.110m will be made available in 26/27 with £1.290m already having been accelerated into 25/26, to allow for the advanced purchase of EA chassis. In addition, Welsh Government have confirmed our discretionary allocation of £7.018m for 26/27. Work is ongoing to build a plan for allocation of these monies, and this will be brought through to the May Trust Board for approval.

Partnerships and Engagement

24. The Partnerships and Engagement directorate collaborated with journalist Rosie Taylor to develop a seven-page feature in *The Sunday Times Magazine* that captured the Trust's ambition to transform service delivery and the progress achieved to date. Access and interviews over the course of a year demonstrated how remote care, volunteers, drones, AI and other innovations are helping to ensure ambulances are only sent to those who truly need them.

25. International Women's Day took place on 8 March, and to mark the occasion the Trust's Women's Network hosted a programme of events throughout the week. A suite of supporting webinars was also available, including sessions on Imposter Syndrome and the Empower All series, designed to help teams build more informed, empowered, proactive and supportive workplaces. The Women's Network also continued to advance several key initiatives focused on Endometriosis, IVF, Maternity and Neonatal Care, and Baby Loss Awareness. As part of this wider activity, to mark International Woman's Day, we published a feature on Chief Executive Emma Wood's leadership journey. Together with Maxine Paterson, Interim Chief Executive at the Northern Ireland Ambulance Service, the UK's only two female ambulance chief executives reflected on their experience of leading under pressure, breaking down barriers and what it means to be women at the highest level of ambulance leadership, which led to coverage in the Emergency Services Times and the South Wales Argus.

26. The Welsh Ambulance Service and its partners Robotics AI and DRUID AI were highly commended at the Excellence in Healthcare Partnerships Awards. The recognition celebrates the successful introduction of *Albot*, the AI-powered virtual assistant supporting NHS 111 Wales website users get the right health advice, fast.

People and Culture

27. The agreed Emergency Ambulance skills mix was communicated in January 2026, supported by further briefings for EMS Managers, a dedicated WAST Live session for EMS staff, and a set of FAQs hosted on a dedicated SharePoint page. A Skills Mix Action Planning Group has since been established to oversee research and the implementation of recommendations.

28. The quantitative results from the 2025 NHS Wales Staff Survey are now available, with detailed analysis currently underway; an initial summary report is included within this agenda. Encouragingly, we have seen an increase in participation rates (up to 43.2%, from 35.2% last year) alongside an improved overall engagement score (up to 67.3% from 65.8%), which is a positive indicator and suggests that our ongoing people and culture initiatives are having an impact on colleagues' experience of working within the Trust. Whilst this progress is welcome, there remains further work to do. As more colleagues are choosing to share their views, there is an increasing expectation that this feedback will be meaningfully considered and used to inform priorities, decision making and improvement actions across the organisation. The data therefore represents both progress and an important opportunity to further strengthen accountability and impact.

29. Our People Networks continue to grow and make a meaningful contribution across the Trust. We now have more than 1,000 members across 10 Networks, representing almost a quarter of our colleagues, and our newly established Veterans People Network is already expanding rapidly.

30. Our Education & Development Team has been recognised at The Skills Academy Wales Apprenticeship Awards, winning Employee of the Year. This achievement highlights the team's position as sector leaders in workforce development, delivering an innovative and award-winning apprenticeship programme that supports career progression across EMS, clinical education, corporate and support roles.

31. Following the Trust endorsement of the People Development Policy, work has progressed into the final development phase. A dedicated SharePoint site will soon provide staff with clear access to the full range of People Development opportunities, supporting personal and career aspirations, from simplifying statutory and mandatory eLearning compliance to offering guidance on Apprenticeship pathways. This is scheduled to go live at the end of March 2026.

RECOMMENDATION(s)

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

PATIENT STORY TRACKER
JUDITH PARFITT

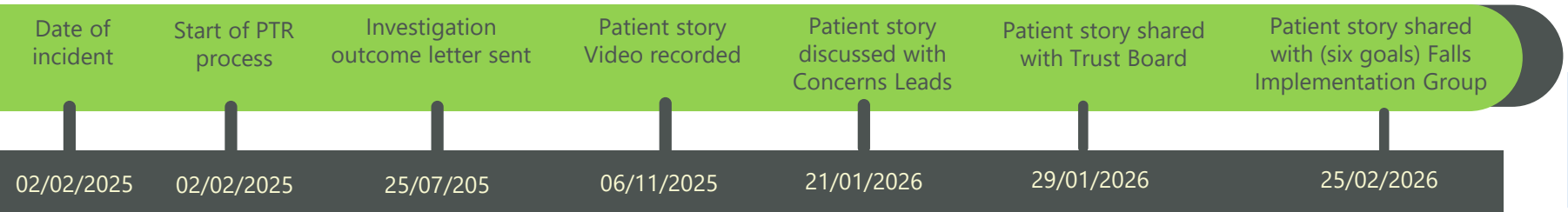
02/02/25 Judith received a call from her 92-year-old mother, Ethel Moss, who'd lost her balance, fallen awkwardly into a chair, with a suspected leg injury, in great pain. Judith unable to move her rang 999 call assessed as GREEN 3- upgraded to AMBER 2 following CSD Triage. EA arrived following morning, despite several 999 calls made. During 16-hour wait Ethel experienced pain/discomfort, pain-relief was advised against by call-taker, as well as suffering indignity having to go to toilet on a pad. Judith feels wait was unacceptable and more could have been done to provide pain-relief and support. Ethel found to have a fractured femur. Judith felt PTR response was impersonal and little more than a "box-ticking exercise"

THEMES IDENTIFIED

- Long wait for response due to increase in demand on the service and handover delays
- Pain and discomfort throughout wait
- Negative experience of PTR response and failing to meet complainants' expectations.

GOAL	PRIMARY DRIVERS	SECONDARY DRIVERS	ACTIONS	RESPONSIBILITY FOR ACTIONS	PROGRESS	OUTCOME
Improve service response to patients who have experienced a fall and; get patients off the floor quickly where it is safe to do so.	Reduce risks and avoid harm to patients related to time spent on the floor. Provide early advice around nutrition, hydration and movement (where appropriate) and support patients to be lifted from the floor.	Ensuring patients remain safe whilst waiting.	Falls desk (went live November 2025) within Integrated Care Department. Continue to monitor and report experiences and outcomes of patients via the falls desk with view to identifying continuous improvement..	Integrated care team and Peoples Experience Team reporting improvements through QMG.	From the 2nd February 2026 – 31st March, a new pilot being undertaken exploring the APPNAV intervention with Falls and Frailty, particularly those with complex needs who are at risk of deterioration, repeat attendance, or avoidable conveyance. Rewriting volunteer strategy – falls to be a key part of this	CEO asked PHW/NHS Wales colleagues for a falls review to address variation across communities in Wales. Case for Change – working with commissioners and partners and connecting work around falls being delivered by many organisations. More focus on outcomes and highlight issues more frequently in managing falls.
Improve complaint responses to take into consideration a personal approach that reflects personal feelings/impact	Incorporate a more personal caring response to complaint letters that reflects the individual impact and feelings of the complainant.	Ensure people feel seen and listened too.	Review negative feedback and identify improvements inline with incoming new regulations around Listening to People.	PTR team and Peoples Experience Team.	'Listening to patients' new regulations April 1st, 2026, will have a greater focus on timely, clear and person-centred communications. Concerns leads have met to discuss feedback and how the new regulations will support a more considerate and person-centred approach.	The Trust is making changes to ensure it fully understands people's experiences, including offering an initial in-person conversation, agreeing investigation timelines together, and staying connected with updates that are both personal and meaningful. Aim is to make the complaints process more compassionate, transparent, and centred on the experiences of patients and their families.

Story action timeline



Judith Parfitt's experience
https://youtu.be/n5KOObf41IY?si=yYNA9Gn1ZRuzsSOo

V2.
Updated: 27 January 2026

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

Agenda Item No.	09

REPORT TITLE

Assessment of Avoidable Harm

MEETING

Name of meeting	Trust Board
Date of meeting	26 March 2026
Public or Private	Public
If private - rationale	Choose item from below

REPORT SPONSOR

Executive sponsor/s	Liam Williams - Executive Director of Quality & Nursing Andy Swinburn - Executive Director of Paramedicine
Author(s) of report	Penny Durrant – Deputy Director of Nursing Quality & Governance Jonathan Chippendale - Assistant Director of Clinical Development Hugh Bennett - Assistant Director, Commissioning & Performance

PURPOSE OF REPORT

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

REPORT SUMMARY:

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

1. The purpose of this report is to present the Trust Board with an integrated assessment of potential exposure to harm and confirmed avoidable patient harm across the three All-Wales patient pathways delivered by the Trust: NHS 111, the Emergency Medical Service (999) pathway and the Non-Emergency Patient Transport Service. The Board is advised to read it in conjunction with the MIQPR which also draws out a range of metrics relevant to patient outcomes.

2. This report replaces the previous patient harm mitigations report. The emphasis has now shifted towards providing a clinically informed assessment of patient safety risk across the ambulance care pathway, drawing on both confirmed harm events and wider indicators of exposure to deterioration risk.

3. This report represents a baseline "state of the nation" assessment of avoidable harm across the ambulance care pathway. Future iterations will become more focused and concise as the Trust's harm intelligence capability matures and longitudinal trends and improvements can be demonstrated.

4. It should be noted that data within this report is drawn from multiple operational, clinical and governance sources, and while definitions are aligned wherever possible, some minor variation between datasets may occur. This does not materially affect the overall assessment of risk and will continue to be refined in future iterations.

5. This reflects a shift from retrospective reporting of harm events towards a more proactive understanding of deterioration risk across the ambulance care pathway.

6. The report highlights that the risk of avoidable harm within the NHS 111 pathway remains low, although delays in access to clinical advice may increase exposure to deterioration for a small number of patients requiring escalation to emergency care.

7. Within the 999/EMS pathway the report identifies medium risk, primarily associated with a sustained imbalance between demand and system capacity, particularly where hospital transfer of care delays reduce ambulance availability. The analysis highlights extended waits for patients within the Orange (Now) category as an area of clinical concern, including patients presenting with time-sensitive conditions such as stroke and ST-elevation myocardial infarction (STEMI). The Ambulance Care patient pathway is also assessed as medium risk, reflecting ongoing operational pressures and the impact of late booking activity and cancellations across the wider healthcare system.

8. While confirmed serious harm events remain relatively uncommon when considered against the overall scale of ambulance activity across Wales, the report recognises that deterioration associated with prolonged waits may not always be fully captured through traditional incident reporting mechanisms. For this reason, the Trust has considered a wider range of intelligence, including clinical investigations, complaints, coronial activity, audit findings and patient experience feedback, to develop a more comprehensive assessment of patient safety risk.

9. In developing this report, the Trust has brought together intelligence from across operational, clinical and governance functions. As a next step, the report proposes the establishment of a small multidisciplinary group to support ongoing triangulation of patient safety intelligence and the development of a consolidated patient harm intelligence dashboard to support oversight of emerging patient safety risks. The report will be presented to the Trust Quality Committee on a quarterly basis. This approach will strengthen the Trust's ability to identify emerging patient safety risks earlier and support more proactive oversight of deterioration across the ambulance care pathway.

Headline Summary

10. **NHS 111 pathway:** Potential harm assessed as **LOW**, although delays in access to clinical advice may increase exposure to deterioration for a small number of patients.

11. **999 / Emergency Medical Service pathway:** Potential harm assessed as **MEDIUM**, primarily driven by sustained system delay and ambulance availability constraints associated with hospital handover delays.

12. **Non-Emergency Patient Transport Service:** Potential harm assessed as **MEDIUM**, reflecting operational pressures including short-notice bookings and system cancellations.

13. The most significant driver of avoidable patient harm across all pathways remains the sustained imbalance between demand and system capacity across the urgent and emergency care system.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

Trust Board is asked to:

1. Consider the report and provide feedback on content and style.
2. Note the assessments of risk across the three patient pathways.
3. Note that the most significant driver of avoidable patient harm is the sustained imbalance between demand and system capacity across the urgent and emergency care system
4. Agree to the proposed next steps, in particular, this report being quarterly, being supported by a diverse group to share and sift intelligence.

ADDITIONAL PAPER(S)

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

Annex 1 Quality & Performance Framework, Governance Map

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
☒ SO1: Providing the right care or advice, in the right place, every time	☐ SO2: Enabling our people to be the best they can be
☐ SO3: Being at the forefront of innovation and technology	☒ SO4: Developing services in collaboration
☒ SO5: Being quality driven and clinically led	☐ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
223 – The Trust's inability to reach patients in the community causing patient harm and death 224 – Handover of Care Delays Outside Accident and Emergency Departments impacting access to definitive care

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document here for further details.

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
17 March 2026	Executive Leadership Team

SITUATION

1. This report provides the Trust Board with an integrated view of potential exposure to harm and confirmed avoidable patient harm across the three All-Wales patient pathways delivered by the Trust: NHS 111, the Emergency Medical Service (999) and the Non-Emergency Patient Transport Service. It replaces the previous Patient Harm Mitigations Report.

2. System pressures across urgent and emergency care continue to create conditions where patients may experience deterioration while awaiting clinical assessment, ambulance response or transfer of care.

3. The purpose of this report is to provide the Board with a clinically informed assessment of patient safety risk across the ambulance care pathway, drawing together intelligence from operational performance data, incident investigations, complaints, coronial activity, clinical audit and patient experience. This integrated approach supports the Trust's Duty of Quality responsibilities by enabling earlier identification of emerging patient safety risks and strengthening Board oversight of harm across the system.

BACKGROUND

Patient Safety Framework

4. The Trust operates a single Board-approved Quality and Performance Management Framework. The Framework brings together the Trust's arrangements for discharging its Duty of Quality responsibilities, overseeing patient safety governance and monitoring operational performance across the ambulance care pathway.

5. Appendix 1 provides an overview of these governance arrangements. Patient safety intelligence is reviewed through established clinical governance arrangements supported by a number of multidisciplinary forums.

6. In addition to nationally reported incidents, the Trust maintains a range of internal governance mechanisms designed to review harm intelligence and emerging patient safety risks. The Trust's Serious Incident Forums provide multidisciplinary review of significant events, enabling triangulation of investigation findings, operational performance data and clinical audit intelligence. These reviews are supported by oversight through established

governance structures including Serious Clinical Incident Forum (SCIF), the Clinical Advisory Group (CAG), the Clinical Quality and Governance Group (CQGG) and the Quality and Safety Committee (QuESt). Through these forums, learning derived from NRIs, joint investigations, complaints, mortality review and clinical audit is reviewed collectively to identify emerging themes and inform improvement activity across the ambulance care pathway.

7. These arrangements are further supported by the Trust's approach to Quality Impact Assessments (QIAs) and monitoring and assurance plans, flowing from these, for example, the Ambulance Performance Framework phase 1 and phase 2 monitoring & assurance plans. The Trust has made significant progress on its approach to the Framework.

8. Together, these governance arrangements support the systematic review of both confirmed harm events and emerging indicators of deterioration risk across the ambulance care pathway.

ASSESSMENT

9. The assessment of harm presented within this report is based on a clinically informed judgement drawing on subject matter expertise and whole pathway patient experience, rather than a narrow assessment of risk attributable solely to WAST interventions. This reflects the complex, interdependent nature of the urgent and emergency care system and ensures that the assessment captures exposure to deterioration across the full patient journey.

10. The following sections provide an assessment of potential exposure to patient harm across the three All-Wales patient pathways delivered by the Trust: NHS 111, the Emergency Medical Service (999) and the Non-Emergency Patient Transport Service.

11. This assessment considers both confirmed harm events and indicators of exposure to deterioration associated with delay across the ambulance care pathway. Confirmed harm intelligence is drawn from sources including National Reportable Incidents (NRIs), Joint Investigation Framework reviews, coronial activity, complaints and clinical investigations. The assessment therefore seeks to provide a clinically informed view of patient safety risk across the system rather than relying solely on incident reporting data.

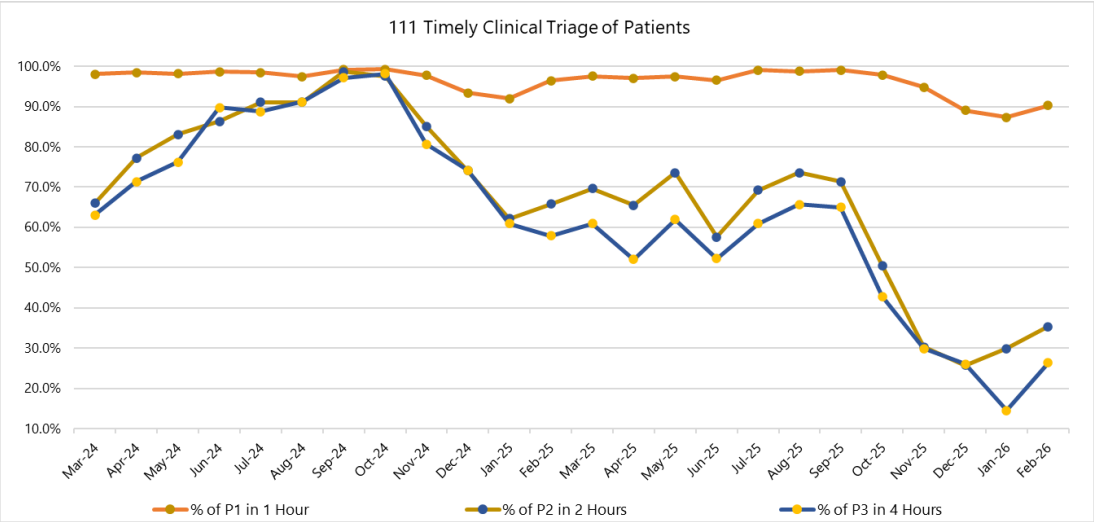
111 Patient Pathway

12. Although the NHS 111 service is designed for non-emergency clinical advice, there remains potential for harm where patients experiencing serious or time-sensitive conditions access the service rather than the emergency pathway. Clinical intelligence indicates that some patients contacting 111 may in fact be experiencing acute conditions such as stroke, which subsequently require escalation to the 999 service.

13. Demand within the NHS 111 service continues to place pressure on call handling and clinical advice capacity, with call abandonment rates averaging 12.7% year to date. While abandoned calls do not typically represent high-acuity clinical risk, some callers contacting 111 are subsequently transferred to the 999 pathway, indicating that a proportion of callers may require urgent clinical assessment. Ensuring timely call answering, prioritisation and access to clinical advice therefore remains an important component of the wider urgent and emergency care pathway.

14. The Trust is working with the Joint Commissioning Committee to review current performance metrics and progress digital developments designed to improve patient navigation and access to urgent clinical advice.

15. For those 111 patients requiring a clinical triage (P1-P3), the P1 times have remained above target for most of the year, but there has been a material drop off in P2 and P3 times:



16. Analytical work by the Operations Directorate points to the cause of the drop off in performance as high use of the Clinical Advice Line by 111 call handlers and abstractions being above target, both of which reduce capacity for P2 and P3 calls. This analysis has recently been completed, and improvement actions are now underway.

17. National Reportable Incidents within the NHS 111 service are rare and the volume of patient concerns remains low relative to the overall scale of activity, which represents the highest area of demand within the Trust. Taken together, this intelligence indicates that the overall risk of avoidable harm within the 111 pathway is comparatively low when considered alongside the 999/EMS pathway.

18. However, delays in accessing clinical advice may still create exposure to deterioration risk for a small number of patients, reflecting the sustained imbalance between demand and system capacity across the urgent and emergency care system.

19. **Overall: potential for harm with LOW risk.**

999/EMS

20. Unless otherwise stated, percentage measures within this report describe volume or compliance against defined standards, while median response times reflect typical system performance and 90th percentile response times are used to describe the experience of patients waiting longest and therefore most exposed to deterioration risk.

Arrest & Emerg

21. Early outcome indicators suggest that the introduction of the new Arrest category has been associated with an improvement in the return of spontaneous circulation (ROSC) rate, increasing from 19.9% in 2024/25 to 22.4% between July 2025 and February 2026. The category is performing broadly within its expected median response range of 6–8 minutes and the 20-minute backstop; however, some geographical variation is evident. More rural areas, including Powys, have experienced longer response times and have been outside the expected range in several reporting periods.

22. Rural geography continues to present operational challenges in achieving response time ranges due to longer travel distances and lower incident density. While response times may be longer in some rural areas, current investigation and governance intelligence has not identified a consistent pattern of National Reportable Incidents directly attributable to rural response times within the Arrest category.

23. Current patient safety intelligence has not identified a clear pattern of National Reportable Incidents directly attributable to the introduction of the Ambulance Performance Framework, including the introduction of remote clinical assessment pathways.

24. It should be noted that currently the Trust cannot follow the clinical care pathway for cardiac arrests (or other clinical pathways) and cannot determine the effectiveness of its interventions e.g. 30 day, 60 day, 90 day survival rates and quality of life for survivors. This represents a key development area for the Trust during 2026/27.

25. The new Emerg category is not currently performing within the expected 6–8-minute median range or the 20-minute backstop. The January 2026 Ambulance Service indicators show that all Health boards recorded median response times above 8 minutes and only two Health boards, Aneurin Bevan and Swansea Bay, achieved the 20-minute backstop.

26. Review of the available data has not identified issues relating to operational or clinical practice. Instead, the primary constraint remains ambulance availability, particularly Emergency Ambulances, which is significantly affected by hospital handover delays. In January 2026 the Trust lost 19,243 ambulance unit hours to hospital handover delays, equivalent to approximately 1,673 Emergency Ambulance shifts.

27. Another issue identified for Emerg category is that the total volume of calls is higher than had been expected following the introduction of the new categories. Investigations are ongoing into the underlying reasons for this, considering in particular how clinical navigator capacity impacts flows. This will be picked up through the Clinical Model Transformation Benefits Realisation group.

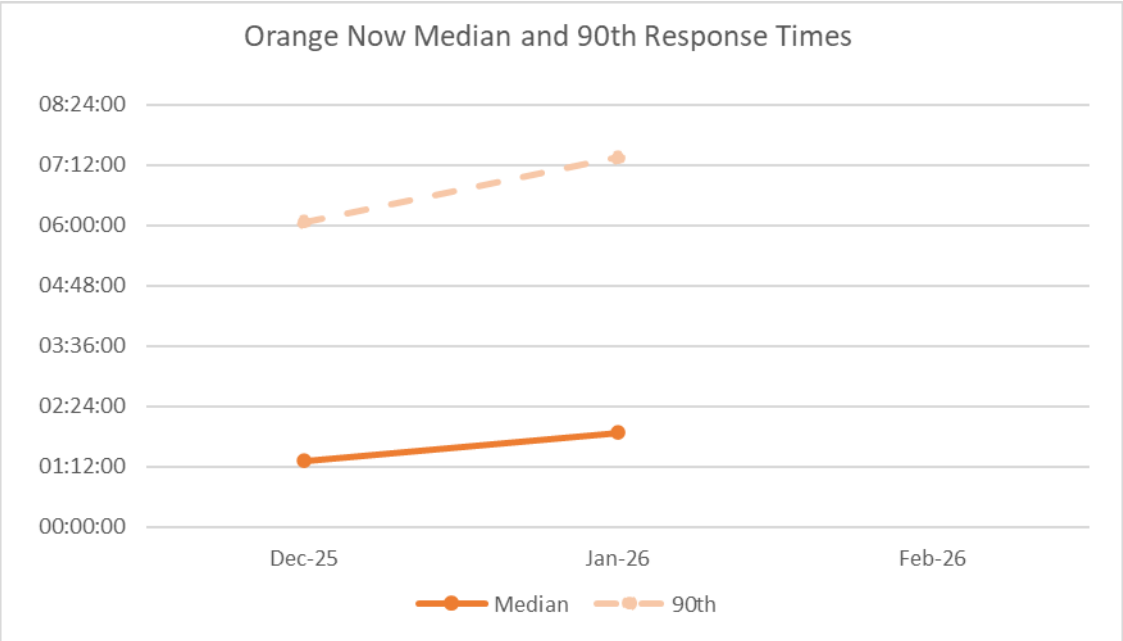
28. As part of the new Ambulance Performance Framework, the Trust agreed with WG to introduce a range of new clinical indicators for patients in the Emerg category, including the top three condition codes, oxygen reading changes (linked to respiratory condition codes), pain scores and NEWS(2) scores designed to detect early patient deterioration. These indicators are now live

and will form part of the regular clinical performance reporting considered through the Trust's governance arrangements, including the Quality, Patient Experience and Safety (QuESt) Committee.

29. Triangulation of operational performance data, clinical investigations, audit findings and patient experience intelligence indicates that the most significant patient safety risk facing the Trust arises from sustained delay across the urgent and emergency care system. These delays increase the exposure of clinically vulnerable patients to deterioration while awaiting ambulance response or transfer to definitive care. This analysis directly informs the Trust's Board Assurance Framework, particularly Corporate Risk 223 (system delay and patient safety risk across the urgent and emergency care pathway) and Corporate Risk 224 (handover delay and its impact on ambulance availability and operational resilience).

Orange (Now) Category

30. The most meaningful indicator of clinical exposure to delay within ambulance services is the 90th percentile response time, which describes the length of time within which 90% of patients are reached. This measure is particularly important in understanding patient safety risk because it reflects the experience of patients waiting longest for care rather than average performance. For this reason, the Trust considers the 90th percentile response time to be an important indicator of potential deterioration risk, as it reflects the experience of patients waiting longest for care.



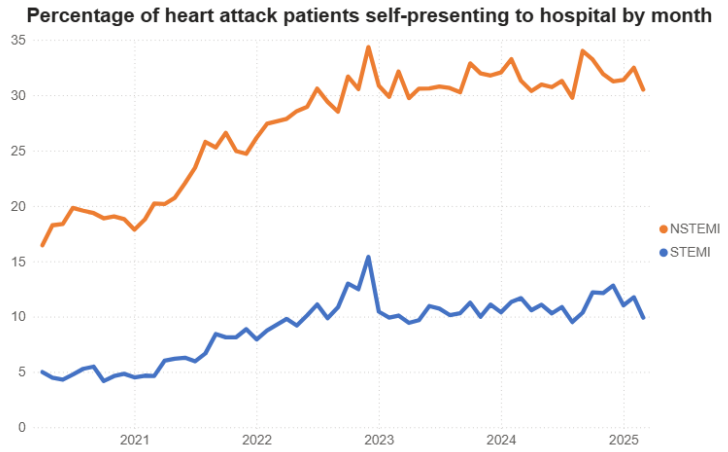
31. From a clinical risk perspective, the Trust would expect to see the median response time for Orange incidents below one hour, with a corresponding reduction in the 90th percentile response time. A key cause of the current distribution remains sustained system pressure, particularly hospital handover delays which reduce ambulance availability. However, analysis of Orange (Now) activity has also identified opportunities to support clinicians in refining the volume of incidents coded within this category. Early analysis suggests that demand within Orange may be higher than anticipated. As part of the Benefits Realisation workstream of the Clinical Model Transformation programme, further work will be undertaken to identify areas of clinical practice where additional guidance and training may support improved triage consistency.

32. Patients presenting with high acuity (Orange category) conditions are particularly sensitive to delay, as these incidents typically involve patients who require urgent clinical assessment but may not initially meet the highest acuity Red criteria. The Orange cohort therefore represents a clinically important group in understanding deterioration risk across the ambulance care pathway. Impact on Time-Sensitive Clinical Conditions

33. The consequences of sustained delay are most visible for patients presenting with time-sensitive clinical conditions, where the timeliness of clinical intervention is a key determinant of outcome. This includes patients presenting with:

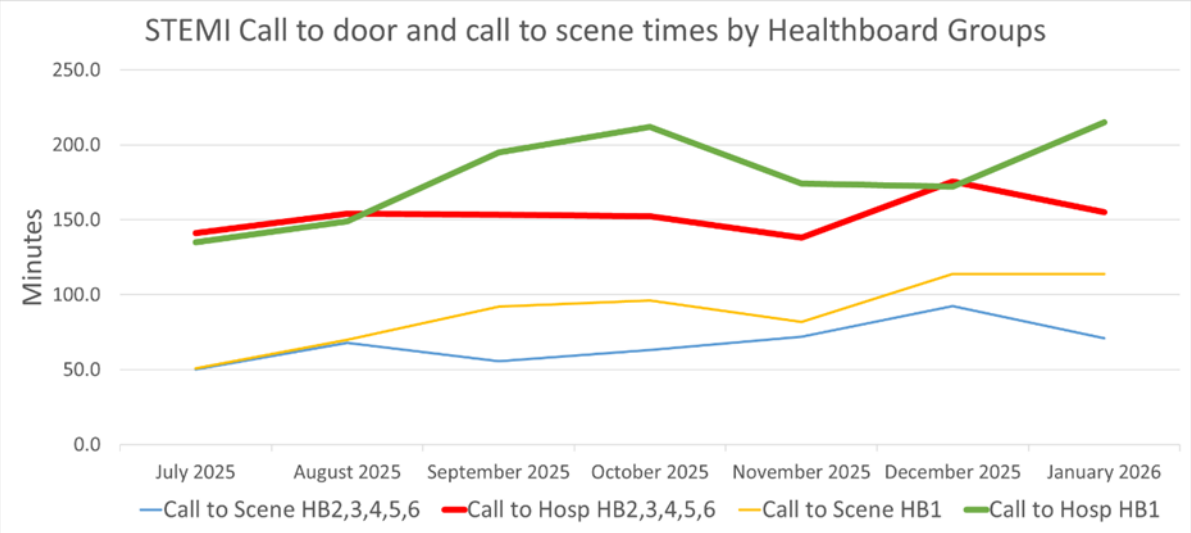
    - Stroke
    - ST elevation myocardial infarction (STEMI)
    - Sepsis; and
    - Frail elderly patients experiencing falls

34. For these patient groups, the ambulance response is a critical step in the wider clinical pathway linking community presentation to timely emergency clinical intervention and definitive treatment within hospital services. Timeliness of response is therefore an important determinant of clinical outcome. However, national audit programmes are increasingly identifying patients with time-sensitive conditions presenting directly to emergency departments having arranged their own transport, suggesting that delays in accessing ambulance response may be influencing patient behaviour within the urgent and emergency care system.



35. To better understand emerging audit findings and feedback from emergency medicine colleagues, the Trust's clinical intelligence team undertook a collaborative review with two Health Boards in late 2025. This work identified a proportion of patients subsequently confirmed to have experienced an acute stroke presenting directly to emergency departments using their own transport rather than accessing ambulance services. While the underlying causes require further analysis, this finding reinforces the importance of timely ambulance response within time-sensitive clinical pathways and is informing ongoing work with Health Board partners to better understand patient behaviour and potential system drivers.

36. Variation within national datasets is influenced by the distribution of clinical activity across Wales. One Health Board (HB1) for example contributes a significant proportion of the national STEMI dataset, meaning performance within this Health Board has a disproportionate impact on the overall national measure. The graph below shows the performance on call to door times in HB1 in comparison to the rest of Wales picture. This weighting should therefore be considered when interpreting trends within the national performance data and will need to be taken into account in ongoing discussions with commissioners regarding performance and system capacity.



Frailty, Falls and Deterioration Risk

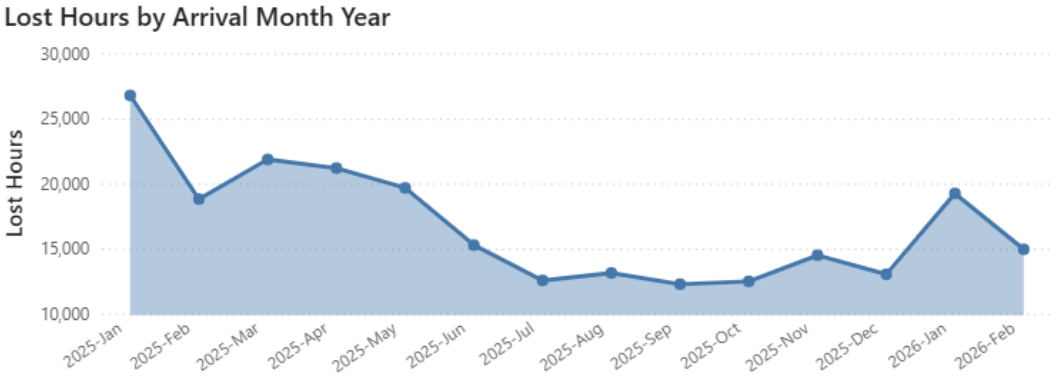
37. Frail elderly patients experiencing falls represent a significant proportion of ambulance demand and remain particularly vulnerable to delay-related harm. Extended waits for response may result in prolonged periods on the floor, increased risk of dehydration, pressure injury and deterioration in physiological status.

38. These patients frequently present with complex health needs and reduced physiological reserve, meaning that even moderate delays in assessment can lead to deterioration. Falls-related demand therefore represents an important component of the Trust's exposure to deterioration risk and has been a focus for targeted service development including specialist clinical triage and falls response initiatives, recognising that prolonged waits may also contribute to longer-term harm such as deconditioning and loss of independence.

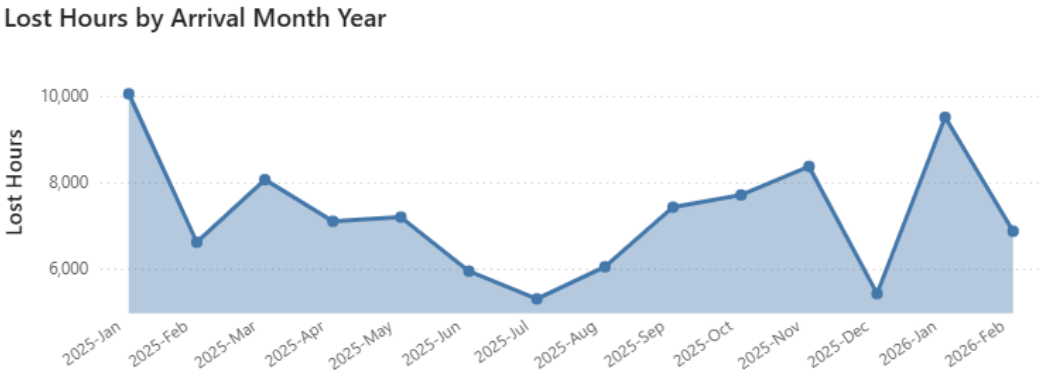
System Congestion and Transfer of Care Delays

39. A significant driver of delay within the ambulance care pathway remains the continued impact of hospital transfer of care delays, which constrain ambulance availability and reduce the capacity of the service to respond to new incidents.

40. The Welsh Government Wait-45 (W45) programme has highlighted the scale of this issue across Wales although improvement nationally in lost hours can be seen below. Sustained delays in transferring patients into emergency departments result in ambulances remaining tied up at hospital sites for extended periods, reducing the number of vehicles available to respond to new incidents in the community.



41. Despite the improving trend nationally, some areas have had more success than others in reducing these lost hours as can be seen below with an individual health board (HB1) lost hours trend across the same time period.



42. When considered at a national level, the hours of ambulance capacity lost through transfer delays represent a substantial reduction in operational response capability. This directly increases the likelihood that patients awaiting response will experience extended waits for the arrival of a resource. The Trust continues to work with Welsh Government, NHS Performance and Improvement, and Health Board partners to support sustained improvement in hospital handover performance, including national communications reinforcing Health Board accountability for reducing transfer delays.

Integrated Care

43. While system delay remains a material patient safety risk, several controls are in place to mitigate potential harm for patients awaiting response. Senior clinicians within the Integrated Clinical Contact Centres undertake rapid clinical screening of MPDS-prioritised emergency calls, supported by an integrated 999 and NHS 111 clinical workforce. This enables early identification of time-sensitive conditions and prioritisation of patients whose condition may be deteriorating. Patients may also be directed into remote clinical assessment pathways where earlier clinical advice, escalation or navigation to alternative services can be safely provided.

44. Continuous clinical oversight of patients awaiting response, including follow-up contact where appropriate, supports the identification of deterioration and enables dynamic reprioritisation where clinical need changes. Implementation of the Ambulance Performance Framework further strengthens prioritisation of clinically urgent presentations by aligning operational response with patient acuity. Together these measures provide an important layer of clinical oversight while system pressures persist and inform the Trust's management of delay-related risks reflected within Corporate Risks 223 and 224 of the Board Assurance Framework.

45. In addition to these measures, the Trust is testing the use of specialist clinical desks within the Remote Integrated Care Service to support targeted assessment of specific patient cohorts. Existing examples include the Falls Desk and more recent quality improvement work exploring a Respiratory Desk within the 999 pathway. Early learning from these initiatives suggests that focused clinical expertise, supported by improved access to community services and enhanced clinical decision support, can help identify patients who may be safely managed through community pathways rather than requiring ambulance dispatch or hospital conveyance. These developments support appropriate care closer to home while helping to mitigate harm exposure associated with prolonged waits for ambulance response.

46. Evaluation of the Falls Desk model has demonstrated benefits in supporting appropriate clinical triage, timely lifting from the floor, reducing unnecessary conveyance and improving patient experience through earlier clinical contact. On this basis, the model will continue having secured Welsh Government funding for 2026/27, with further development focused on strengthening links with community services and improving outcome measurement for this patient cohort.

47. The Trust is also progressing additional demand management and resource optimisation initiatives intended to reduce pressure across the ambulance care pathway. These include digital developments within the NHS 111 service, such as exploration of symptom checker functionality to support improved patient navigation and self-care where clinically appropriate. Operationally, work is underway to optimise the deployment of Advanced Paramedic Practitioners so that these specialist resources are available at times of greatest demand and are better able to respond to patients within the Soon and Planned cohorts. In addition, the Trust continues to develop the contribution of community and volunteer responders who can provide an earlier response for certain patient groups, particularly in areas where ambulance response may be delayed due to geography or resource availability

48. While improvement is evident in some operational and clinical indicators, including reductions in total handover hours compared with the previous year and improvements in clinical audit compliance, these improvements have not yet translated into a clinically acceptable reduction in exposure to delay for vulnerable patient groups. Sustained system congestion therefore remains the most significant driver of patient safety risk across the ambulance care pathway. In practical terms this means that clinically vulnerable patients may spend extended periods waiting for assessment, treatment or transfer to definitive care despite the quality of clinical care delivered once they are reached.

49. Overall: potential for harm with MEDIUM risk.

Ambulance Care Patient Pathway

50. Headline metrics for the Non-Emergency Patient Transport Service (NEPTS), including oncology and renal inbound arrival times, have been consistently achieved throughout 2025/26.

51. While these headline metrics are encouraging, the volume of patient cancellations remains an area of concern. During 2025 the service completed 552,602 journeys, but a further 184,901 journeys were cancelled. Of these, 56,220 journeys (7.6% of total demand) were cancelled by hospitals, 38,116 journeys (5.1%) were cancelled by patients and 29,434 journeys (3.9%) were cancelled under the Clinical Management Plan. A further 63,368 journeys were cancelled within four hours of the booked travel time outside the Clinical Management Plan. The level of patient concerns for NEPTS is higher than the Trust would want and a recent patient story at QUEST Committee highlighted the impact of cancellations in this service.

52. The two principal operational metrics for discharge and transfer activity are completion within 60 minutes and same-day transfers within four hours. For the year to date these have performed at 80.6% and 94.9% respectively. The Trust has also supported the additional planned care activity delivered across Wales during 2025/26, including approximately 200,000 additional appointments, with minimal transport-related disruption.

53. However, short notice booking activity remains an operational challenge. For example, during January and February 2026, 5,667 bookings were received less than two hours before the required travel time. This creates additional pressure on scheduling and fleet deployment and can affect service efficiency.

54. A range of improvement initiatives are therefore underway to strengthen the resilience and efficiency of the Ambulance Care service. These include workforce roster redesign, independent modelling of demand and capacity to inform commissioning discussions with the Joint Commissioning Committee, two-way texting with patients, development of the 'MyPTS' patient application and wider work with the system on improved discharge & transfer, including more virtual appointments by health boards, something we saw during the pandemic.

55. In the medium term, a further strategic demand and capacity review of the Ambulance Care service may be required as part of the national commissioning process.

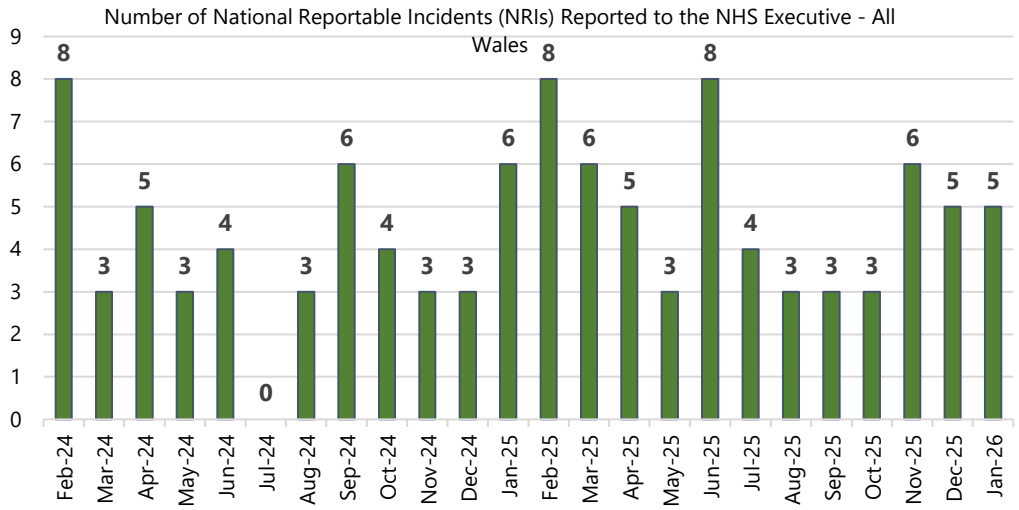
56. Taken together, current performance, patient experience intelligence and operational pressures indicate that while core service delivery remains broadly stable, there is continued exposure to risk associated with system dependencies, short notice activity and high levels of cancellations. These factors have the potential to impact patient experience and, in some cases, clinical outcomes, particularly for more vulnerable patient groups.

Overall: potential for harm with MEDIUM risk.

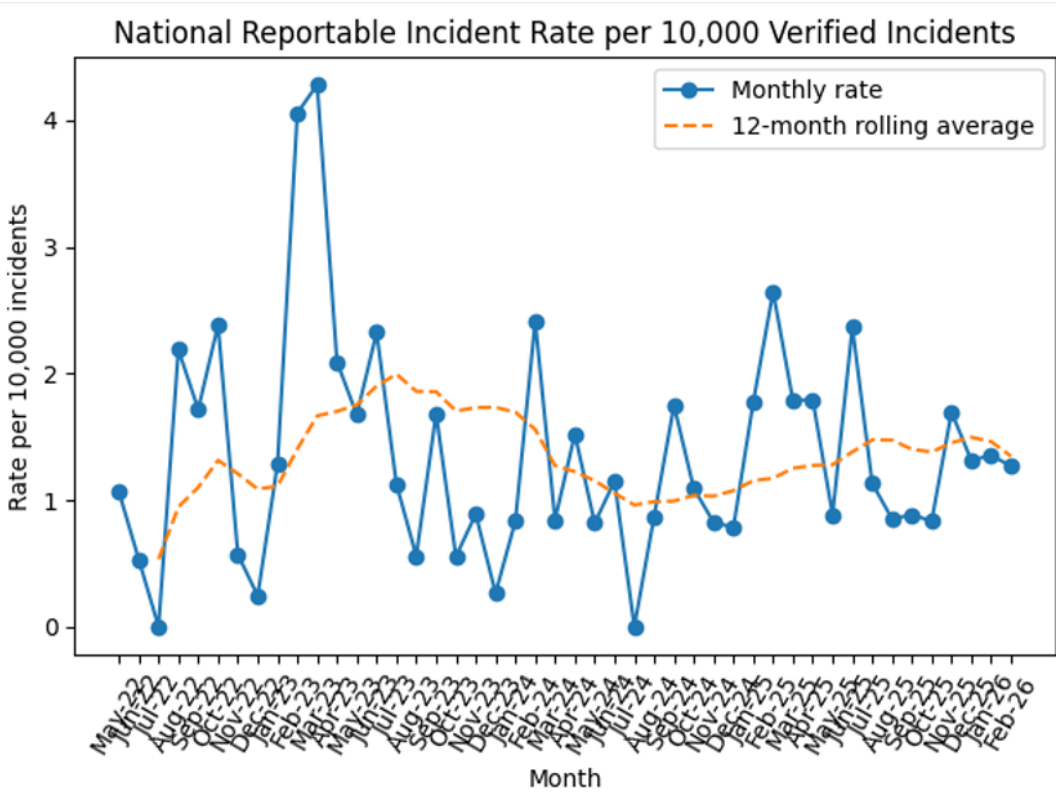
Confirmed Harm

57. This section considers confirmed harm identified through the Trust's patient safety monitoring mechanisms, including National Reportable Incidents (NRIs), Joint Investigation Framework (JIF) cases, coronial activity, complaints and mortality review processes.

58. The Trust's objective is to minimise the occurrence of National Reportable Incidents through continuous improvement in patient safety systems and organisational learning. When considered relative to the number of patient contacts across the Trust's three patient pathways, the number of NRIs reported each month remains very low:



59. National Reportable Incidents are considered alongside the wider volume of patient safety incidents reported within the Trust to provide a more meaningful understanding of risk over time. When interpreted in the context of the scale of ambulance activity across Wales, NRIs remain relatively infrequent events. However, they provide important insight into system pressures and opportunities for learning, particularly where deterioration may be associated with delays in access to clinical assessment or definitive care.



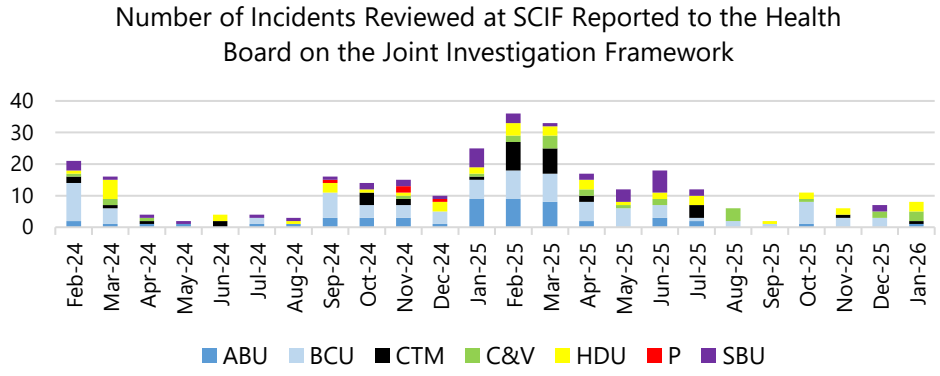
60. Learning derived from National Reportable Incidents, Joint Investigations, mortality review processes, complaints, Ombudsman outcomes and Coroner's cases continues to inform service improvement through established clinical governance arrangements.

61. The majority of incidents reported within the Trust are assessed as low or moderate harm following investigation, with a smaller proportion triggering joint investigation with Health Board partners where moderate harm or above is identified. Complaint data similarly reflects patient experience concerns relating primarily to delays and access to services, reinforcing the wider intelligence within this report that system delay remains a key driver of patient safety risk across the ambulance care pathway.

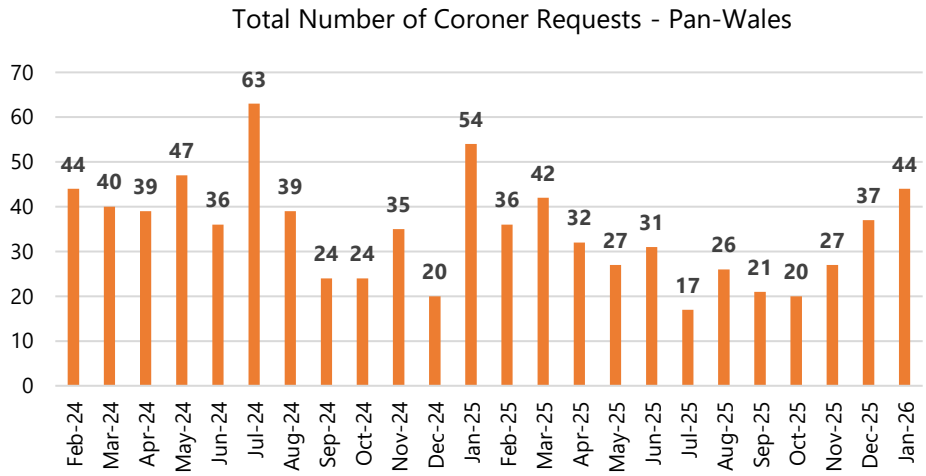
62. This intelligence suggests that while confirmed harm events directly attributable to ambulance clinical care remain relatively uncommon, exposure to harm associated with prolonged delay remains a significant patient safety risk, particularly for clinically vulnerable cohorts.

63. Taken together, these indicators demonstrate that while confirmed harm events remain relatively uncommon, sustained system delay continues to increase exposure to deterioration risk across clinically vulnerable patient cohorts.

64. Joint Investigation Framework (JIF) cases typically involve incidents where avoidable patient harm is associated with delays in access to definitive care, most commonly linked to hospital handover delays. These cases are referred from the Serious Clinical Incident Forum (SCIF) for joint review with Health Board partners.

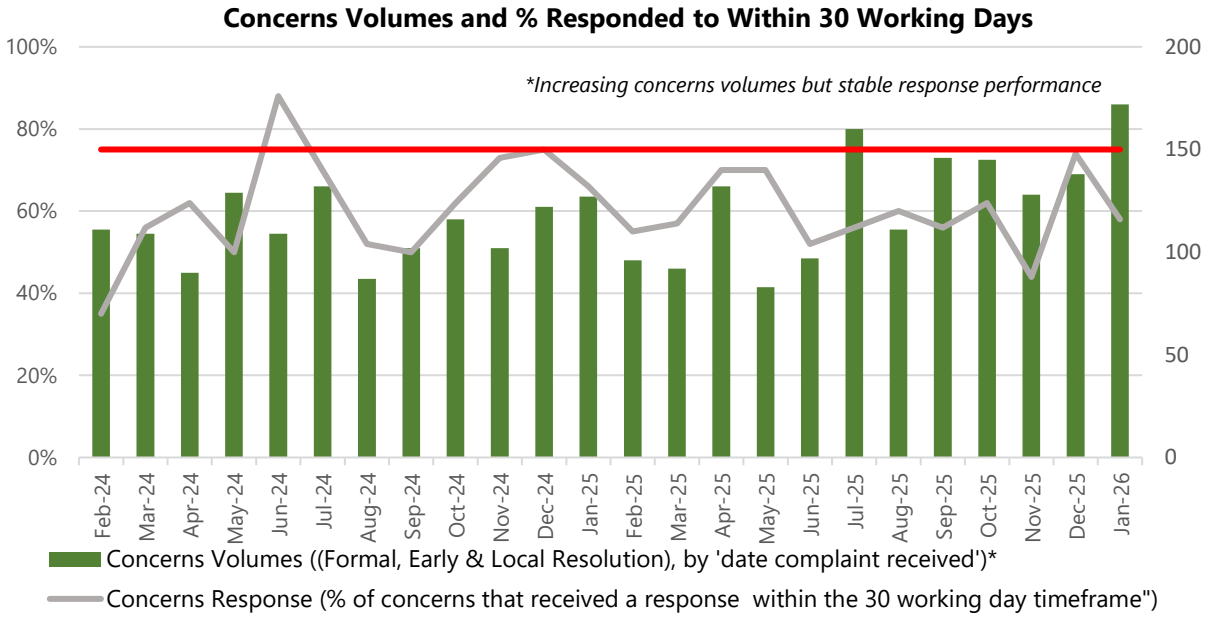


58. Coroner activity is as follows: -



59. Coroner referrals relating to ambulance care remain low when considered against the overall scale of ambulance activity across Wales. Most cases involve complex system pathways where ambulance services represent only one element of the patient journey. Learning arising from coronial activity is reviewed through established governance arrangements and informs ongoing service improvement.

60. Concerns volume is as follows:



61. The chart demonstrates that while the overall volume of patient concerns has increased over the reporting period, response performance has remained broadly stable and close to the organisational target of 75%. Periods of increased concerns activity appear to correlate with short-term reductions in response performance, indicating that response timeliness is sensitive to fluctuations in workload. However, there is no evidence of sustained deterioration in performance over time, with recovery to expected levels typically occurring in subsequent months. Analysis of concerns themes indicates that the majority relate to delays in response or access to services, which aligns with the wider intelligence presented in this report that system delay remains a key driver of patient safety risk across the ambulance care pathway.

62. The observed trend in concerns volumes, together with evidence of seasonal variation associated with winter system pressures, indicates that it may be possible to develop a simple trajectory model for forecasting workload within the concerns process. This would support proactive planning of capacity during anticipated demand peaks.

63. It is also notable that increases in concerns volumes appear to follow periods of heightened operational pressure within the urgent and emergency care system. This suggests that patient experience signals may act as a lagging indicator of system stress, providing an additional source of intelligence regarding the impact of delays on patient experience.

Patient Experience

64. Patient experience intelligence provides an important perspective on how patients perceive the services delivered across the ambulance care pathway. Feedback collected through targeted patient surveys and other experience channels demonstrates differing experiences across the Trust's service models. While satisfaction with ambulance care remains high, with over 90% of respondents rating their experience as good, responses relating to NHS 111 and 999 services indicate lower satisfaction levels, particularly in relation to waiting times and perceived helpfulness of advice. These findings align with the wider intelligence presented in this report that delays in accessing clinical advice or ambulance response remain a significant factor influencing patient experience.

65. Patient Experience Survey Results – December 2025

December 2025		
NEPTS (211 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	83
Were you happy with the transport you received?	85	95
999 (4 responses)	Benchmark	Score
The 999-call taker who answered your call listened carefully and explained what was going to happen next.	85	42
The length of time I waited for an ambulance to arrive was acceptable.	85	25
111 (20 responses)	Benchmark	Score
Do you feel your call to 111 Wales was helpful?	85	36
Did you follow the advice given to you by NHS 111 Wales?	85	69
Would you consider using NHS 111 Wales again?	85	46
WAST Overall - Friends & Family Test How was your overall experience with the service today?	Ranked from very poor to very good.	
o Ambulance care	90.30% Good	7.27% Poor
o Integrated Care (NHS 111 Wales Telephone line only)	23.08% Good	76.92% Poor
o NHS 111 Wales Online	43.75% Good	43.75% Poor
	* Where totals above do not add up to 100%, this is because a 'Do Not Know' answer was given, these are excluded from overall total.	

66. It should be noted that response volumes for some survey elements, particularly the 999 service, remain low and therefore the results should be interpreted with caution. However, the themes identified remain consistent with other intelligence sources across the Trust relating to delays and access to services.

67. Satisfaction with ambulance care itself remains high, with over 90% of respondents rating their experience as good.

68. Taken together, these results indicate that while the quality of clinical care provided by ambulance crews is highly valued by patients, dissatisfaction is primarily associated with delays in accessing services or waiting for an ambulance response. This reinforces the wider findings within this report that system capacity pressures remain a key driver of both patient safety risk and patient experience concerns.

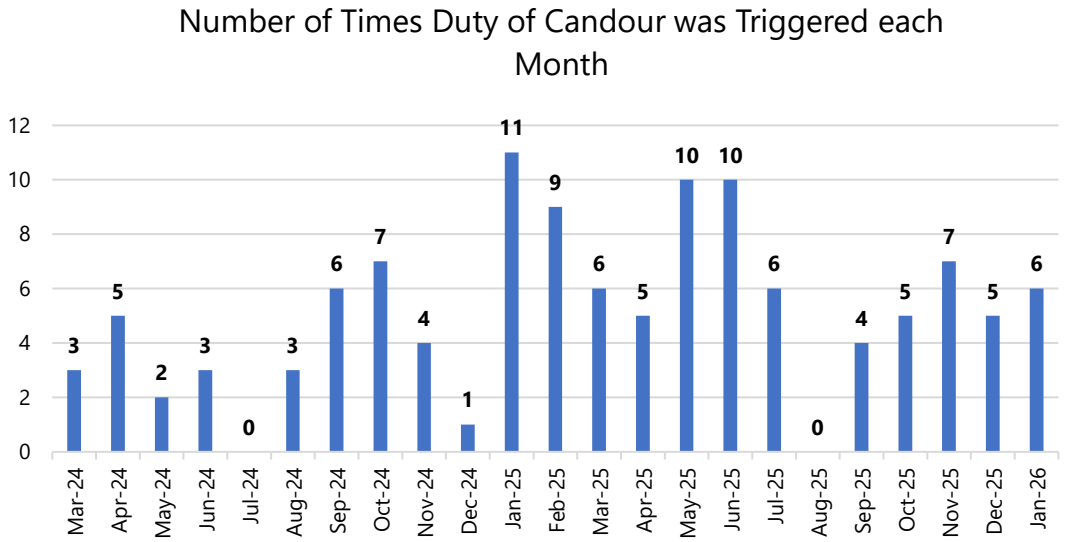
69. As part of this work, the Trust will utilise enhanced data capability associated with the implementation of the new 999 Civica platform, improving visibility of call handling, triage and response data and enabling more sophisticated analysis of patient pathways

70. Where investigations identify that patient harm has occurred, the Trust's response is governed by the statutory Duty of Candour framework.

Duty of Candour

71. The Duty of Candour places a statutory obligation on healthcare organisations to be open and transparent with patients and families when harm has occurred in relation to care provided. Within the Trust, the Duty of Candour process is initiated when an investigation identifies that a patient has experienced moderate or greater harm associated with care delivered or delays in accessing clinical assessment or definitive treatment.

72. The Trust monitors the application of Duty of Candour through its established patient safety governance arrangements to ensure that patients and families receive timely communication, explanation and written follow-up where appropriate. The data below summarises the number of cases where the Duty of Candour process has been initiated during the reporting period.



73. The number of Duty of Candour cases remains low when considered against the overall scale of ambulance activity across Wales. However, each case is subject to detailed investigation and learning through the Trust's clinical governance arrangements.

Audits & Audits & Inspection

74. Audit and inspection activity provides an additional source of assurance regarding both potential and confirmed patient harm across the ambulance care pathway.

Inspections

75. Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare services in Wales. HIW inspections provide external assurance regarding the safety and quality of care delivered by NHS organisations.

76. The Trust did not receive any HIW inspection reports during 2025–26. In January 2026 the Trust was notified of a thematic review being undertaken by HIW. This review includes a self-assessment by the Trust, analysis of existing intelligence held by HIW and engagement with Trust staff. Findings from this review will be published by HIW and any learning identified will be incorporated into the Trust's Duty of Quality Annual Report for 2026/27.

Audit & Clinical Assurance

77. Internal audit activity and clinical audit programmes provide further independent assurance regarding the effectiveness of the Trust's governance, risk management and clinical quality arrangements. Findings from these processes are reported through established governance routes including the Audit, Risk and Assurance Committee and the Quality, Patient Experience and Safety (QuESt) Committee.

78. The Trust's Clinical Intelligence and Assurance Team (CIAT) supports patient safety improvement through the analysis of operational data, clinical indicators and targeted audit activity. These processes support the identification of emerging patient safety risks and inform improvement initiatives across the ambulance care pathway.

79. Together, these assurance mechanisms provide an additional layer of oversight supporting the triangulation of patient safety intelligence described elsewhere in this report.

Inspection

80. Audit and inspection activity provides an additional source of assurance regarding both potential and confirmed patient harm across the ambulance care pathway.

Internal Audits

81. Internal audit activity provides independent assurance regarding the effectiveness of the Trust's governance, risk management and control arrangements. Each year an internal audit programme is agreed with the Audit, Risk and Assurance Committee to review key operational and governance processes across the organisation.

82. During 2025/26 the Trust completed 20 internal audits across a range of operational and governance areas. The majority of these audits provided reasonable assurance or above. Two audits completed during the year identified areas requiring improvement and therefore received limited assurance:

Start of Shift Procedure
The purpose of the audit was to assess compliance with procedures, including the preparation of vehicles and to ensure that key equipment and medicines are available. Areas for improvement included the development of electronic forms to demonstrate compliance with vehicle checks and support reporting requirements. The implementation of actions to address these findings will be monitored by the Quality, Patient Experience & Safety (QuESt) Committee.

111 Wales Website
The purpose of the audit was to assess whether the 111 Wales website enables secure and effective provision of patient services. Areas for improvement included improving the cyber security arrangements and improving user navigation and accessibility. Work is ongoing with commissioners to confirm the future development, ownership and hosting arrangements for the platform, ensuring alignment with national digital strategy and patient access expectations.

Clinical Audit Programme

83. NHS Wales has set out a programme of national clinical audits. These are a series of measurements against an evidence-based standard. A patient must have been diagnosed with a specific condition to be able to undertake an audit. Whilst ambulance data from our clinical record is available to feed into the national audit information, the range of diagnostic tests available to ambulance clinicians are limited. In addition, the Trust has developed its own programme of clinical audits and clinical indicators to assess the quality and safety of care delivered by ambulance clinicians. The Clinical Audit Plan is approved by our Quality, Patient Experience and Safety Committee, which monitors progress on a quarterly basis. We regularly monitor clinical indicators and audit outcomes to identify clinical improvement initiatives.

Clinical Intelligence & Assurance Team (CIAT)

84. The Clinical Intelligence and Assurance Team (CIAT) supports patient safety improvement through the collection, analysis and interpretation of clinical information derived from operational data and clinical audit activity. These audits help show where good care is being delivered, and where there may be opportunities to improve.

85. At the start of 2025, we set out a detailed plan of the clinical audits we aimed to complete during 2025/26. Audits completed include:

- ST Elevation Myocardial Infarction (STEMI) Clinical Indicator re-audit - ePCR clinical data assurance
- Drug administration documentation in ePCR.
- Appropriate use of Antimicrobials.
- Magnesium Sulphate Administration.
- ROLE form images in ePCR re-audit; and
- Inter-hospital Transfers Clinical Indicator Care Bundle Compliance.

86. Included in the Trust's 2025-26 Clinical Audit Plan were two audits that supported assurance and improvement initiatives. These were for appropriate use of Ketamine and use of the Clinical Frailty Scale (CFS).

87. Together, these audit and intelligence processes provide an important mechanism for identifying emerging patient safety risks and informing improvement initiatives across the ambulance care pathway.

Patient Harm Mitigations

Governance

88. The development of this report has highlighted the need to strengthen the Trust's arrangements for triangulating patient safety intelligence across operational, clinical and governance sources. To support this, the Trust has established a small multidisciplinary subgroup of the Clinical Advisory Group (CAG) bringing together clinical, operational and governance expertise to review emerging intelligence and support the ongoing development of this report. The group will meet on a quarterly basis and will support the systematic review and triangulation of patient safety intelligence from across the organisation.

89. As part of strengthening this approach, the Trust will undertake a small, time-limited thematic review of a sample of recent cases involving Navigator and wider remote clinical assessment pathways. This will focus on identifying system-level themes and learning in the context of current demand and extended response times, rather than reviewing individual clinical decision-making.

90. This work will be undertaken as a short pilot through the CAG, reviewing a small number of cases to test whether a more structured, routine approach to thematic review would add value to the Trust's harm intelligence and oversight arrangements. The output will be proportionate and focused on identifying practical learning, emerging themes and any opportunities to strengthen clinical or operational practice.

91. The Trust will continue to strengthen its approach to quality improvement in support of patient safety. This includes the continued development of Quality Impact Assessments and the completion of monitoring and assurance plans associated with Phase 1 and Phase 2 of the Ambulance Performance Framework within the Clinical Model Transformation programme. Realisation of the benefits associated with the Clinical Model Transformation programme will be an important element in reducing exposure to delay across the ambulance care pathway and supporting mitigation of the patient safety risks reflected within Corporate Risks 223 and 224.

Information

92. The Trust holds a substantial volume of operational and clinical data; however, much of this information currently focuses on time-based performance metrics. Further development is therefore required to bring together operational, clinical and patient experience intelligence to provide a more comprehensive view of patient safety across the ambulance care pathway.

93. Strengthening the Trust's harm intelligence capability will enable a clearer understanding of both confirmed harm events and exposure to deterioration risk associated with system delay. This will support more proactive identification of emerging patient safety risks and strengthen the Board's ability to oversee safety across the ambulance care pathway.

94. Key developments underway to strengthen patient safety intelligence include:

• Clinical Model Transformation benefits reporting, including workstream scorecards and an overall programme scorecard

• Regular reporting and assessment of end-to-end patient journey times

• Improved Datix functionality supporting deeper analysis of patient safety incidents

- Expansion of the volume and breadth of patient experience intelligence; and
- Development of data-linking capability to support reporting of clinical outcomes across the patient pathway

95. Data linkage remains the most complex and least developed element of this work. A project brief has been developed to progress this programme, and it is anticipated that a dedicated task and finish group will be required to support delivery. Collaboration with external partners, including the Director of Commissioning for Ambulance Services and NHS 111, will be a critical factor in enabling the development of this capability.

96. The Trust will continue to strengthen its approach to patient harm intelligence to provide clearer visibility of both confirmed harm events and exposure to deterioration associated with system delay. Work is underway to further develop how patient safety intelligence is brought together, with the aim of improving the visibility of operational performance indicators, clinical audit findings, investigation learning and patient experience intelligence within a more consolidated reporting framework.

97. This dashboard will provide a single, integrated view of patient safety intelligence across the ambulance care pathway, supporting earlier identification of emerging patient safety risks and strengthening the Board and its sub-Committees' ability to oversee deterioration associated with system delay.

98. A refreshed reporting format reflecting this strengthened harm intelligence approach will be presented to the Board within the next reporting cycle. This evolving approach will support the Trust in moving from retrospective reporting of harm towards earlier identification of deterioration risk, enabling more proactive clinical oversight of patients awaiting ambulance response or transfer of care.

99. This report will be presented to the Trust Board on a quarterly basis, with oversight through the QuESt Committee, to support ongoing scrutiny of delay-related patient safety risk across the ambulance care pathway.

Performance Improvements

100. Alongside strengthening harm intelligence, the Trust will continue to implement operational and clinical initiatives designed to mitigate delay related risk while wider system pressures persist, as outlined above and in more detail within the IMTP, which will be overseen by the Strategic Transformation Board, and reported regularly into Finance and Performance Committee.

101. Taken together, these initiatives represent a combination of strengthened clinical oversight, operational improvement and enhanced intelligence designed to reduce exposure to deterioration risk while wider system pressures continue to be addressed.

Conclusions

102. This report has provided the Trust Board with an integrated assessment of potential exposure to harm and confirmed avoidable patient harm across the three All-Wales patient pathways delivered by the Trust: NHS 111, the Emergency Medical Service (999) and the Non-Emergency Patient Transport Service.

103. The analysis presented within the report demonstrates that while confirmed serious harm events remain relatively uncommon when considered against the overall scale of ambulance activity across Wales, exposure to deterioration associated with sustained system delay represents a significant patient safety risk across the ambulance care pathway.

104. Within the NHS 111 patient pathway the potential for harm is assessed as **LOW**, reflecting the relatively low level of confirmed harm intelligence despite the high overall demand for the service. However, delays in access to clinical advice may increase exposure to deterioration for a small number of patients requiring escalation to emergency care.

105. Within the 999/EMS pathway the potential for harm is assessed as **MEDIUM**, primarily driven by the sustained imbalance between demand and system capacity across the urgent and emergency care system. Prolonged waits for patients within the Orange (Now) category represent a key area of clinical concern, including patients presenting with time-sensitive conditions such as stroke and ST elevation myocardial infarction (STEMI).

106. The Ambulance Care patient pathway is also assessed as presenting a **MEDIUM** potential for harm. While core performance measures remain broadly stable, operational pressures including short notice booking activity, system cancellations and late discharge requests continue to affect service resilience and patient experience.

107. Taken together, the evidence presented within this report indicates that the most significant driver of avoidable patient harm within the ambulance care pathway remains the sustained imbalance between demand and system capacity across the wider urgent and emergency care system.

RECOMMENDATION

108. The Recommendation(s) are set out in the front cover above.

NEXT STEPS

1. Establish a small multidisciplinary subgroup of the Clinical Advisory Group (CAG) to review and triangulate patient safety intelligence and support the development of future iterations of this report.

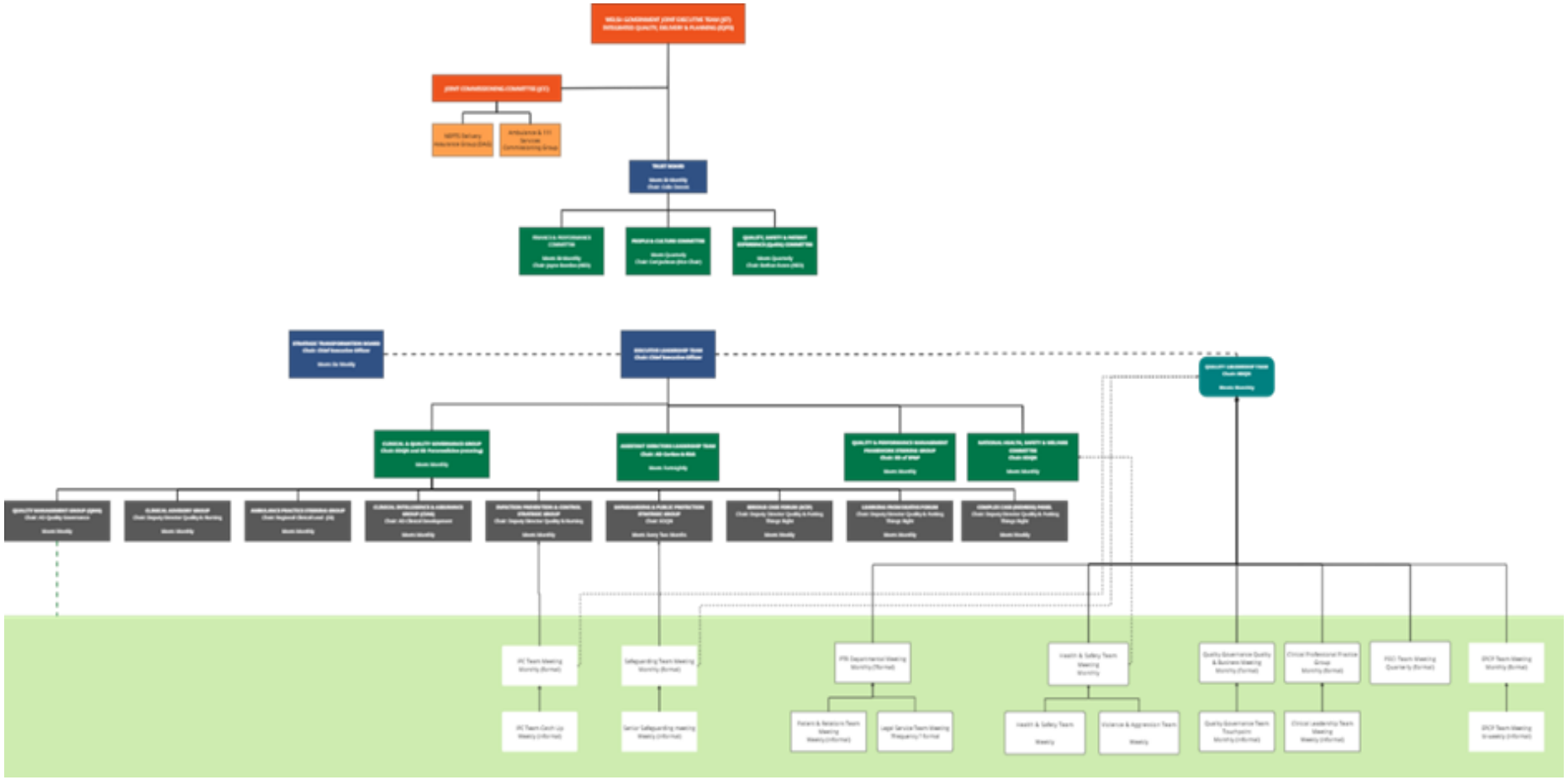
2. Produce the report quarterly or as guided.

3. Take feedback on the report and develop through several iterations in 2026/27.

4. Develop a patient safety scorecard and/or a patient safety scoring system.

Annex 1.

Quality & Performance Framework, Governance Map:



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

Agenda Item No.	10

REPORT TITLE

Monthly Integrated Quality Performance Report –January/February 2026

MEETING

Name of meeting	Trust Board
Date of meeting	26 March 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Rachel Marsh, Executive Director of Strategy, Planning & Performance
Author(s) of report	Hugh Bennett, Assistant Director Commissioning & Performance Mark Thomas, Performance Manager (WAST & Modelling) Melanie O'Connor, Senior Performance Analyst

PURPOSE OF REPORT

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

REPORT SUMMARY:

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

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the "vital few" key metrics. This report is for **January/February 2026.**

2. The report aims to provide an integrated view of quality and performance, so is made available to all three committees to give that overview, with more specific and detailed reports supplementing it.

3. The general data quality in the report is good (and the amount of data comprehensive), but a number of specific data quality issues have previously been identified. Some have been resolved, and others are being worked through with a clear Executive focus on Phase 2 of the Ambulance Performance Framework, which is now live. Additional capacity is being sought for the Insight & Data Services (IDS) function with a number of appointments into new posts being made, but onboarding and then a lead in time for these new staff to come up to speed is required. In the interim, IDS capacity is being actively managed by senior IDS managers and also through a CMT Metrics Workplan. The CMT Metrics Workstream has now closed, with any outstanding actions passing to the new CMT Benefits Workstream.

4. The new Purple (Arrest) and Red (Emergency) categories were implemented as scheduled on 1 July 2025. Early performance data indicates that the Arrest category is operating within the expected target range; however, Emergency performance remains outside the desired thresholds. On 2 December, the second phase of the New Ambulance Performance Framework went live. This phase removed the previous Amber and Green categories and introduced three new classifications: Orange (Now), Yellow (Soon), and Green (Planned). Analysis of the first two months following implementation shows that Orange (Now) median response times, including call-to-door intervals, are currently longer than expected and not meeting performance ambitions.

5. The Trust saw 14,957 hours lost to hospital handover during February 2026, compared to 18,811 lost hours in February 2025. This follows on from variations seen since June 2025 pan-Wales. Whilst reductions have been very welcome, they are by no means universal, and the ambition is for all health boards to reduce handover to levels which improve patient experience and outcomes, and which are sustainable.

6. 111 call handling performance has stabilised post-delivery of the new 111 CAS, but the service did not achieve the 5% abandonment rate in February 2026 and is not expected to within the current resource envelope.

7. Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance is stable, with oncology and renal journeys remaining above target; however, the level of cancellations (by the Trust, by patients and by health boards) is a concern.

8. The Trust continues to focus on its people, with a range of actions in place to improve workplace experience including, for example, reducing shift overruns, whilst also continuing with the more strategic focus on the People and Culture Plan.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Trust Board is requested to:

Consider the January/February 2026 Integrated Quality and Performance Report and actions being taken and determine whether:

1. The report provides sufficient assurance.
2. Whether further information, scrutiny or assurance are required, or
3. Further remedial actions are to be undertaken through Executives.

ADDITIONAL PAPER(S)

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

Annex 1 Monthly Integrated Quality and Performance Dashboard

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
☒ SO1: Providing the right care or advice, in the right place, every time	☒ SO2: Enabling our people to be the best they can be
☒ SO3: Being at the forefront of innovation and technology	☒ SO4: Developing services in collaboration
☒ SO5: Being quality driven and clinically led	☒ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
223 - The Trust's inability to reach patients in the community causing patient harm and death 224 - 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 160 - High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service 558 - Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences 100 - Failure to persuade JCC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience 139 - Failure to deliver our Statutory Financial Duties in accordance with Legislation

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document here for further details.

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
18 March 2026	Hugh Bennett – Assistant Director Commissioning & Performance
19 March 2026	Rachel Marsh – Executive Director Strategy, Planning & Performance
25 March 2026	Executive Leadership Team

SITUATION

1. The purpose of this report is to provide senior decision-makers within the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the "vital few" key metrics. This report is for **January/February 2026.**

BACKGROUND

2. This Integrated Quality & Performance Report contains information on key indicators at a highly summarised level, which aim to demonstrate how the Trust is performing across four integrated areas of focus:

   - Our Patients (Quality, Safety and Patient Experience).
   - Our People;
   - Finance and Value; and
   - Partnerships and System Contribution.

3. December's Board Development received a presentation on options for the MIQPR, based on feedback received from NEDs and Executives. The following actions were agreed:

   a) To review the current set of KPIs against the Trust's strategic objectives, with a view to reducing the number of KPIs (the Trust will undertake the usual review against the IMTP and other changes in the health care system in Wales);

   b) Disaggregate the MQIPR into committee specific KPIs, but retain the overall scorecard for each committee in order to avoid silo working and maintain an overall awareness of the Trust's operating context across its balanced scorecard;

   c) Report by exception, so for the committee specific KPIs, only that that are off target will receive a narrative detailing what is causing the KPI to be off target and what is being done about it. For KPIs that are on target, graphs will be provided in an appendix with no supporting narrative;

   d) Retain the balanced scorecard as a way of achieving strategic alignment in a quantitative form;

e) Seek to add a more predictive element to the reporting (this will take a period of time to achieve, but the Trust has a strong track record of forecasting & modelling);
f) Remove the use of upward/downward trend as a target and replace with agreed benchmarks/targets; and

g) A greater use of statistical process control charts, but agreement to empower the Trusts' analysts to determine the best way of visualising the data.

4. These changes will take place over a number of months, with full go live in Q1 + Q2, once the 2026-29 IMTP has been agreed and once the Trust is in a new financial year. Trust Board will also receive a report to its March meeting on a revised scorecard (set of metrics) and revised ambitions (benchmarks and ranges). This will then go live from 01 April 2026, with further work required with each committee during Q1 on their committee specific metrics. As a first step, the F&P report focuses on the KPIs for which it is the lead committee.

Our Patients – Quality, Safety and Patient Experience

5. **Call answering** (safety): the speed at which the Trust is able to answer a 999 or 111 call is a key patient safety measure.

6. **999** call answering times during February 2026 saw the 95th percentile increasing to 12 seconds but is significantly lower than February 2025 (33 seconds). The 65th percentile and median performance times remain consistently good. Work is currently being undertaken on demand and capacity analysis of 999 call demand.

7. **111 call answering performance has minimally decreased over recent weeks,** with the call abandonment rate for February 2026 being 13.1%, and therefore not achieving the 5% target. 111 demand in February 2026 did see an 5.25% increase compared to February 2025. In addition, the external rostering review suggests there is a demand and capacity gap within the current funded establishment, and the Trust is therefore unlikely to reach performance without an increase in its workforce (including efficiencies). The current position with commissioners is to focus on efficiencies (roster practices) and the 111 digital front-end as a way of managing demand rather than investment in call handlers. A letter has been sent to commissioners proposing that the performance metrics and ambitions are reviewed.

8. **111 Clinical response:** clinical ring back times for patients with the highest priority rose minimally above target at 90.3%. Response times for lower priority calls also showed a slight increase , increasing to 35.4% and 26.3% for P2CT and P3CT respectively. A deep diver into P2CT and P3CT performance has recently been undertaken. This has identified an increase in the use of the Clinical Advice Line (CAL) by 111 call handlers, which erodes the time available for 111 clinicians to completed P2CT and P3CT assessments with patients. Levels of clinician sickness were also identified. The deep dive included remedial actions, in particular, CAL reprioritisation work and a focus on sickness reduction.

9. **Ambulance Response** (safety / patient experience): on 1 July 2025, the Trust's New Ambulance Performance Framework was implemented, and two new response categories replaced the previous (old) Red category. The new categories are Arrest (Purple), for cardiac and respiratory arrests, and Emergency (Red), for major trauma and other incidents where patients are at significant risk of cardiac or respiratory arrest if they do not receive a rapid response. In February 2026, there were 834 purple calls to the ambulance service, around 2.64% of all calls, and 4,289 (Emerg) red calls, around 13.59% of all calls. The main measure for Purple Arrest calls is the Return to Spontaneous Circulation (ROSC) rate which was 21.4% in February 2026 compared to 23.4% in January 2026, although there is an underlying upward trend. Consideration is currently being given to what ambition should be set for this important metric, as part of Trust Board scorecard discussions.

10. The February 2026 median response times for purple and red calls were 6 minutes 49 seconds and 8 minutes 57 seconds respectively, with the required range being 6- 8 minutes. Operations SLT recently received a report that identified two issues: 1) the deflection rate from RCS0 to Integrated Care is not behaving in the way the Trust anticipated and 2) the impact of handover lost hours on the Trust's capacity to respond. For 1) the Trust is reviewing whether some Emerg incidents in the RCS0 cohort should go straight to dispatch, therefore reducing the RCS0 demand, comparing old Red volumes with new Arrest/Emerg and consideration of whether further Clinical Navigator capacity is required to reduce the number of time outs. For 2) W45 is key. No issues of clinical or operational practice were identified.

11. On 2nd December, the second phase of the New Ambulance Performance Framework went live. Amber and Green categories were removed, and new Orange (Now), Yellow (Soon) and Green (Planned) categories were introduced for those patients needing a face-to-face response. The changes are designed to improve patient safety and patient outcomes by better stratifying patient

demand. The February 2026 median response times for Now (Orange) was 1 hour 14 minutes, which is higher than the Trust would want (there is no Welsh Government target for the median currently).

12. Traditionally, the main factors which affect response times are demand and capacity (recruitment and lost hours). EMS production has been good and increased to 96% in February 2026. Whilst there has been a reduction in handover lost hours, the Trust lost 14,957 hours in Feb-26 (a shorter month), with W45 equating to less than 7,000 hours per month, so the lost hours remain a significant drain on the Trust's ability to respond in a timely manner. The Trust's main focus is to continue to implement a material change in how it responds to patient demand by evolving its clinical model through the Clinical Model Transformation (CMT) programme. Areas of focus for 2025/26 include: -

    - Further investment into remote clinical capacity;
    - Further investment in APPs;
    - Development of the remote integrated care service (111 clinicians and CSD clinicians);
    - Continued focus on a range of responses that support non-conveyance, where it is clinically safe and appropriate to do so: use of volunteers, mental health response pilot, Falls response etc.; and
    - The transformation of the various clinical model categories as per the previous paragraph.

13. As above, the level of lost hours to **handover outside Emergency Departments** remains a critical component of long waiting times and patient safety incidents. 14,957 hours were lost during February 2026; a 22.4% reduction compared to February 2025 and is one of the lowest monthly figures since December 2021. Whilst this reduction is very welcome, there is variation across Wales, with Betsi Cadwaladr health board remaining high, with 7,054 hours being lost within the health board during February 2026. The ambition is for all health boards to reduce handover to levels which improve patient experience and outcomes, and which are sustainable. WG has re-iterated to health boards the critical importance of improvements in this area and the reduction of all over 45-minute waits was a recommendation from the recent Ministerial Advisory Group on Performance and Productivity. The W45 initiative would see handover lost hours reduce to approximately what the EMS rosters are designed to cope with.

14. **Ambulance Care (Patient Experience)**: Oncology performance in December 2025 was 78.86%, achieving the 70% target. Renal performance increased minimally and remains above the 70% target achieving 74.37%. Advanced

discharge and transfer journey performance decreased to 74% (95% target), with this primarily being an issue with capacity. Same day discharge and transfer journey performance achieved 97%, hitting the 95% target. These are positive metrics, but discussions through the IMTP development process have identified that cancellations (whether by the Trust, by patients or by health boards) are too high, accounting for 18% of demand (serviced demand + cancellations). The Trust is already undertaking a complex and difficult re-roster of NEPTS transport and has a range of improvement actions underway, with a particular focus around digital solutions e.g. two way texting, apps for patients and apps for drivers, but through the IMTP development process, the Trust has decided to establish a new NEPTS Improvement Programme to support and drive further transformation in this area.

15. **National Reportable Incidents (NRIs) / Concerns Response**: the Trust reported four NRIs to NHS Wales Performance & Improvement in February 2026, reducing minimally from the previous month. In January 2026 eight serious patient safety incidents were referred to health boards under the Joint Investigation Framework. In February 2026 complaint response times increased to 59%, compared to the 55% recorded in February 2025, and not achieving the 75% target. Data accuracy issues have been identified and addressed. However, a PTR recovery plan remains in place, recognising that cases continue to be complex.

16. **Clinical outcomes**: The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 87.7% in February 2026, decreasing from the previous month (89.5%), and remains below the 95% performance target. Work is ongoing to improve reporting and compliance through the ePCR system, and this improvement is clearly being seen in most of the clinical indicators.

17. For February 2026, the Trust saw call to hospital door times of two hours and 21 minutes for stroke patients and two hours and twenty-two minutes for STEMI. Clearly these times remain too long and are representative of the longer response times, because of the pressures and issues outlined earlier within this report, notwithstanding recent improvements in hours lost to handover.

18. In February 2026, 4,806 patients **cancelled** their ambulance, which is a significant reduction on previous levels but a decrease from February 2025 (5,815). This reduction is likely to be the impact of switching on RCS although caution is required at this stage, as a longer run of data is required in order to properly evaluate the changes made. The Trust changed its Clinical Safety Plan in December, removing the “can’t send” application, with the option remaining at the strategic commander’s discretion in the new plan.

Our People (workforce resourcing, experience, and safety)

19. **Hours Produced**: The Trust produced 124,788 Ambulance Response unit hours during February 2026 and delivered an emergency ambulance unit hours production (UHP) of 96%, achieving the 95% target.

20. **Response Abstractions:** EMS abstraction levels decreased minimally to 28.46% during February 2026 achieving the 30% benchmark figure. Response sickness abstractions stood at 6.72% (benchmark 5.99%).

21. **Trust sickness absence:** the Trust's overall sickness percentage was 8.65% in January 2026, down on the 9.17% recorded in December 2025, which is in line with seasonal factors. Actions within the IMTP concentrate on staff well-being with an aim to reduce this level to the IMTP ambition of 6%.

22. **Staff training and PADRs:** PADR rates did not achieve the 85% target in February 2026 and decreased slightly to 73.52%. Compliance for Statutory and Mandatory training remained at 88.% achieving the 85% target.

23. **People & Culture Plan**: the Trust launched its People & Culture Plan in April 2023 and workstreams are being delivered around behaviours, in particular, sexual safety, Freedom to Speak Up, 111 culture review, flexible working, and the introduction of a staff pulse survey tool. The Executive Leadership Team undertook a round of pan-Wales CEO Roadshows in mid-October 2025.

Finance & Value

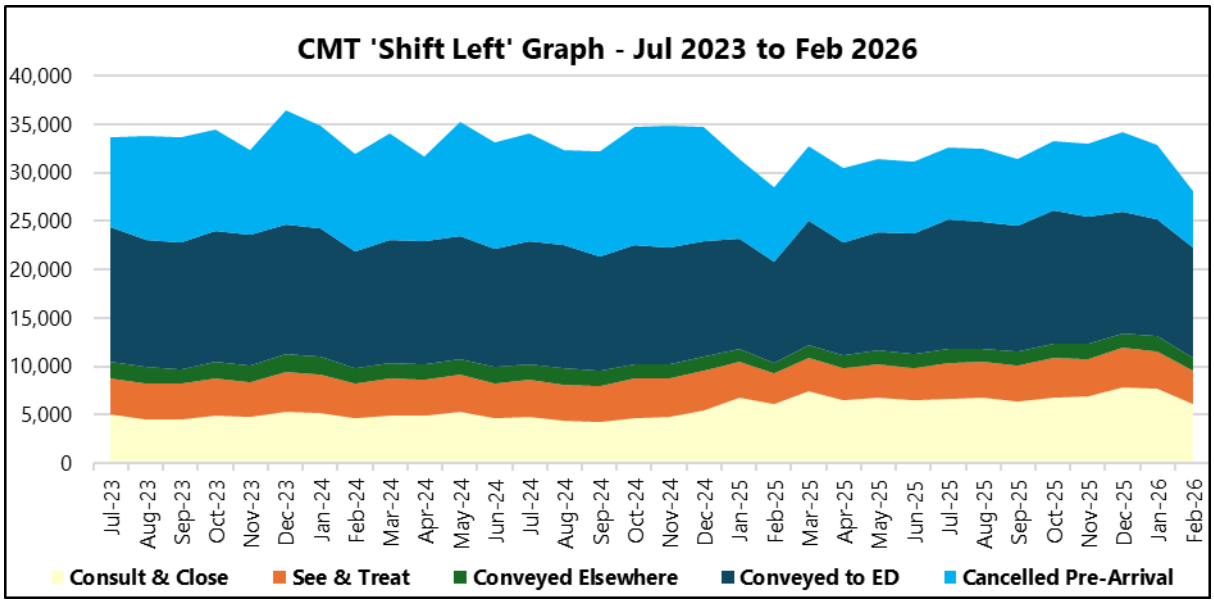
24. **Financial Balance**: the reported outturn performance at Month 11 is a surplus of £0.100m with a forecast to the year-end of breakeven. The Trust is forecasting the achievement of both its External Financing Limit and its Capital Expenditure Limit.

Partnerships & System Contribution

25. The consult & close rate was 19.6% in February 2026, a slight decrease from the previous month and not achieving the IMTP ambition (and Welsh Government target) of 22%; however, there has been a material uplift in the consult & close rate as a result of the CMT Programme.

26. Same Day Emergency Care (SDEC) centres continue to see only a low level of ambulance activity.

27. The following time series graph is designed to show the movement in patient demand as the Trust implements it Clinical Model Transformation Programme.



RECOMMENDATION(S)

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

Welsh Ambulance Services University NHS Trust

Monthly Integrated Quality & Performance Report

January/February 2026

Annex 1 – Top Indicator Dashboard



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

Annex 1 – Top Indicator Dashboard
Version 1.0
Released: March 2026

by Commissioning & Performance Team

Section 1: Monthly Indicators / Top Indicator Dashboard

Top Monthly Indicators	Target 2025/26	Dec-25	Jan-26	Feb-26	2 Year Average	RAG
Our Patients						
Timeliness Indicators						
NHS111 Call Handling Abandonment Rates	<5%	21.8%	14.0%	13.1%	11.6%	R
111 Clinical Triage Call Back Time (P1)	>90%	89.1%	87.3%	90.3%	96.3%	G
999 Call Answer Times 95th Percentile	00:06	00:36	00:06	00:12	00:22	R
Arrest (Purple) Median	6-8 Minutes	07:34	07:08	06:49	N/A	G
Emerg. (Red) Median	6-8 Minutes	09:19	09:33	08:54	N/A	A
Now (Orange) Median	<30 Minutes	01:19	01:52	01:14	N/A	R
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	>70%	79.9%	76.8%	78.9%	76.4%	G
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	>90%	72.0%	78.9%	74.4%	79.1%	R
Clinical Outcomes / Quality Indicators						
Return of Spontaneous Circulation (ROSC)	>25%	21.9%	23.4%	21.4%	21.0%	R
Stroke Patients with Appropriate Care	>95%	92.1%	89.5%	87.7%	87.8%	R
Stroke Call to Hospital Door Times	Under Review	02:25	02:56	02:21	02:26	
ST-Elevation Myocardial Infarction (STEMI) with Appropriate Care	>95%	74.0%	76.6%	73.2%	67.3%	R
National Reportable Incidents reports (NRI)		5	5	4	4	
Can't Send & Cancelled by Patient Volumes	<6000	6,479	6,352	4,806	7,553	G
Concerns Response within 30 Days	>75%	74%	50%	59%	61%	R
Enactment of the Duty of Candour Total		5	6	N/A	5	

Top Monthly Indicators	Target 2025/26	Dec-25	Jan-26	Feb-26	2 Year Average	RAG
Capacity						
Hours Produced for Emergency Ambulances	95-100%	92%	97%	96%	93%	G
Sickness Absence *(all staff)*	<6%	9.17%	8.65%	N/A	7.89%	R
Staff Turnover Rate	<10%	7.98%	7.74%	7.78%	8.22%	G
Statutory & Mandatory Training	>85%	88.00%	87.98%	88.73%	85.72%	G
PADR/Medical Appraisal	>85%	76.48%	75.11%	73.52%	74.42%	R
Number of Shift Overruns	<2,800	3,537	3,777	3,342	3,734	R
Value						
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100.00%	100.00%	100.00%	100%	G
EMS Utilisation Metric (CHARU)	30%	31.4%	30.5%	28.1%	28%	A
Average Jobs per Shift (All Vehicles)	2.73	2.86	2.68	2.71	2.50	A
NEPTS on the Day Cancellations		13.1%	15.6%	14.8%	14%	
Partnerships / System Contribution						
CMT						
Successful Consult & Close Outcome	>22%	20.8%	20.8%	19.6%	17.2%	R
No of Handovers over 45 mins	Zero	4,161	5,549	4,564	5,969	R
Number of Handover Lost Hours	<7500	13,044	19,243	14,957	19,006	R

In-Month RAG Indicates = TBD: Status cannot be calculated (To Be Determined)
Green: Performance is at or has exceeded the target *(Indicates no action is required)*
Amber: Performance is at or within 10% of target *(Indicates some issues/risks to performance (monitoring is required))*
Red: Performance is less than 10% of target (Indicates close monitoring or significant action is required)
Increasing/Reducing Trend is over the last 3-month period

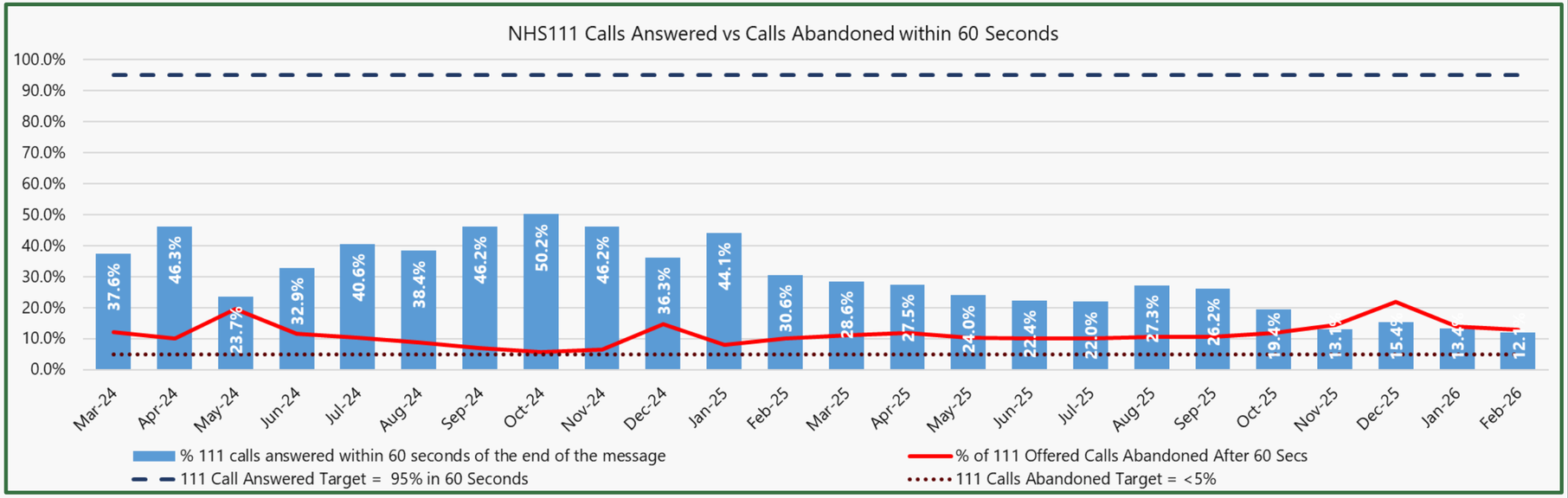
Our Patients: Quality, Patient Safety & Experience
111 Call Answering/Abandoned Performance Indicators

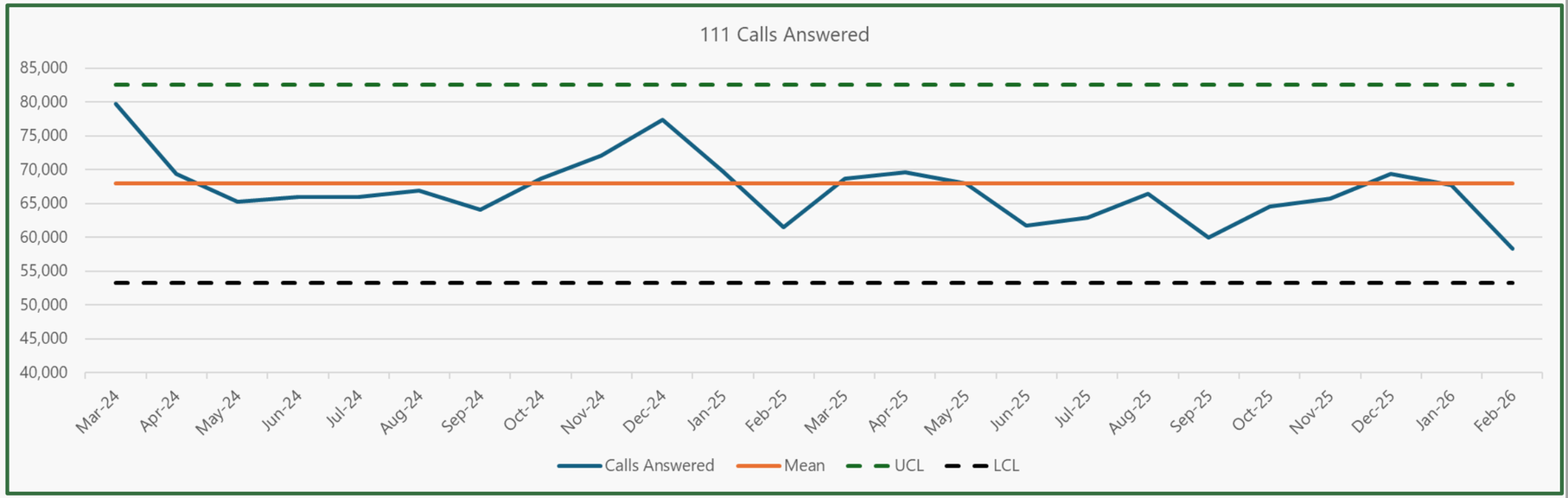
(Responsible Officer: Lee Brooks)

Abandonment Rate R

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Influencing Factors – Demand and Call Handling Hours Produced





Analysis

The 111-call abandonment rate increased to 13.1% in February 2026 compared to the same month last year (10.1%). The percentage of 111 calls answered within 60 seconds also decreased from 30.6% in February 2025 to 12.1% in February 2026 and continues to remain significantly below the 95% target and the levels seen during 2024.

111 call demand reached 78,123, the second lowest since September 2025 when call levels reached 74,769 this follows historical patterns whereby a high levels of demand negatively impacts performance.

This call answer rate of 12.1% in February 2026 is the lowest since December 2022 (10%) and is significantly below the 55.5% recorded in February 2024. This is at a time when UHP capacity for call handlers has decreased slightly and is lower than the levels produced in February 2025. However, the external rostering preview suggests there is a demand and capacity gap within the current funded establishment, and the Trust is therefore unlikely to achieve the performance targets without an increased workforce.

Remedial Plans and Actions

Key actions include:

- Actions were taken to improve the call handling resourcing position through the summer; this included an active recruitment plan.
- A 111-re-roster review, is underway, that takes account of the increased demand the Trust is seeing; what levels of performance commissioners want and the mix of capacity and efficiencies to achieve this.
- The 111-re-roster project is also considered a key response to improving sickness levels i.e. more workable patterns.
- Actions are underway to increase the utilisation of virtual queuing and review the way patients who are re-accessing for the same care episode could be managed differently.
- Tactical seasonal planning linked to demand forecasting completed.

Expected Performance Trajectory

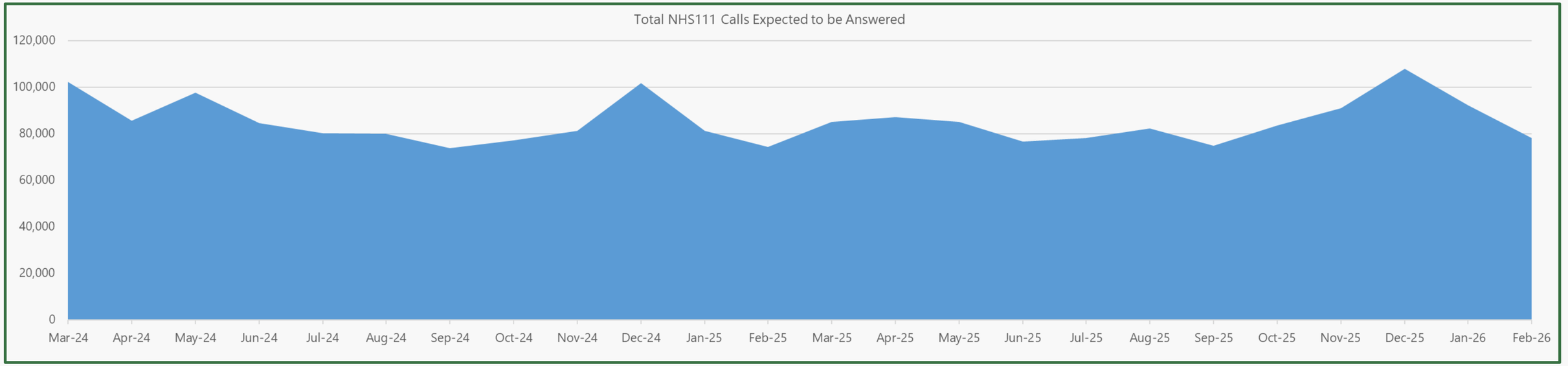
We would expect to see performance levels increase slightly during the Spring if abstraction levels continue to reduce at the same time as demand decreases.

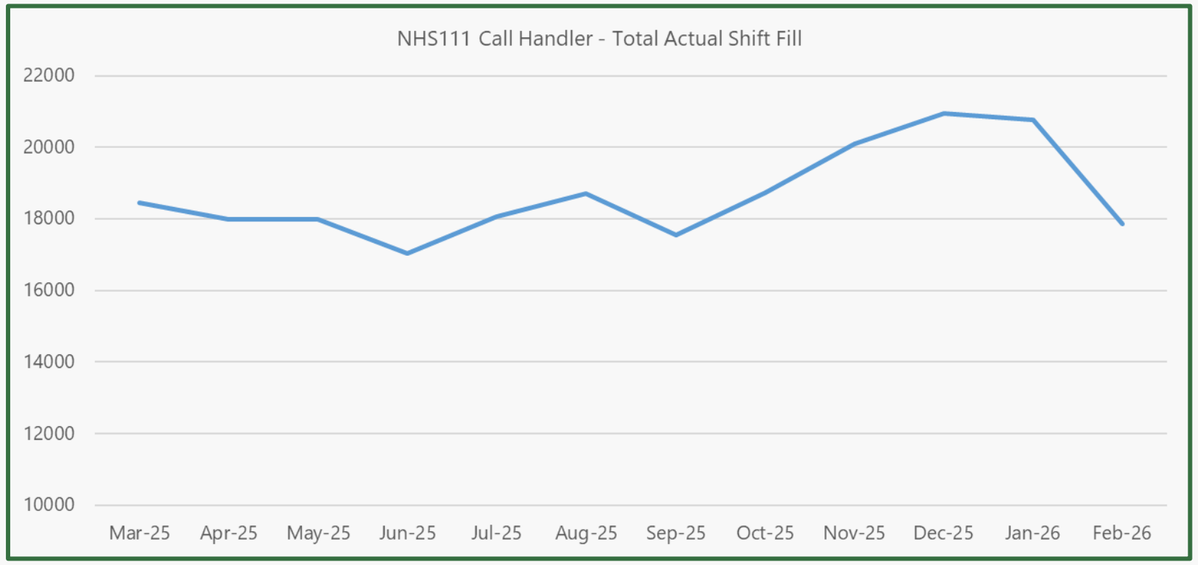
Our Patients: Quality, Patient Safety & Experience
111 Call Answering/Abandoned Performance Indicators

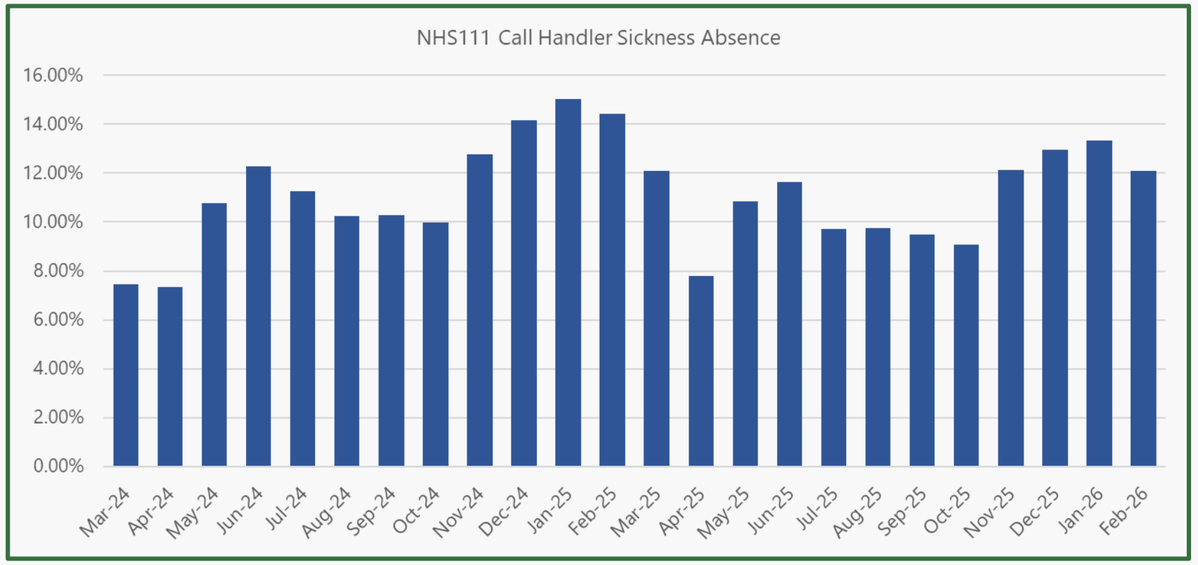
(Responsible Officer: Lee Brooks)

FPC

Influencing Factors – Demand and Call Handling Hours Produced







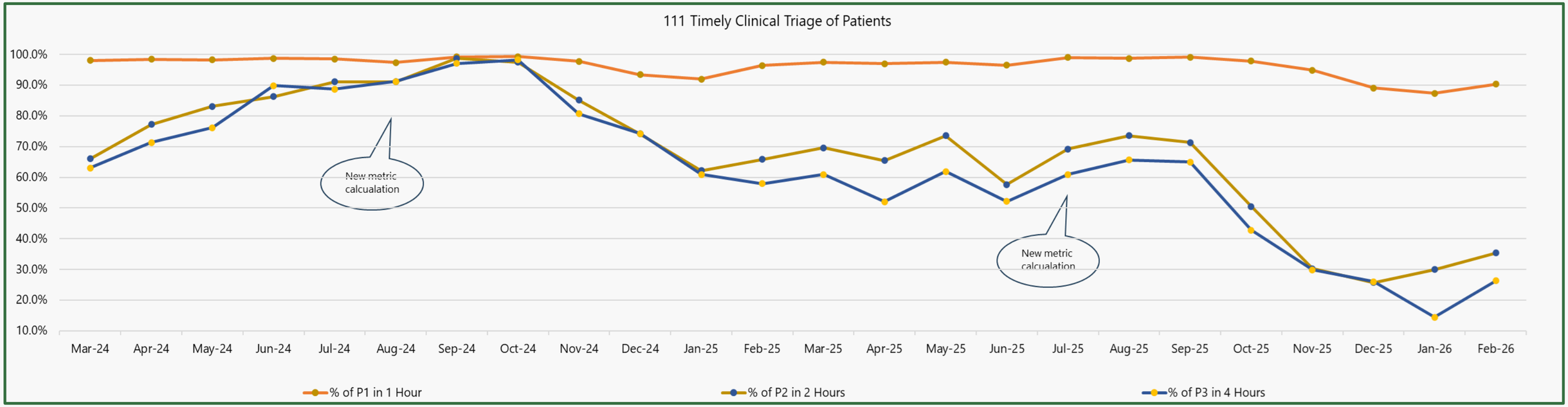
Our Patients: Quality, Safety & Patient Experience
111 Clinical Assessment Start Time Performance Indicators

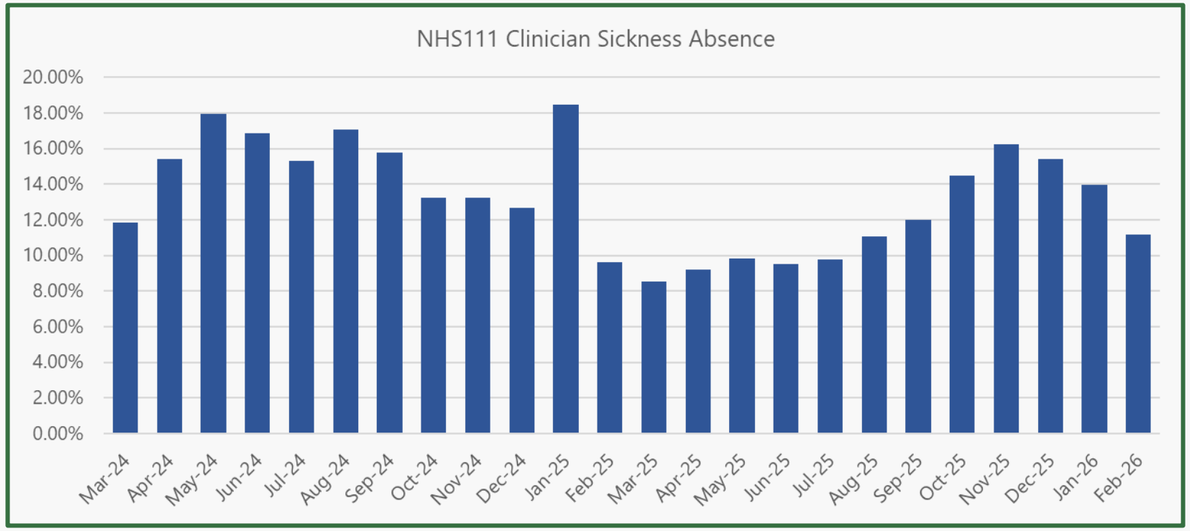
(Responsible Officer: Lee Brooks)

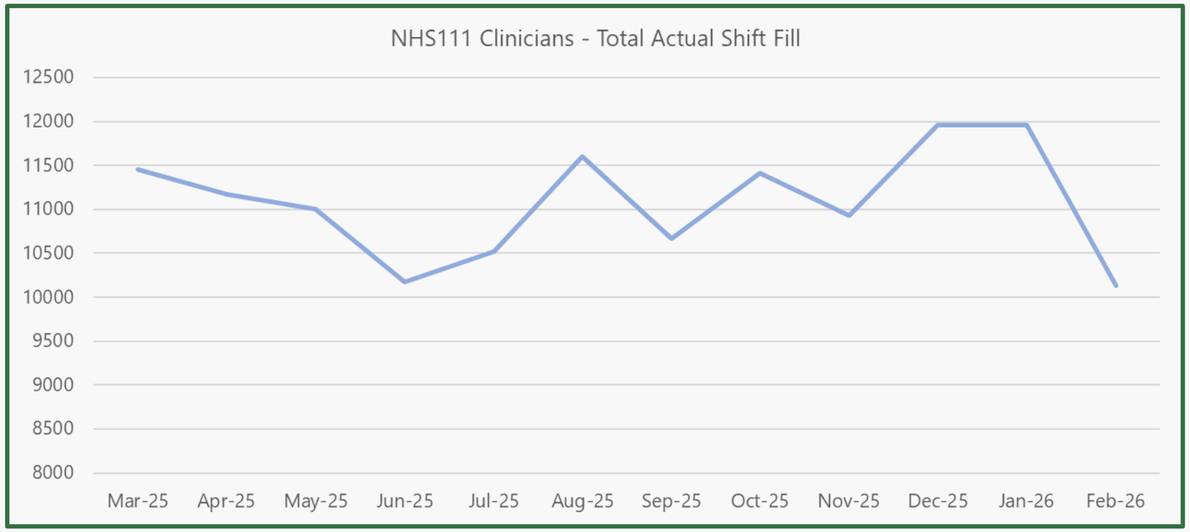
P1CT G

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Influencing Factors – Demand and Clinical Hours Produced







Our Patients: Quality, Safety & Patient Experience
999 Call Performance Indicators

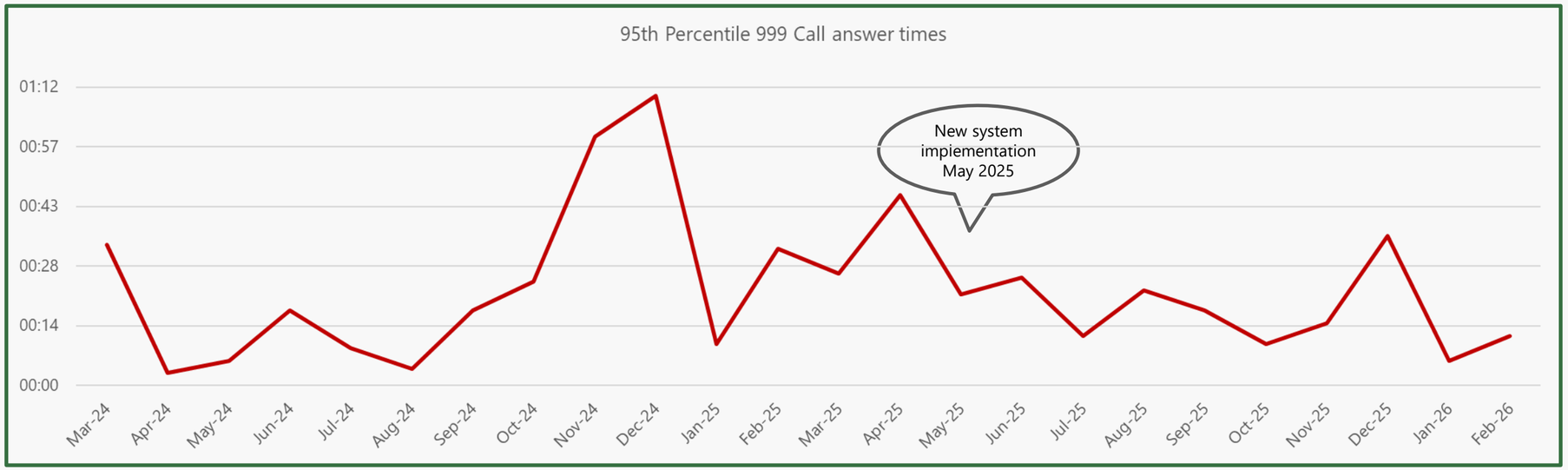
(Responsible Officer: Lee Brooks)

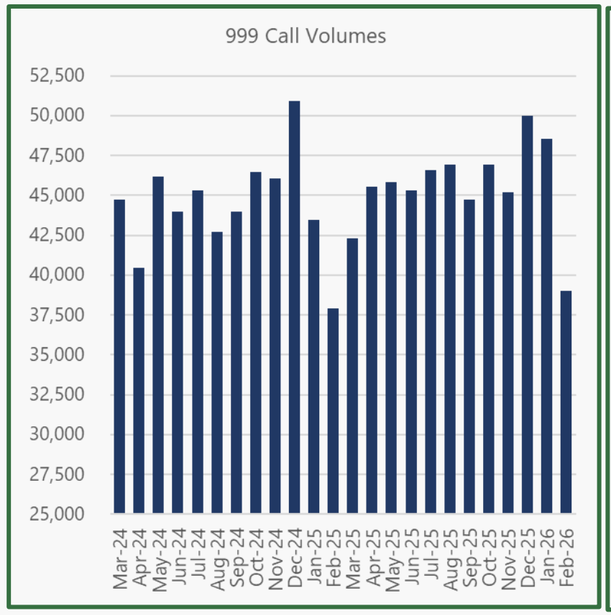
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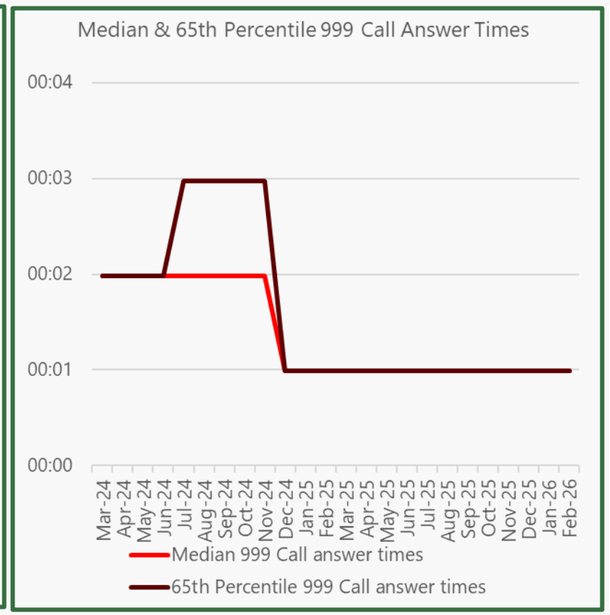
CI

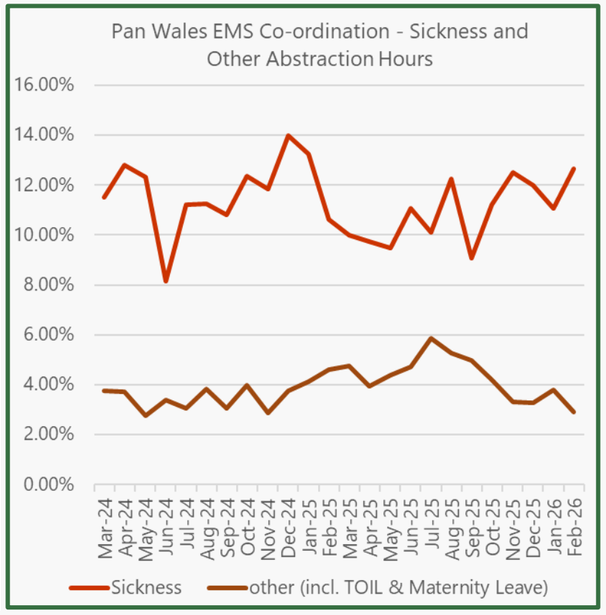
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Influencing Factors – Demand and Hours Produced









Analysis

The 95th percentile 999 call answering performance decreased to 12 seconds in February 2026 but is significantly lower than February 2025 (33 seconds). This remains above the 6 second target; however, the median call answer time for the 999-service has been consistently good at 1 second. The new system is now aligned with reporting and is signed off.

There was an increase in demand during February 2026 to 39,006 calls from 37,911 in February 2025.

Call taker UHP for the month of February was at 90% and all EMSC sickness level saw an increase, from 10.62% in February 2025 to 12.64% in February 2026.

Remedial Plans and Actions

Whilst the EMSC transformation programme has concluded, there are various follow up actions:

- There is feedback from EMS that the new dispatch boundaries are adversely affecting performance, particularly within the South-East and South-Central regions. Analysis has been undertaken and feedback to Operations.
- The Executive Director of Operations has asked for some additional modelling on EMD capacity. Completed, but results need further review.
- There is a need to keep under review the consequences on allocators of changing/increasing resources e.g. APPs, Falls Resource etc.

Expected Performance Trajectory

The median and 65th percentile are performing very well and are stable.

Our Patients: Quality, Safety & Patient Experience
Arrest Purple Performance Indicators

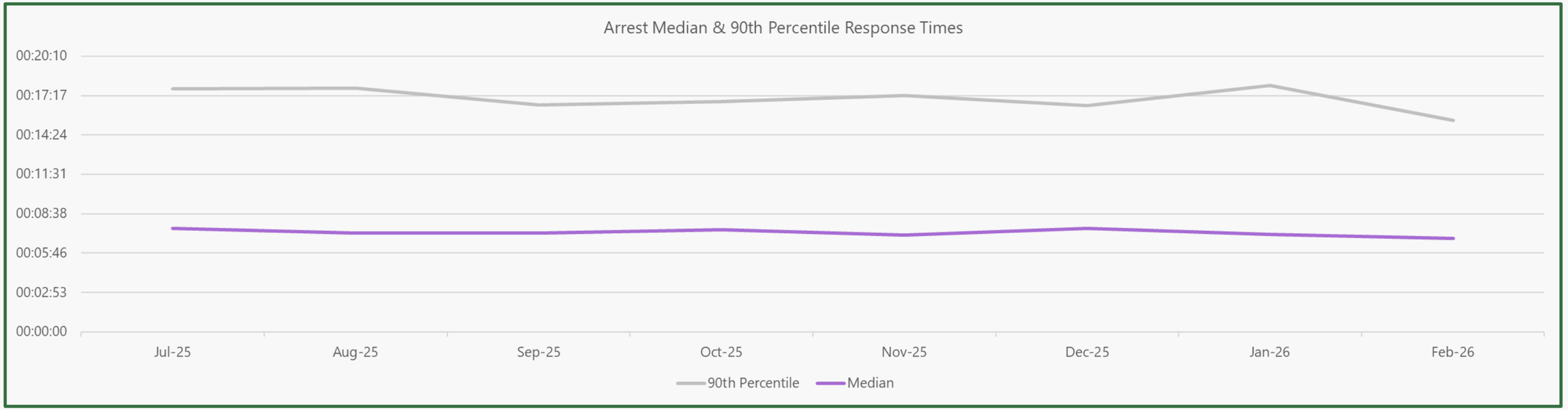
Influencing Factors – Demand, Hours Produced and Hours Lost

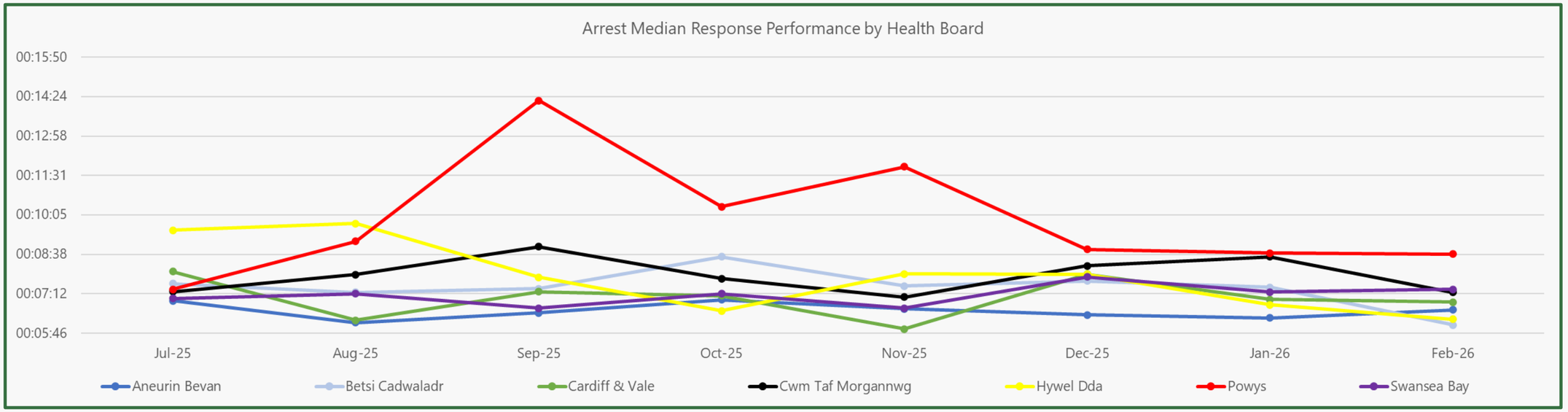
(Responsible Officer: Lee Brooks)

G

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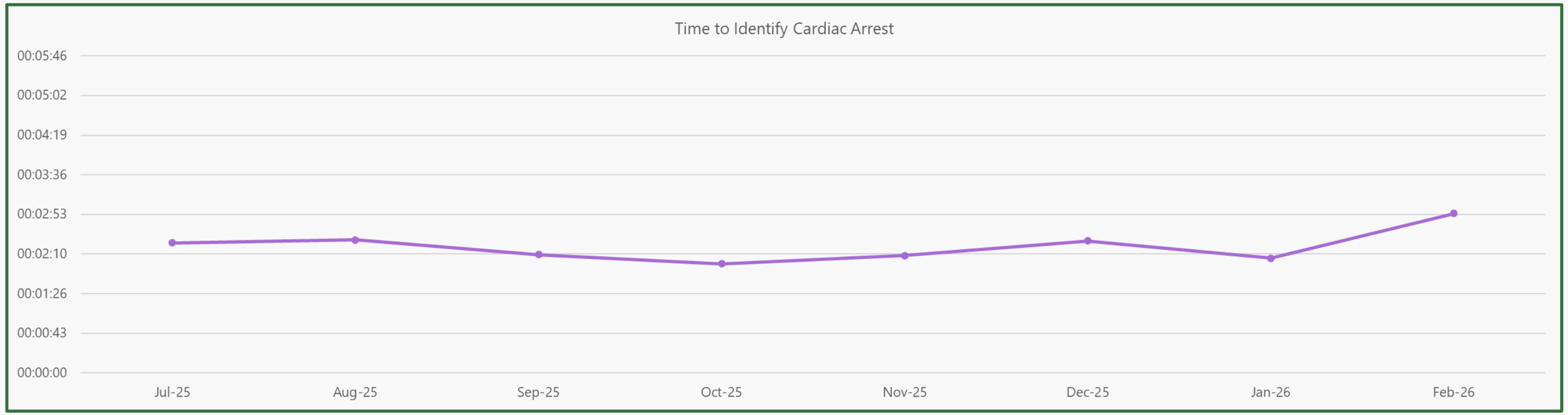
Our Patients: Quality, Safety & Patient Experience
Arrest Purple Performance Indicators

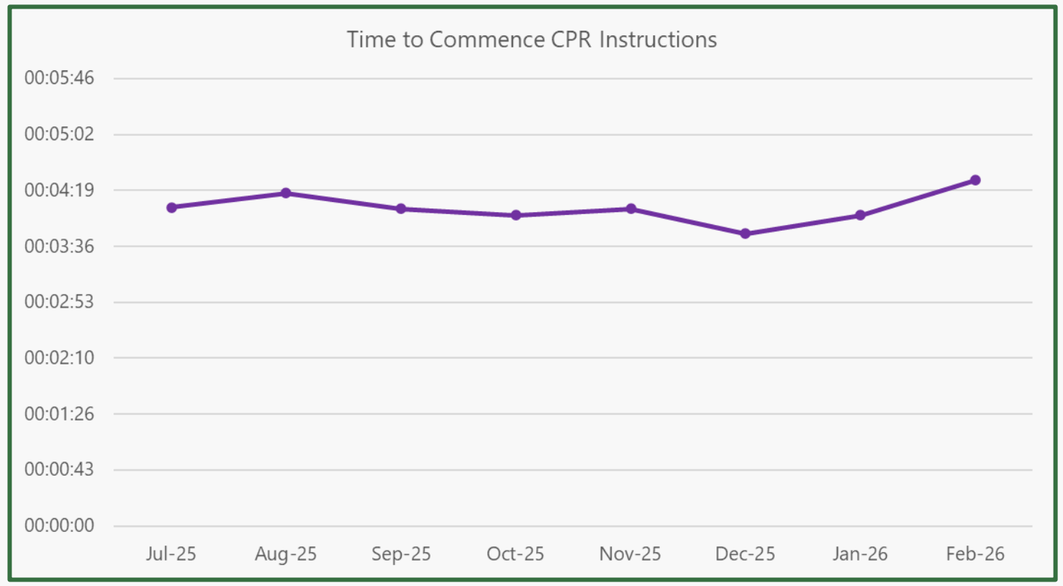
Influencing Factors – Demand, Hours Produced and Hours Lost

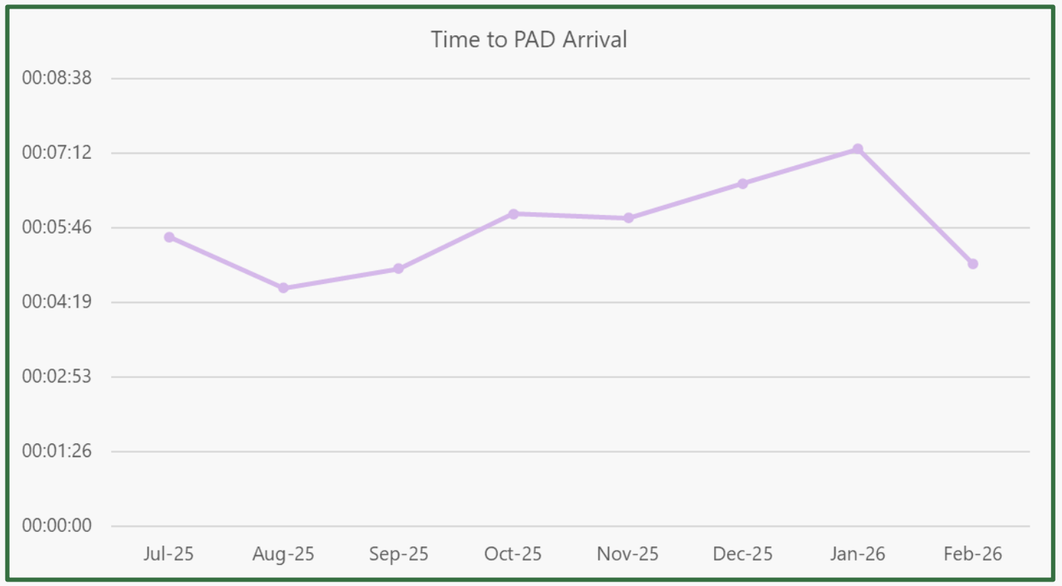
(Responsible Officer: Lee Brooks)

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Our Patients: Quality, Safety & Patient Experience
RED EMERG Performance Indicators

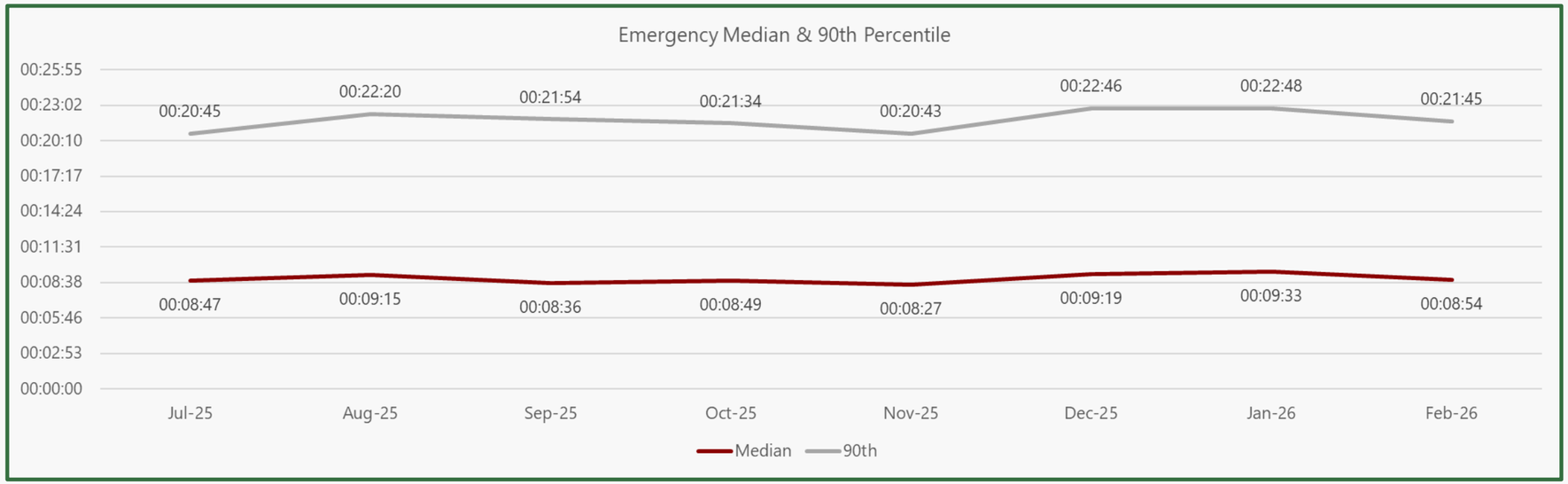
Influencing Factors – Demand, Hours Produced and Hours Lost

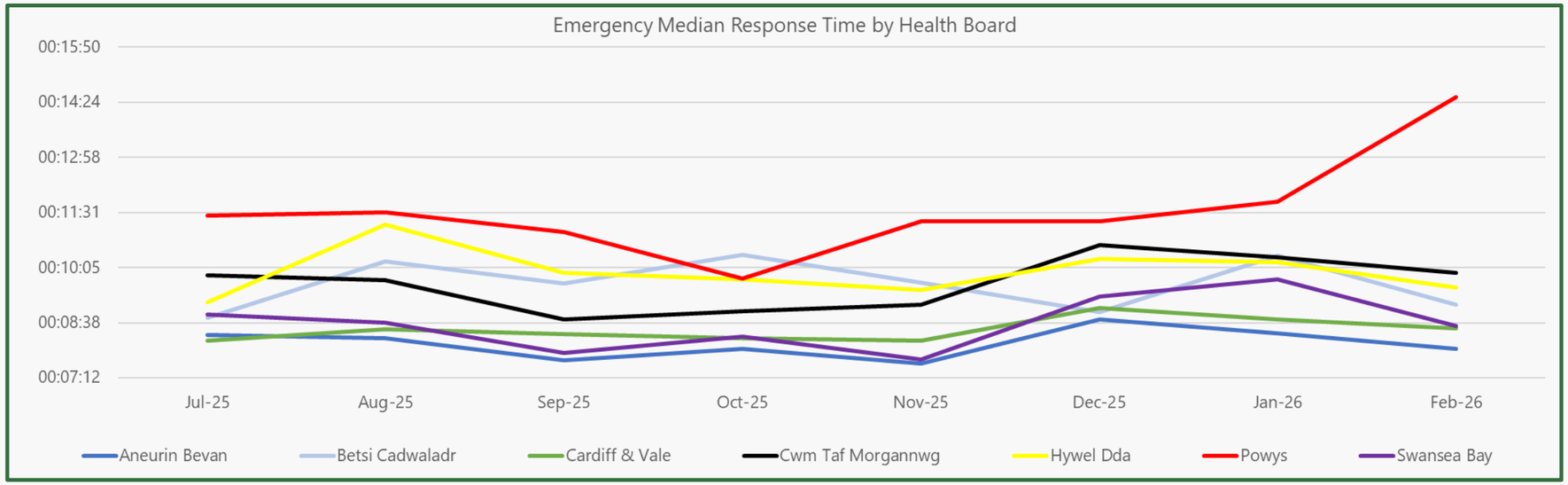
(Responsible Officer: Lee Brooks)

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CI





Analysis

In February 2026 there were 4,289 Emerg (Red) calls, around 13.59% of all calls.

The median response time in February 2026 for Emerg incidents was 8 minutes 54 seconds. Aneurin Bevan health board had the lowest median time of 7 minutes and 58 seconds, and Powys had the highest at 14 minutes and 32 seconds.

For Emerg calls, the 90th percentile response time was 21 minutes 45 seconds. Cardiff and Vale had the lowest time of 17 minutes and 1 second, and Powys had the highest at 32 minutes and 7 seconds.

For both Arrest and Emerg calls the median and 90th percentile response time targets are 6-8 minutes and 20 minutes, respectively.

Remedial Plans & Actions

Arrest is performing better than the Trust modelled, but Emergency performance is worse than the Trust modelled. Operations SLT recently received a report that identified two issues: 1) the deflection rate from RCS0 to Integrated Care is not behaving in the way the Trust anticipated and 2) the impact of handover lost hours on the Trusts' capacity to respond. For 1) the Trust is reviewing whether some Emerg incidents in the RCS0 cohort should go straight to dispatch, therefore reducing the RCS0 demand, comparing old Red volumes with new Arrest/Emerg and consideration of whether further Clinical Navigator capacity is required to reduce the number of time outs. For 2) W45 is key.

Our Patients: Quality, Safety & Patient Experience
Amber Performance Indicators

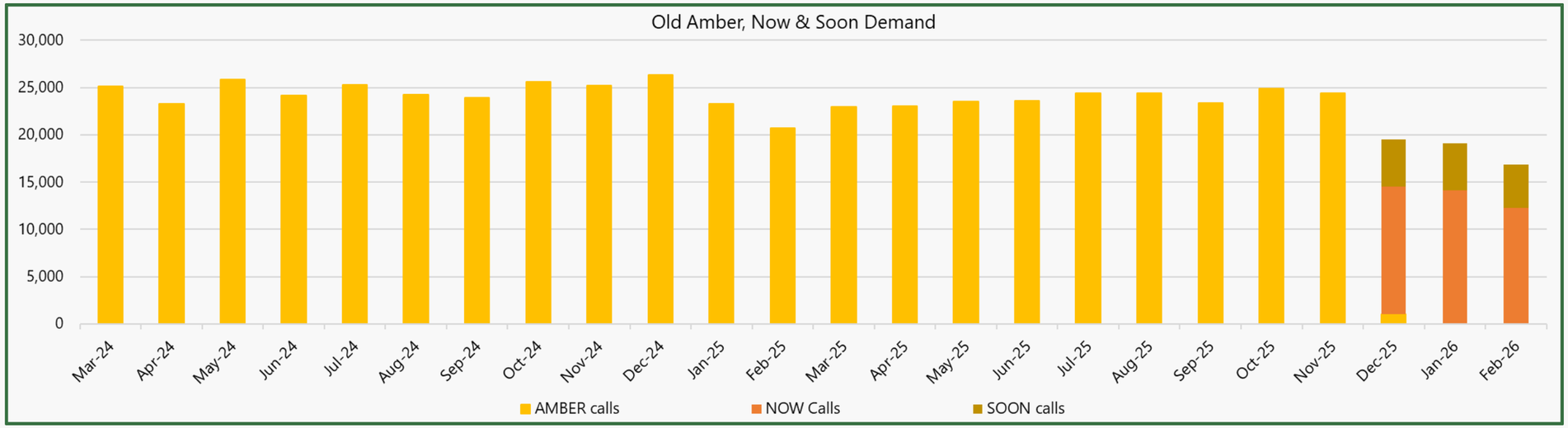
(Responsible Officer: Lee Brooks)

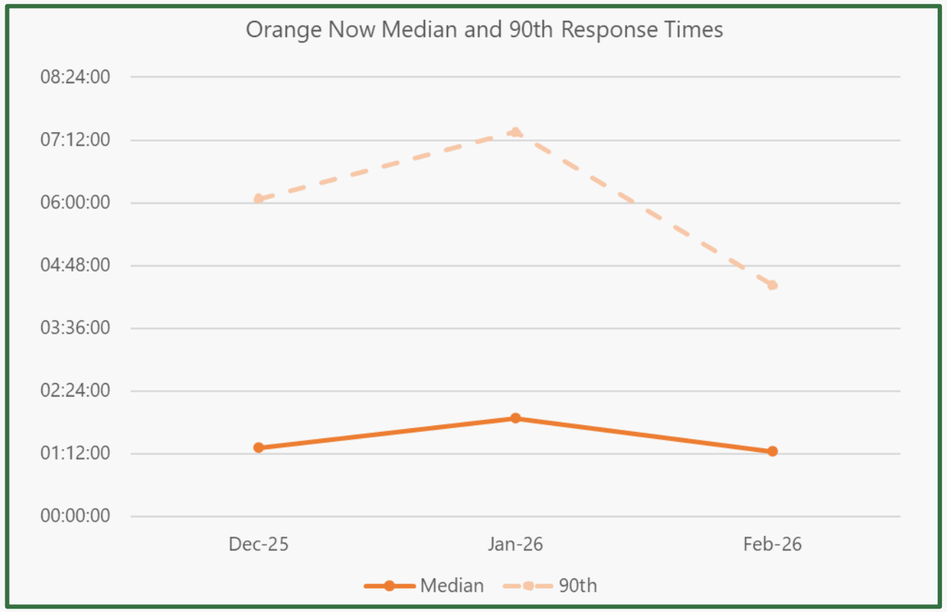
R

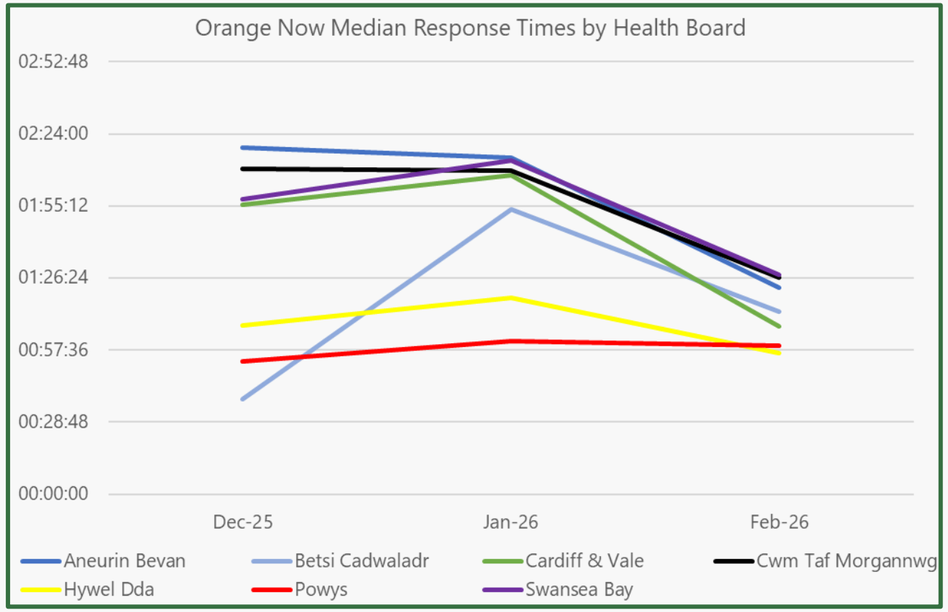
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Influencing Factors – Demand, Hours Produced and Hours Lost







Analysis

In December 2025 the existing Amber category, was replaced by Orange (now) and Yellow (soon). However, some calls were recorded as the old Amber category.

The median response time in February 2026 for Now incidents was 1 hour 14 minutes 39 seconds. Hywel Dda health board had the lowest median time of 59 minutes and 9 seconds, and Swansea Bay had the highest at 1 hours 27 minutes and 40 seconds.

For Now calls, the 90th percentile response time was 4 hours 25 minutes 40 seconds. Hywel Dda had the lowest time of 3 hours 39 minutes and 59 seconds, and Swansea Bay had the highest at 4 hours 48 minutes and 45 seconds.

Remedial Plans and Actions

Monitoring of phase 2 will continue via Now and Soon categories.

Expected Performance Trajectory

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

Our Patients: Quality, Safety & Patient Experience

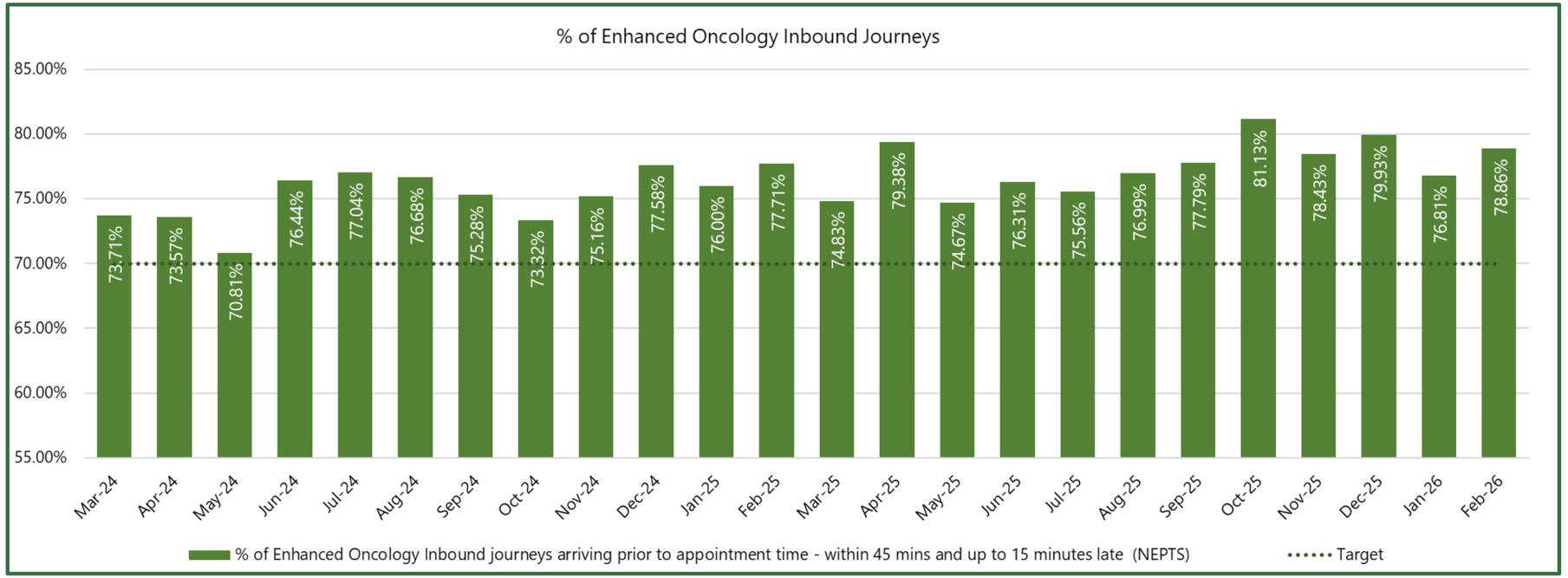
Patient Experience – Influencing Ambulance Care Indicators

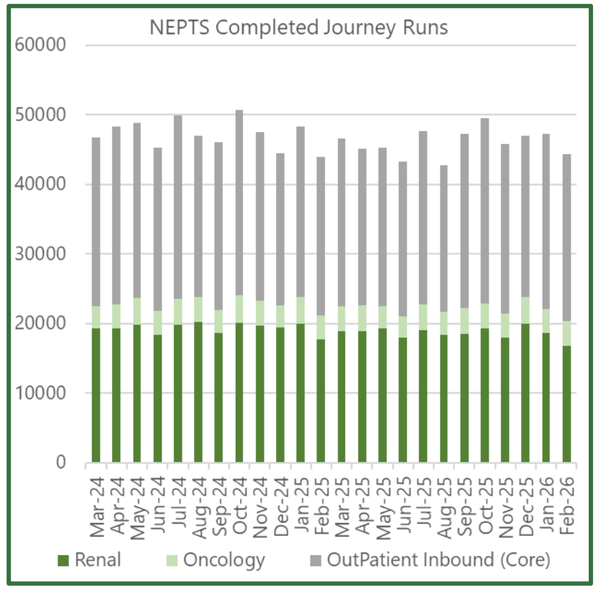
(Responsible Officer: Lee Brooks)

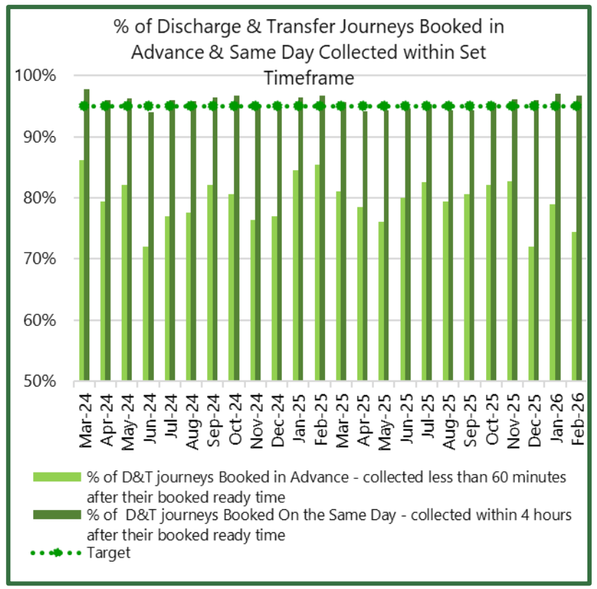
D&T	Oncology
R	G

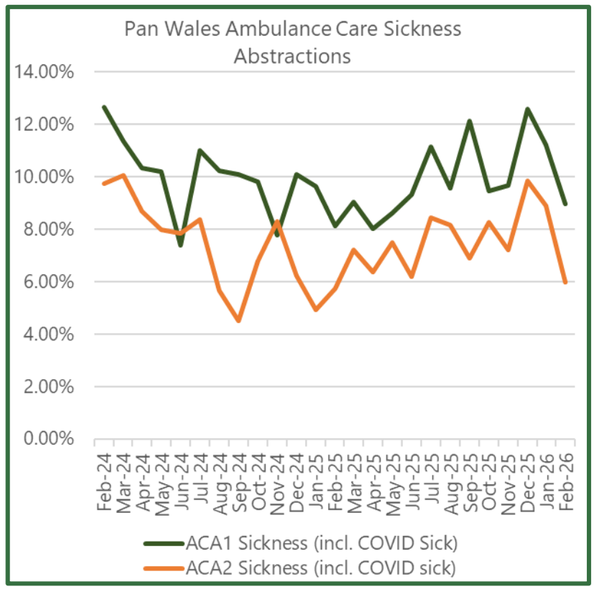
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CI









Analysis

Discharge and Transfer journeys booked in advance and collected less than 60 minutes after their appointment decreased in February 2026 to 74% and remain below the 95% target. Discharge and Transfer journeys booked on the same day achieved 97% in February 2026, achieving the target (95%).

Renal journeys arriving within 30 minutes prior to their appointment time marginally increased from 73.36% in February 2025 to 74.37% in February 2026 and continued to achieve the agreed performance standard of 70%.

Call volumes answered increased to 18,778 calls during February 2026, from 16,237 in February 2025; and the average speed of call answering improved from 3 minutes and 22 seconds to 19 seconds.

In February 2026, ACA1 sickness remained above the 5.99% target, at 8.96% and ACA2 sickness also remains minimally above the 5.99% target at 6%.

Remedial Plans and Actions

Performance on advanced discharges and transfers has been challenging throughout the last quarter. Measures to address this have been put in place by the team with the aim to improve performance. It is important to note that this measure was always deemed aspirational and requires a shift in booking practice by Health Boards for this to be achieved.

Sickness levels have seen an increase trend during the quarter, with short term sickness proving most challenging. Actions have been put in place across the service areas to increase focus on this area.

Expected Performance Trajectory

An improvement to sickness absence levels and advanced discharge and transfer is anticipated within the next quarter.

Our Patients: Quality, Safety & Patient Experience
Clinical Indicators

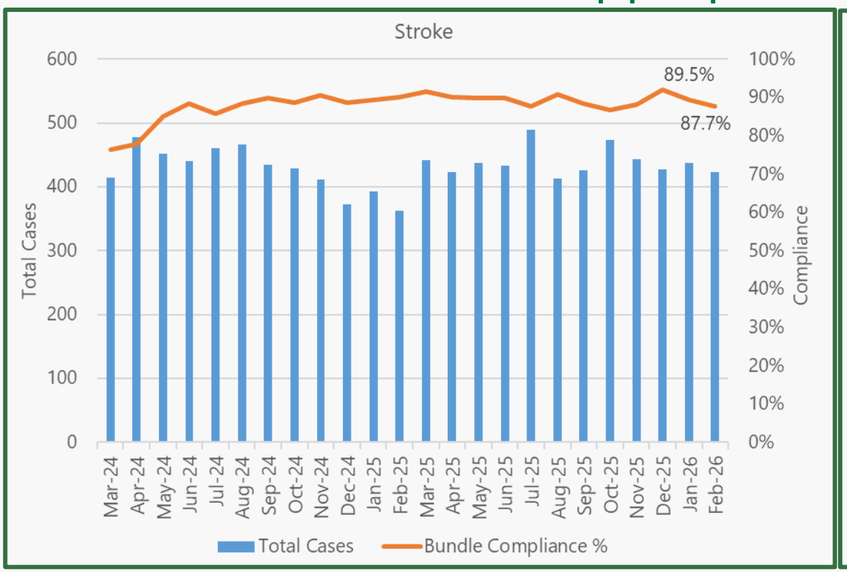
Suspected Stroke Patients with Appropriate Care, ST-elevation myocardial infarction (STEMI) with Appropriate Care and Time-Based metrics.

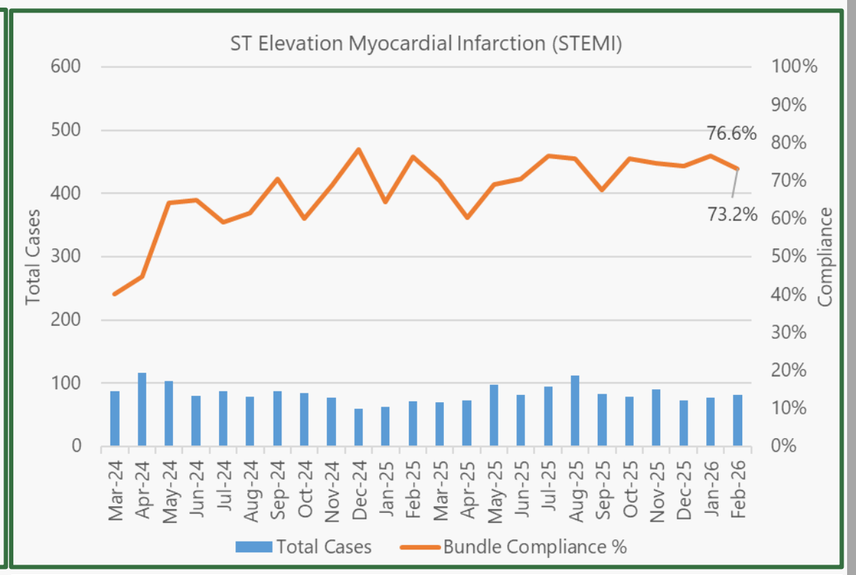
Stroke	STEMI
R	R

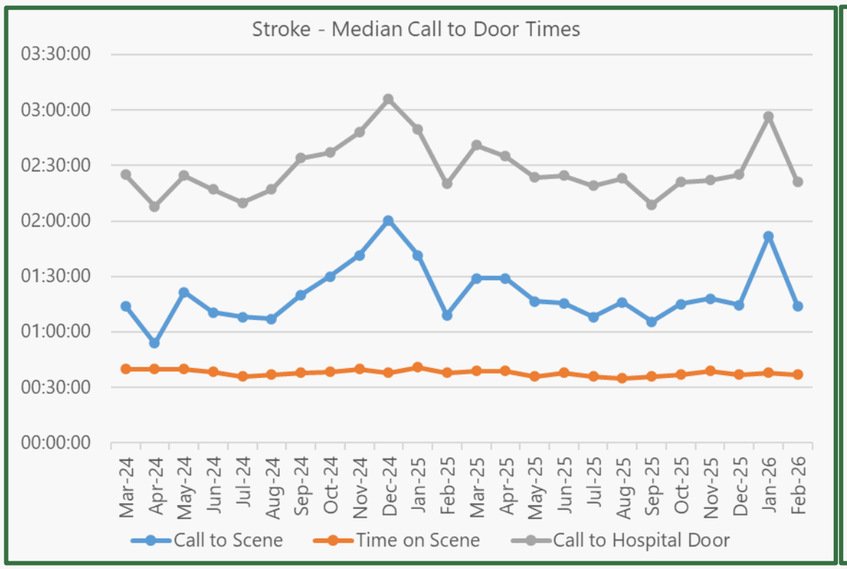
Self-Assessment: Strength of Internal Control: Moderate

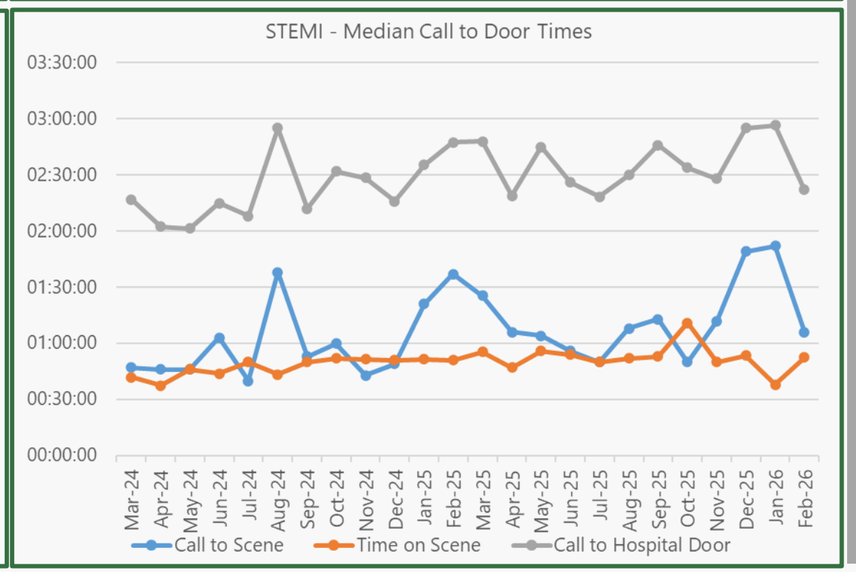
QUEST

(Responsible Officer: Andy Swinburn)









Analysis:
The percentage of patients documented as receiving appropriate care bundles during February 2026 was:

Stroke – 87.7% - performance has consistently remained at or above 85% since May 2024. There is a close correlation between documenting FAST (a test to detect symptoms of stroke) and care bundle compliance. Pre Alert is not counted towards CI compliance.

STEMI (heart attack) – 73.2%, a slight reduction from Feb 2025 (76.4%). There has been good compliance across most of the care bundle elements. The number of cases remained low (82) therefore, increasing the volatility of the compliance data so this could be natural variance. A recent clinical update has removed GTN as part of the treatment of ACS. This was removed from the CI in Jan 2025.

Call to door times for Stroke – call to door times increased marginally for stroke in February 26. All three elements of the bundle have seen consistency on time.
Call to door times for STEMI – Call to door time has decreased since last same month last year. This could in part be driven by calls being sent for RCS prior to dispatch.

Remedial Plans and Actions:
A recovery plan implemented from April – September 2024 and remains BAU monitored through CIAG to maintain the improvements:

- Continued focus on communication with clinicians to use the bespoke electronic Patient Clinical Record fields (in addition to the narrative).
- Provided weekly non-compliant data to support Senior Paramedics conversations with clinicians to improve compliance.
- Promoted Clinical Indicators, care bundles and electronic Patient Clinical Record completion at Health Board area focussed workshops.
- Review of the ePCR interface led by the Digital Directorate.
- Ongoing development of the Tennant Structure within ePCR to facilitate clinical feedback to clinicians.

Expected Performance Trajectory:
As a result of the work from the CI Recovery Group T&F group and the ongoing improvement interventions, a continued increase in compliance rates is expected and will be monitored by the Clinical Intelligence & Assurance Group.

Our Patients: Quality, Safety & Patient Experience
Clinical Indicators

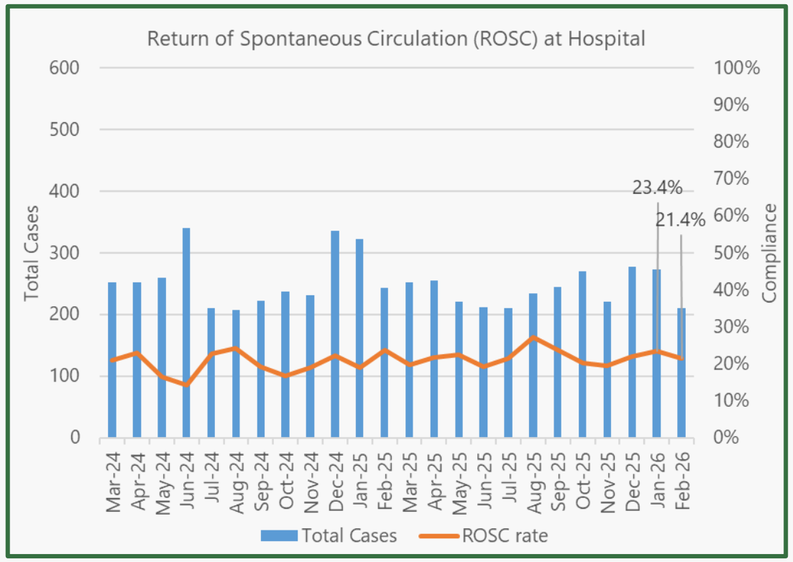
Return of Spontaneous Circulation, Hypoglycaemia, Fractured Neck of Femur (#NOF) and Time-Based metrics (#NOF)

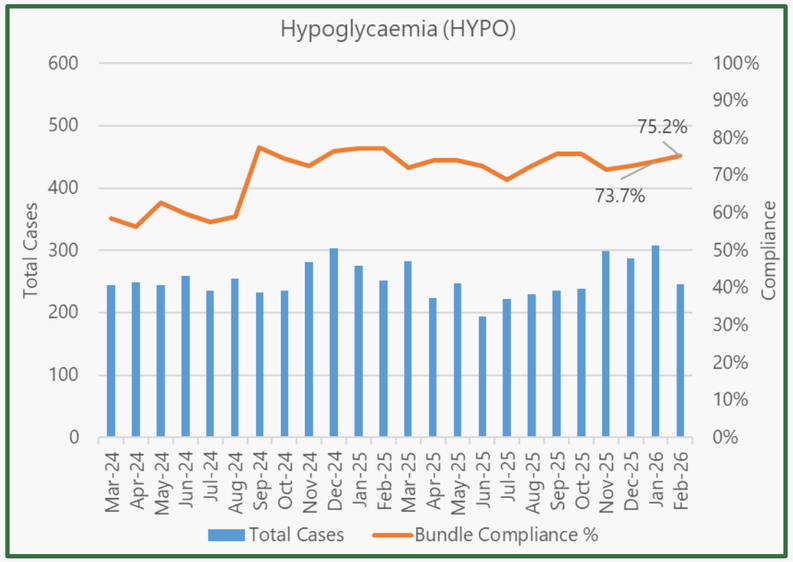
(Responsible Officer: Andy Swinburn)

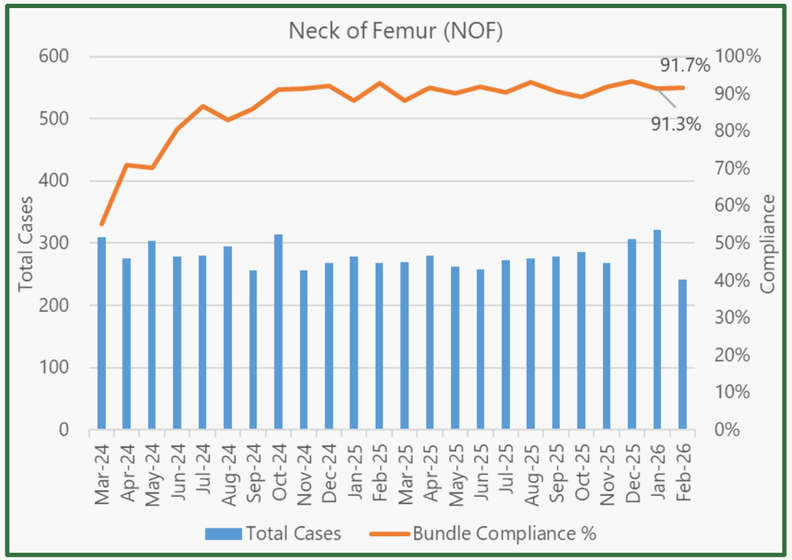
ROSC
R

Self-Assessment: Strength of Internal Control: Moderate

QUEST







#NOF Call 2 Door in development

Analysis:
The percentage of patients documented as receiving appropriate care bundles in February 2026 was:

Hypoglycaemia (diabetic patients with low blood glucose) – 75.2%, a slight increase since last month. Compliance has remained consistently around 73% compliance across the bundle.

Fractured Neck of Femur (hip fracture) – 91.7%, a steady performance since last month (91.3%). A steady compliance which is evident across the care bundle despite a drop in case numbers.

Return of Spontaneous Circulation at hospital (from cardiac arrest) – 21.43%, a decrease from 23.44% in January. An update was made to the ROSC coding scripting which affected the data from July 2024. This resulted in a step change with August 2024 being the highest since ePCR was implemented. A 'nudge' to improve documentation for specific fields including outcome was implemented in October 2024. Low case numbers means a volatile percentage dataset.

N.B. Due to the nature of this metric, common cause variation occurs which can result in a marked reduction in performance from small numbers of unsuccessful resuscitations attempts. The factors that influence this are multifactorial and as such it is not possible to identify the specific element.

Following the switch to the electronic Patient Clinical Record , the way data is collected has changed. Automated Clinical Indicator reports are generated from data directly inputted by clinicians. As a result of the anticipated low compliance, risk 535 was generated with three key mitigations to work on:

- Design of the electronic Patient Clinical Record User Interface
- Clinician interaction with the electronic Patient Clinical Record
- Accuracy of the scripting to extract the data from the data warehouse to create the reports.

Further electronic Patient Clinical Record User Interface changes are planned for the next update, scheduled for Spring 2026.

Our Patients: Quality, Safety & Patient Experience
Patient National Reportable Incidents & Duty of Candour

(Responsible Officer: Liam Williams)

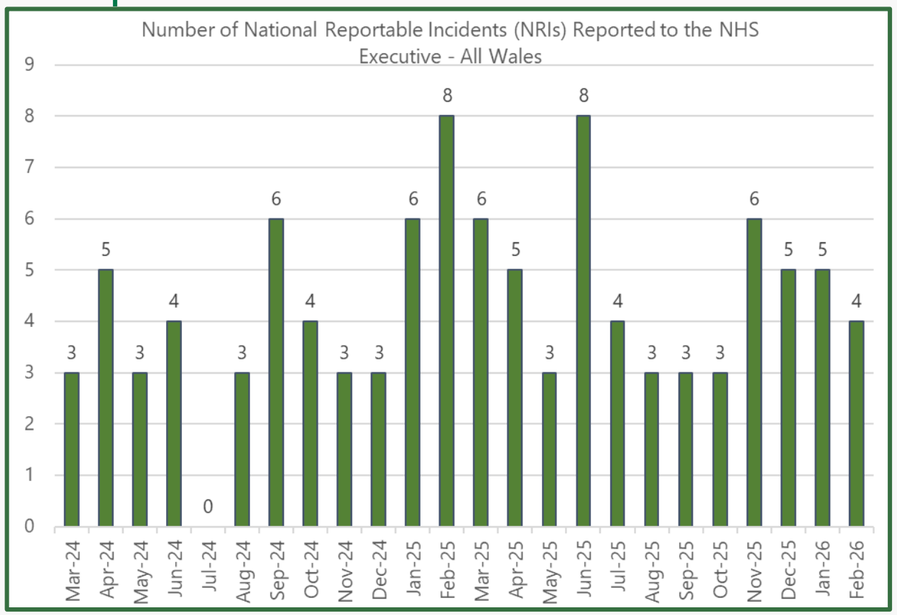
Concerns.

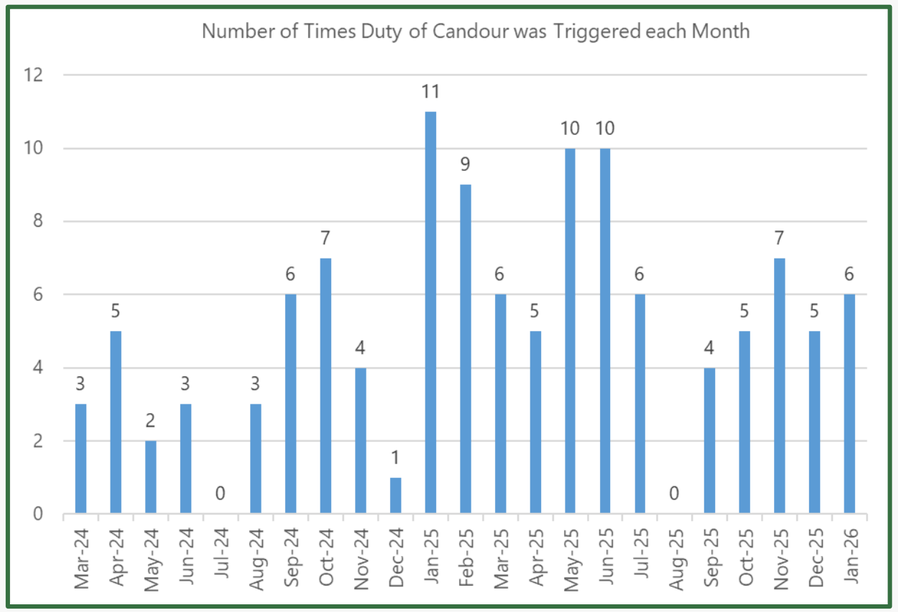
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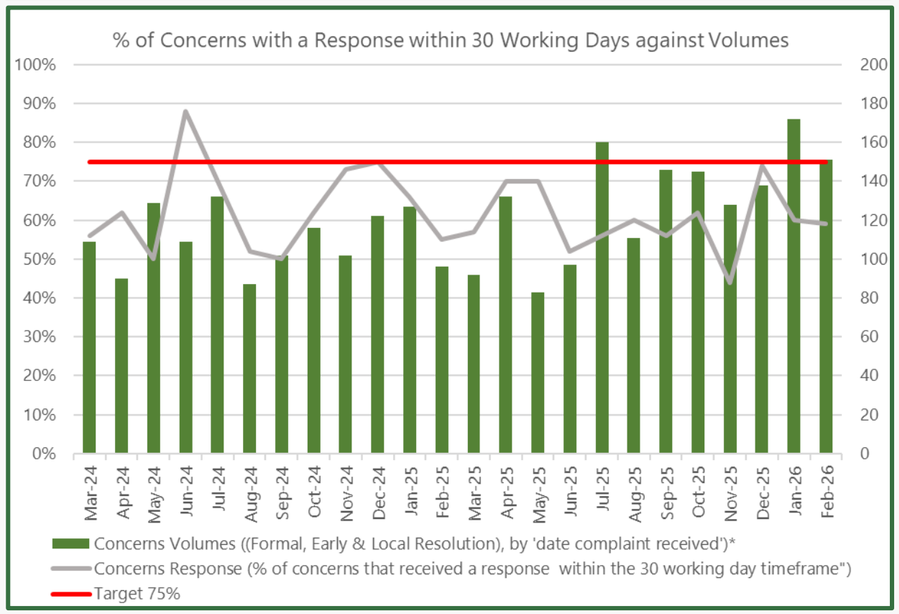
Self-Assessment: Strength of Internal Control: Moderate

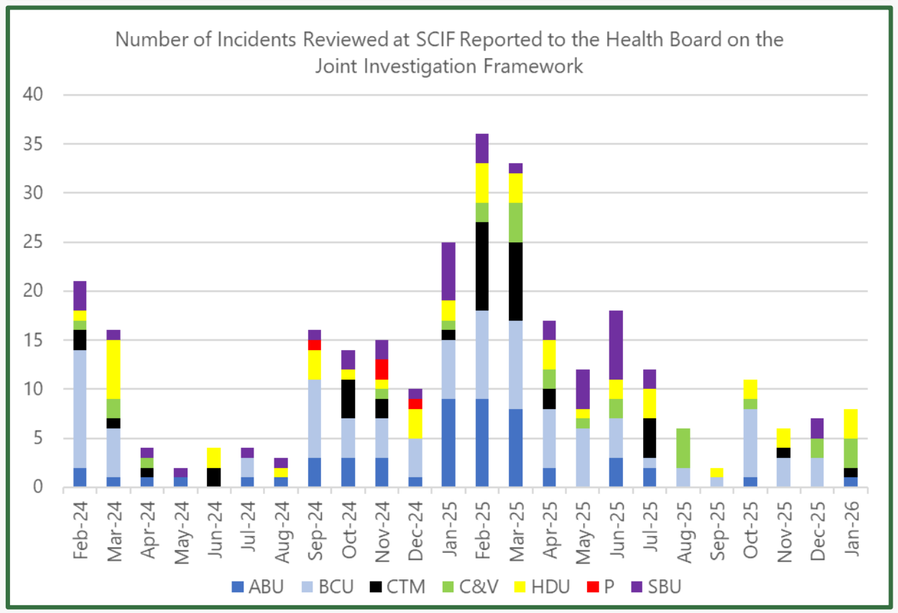
Health & Care Standard
Health - Safe Care / Timely Care

Responses Indicators









Analysis

Complaint response times remain longer than the Welsh Government target. The PTR Recovery Plan is in its final month with a significant reduction in overdue complaints visible in recent weeks. It is acknowledged that it may still be another few months before this is reflected in the compliance percentage due to the lagging nature of this metric. Despite the significant improvements observed, it is important to recognise that these changes will not immediately reflect the response time targets. The reason for this delay is due to the lagging nature of the response time metric, which means it will take some time before the impact of the recovery plan becomes fully apparent in the reported figures. January saw the Trust receive its highest ever volume of complaints, however there was a slight reduction in February.

4 NRIs were reported to the NHS Wales Performance & Improvement team following review at the Serious Case Incident Forum.

Remedial Plans and Actions

A Putting Things Right and Legal Services Recovery Plan has been developed to address the number of overdue concerns (complaints and incidents). This is being monitored through our internal governance structure and reported on in QuESt Committee. Additional non-recurrent investment is expected to deliver the required improved at increased pace, building on structural workforce changes and a shift to proportionate approaches that have already begun to demonstrate benefit.
This lays the foundations for the long-term objective of quality and safety data sources being available in the Trust data warehouse and a suite of business intelligence products to meet user need and enable effective triangulation of all Trust information.

Expected Performance Trajectory

As service areas focus on reducing the number of open overdue complaints, it is expected that the 30-working day performance will decrease. This is predicted to last until the number of open in-date complaints makes up the majority of open cases. Overdue cases volumes are expected to be limited to those requiring consideration of Redress by the end of March 2026..

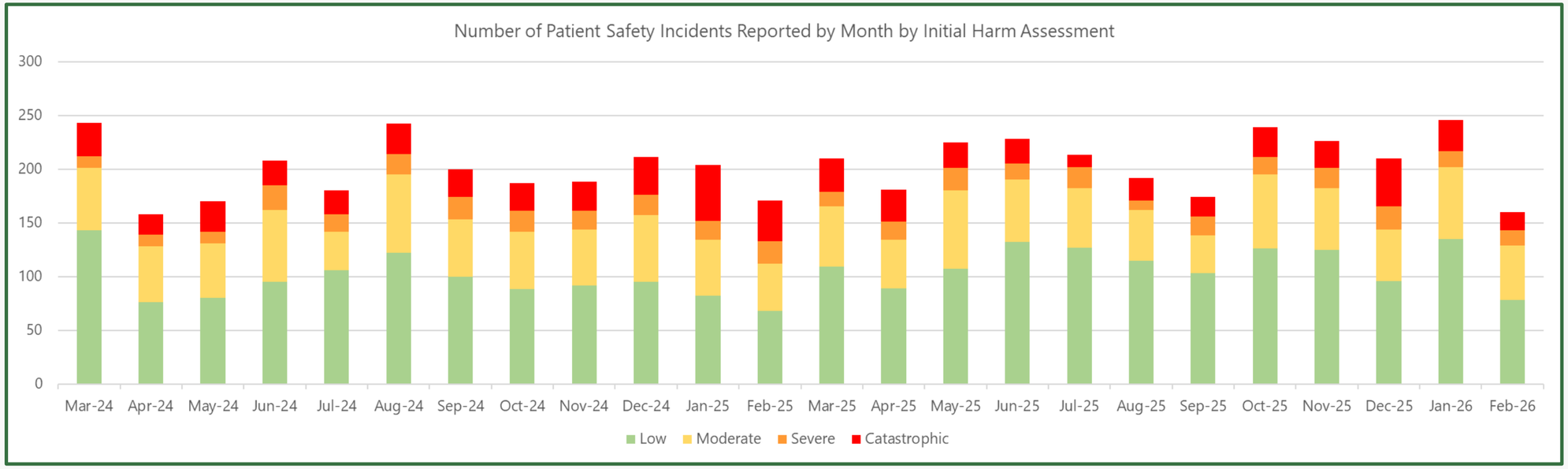
*NB: Data correct on the date and time it was extracted; therefore, these figures are subject to change **NB: 30 Day Compliance reported from Power BI and therefore data is not yet validated

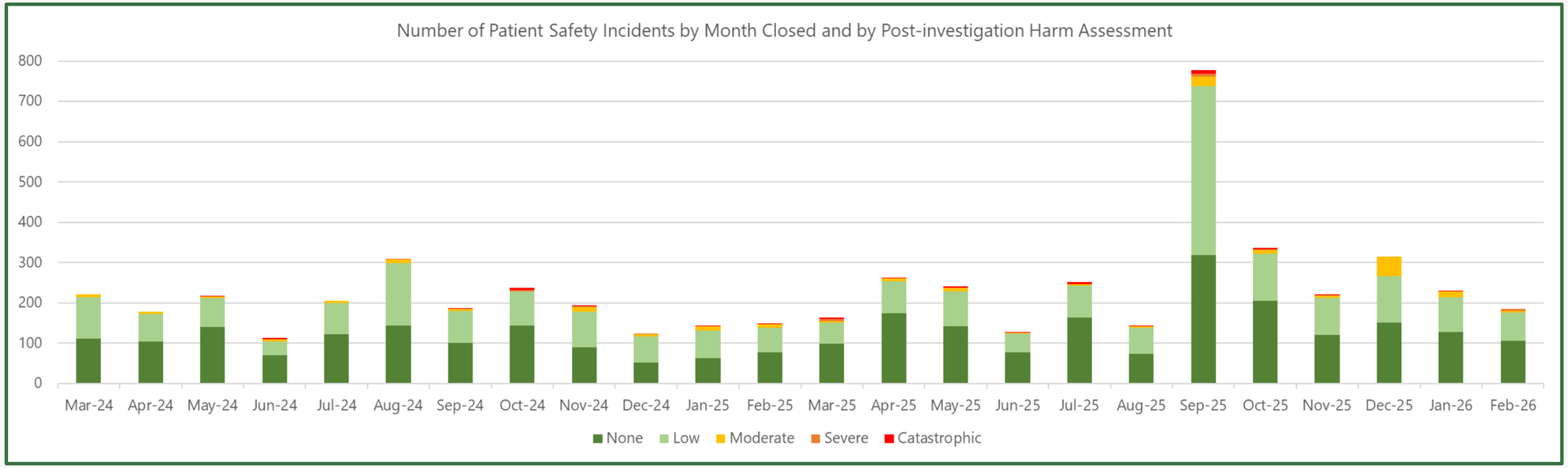
Our Patients: Quality, Safety & Patient Experience
Patient & People Safety Indicators

(Responsible Officer: Liam Williams)

Self-Assessment: Strength of Internal Control: Moderate

Health & Care Standard
Health – Safe Care





Analysis
The number of investigations needing to be shared with other NHS Wales organisations is demonstrably lower in volume in comparison to last winter.

Hospital handover delays remain impactful, as does demand for remote clinical consultation. Incident reporting volumes have increased again while incident closure rates remain low in comparison.

Focus on PTR Recovery metrics including external KPIs has taken precedent and efforts to convert incident closure into business-as-usual practice need to be revisited.

Remedial Plans and Actions
Incident closures are being monitored through Quality Management Group.

Expected Performance Trajectory
Incident volumes and harm levels are being closely monitored and triangulated with other sources of intelligence related to Clinical Model Transformation changes.

Data source: Datix

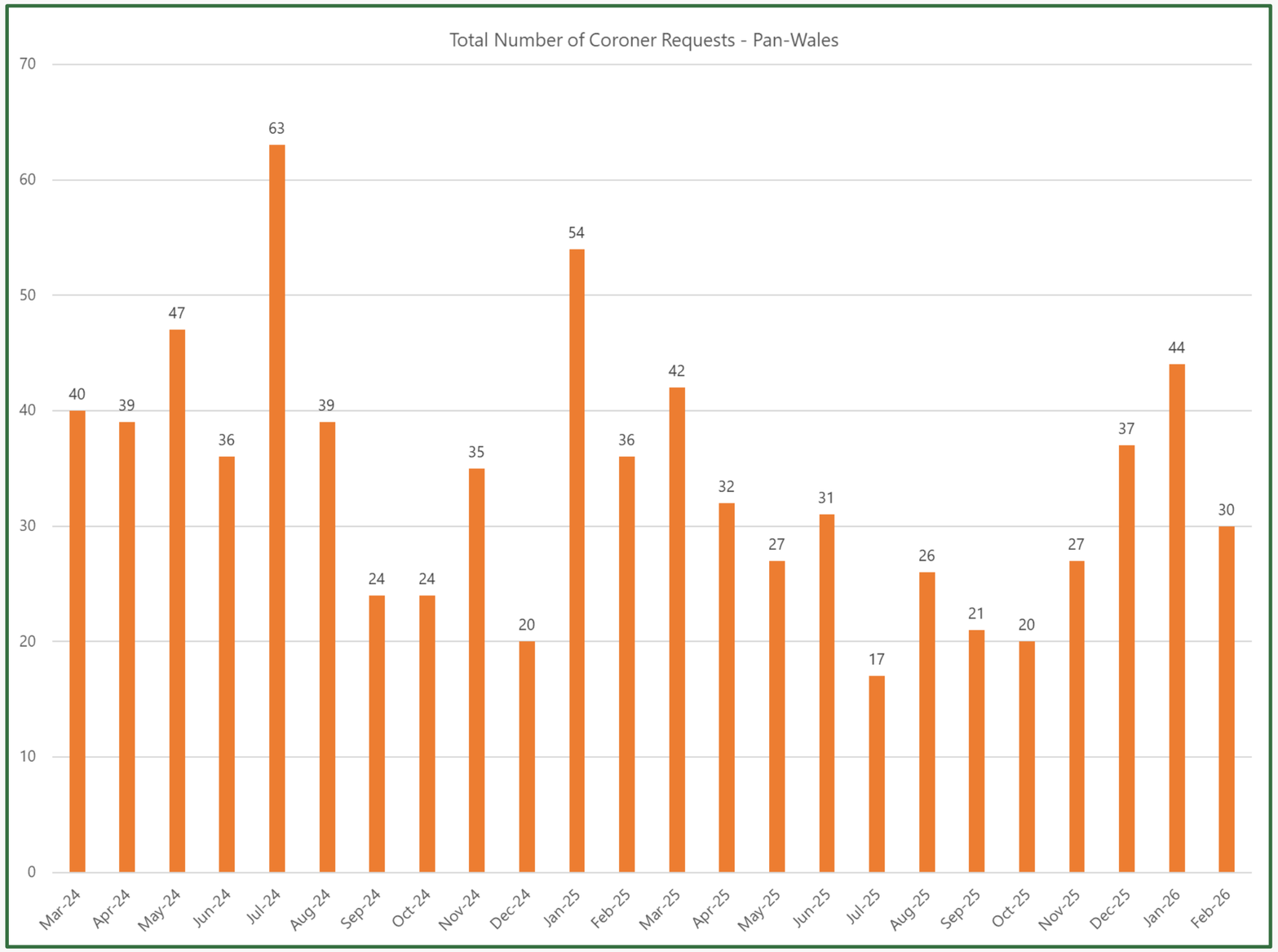
Our Patients: Quality, Safety & Patient Experience
Coroners, Mortality and Ombudsmen Indicators

(Responsible Officer: Liam Williams)

Coroners Self-Assessment: Strength of Internal Control: Moderate

Mortality Self-Assessment: Strength of Internal Control: Moderate

Health & Care Standard
Health – Safe Care



Analysis

There is a gradually improving picture in the organisational management of medical examiner reviews and coronial workloads. Inquest cases remain at stable levels but present with increased complexity and large numbers of statements and witnesses being called. These factors combined makes this an area of continued pressure across Trust services and for the individual staff involved in representing the organisation.

Level 1 triage of Medical Examiner referrals proceeds at fortnightly intervals with all Q1 and Q2 cases triaged. Progress is being made in reducing delays in reviewing cases at Level 2 Learning Panel, reaching a contemporaneous position in early January but due to staff absence in PTR department and competing organisational priorities with PTR Recovery and Listening To People preparation, there is once again a backlog of cases requiring Level 2 review.

Internal review of Q1 and Q2 referrals at Medical Examiner Learning Panel continues to identify learning relating to delays in attending in the community, alongside improvement opportunities for Advanced Care Planning and enhanced end of life care in the community to guide family expectations, avoid admission where not indicated and provide dignified and personalised care.

Remedial Plans and Actions

- A Putting Things Right and Legal Services Recovery Plan has been developed to address the number of overdue concerns. This is being monitored through our internal governance structure and reported on in QuESt Committee.
- Additional non-recurrent investment is expected to deliver the required improved at increased pace, building on structural workforce changes and a shift to proportionate approaches that have already begun to demonstrate benefit.

Expected Performance Trajectory

- Coroner activity will continue to be monitored and delays in statement gathering escalated and prioritised internally as appropriate. Cross directorate teams continue to work together to ensure cases are prioritised, and the coroner is provided with estimated times of completion.
- The ability to provide senior review of Medical Examiner feedback cases will be dependent on senior PTR staff capacity and absence.

Mortality Reviews Data source: Internal Web Application

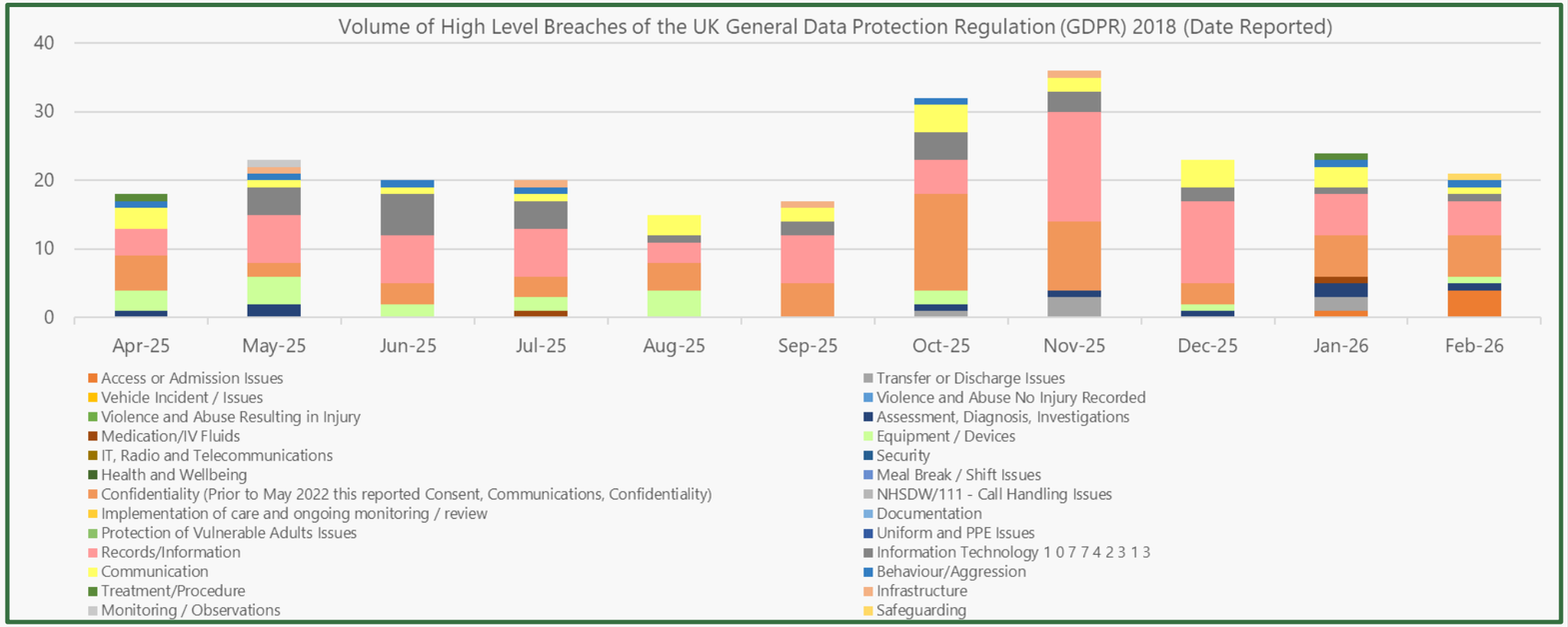
Our Patients: Quality, Safety & Patient Experience
Safeguarding, Data Governance & Public Engagement Indicators

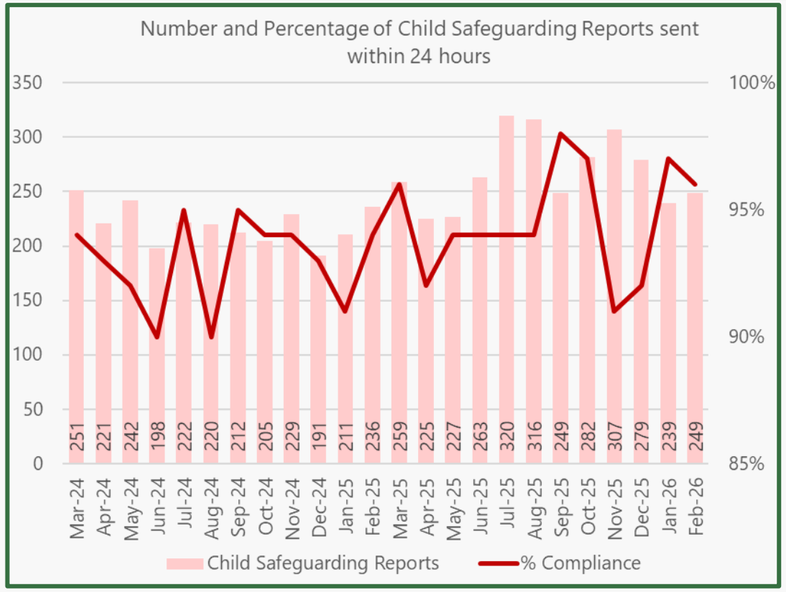
(Responsible Officers: Jonny Sammut & Liam Williams)

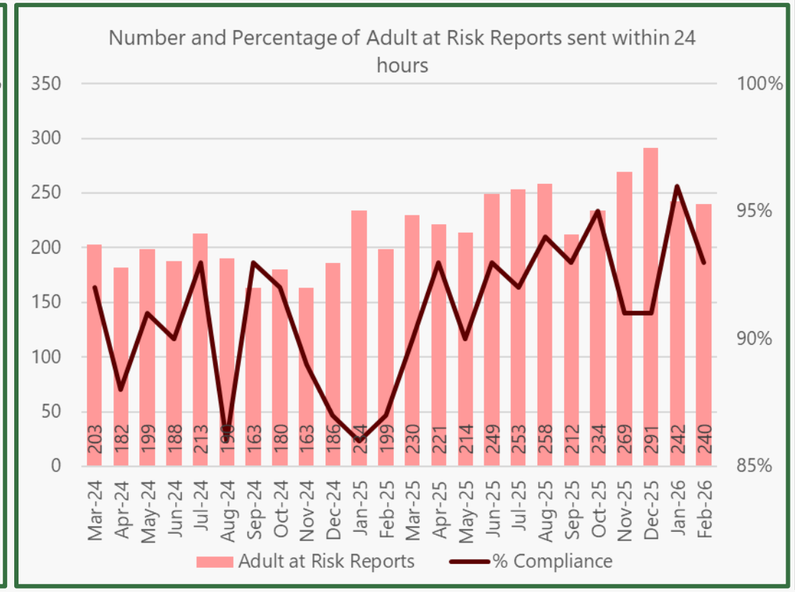
Health & Care Standard
Health – Safe Care

Self-Assessment: Strength of Internal Control: Strong

PCC







Analysis

Safeguarding: In February 2026 WAST colleagues submitted a total of 202 Adult at Risk Reports, 93% of these were processed within 24 hours. Whilst the Trust does not report on Adult Need for Care & Support reports (wellbeing); 812 reports were shared with local authorities across Wales during this reporting period. There have been 249 Child Safeguarding Reports submitted in February 2026, 96% of these were processed within 24 hours.

Data Governance: In February, there were 21 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 21 breaches, 6 related to IG/Confidentiality, 5 Records/Information, 4 Access/Admission, 1 Assessment/Treatment/Diagnosis, 1 Equipment/Devices, 1 Information Technology, 1 Communication, 1 Behaviour/Aggression, and 1 Safeguarding.

Remedial Plans and Actions

Safeguarding: The Trust manages all safeguarding reports digitally via Doc-works Scribe and regular monitoring of the system by the Safeguarding Team provides a means to identify any problems with delayed reports with appropriate action taken to support WAST colleagues with using the Doc-works Scribe system and liaising with local authorities when required. Only minimal paper safeguarding reports are now received, they are used as a back-up and are sent directly to the Safeguarding Team for actioning. The Safeguarding Team monitor any paper reports received and provide direct feedback to colleagues to improve practice.

Data Governance: During the reporting period, of the 21-information governance related incidents reported on Datix, 0 incidents were deemed to meet the risk threshold for reporting to the Information Commissioner's Office (ICO). The IG Team continues to monitor, and review reported incidents where applicable.

Expected Performance Trajectory

Safeguarding: The Trust continues to aim to achieve 100% of child and adult at risk safeguarding reports submitted within 24 hours.

Data Governance: The Datix cleansing exercise continues which aims to ensure all previous reported incidents are checked for IG considerations and removed where relevant.

**NB: Data Governance Incidents are based on 'Date Reported' rather than 'Incident Date' as the process is currently manual until a dashboard is implemented and is therefore subject to change*

Safeguarding Data source: Doc Works

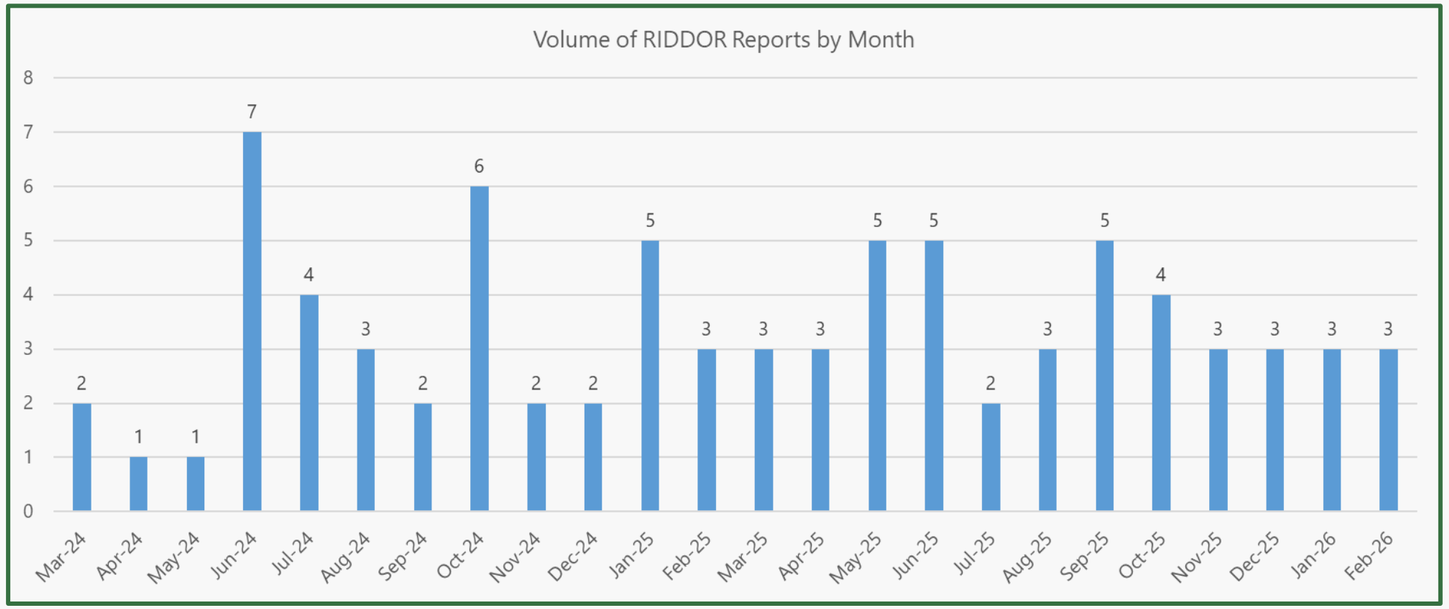
Our Patients: Quality, Safety & Patient Experience
Health & Safety (RIDDORS) Indicators

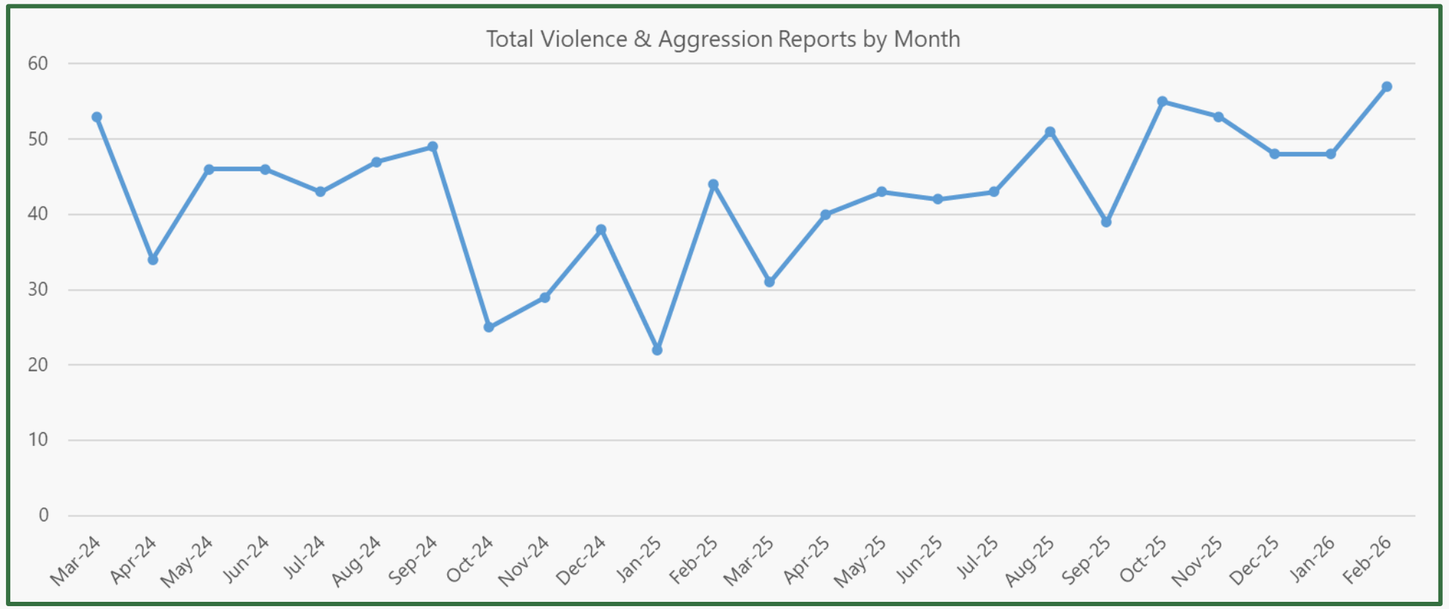
(Responsible Officer: Liam Williams)

Self-Assessment: Strength of Internal Control: Moderate

PCC

Health & Care Standard
Health – Safe Care





Analysis

RIDDOR: There were 3 incidents requiring reporting under RIDDOR during February 2026 all were for an injuries requiring over 7 days of work.

- 100% of the RIDDOR's were submitted within the HSE reporting timelines, which is a big improvement from previous months.
- 3 RIDDOR's reported during the month were as a result of manual handling incident.

Violence and Aggression:

- A total of 57 incidents have been reported of V&A in February.
- The number of Aggressive/Threatening behaviour reports remains fairly static with 1 more than the previous month.
- 4 Physical Assault on staff were reported during the month with 2 incidents of verbal assault that were for swearing.
- 1 incident was reported as Severe harm, 12 incidents were reported as Moderate in harm and 28 noted as low harm with 14 cases being noted as causing no harm.

Remedial Plans and Actions

RIDDOR: The weekly Datix incident meeting continues to be used to identify RIDDOR reportable incidents. A Safety Advisor is designated to assist with the investigation to find root cause and reporting to the HSE. Consistent effort to investigate incidents by line manager is making an improvements in causation and reporting to the HSE.

Violence and Aggression: The use of appropriate Hashtags to flag incidents of verbal aggression within the Trust call centres is being progressed to provide a greater understanding of the verbal abuse experienced by staff.

Expected Performance Trajectory

RIDDOR: The actions arising out of the recent deep dive into manual handling incidents aim to address the issues identified in the manual handling incidents this month.

Violence and Aggression: It is expected that the number of verbal V&A incidents will increase over the next few months as a result of increased awareness of reporting mechanisms within the call centre teams.

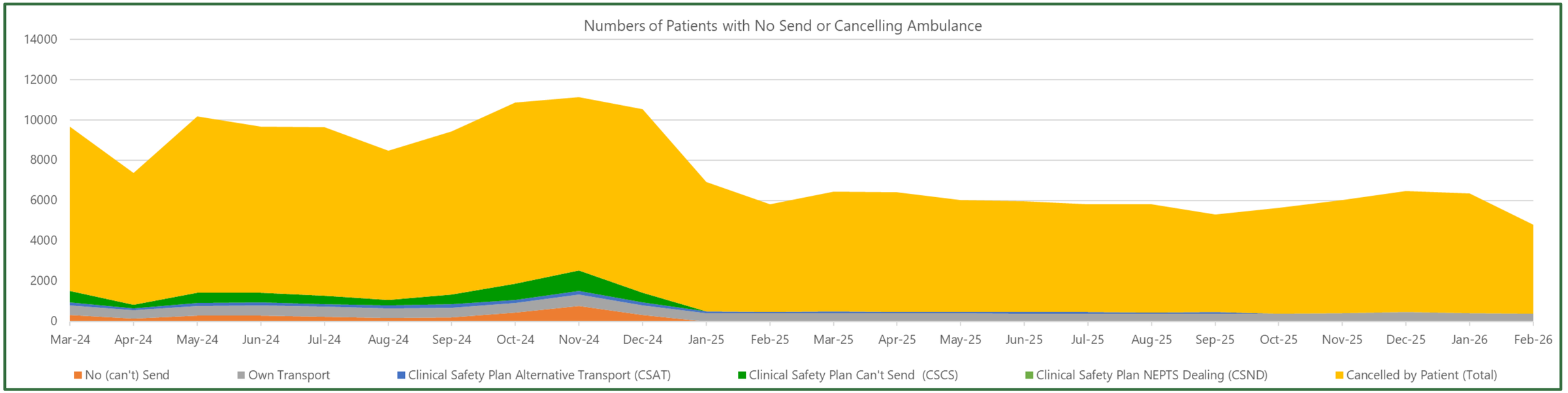
Data source: Datix

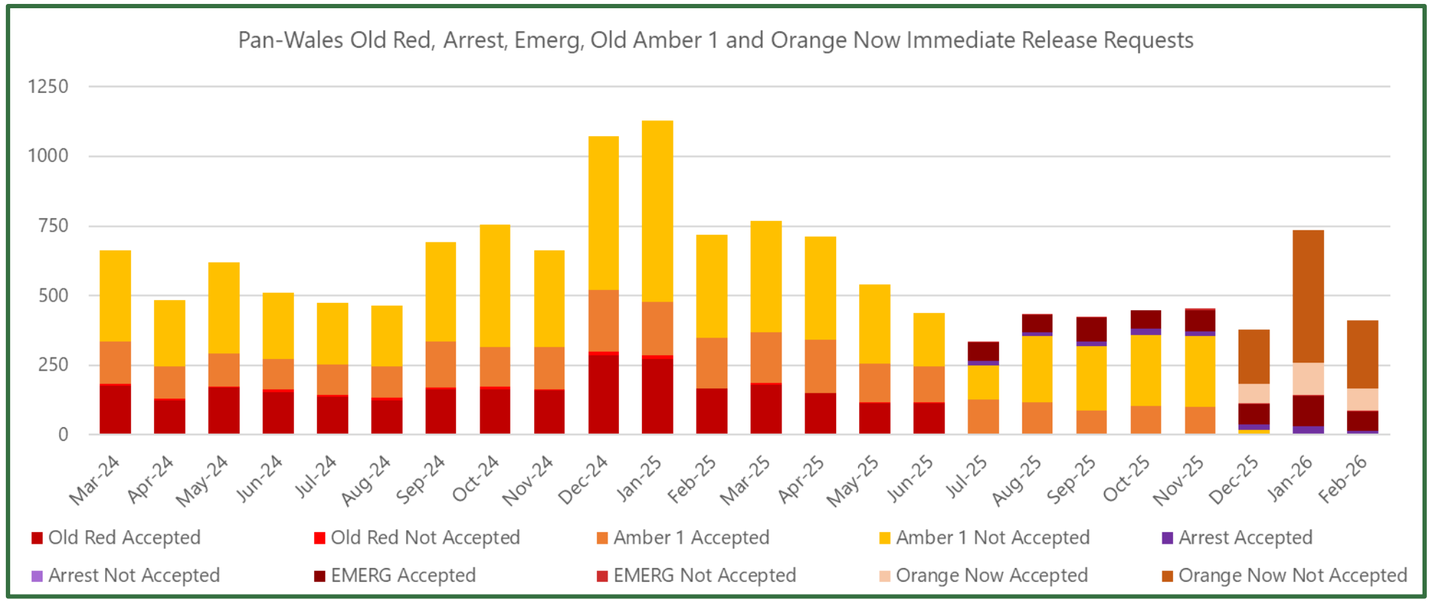
Our Patients: Quality, Safety & Patient Experience
Potential Patient Harm Indicators

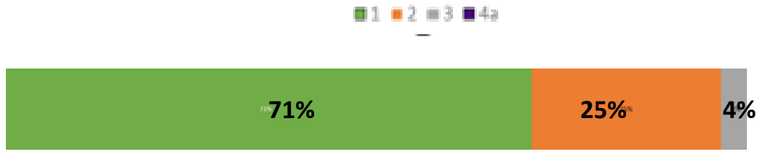
(Responsible Officer: Andy Swinburn)

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QUEST







CSP February 2026

*NB: Data correct on the date and time it was extracted; therefore, these figures are subject to change

Our Patients: Quality, Safety & Patient Experience
Patient Experience Surveys

(Responsible Officer: Liam Williams)

Self-Assessment: Strength of Internal Control: Moderate

PCC

Health & Care Standard
Health – Safe Care

January & February 2026		
NEPTS (563 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	85
Were you happy with the transport you received?	85	94
999 (26 responses)	Benchmark	Score
The 999-call taker who answered your call listened carefully and explained what was going to happen next.	85	93
The length of time I waited for an ambulance to arrive was acceptable.	85	89
111 (27 responses)	Benchmark	Score
Do you feel your call to 111 Wales was helpful?	85	53
Did you follow the advice given to you by NHS 111 Wales?	85	71
Would you consider using NHS 111 Wales again?	85	73
WAST Overall - Friends & Family Test How was your overall experience with the service today?	Ranked from very poor to very good.	
o Ambulance care	93.59% Good	4.58% Poor
o Integrated Care (NHS 111 Wales Telephone line only)	40.91% Good	45.45% Poor
o NHS 111 Wales Online	58.62% Good	24.14% Poor
	* Where totals above do not add up to 100%, this is because a 'Do Not Know' answer was given, these are excluded from overall total.	

Analysis
The OCP for the PECI Team is expected to commenced in quarter 4, with the team to be realigned to support the Trust's strategic objectives and the People's Experience Framework. The framework promotes an always-on approach to capturing experiences through both active and passive methods, ensuring people can share feedback at their convenience.
Meanwhile, the team continues to capture, report and respond to experiences, stories and compliments, and to work with quality teams on improvement actions. Due to ongoing capacity constraints—linked to vacancies awaiting the OCP and work on improving experience-capture systems—no engagement events were attended.

Remedial Plans and Actions
The PECI Team is awaiting the progression of the OCP, which will restructure and realign the team to support the Trust's strategic objectives. While ongoing public engagement remains part of the team's remit, future responsibilities and processes will need to be worked through. The team is also carrying several vacancies, including three Band 5 Engagement Coordinator posts, which cannot be filled until the OCP concludes. As a result, community engagement capacity is significantly reduced, and activity levels will be lower than in previous periods. The team is not scheduling future engagement events and is considering all requests on a case-by-case basis.

Expected Performance Trajectory
The Team is carrying several vacancies which cannot be backfilled due to the impending OCP. This will impact on our ability to support community engagement opportunities, and the Team is re-focusing its day-to-day efforts onto our core function of patient experience.

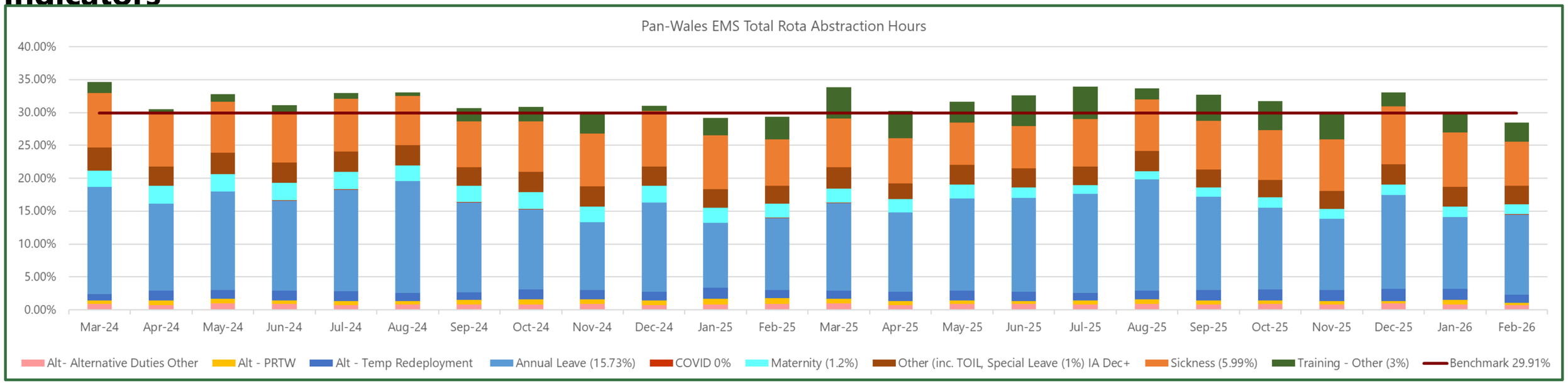
Our People
Capacity - Ambulance Abstractions and Production Indicators

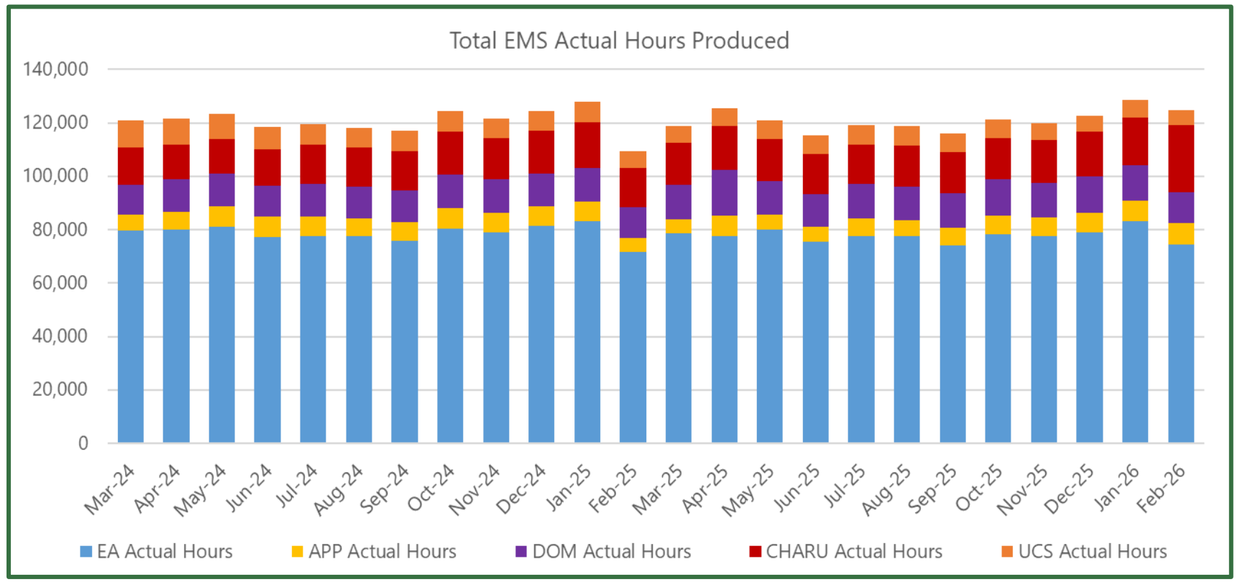
(Responsible Officer: Lee Brooks)

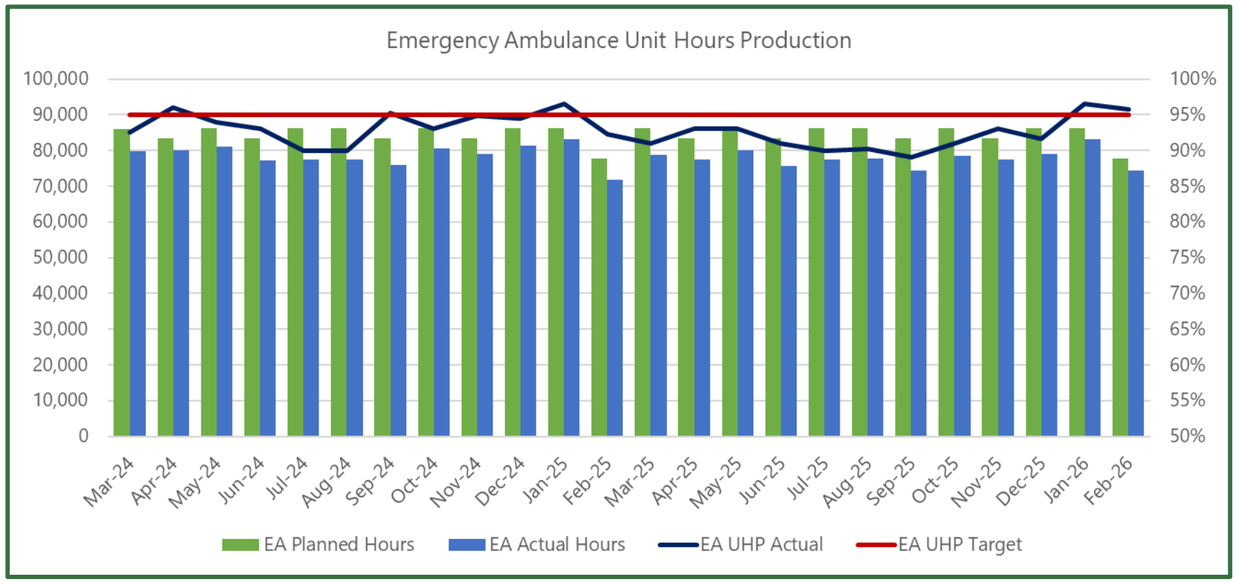
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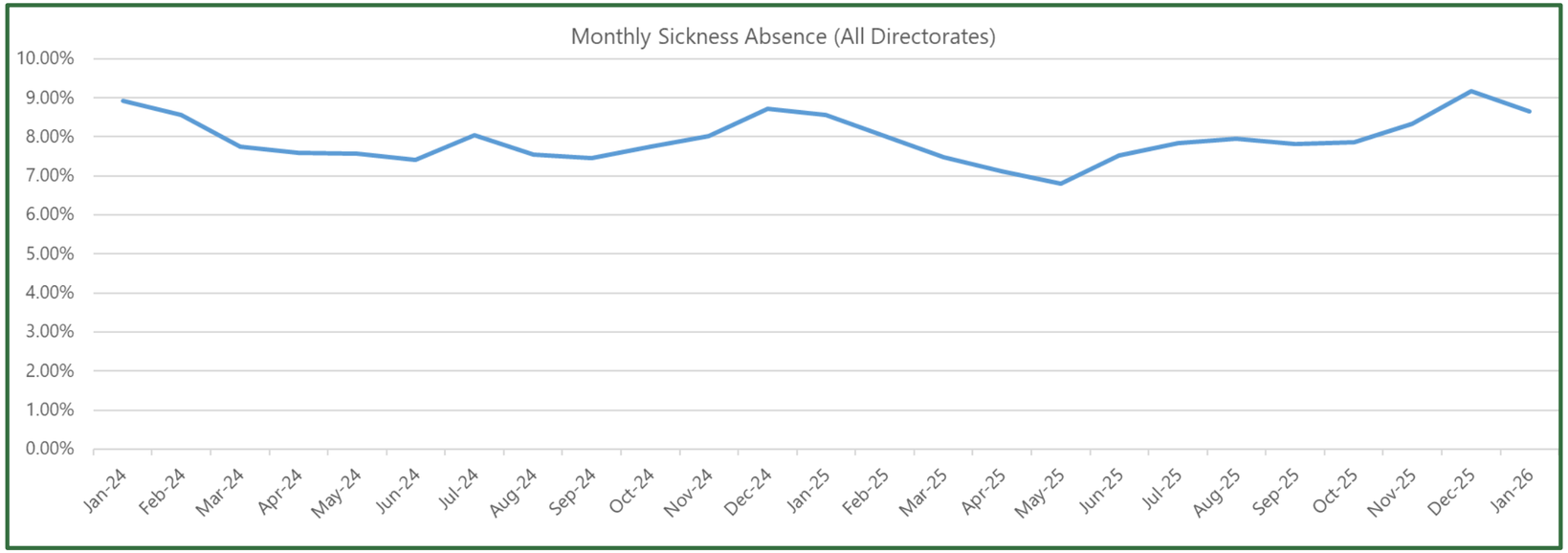


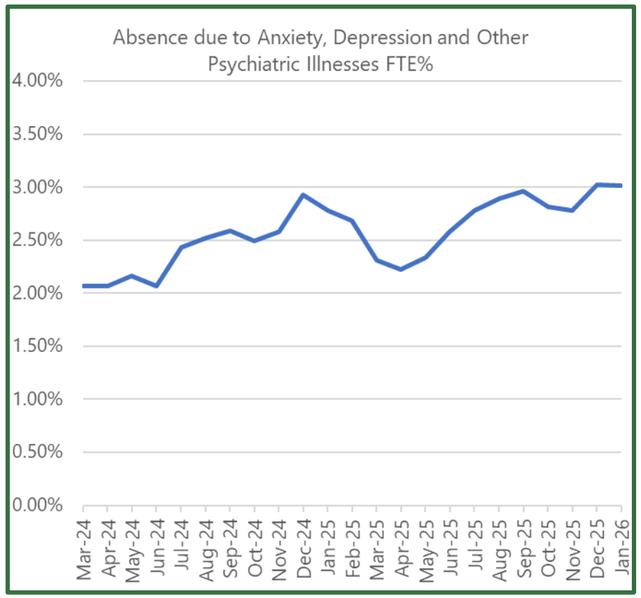
Our People
Capacity - Sickness Absence Indicators

(Responsible Officer: Carl Kneeshaw)

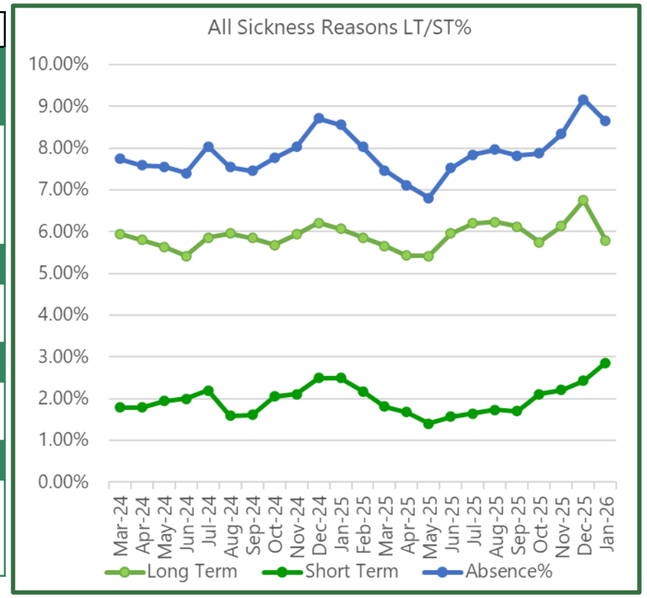
Sickness R

PCC CI





Jan-26	
Average working days lost per FTE (Annual)	
17.99 days	
Single month Absence %	
8.65%	
Long Term	**Short Term**
5.79%	2.86%
Mental Health	**Other MSK**
(S10 Stress/Anxiety)	(excluding Back)
3.021%	0.87%



January 2026

**NB:* Sickness data will always be reported one month in arrears

Analysis

There was a decrease in overall sickness absence rates between December 2025 and January 2026, decreasing from 9.17% to 8.65%. Long term absence decreased from 6.75% in December 2025 to 5.79 % in January 2026, however short-term absence increased slightly to 2.86% (December 2025- 2.24%).

The highest reasons for absence in January 2026 were Anxiety/ Stress/ Depression, gastrointestinal problems, other musculoskeletal problems, and cold cough, flu – Influenza.

The WAST annual flu campaign ended on 28th February 2026. Final figures show that 1,175 vaccines were administered by WAST. 1,120 WAST staff were vaccinated. 185 colleagues were vaccinated elsewhere and 213 opted out. Overall, 28.76% of staff received the vaccine this year.

Remedial Plans and Actions

- Our Occupational Health Service Manager continues to offer specialised consultation to managers for sensitive and complex situations.
- The OH/Wellbeing team's work is guided by the Health and Wellbeing Plan 2025-29, with a focus on strengthening workplace relationships, enhancing organisational awareness on trauma, and addressing key health and wellbeing challenges while continuing to provide individual support.
- A review of all our external providers has been completed in preparation for the new financial year, and we are working with Procurement to ensure best value arrangements for these services.
- Reduced capacity due to staff sickness continues to affect referral waiting times. To maintain KPIs and maintain timely support, we continue to utilise our external provider, Insight Health Services.

Expected Performance Trajectory

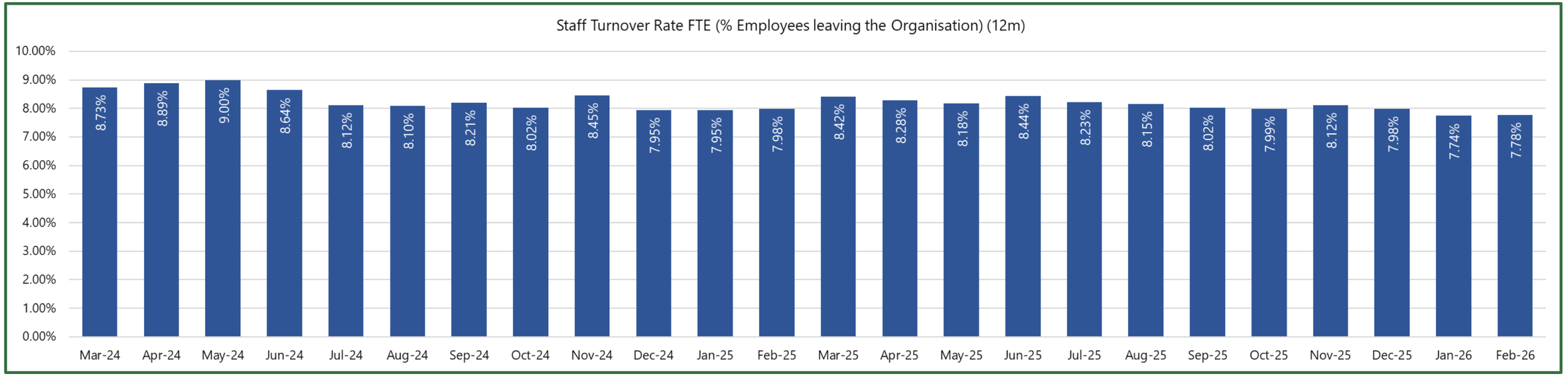
The Trust has indicated through its IMTP that sickness levels will fall in this financial year, but the Trust is unlikely to achieve the 6% target for the year.

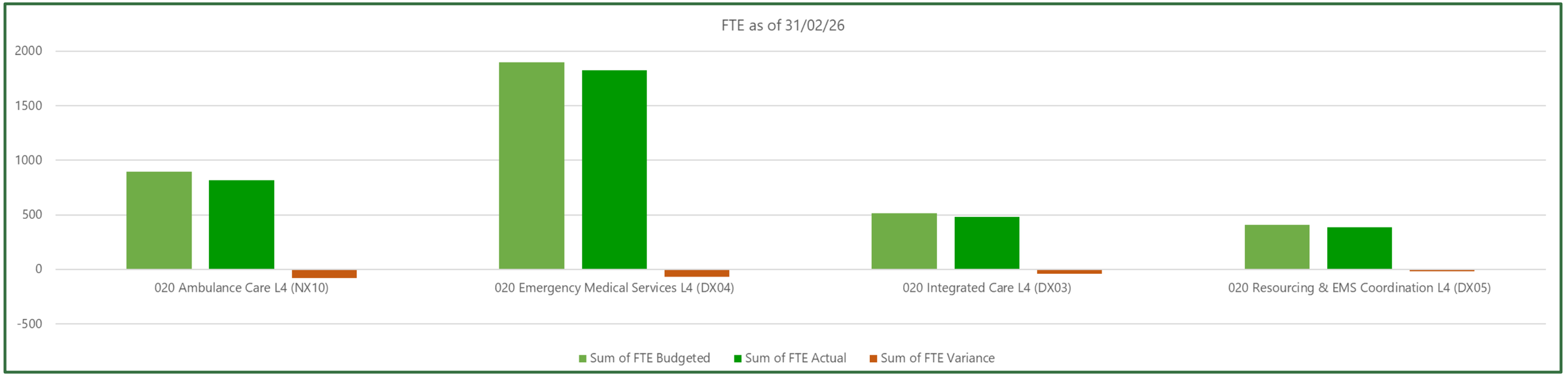
Our People
Capacity – Staff Turnover

(Responsible Officer: Carl Kneeshaw)

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PCC





Our People
Capability - PADR and Training Rates Indicators

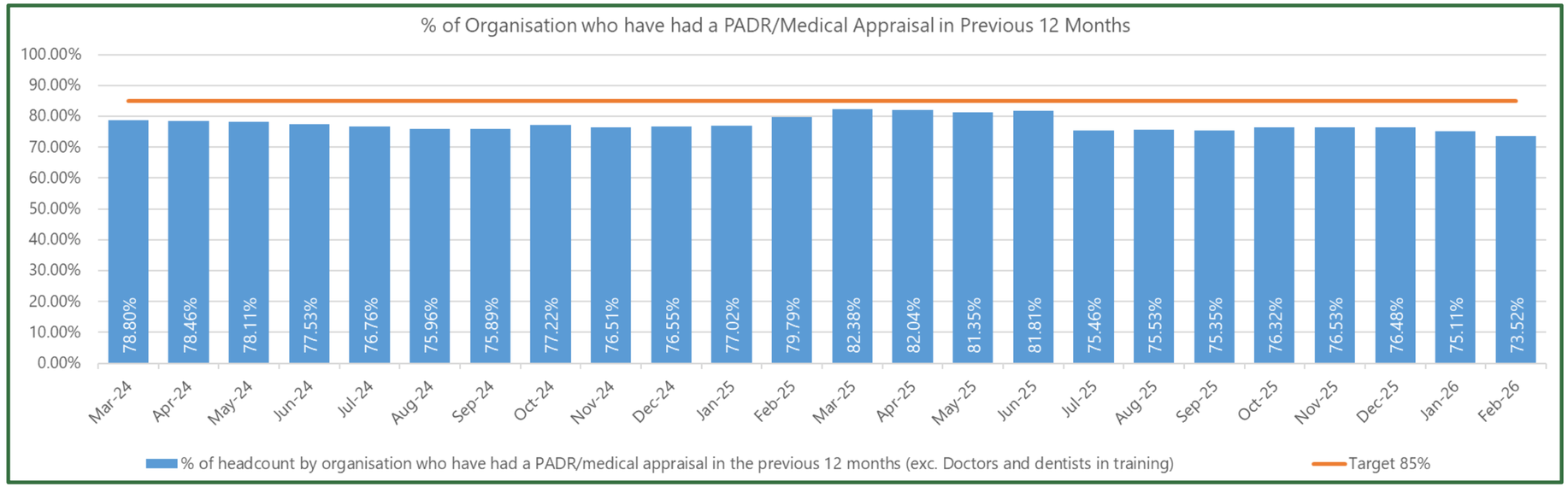
(Responsible Officer: Angela Lewis)

PADR R | Stat & Mand G

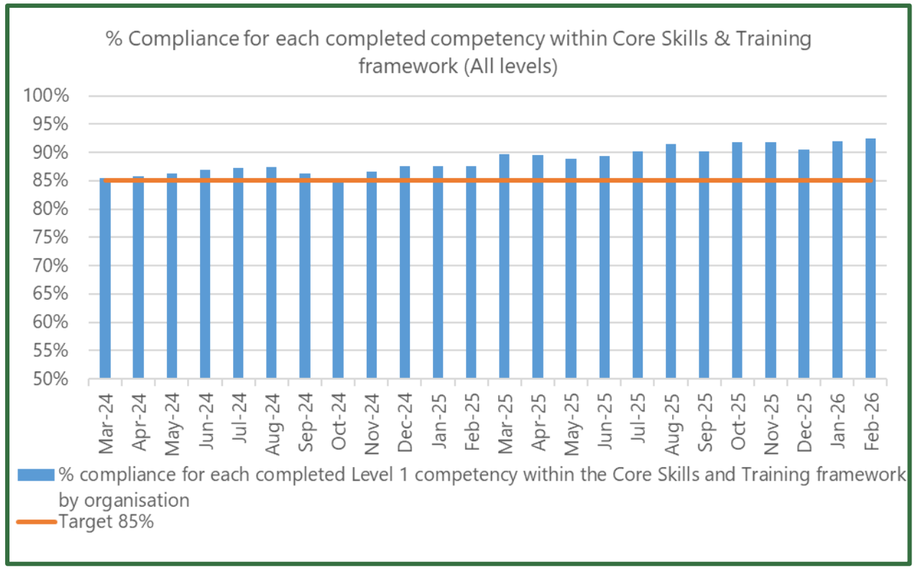
CI | PCC

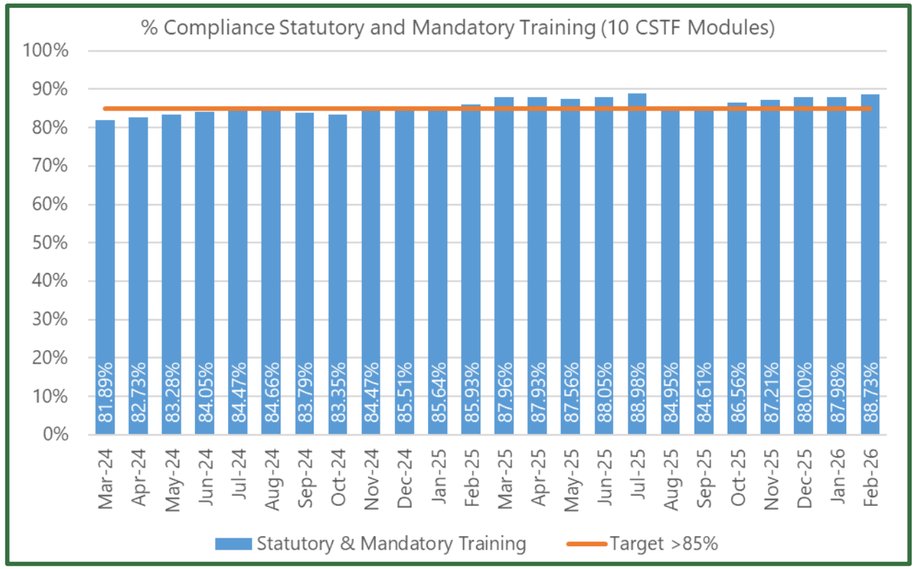
Health & Care Standard Health – Staff & Resources

Self-Assessment: Strength of Internal Control: Strong



ESR Data correct at time of export. PADR data does not include pay progression.





Analysis

PADR rates (excluding pay progression meetings) decreased from 79.79% in February 2025 to 73.52% in February 2026 and remain below the 85% target. Over the reporting period this target has only been achieved once, in December 2022.

Remedial Plans and Actions

Engagement in the PADR process serves as a key metric for evaluating team cultural health. By increasing engagement with the PADR process, our goal is to enhance employee development, support better communication between managers and employees and develop a culture of accountability and continual improvement.

Work on the PADR refresh is underway. The aim is to better reflect Our WAST Way and support meaningful, values-led conversations that have a genuine impact for our people. The proposed refresh seeks to simplify the process and embed a more continuous, constructive dialogue; provide practical tools and guidance to assist both managers and employees; and ensure PADRs are more clearly aligned with wellbeing, personal development, and individual career aspirations.

Expected Performance Trajectory

Performance is improving as compliance has risen.

Data source: ESR

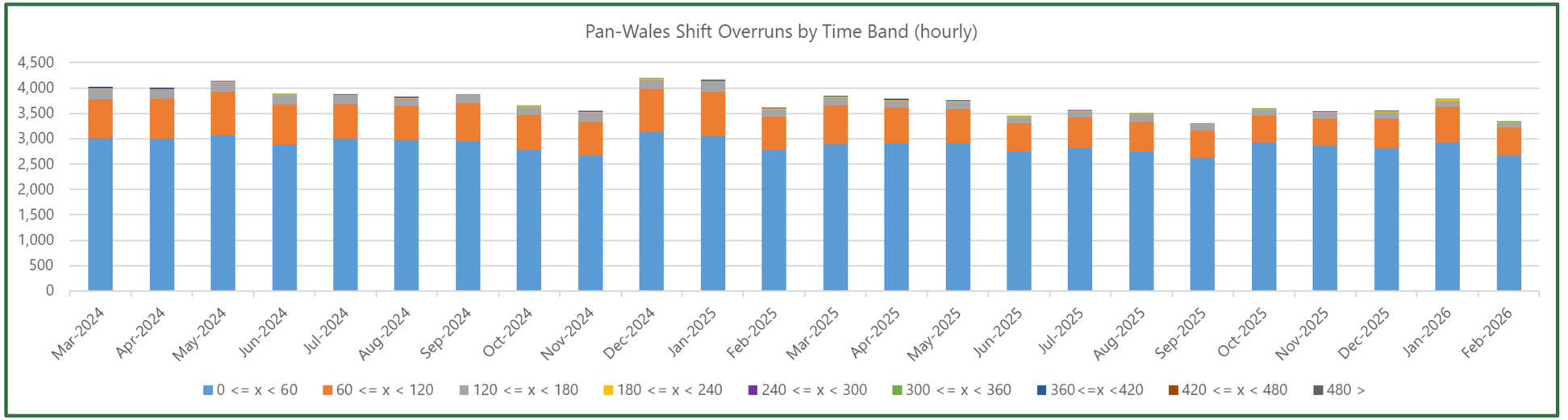
Our People
Health and Well-being – Shift Overruns

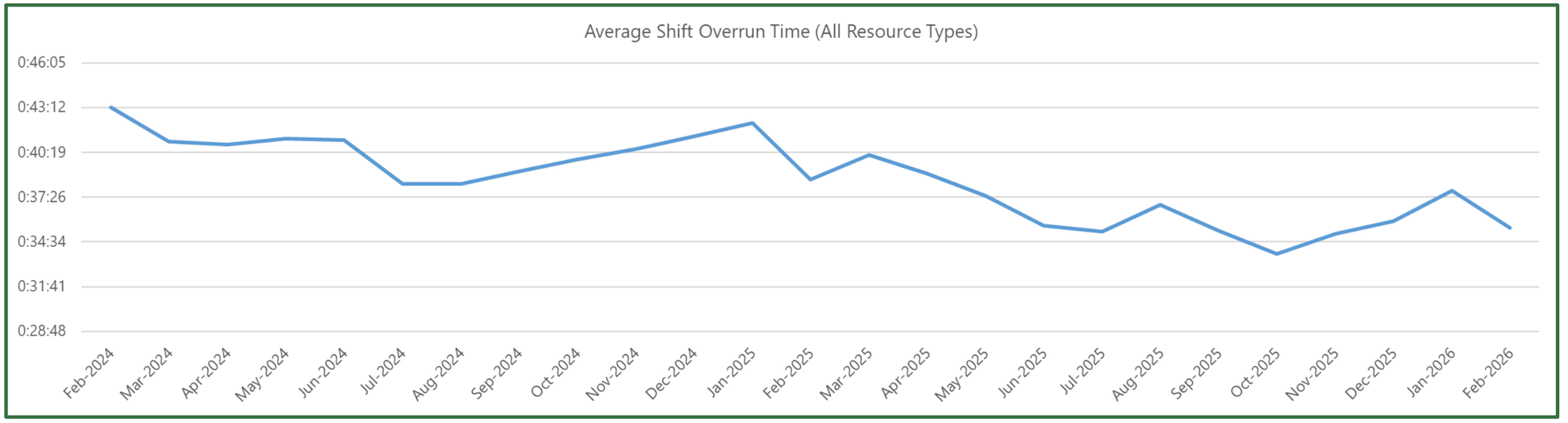
(Responsible Officer: Angela Lewis)

Overruns
R

CI

FPC





Analysis

There were 3,342 shift overruns during February 2026.

The average overrun figure for February 2026 was 35 minutes and 27 seconds, a decrease from February 2025 (38 minutes 36 seconds). The trend continues to be downward over the past two years.

The highest volume of shift overruns occur within the 0 to 60-minute category, accounting for 78.9% of the total. 17% fall within the 61 to 120-minute category, 3.6% in the 121 to 180-minute category, 0.4% in the 181 to 240-minute category and 0.1% in the 241 minutes and over category.

Remedial Plans and Actions

Shift overruns are a key element of staff wellbeing and work is ongoing to mitigate these in conjunction with handovers, as although not shown here there is a clear correlation.

Collaborative work is ongoing with our Trade Union Partners via the Dispatch Framework Steering Group to find and test innovative ways to reduce overruns for our people; however, it must be noted that there is a limit to what the Trust can do to mitigate the impact of handover lost hours. The application of W45 remains the key solution.

Expected Performance Trajectory

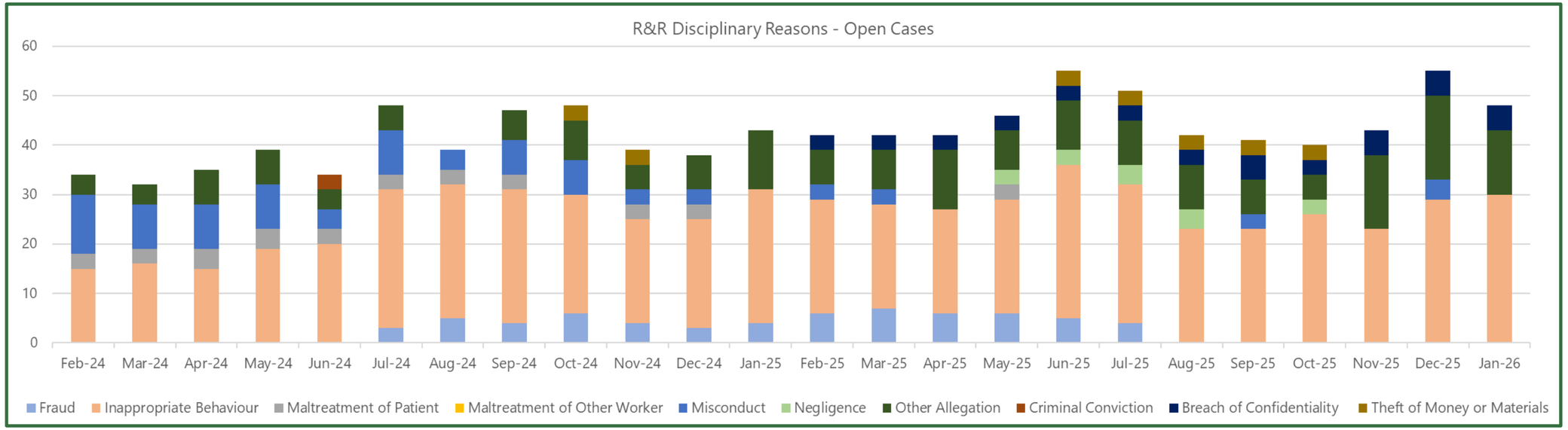
Overruns correlate with handover lost hours and may begin to decrease as handover times continue to reduce.

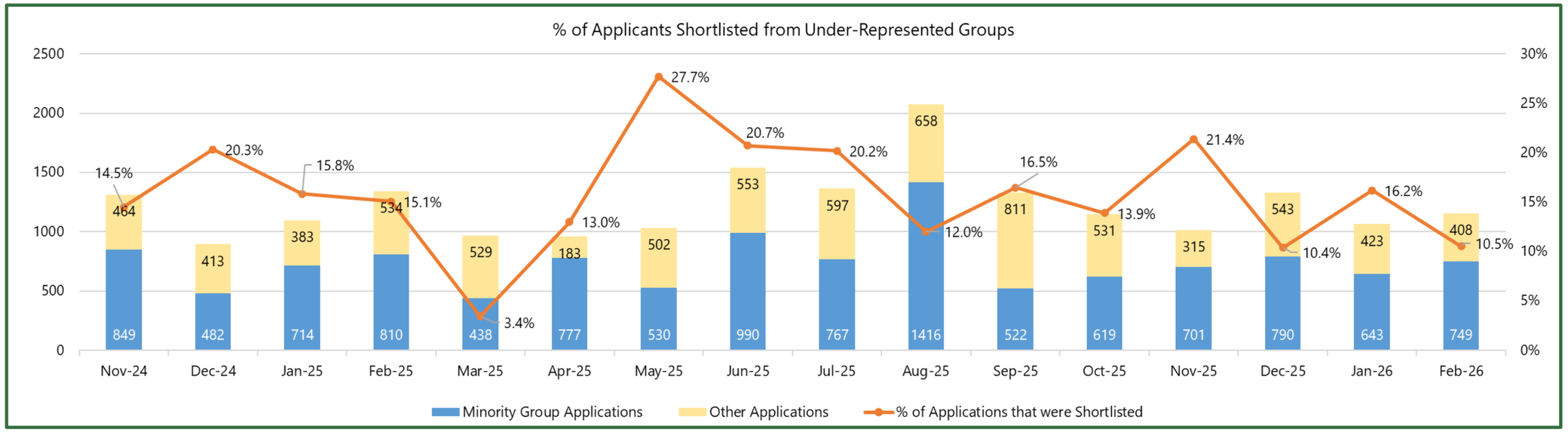
Our People
Culture – Number of R&R Disciplinary Hearings and Number of Applicants Shortlisted from Under-Represented Groups

(Responsible Officer: Angela Lewis)

Self-Assessment: Strength of Internal Control: Moderate

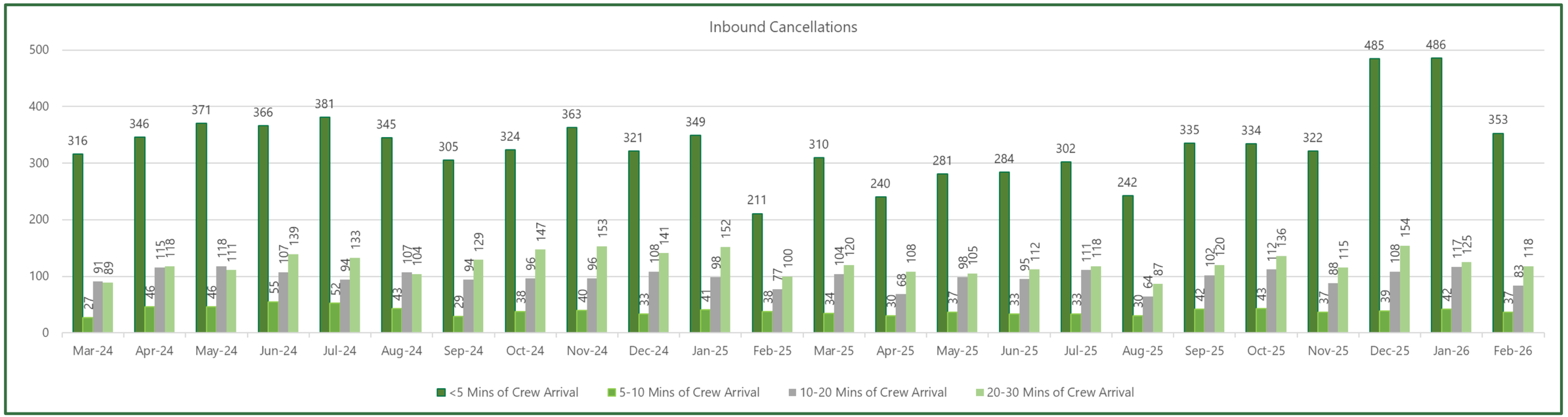
PCC

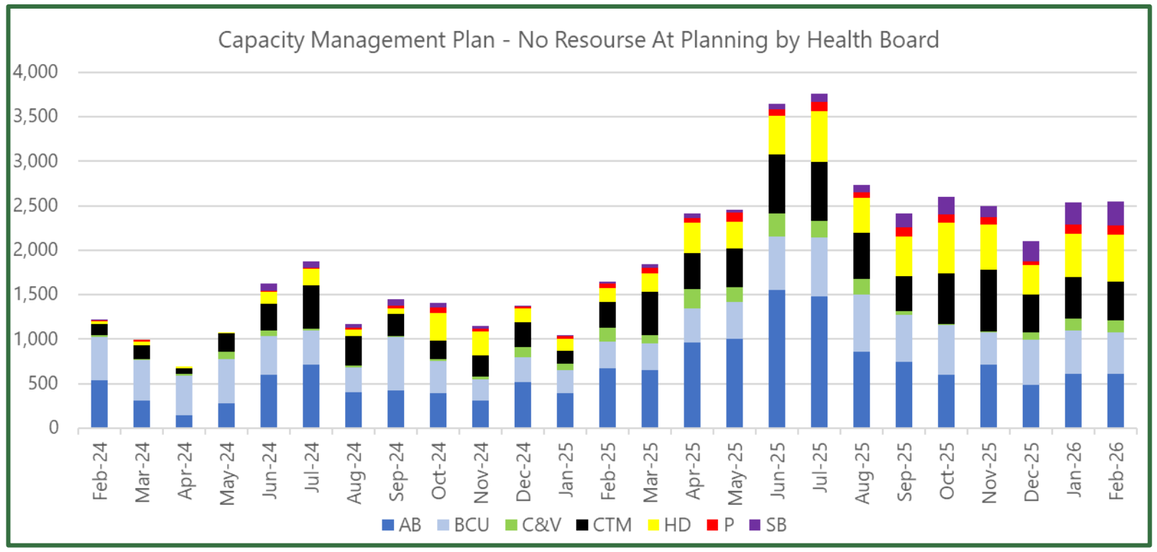


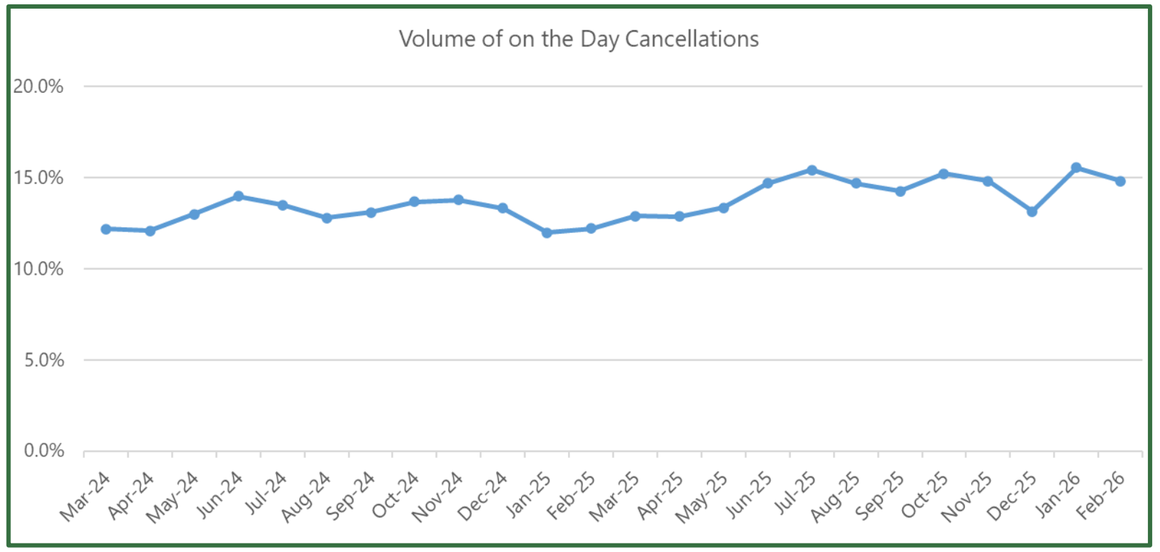


Finance, Resources and Value
Value: Ambulance Care Indicators

(Responsible Officer: Lee Brooks)





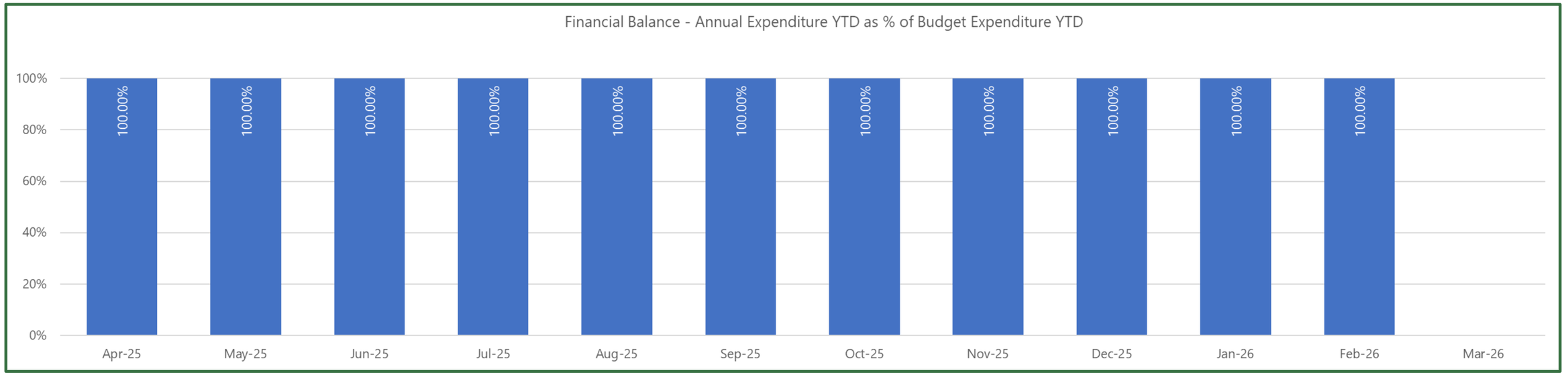


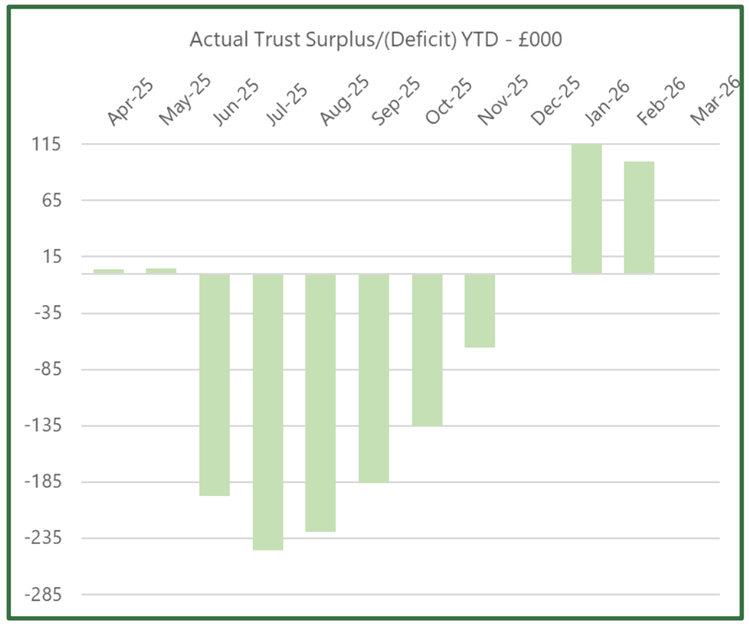
Finance, Resources and Value
Value - Finance Indicators

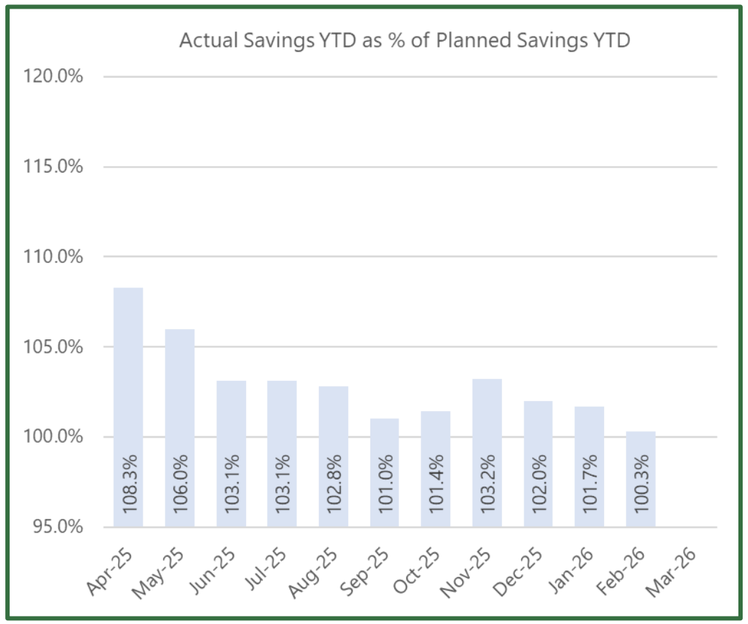
(Responsible Officer: Chris Turley)

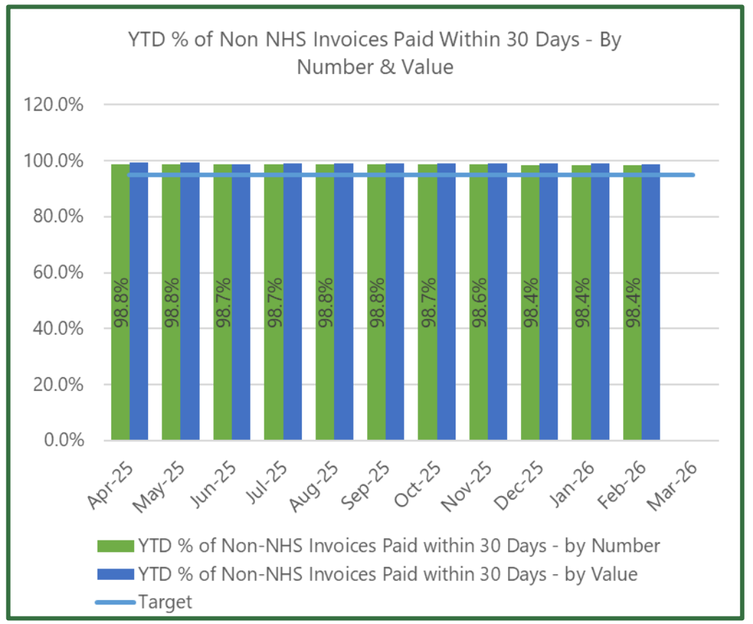
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FPC









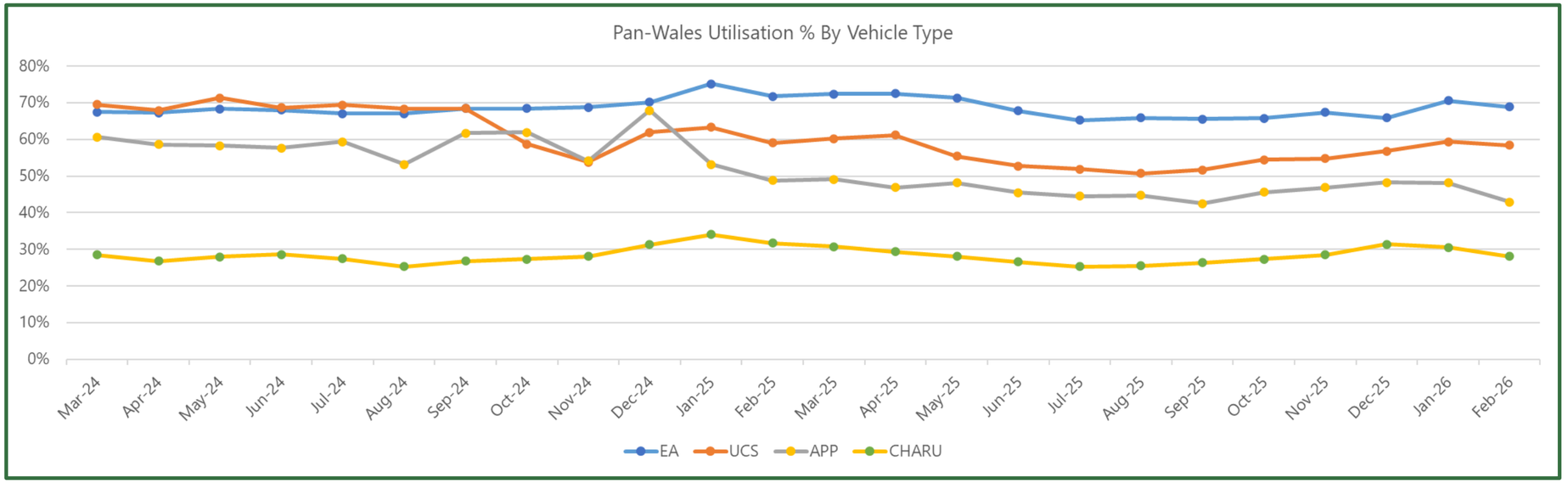
Finance, Resources and Value
EMS Utilisation

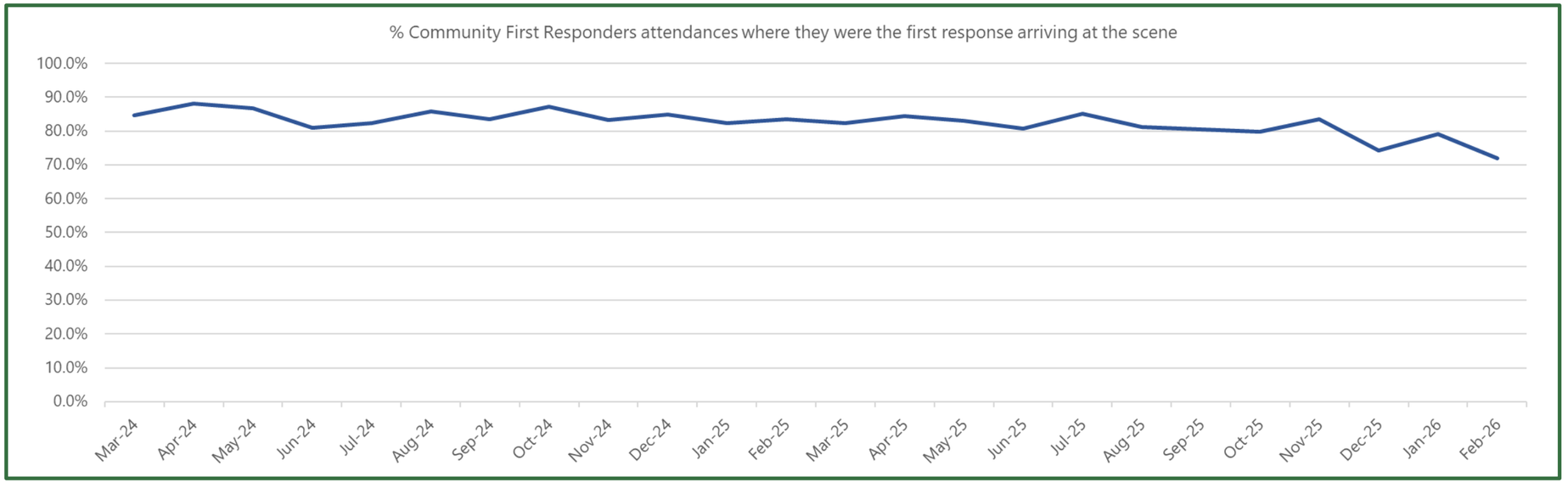
(Responsible Officer: Lee Brooks)

CHARU Utilisation
A

FPC

NB: Data quality issues have been identified within CFR data. These are currently being addressed.





Analysis

Pan Wales Utilisation metrics in February 2026 were 54.1% for all vehicles types, a decrease from 63.8% in February 2025. EA saw the highest rate during the month at 68.9%, a minimal decrease but returning to an upward trend for the beginning of the year. The optimal utilisation rate for EAs needs to be lower so that they are free to respond to incoming calls.

CFR data collation is under review. From the data available, in February 2026 we can see that CFRs attended 398 incidents and were first at scene to 286 of those incidents equating to 71.9% where they were the first response arriving at the scene.

Remedial Plans and Actions

EA and UCS jobs per shift is fundamentally a product of handover delays.

For APPs, the APP Recruitment Task & Finish Group will give a focus on further improvement, in particular, improved information and a re-roster.

Work ongoing to connect Assemble and CAD for all CFR and Community Welfare Responders (CWR) hours.

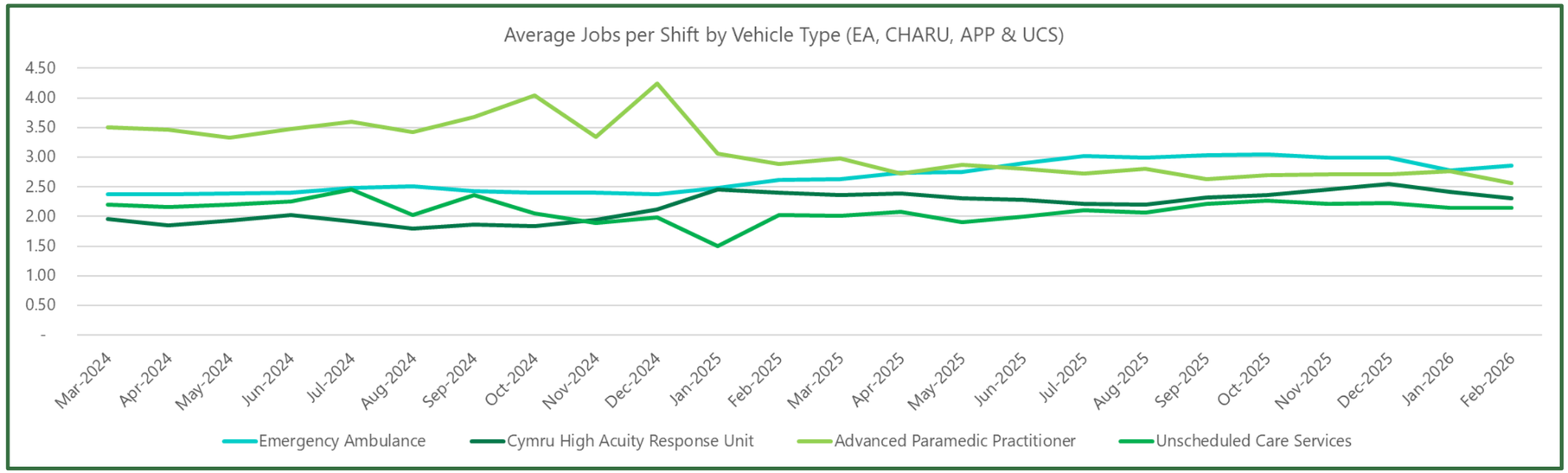
Expected Performance Trajectory

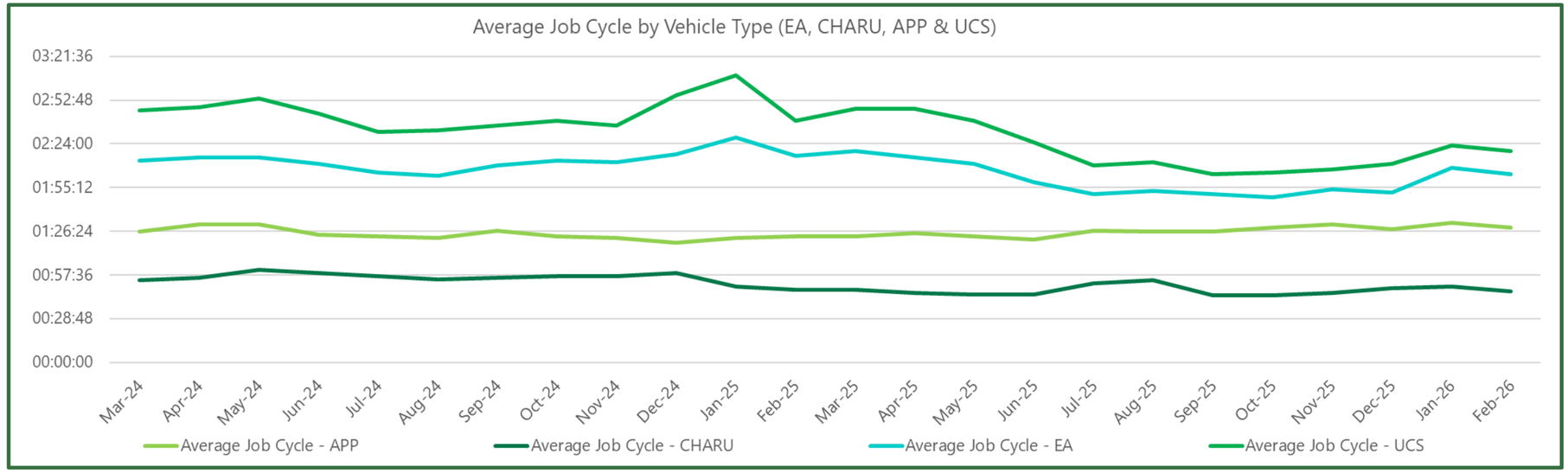
The Trust's ability to reduce the high utilisation rates for EAs and UCS is a product of handover, which it does not control. If W45 is delivered the Trust should see a reduction in the utilisation rate. Previous modelling has identified an optimal EA utilisation rate of 57%.

Finance, Resources and Value
Average Job/Shift Times

(Responsible Officer: Lee Brooks)

Jobs Per Shift
A





Analysis

Overall average jobs per shift was 2.71 in February 2026, a minimal increase from February 2025 (2.55). EAs averaged 2.85 jobs per shift and UCS crews 2.14. The D&C review conducted by ORH indicated that 2.3 jobs per shift was the optimum level for EAs if at full establishment and if handover was reduced to target levels and full transformation by the Trust.

APPs attended on average 2.57 jobs per shift and CHARU's 2.31. We would expect CHARUs to be low, as they need to be free to respond very quickly, but it is not clear why APPs are so low.

As demonstrated in the bottom graph, the average job cycle minimally decreased in February 2026 for UCS (2 hours and 19 minutes), CHARU (47 minutes), APPs (1 hour 29 minutes) and EAs (2 hours 4 minutes).

Remedial Plans and Actions

There are two key actions underway for APPs a) scheduling (that is responding to the code set they are designed to focus on, and the APP re-roster, which is due to take place in Q4 and into Q1 + Q2 next year.

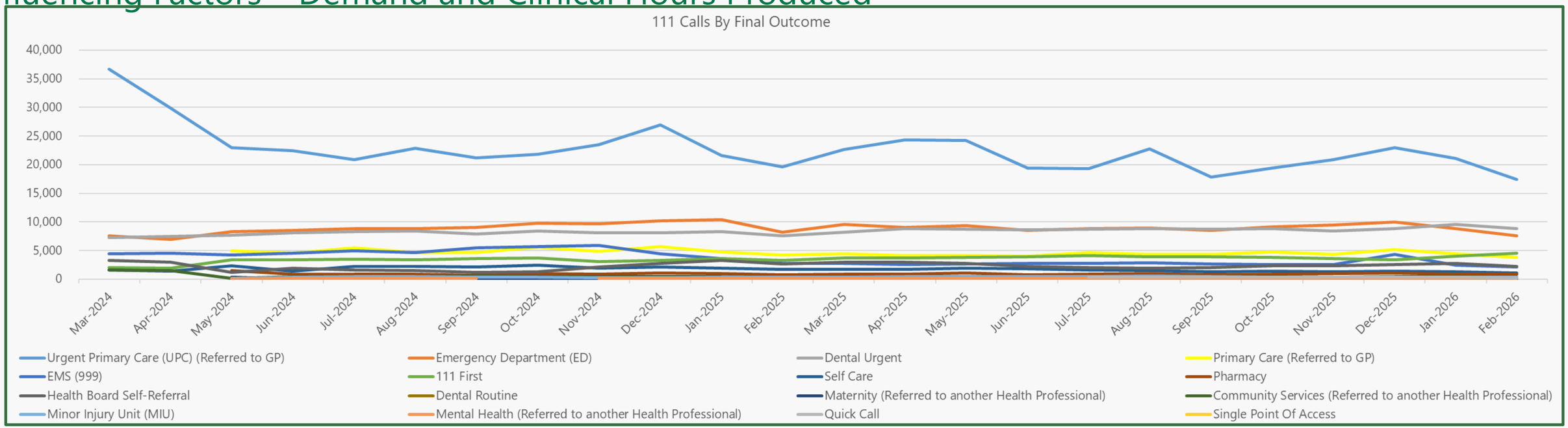
Expected Performance Trajectory

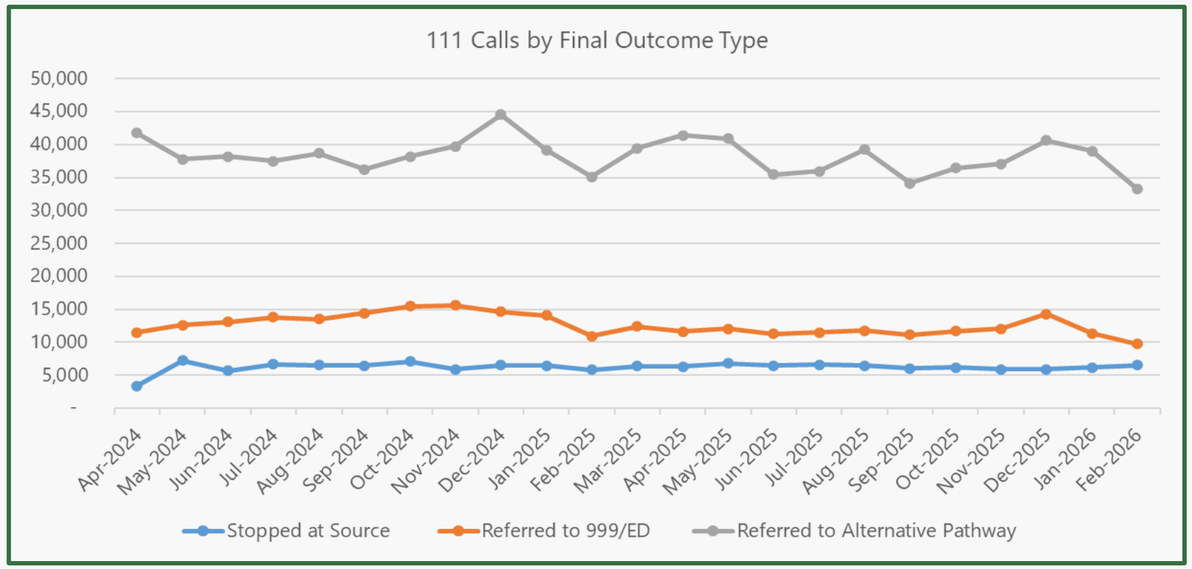
EA job per shift is already better than benchmark and CHARUs should be low so they are free to respond. The area of focus is for APPs. Currently, the Trust has modelled a level of increased utilisation, via the re-roster work. Further work is required to identify what this higher utilisation rate would give in terms of jobs per shift.

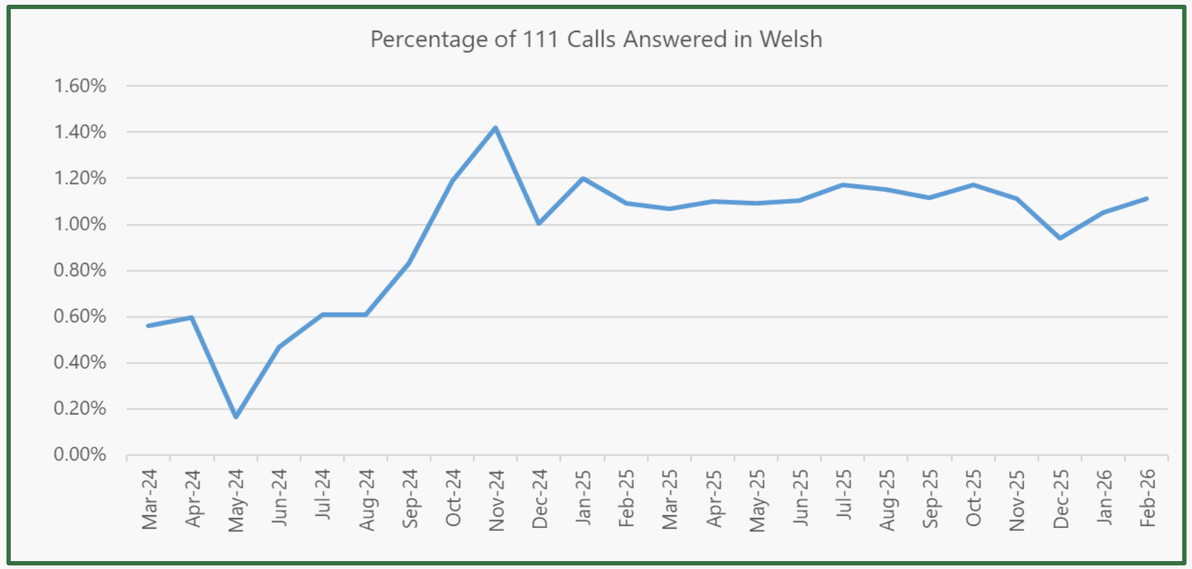
Partnerships / System Contribution
NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators

(Responsible Officer: Lee Brooks)

Influencing Factors – Demand and Clinical Hours Produced





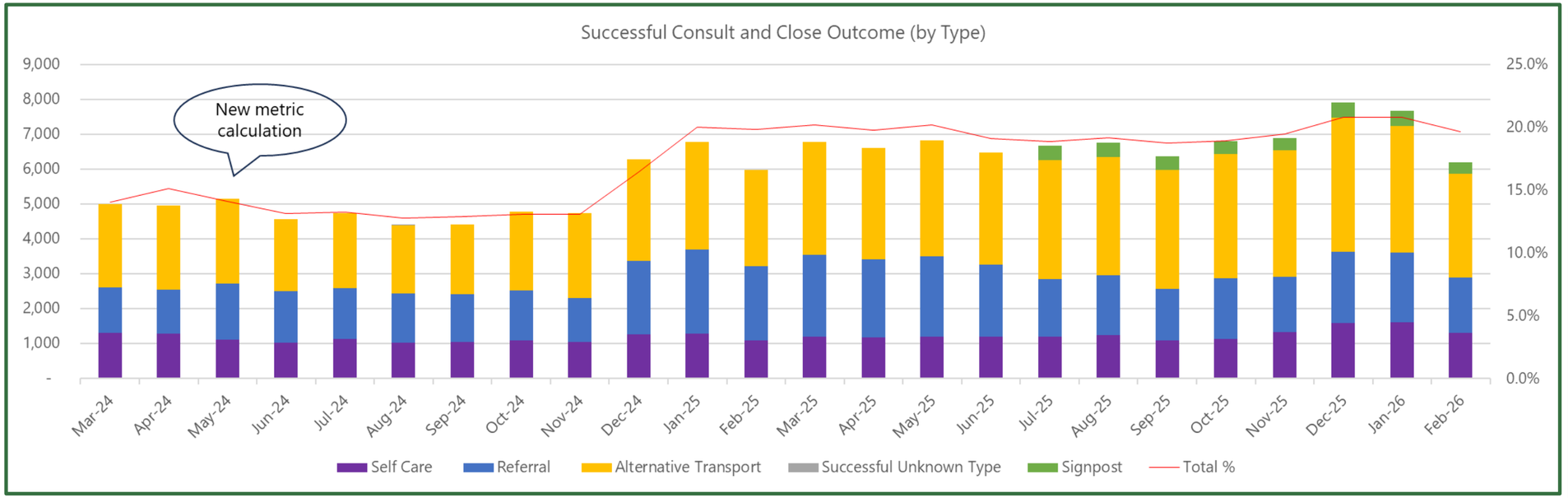


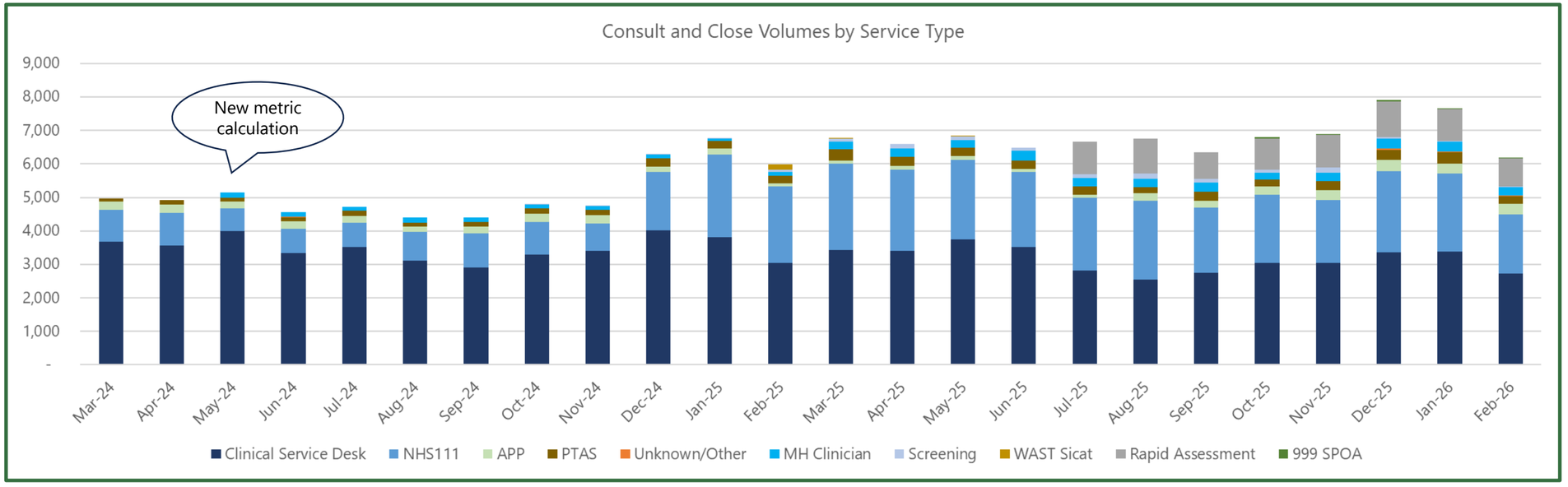
Partnerships / System Contribution
Consult & Close Indicators

(Responsible Officer: Lee Brooks)

C&C Outcomes

R





Analysis

The new **Consult and Close** definition was agreed by Commissioners in May 2025 with reporting recommencing in June 2025 after backdating data collation to May 2024.

Contributions from Clinical Service Desk (CSD) (8.66%), NHS111 (5.58%), WAST APP (1.03%), Health Boards using Physician Triage and Streaming Service (PTAS) (0.69%), Mental Health Clinician (0.78%), Screening (0.08%), Rapid Assessment (2.67%) and 999 Single Point of Access (SPOA) (0.05%) achieved 19.6% in February 2026, a minimal decrease compared to February 2025 (19.8%), not achieving the 22% target. In February 2026, the number of 999 calls resulting in a Consult and Close outcome was 6,189, up from 5,982 in February 2025.

Of the calls successfully closed in February 2026, 1,310 patients received an outcome of self-care; 1,578 patients were referred to other services (including to Minor Injury Units and SDEC), 2,981 were advised to seek alternative transport services to acquire treatment and 320 were signposted.

Remedial Plans and Actions

- Work underway reviewing processes, has yielded efficiencies in remote clinical support.
- Implementation of 15 recommendations from commissioner review.

Expected Performance Trajectory

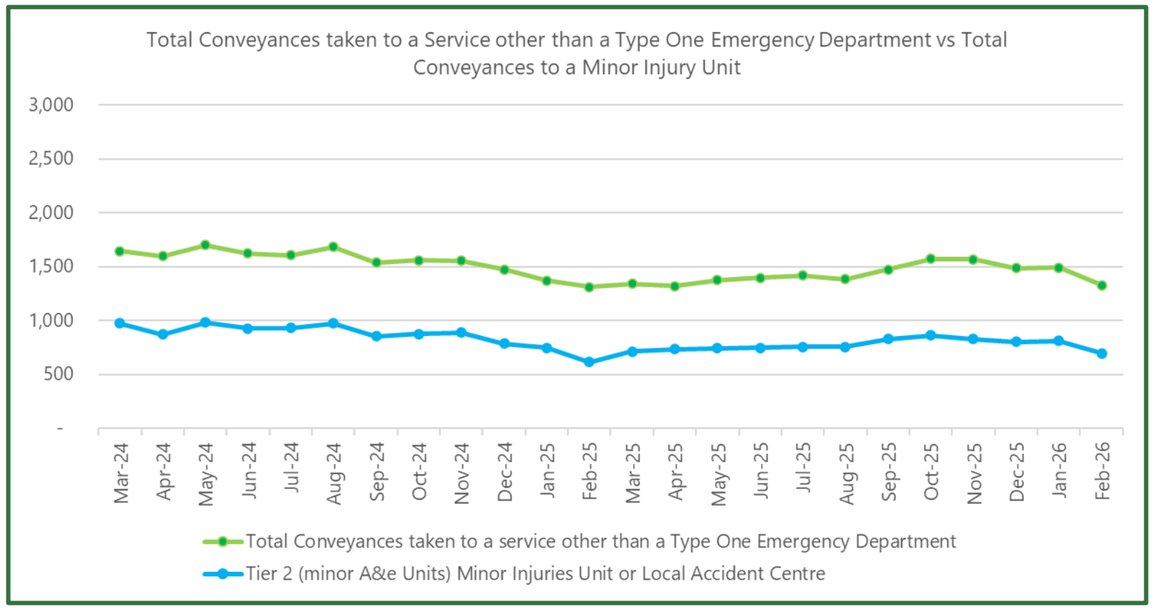
Further improvement is expected linked to CSD staff attendance (reduced abstractions and less vacancies) and the CMT model. The ambition remains 22%.

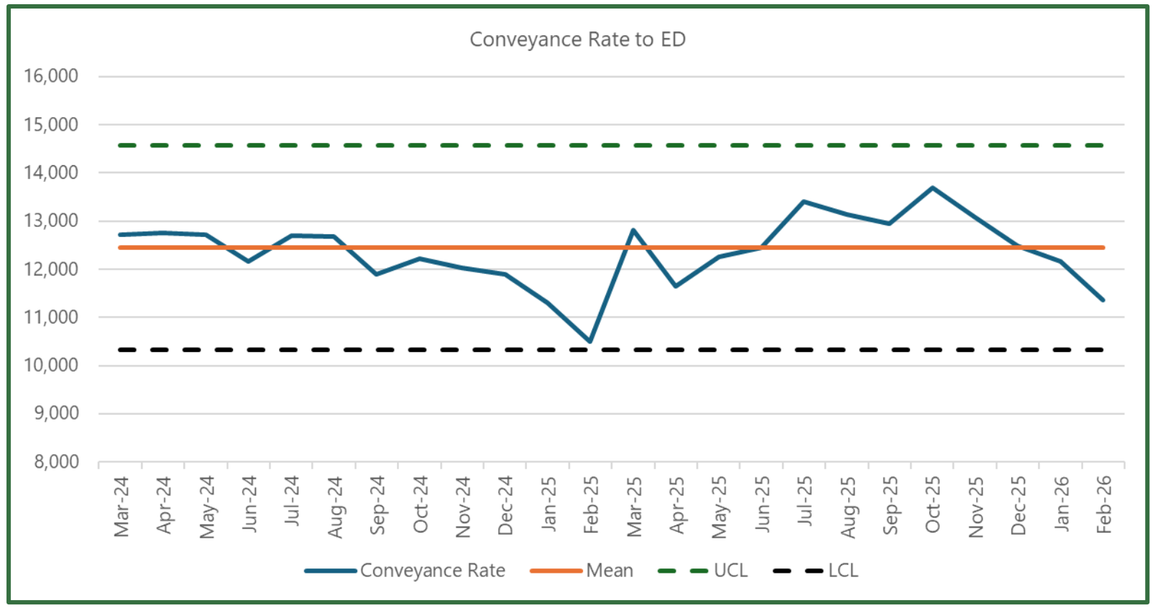
Partnerships / System Contribution
Conveyance to ED Indicators

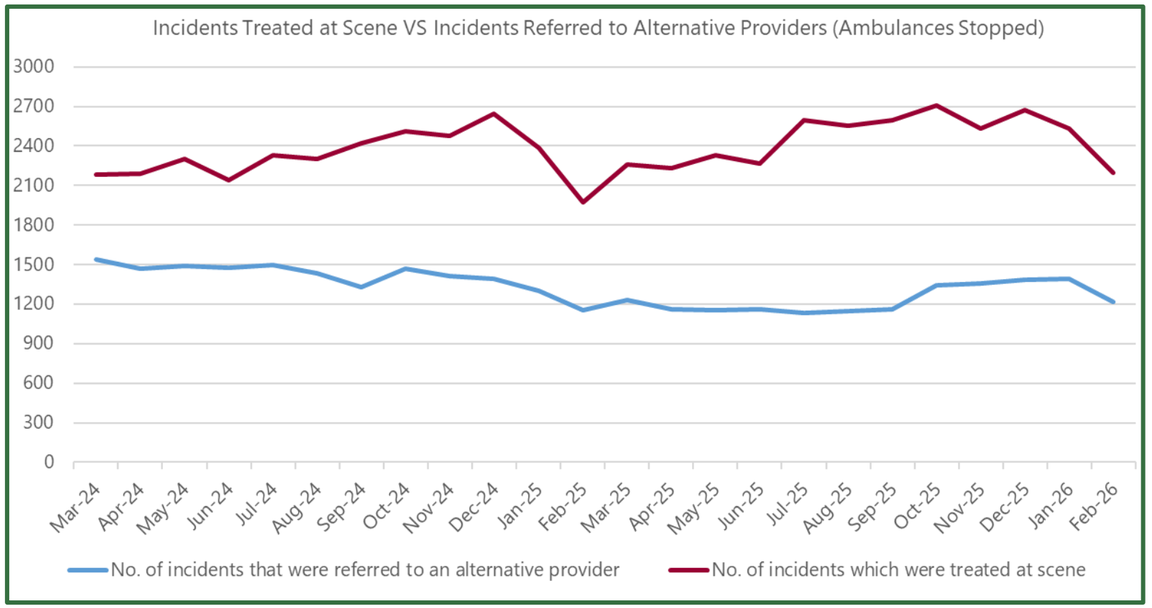
(Responsible Officer: Andy Swinburn)

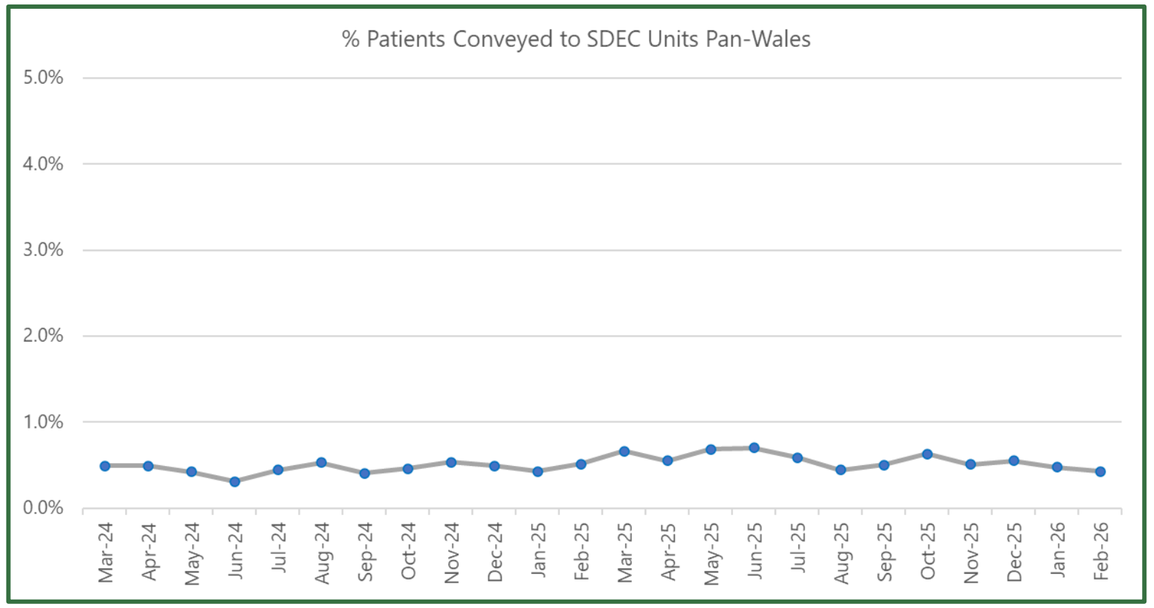
QUEST

Ministerial Measure





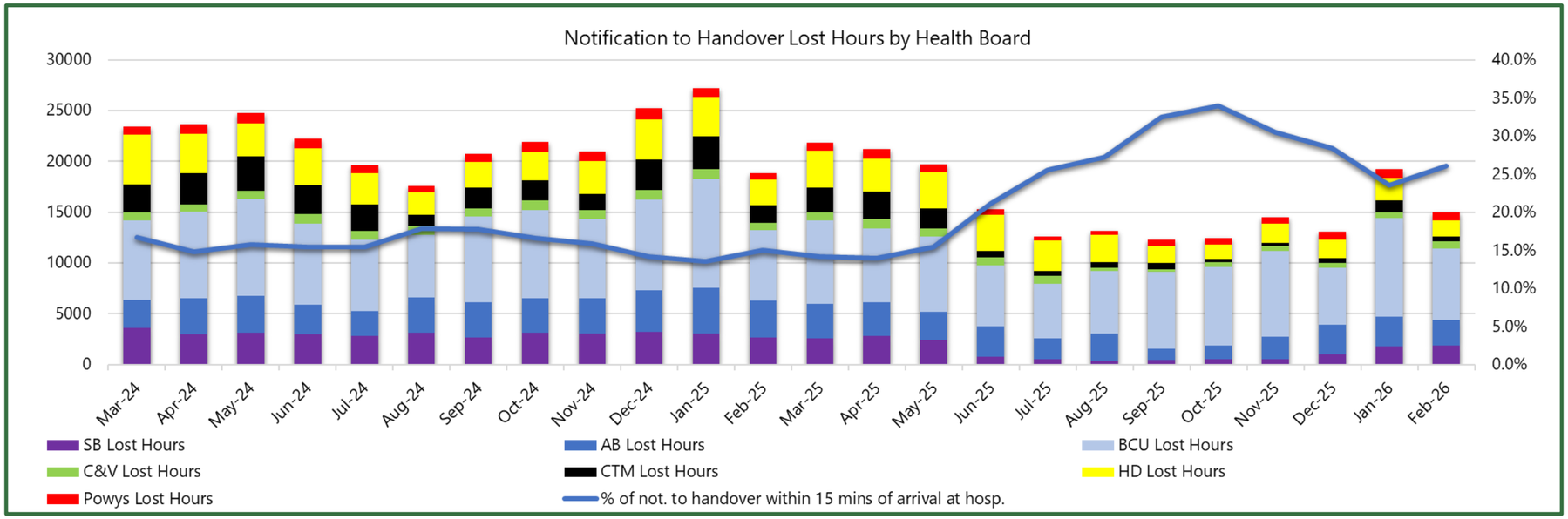


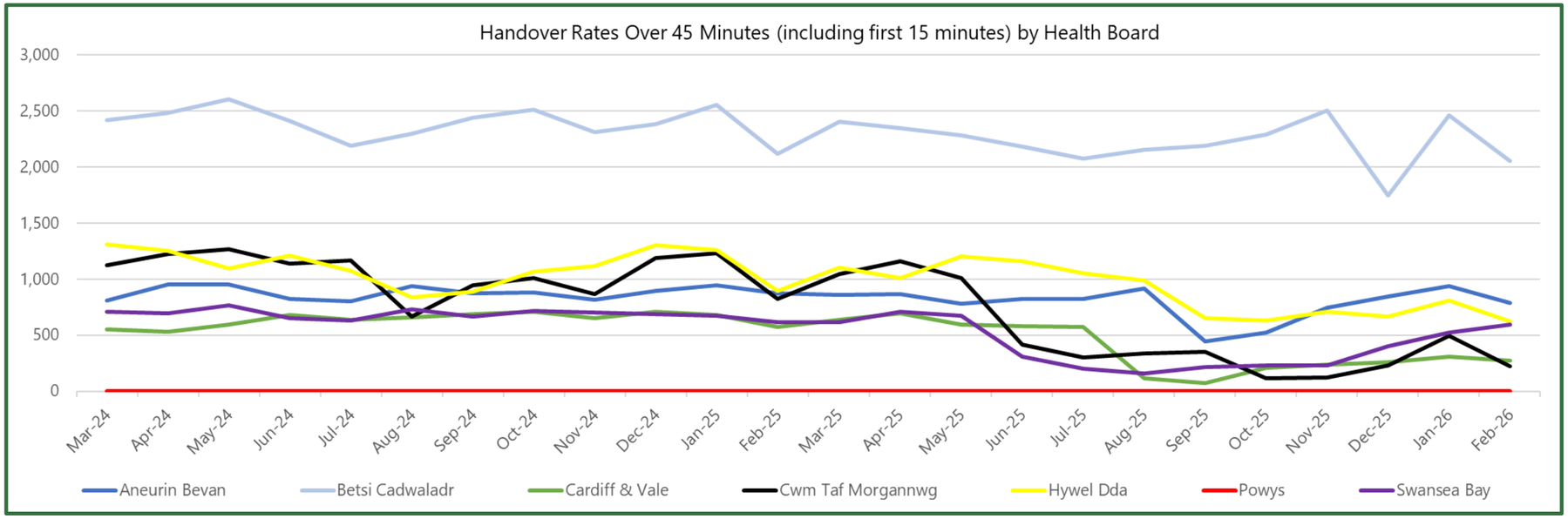


Partnerships / System Contribution Handover Indicators

(Responsible Officer: Health Boards)

45 min Handovers R | Lost Hours R | CI | QUEST





Analysis

190,220 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months (Mar-25 to Feb-26), compared to 242,541 hours over the same timeframe the previous year. There were 14,957 hours lost in February 2026, which is 20.4% lower than the 18,811 hours lost during February 2025 and is one of the lowest monthly figure since December 2021. All health boards , except Swansea Bay health board has seen reductions, compared to last month.

The hospitals with the highest levels of handover delays during February 2026 were:

- Grange University Hospital (ABUHB) at 2,459 lost hours
- Ysbyty Maelor Hospital (BCUHB) at 2,431 lost hours
- Ysbyty Gwynedd Hospital (BCUHB) at 2,328 lost hours
- Ysbyty Glan Clwyd (BCUHB) at 2,104 lost hours
- Morrison Hospital (SBUHB) at 1,864 lost hours

Notification to handover lost hours averaged 534 hours per day during February 2026 (28 days) compared to 621 hours per day (31 days) in January 2026.

In February2026, the Trust could have responded to approximately 4,718 more patients if handovers were reduced, which highlights the impact these numbers are still having on the service.

Remedial Plans and Actions

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

Expected Performance Trajectory

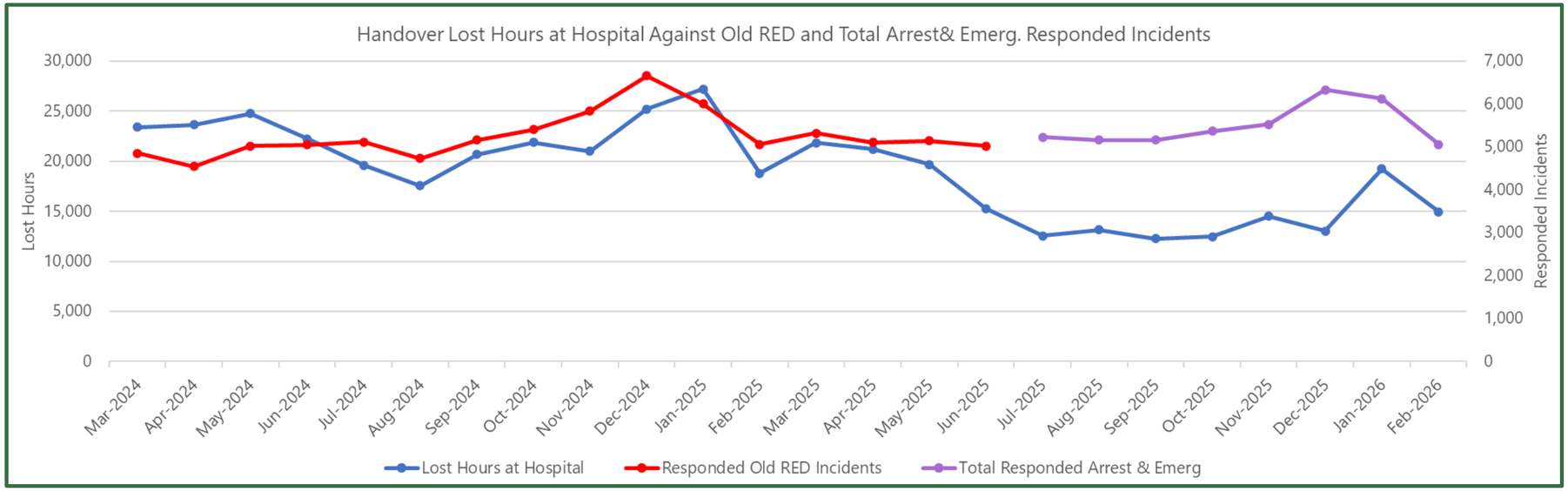
The likely expected ambition from Welsh Government is no waits over 45 minutes. W45 workshops have been facilitated with each health board by NHSWales Performance & Improvement (previously the NHS Executive).

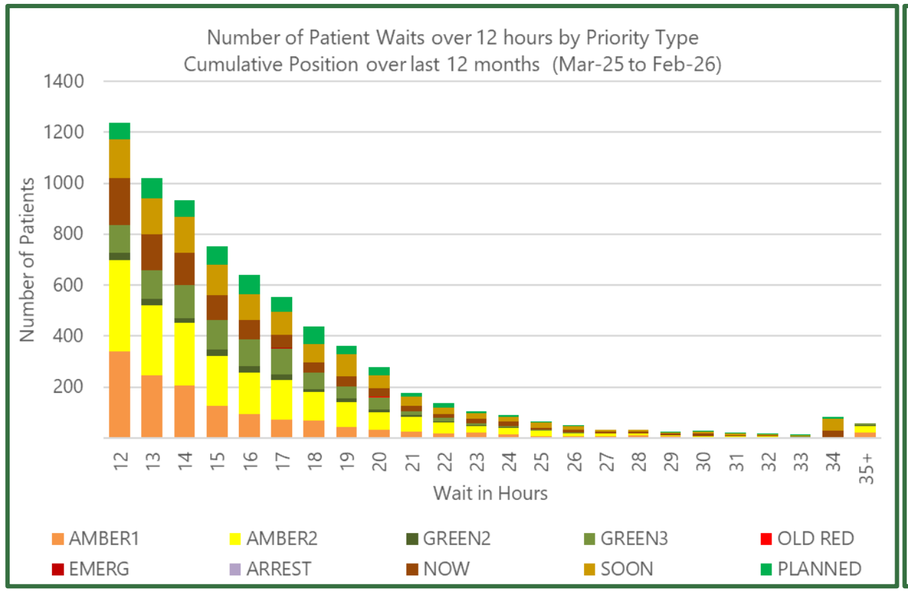
Partnerships / System Contribution

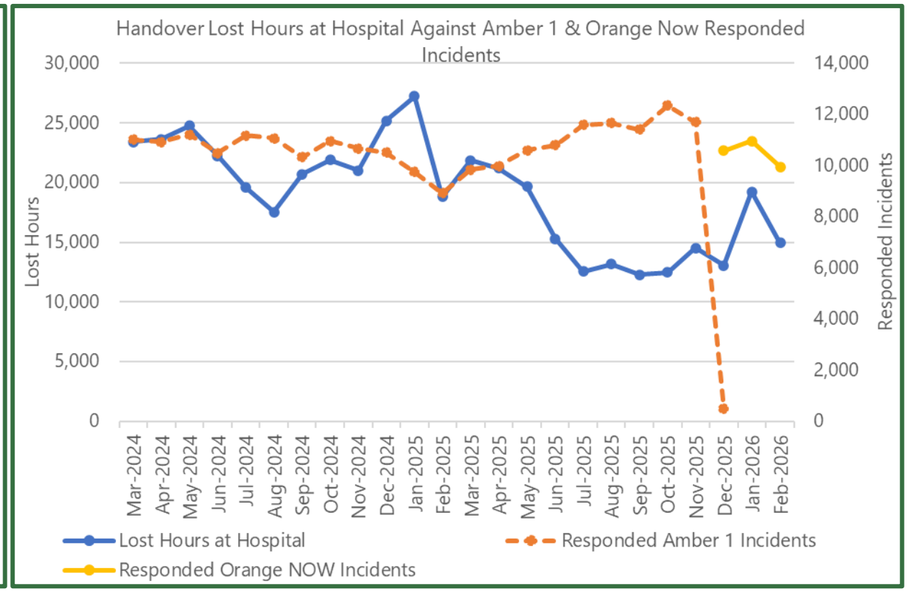
Handover Lost Hours Against Red & Amber 1 Responded Incidents

(Responsible Officer: Health Boards)

CI QUEST







Analysis

The top graph highlights that when handover lost hours have increased, so to do the number of Old Red, Arrest and Emerg incidents being responded to. This shows that when CSP is in periods of high demand and hospital handover increases, Red responses are protected, even during high pressure within the system.

The bottom right graph illustrates, that there is also a correlation between lost hours decreasing and Old Amber 1 and Now incidents being responded to.

In February 2026, 673 patients waited over 12 hours for an ambulance response.

Remedial Plans and Actions

The NHSWales ambition is W45. W45 equates to 6,000 to 6,500 lost hours, depending on the level of conveyance. Handover lost hours have reduced from the extremes seen in 2022, but they remain some distance from the W45 ambition.

Expected Performance Trajectory

The likely expected ambition from Welsh Government is no waits over 45 minutes.

NB: there were a small number of Amber 1 incidents on 1st December 2025

**NB: Data correct at time of abstraction*

Term	Definition	Term	Definition	Term	Definition	Term	Definition	Term	Definition
AB / ABHB	Aneurin Bevan / Aneurin Bevan Health Board	CTM / CTMHB	Cwm Taf Morgannwg Health Board	HIW	Health Inspectorate Wales	NHSDW	National Health Service Direct Wales	ROSC	Return Of Spontaneous Circulation
AOM	Area Operations Manager	C&V / C&VHB	Cardiff & Vale / Cardiff & Vale Health Board	HI	Health Informatics	NPUC	National Programme for Unscheduled Care	RRV	Rapid Response Vehicle
APP	Advanced Paramedic Practitioner	DAG	Delivery & Assurance Group	H&W	Health & Wellbeing	NQPs	Newly Qualified Paramedic	SB / SBUHB	Swansea Bay / Swansea Bay Health Board
AQI	Ambulance Quality Indicator	D&T	Discharge & Transfer	HR	Human resources	NRI	Nationally Reportable Incident	SCIF	Serious Concerns Incident Forum
BCU / BCUHB	Betsi Cadwaladr / Betsi Cadwaladr university Health Board	DU	Delivery Unit	HSE	Health and Safety Executive	OBC	Outline Business Case	STEMI	ST segment Evaluation Myocardial Infarction
CASC	Chief Ambulance Services Commissioner	EAP	Emergency Ambulance Practitioner	IG	Information Governance	OD	Organisational Development	TPT	Tactical Pandemic Team
CCC	Clinical Contact Centre	ED	Emergency Department	IMTP	Integrated Medium Term Plan	ODU	Operational Delivery Unit	TU	Trade Union
CCP	Complex Case Panel	ELT	Executive Leadership Team	IPR	Integrated Performance Report	OH	Occupational Health	UCA	Unscheduled Care Assistant
CEO	Chief Executive Officer	EMD	Emergency Medical Department	JCC	Joint Commissioning Committee	P / PHB	Powys / Powys Health Board	UCS	Unscheduled Care System
CFR	Community First Responder	EMS	Emergency Medical services	KPI	Key Performance Indicator	PCR / PCRs	Patient Care Record(s)	UHP	Unit Hours Production
CI	Clinical Indicator	ePCR	Electronic Patient Care Record	LTS	Long Term Strategy	JRCALC	Joint Royal Colleges Ambulances Liaison Committee	U/A RTB	Unavailable – return to Base
CHARU	Cymru High Acuity Response Unit	FTE	Full Time Equivalent	MACA	Military Aid to the Civil Authority	PECI	Patient Engagement & community Involvement	VPH	Vantage Point House (Cwmbran)
COOs	Chief Operating Officers	GDPR	General Data Protection Regulations	MIU	Minor Injury Unit	POD	Patient Offload department	WAST	Welsh Ambulance Services University NHS Trust
COPD	Chronic Obstructive Pulmonary Disease	GPOOH	General Practitioner Out of Hours	MPDS	Medical Priority Dispatch System	PPLH	Post Production Lost Hours	WG	Welsh Government
COVID-19	Corona Virus Disease (2019)	GTN	Glyceryl Trinitrate	NCCU	National Collaborative Commissioning Unit	PSPP	Public Sector Purchase Programme	WIIN	WAST Improvement & Innovation Network
CMT	Clinical Model Transformation	HB	Health Board	NEPTS	Non-Emergency Patient Transport Services	QPSE	Quality, Patient Safety & Experience		
CSD	Clinical Service Desk	HCP	Health Care Professional	NEWS	National Early Warning Score	RCS	Rapid Clinical Screening		
CSP	Clinical Safety Plan	HD / HDHB	Hywel Dda / Hywel Dda Health Board	NHS	National Health Service	RICS	Remote Integrated Care Service		

Definition of Indicators

Indicator	Definition	Indicator	Definition
111 Abandoned Calls	An offered call is one which has been through the Interactive Voice Response messages and has continued to speak to a Call Handler. There are several options for the caller to self-serve from the options presented in the IVR and a proportion of callers choose these options. An example is to guide the caller to 119 if they wish to speak to someone about a Coronavirus test. Once the caller is placed in the queue for the Call Handler if they hang up, they are counted as "abandoned" as we did not answer the call. The threshold starts at 60 seconds after being placed into the queue as this allows the callers to respond to the messages and options presented as it often takes a short while for the caller to react. Starting the count at 60 seconds provides a picture of abandonment where the caller has chosen not to wait, despite wanting to speak to a Call Handler	**Hours Produced for Emergency Ambulances**	Proportion of hours produced within the calendar month for Emergency Ambulance Vehicles (Target 95%).
111 Patients Called back within 1 hours (P1)	(Welsh Government performance target) which prescribes that 111 has up to 1 hour (longer for lower priory callers) for a 111 Clinician to call the patient to discuss their medical issue. These callers will already have been screened by Call Handlers and received an outcome which needs a conversation with a 111 Clinician. WAST operates a queue and call back method for all Clinical Calls.	**Sickness Absence (all staff)**	Staff sickness volumes as a percentage for all staff employed within the Welsh Ambulance Services NHS Trust.
999 Call Answer Times 95th Percentile	Time taken (in Minutes) to answer 999 emergency calls by call handlers. A percentile (or a centile) is a measure used in statistics indicating the value below which a given percentage of observations in a group of observations fall. For example, the 95th percentile is the value below which 95 percent of the observations may be found.	**Frontline COVID-19 Vaccination Rates**	Volume of frontline (patient facing and non-patient facing) who have received a second COVID-19 vaccination.
999 Red Response within 8 Minutes	Percentage of 999 incidents within the Red (immediately life-threatening) category which received an emergency response at scene within 8 minutes.	**Statutory and Mandatory Training**	Combined percentage of staff who are compliant with required statutory training undertaken by staff where a statutory body has dictated that an organisation must provide training based on legislation and mandatory training which relates to trade-specific training that the employer considers essential or compulsory for a specific job. (A detailed list of these can be found on slide 20).
Red 95th Percentile	Time taken (in minutes) for emergency response to arrive at scene for Red (immediately life-threatening) calls (NB: The 95th percentile is the value below which 95 percent of the observations may be found).	**PADR/Medical Appraisal**	Proportion of staff who have undertaken their annual Performance Appraisal & Development Review (PADR) or Medical Appraisal. This is a process of self-review supported by information gathered from an employees work to reflect on achievements and challenges and identify aspirations and learning needs. It is protected time once a year.
999 Amber 1 95th Percentile	Time taken (in minutes) for emergency response to arrive at scene for Amber 1 calls (other life-threatening emergencies – including cardiac chest pains or stroke). (NB: The 95th percentile is the value below which 95 percent of the observations may be found.	**Ambulance Response FTEs in Post**	Number of Emergency Medical Services, Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
Return of Spontaneous Circulation (ROSC)	Percentage of patients for whom Return Of Spontaneous Circulation occurs. This refers to signs of restored circulation (more than occasional gasp, occasional fleeting pulse or arterial waveform) evidenced by breathing, a palpable pulse or a measurable blood pressure.	**Ambulance Care, Integrated Care, Resourcing & EMS Coordination FTEs in Post**	Number of Ambulance Care, Integrated Care, Resourcing & EMS Coordination Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
Stroke Patients with Appropriate Care	Proportion of suspected stroke patients who are documented as receiving an appropriate stroke care bundle (a bundle is a group of between three and five specific interventions or processes of caret hat have a greater effect on patient outcomes if done together in a time-limited way ,rather than separately).	**Financial Balance – Annual Expenditure YTD as % of budget Expenditure**	Annual expenditure (Year to Date) as a proportion of budget expenditure.
Acute Coronary Syndrome Patients with Appropriate Care	Proportion of STEMI patients who receive appropriate care. ST segment elevation myocardial infarction - occurs when a coronary artery is totally occluded by a blood clot.	**Duty of Candour**	A notifiable adverse outcome is any incident whereby harm (moderate harm, severe harm and death) is caused, which is unintended or unexpected and that the provision of the health care was or may have been a factor in the service user suffering that outcome.
Renal Journeys arriving within 30 minutes of their appointment (NEPTS)	Proportion of renal journeys which arrive at hospital appointments within 30 minutes (+/-) of their appointment time.	**111 Consult and Close**	Consult and Close refers to the response to 999 callers where an alternative to a scene response has been provided. A cohort of 999 calls are passed to 111 where they are low acuity and the Clinicians in 111 may be able to help the caller with self-care, referral, etc. This is similar to the work of the Clinical Support Desk but for a lower acuity of caller. Where the outcome from the 111 clinical consultation ends in a Consult and Close outcome (self-care, referral, alternative transport) this is captured and forms part of the Trust's Consult and Close reporting. Over 50% of calls passed to 111 in this way are successfully closed without an ambulance response.
Discharge & Transfer journeys collected less than 60 minutes after booked ready time (NEPTS)	Proportion of journeys being discharged from and/or transferred between hospitals which were collected within 60 minutes of the hospital booked ready time.	**999 / 111 Hear and Treat**	Proportion of 999/111 calls which are successfully completed (closed) without dispatching an ambulance vehicle response. This may include advice, self-care or referral to other urgent care services.
National reportable Incidents (NRI)	Volume of patient safety incidents reported in the month which caused or contributed to the unexpected or avoidable death, or severe harm, of one or more patients, staff or members of the public, during NHS funded healthcare.	**% Incidents Conveyed to Major EDs**	Proportion of patients transported to a hospital Emergency Department following initial assessment at scene by a Welsh Ambulance Services NHS Trust Clinician, as a proportion of total verified incidents. (NB: An ED provides a wide range of acute in-patient and out-patient specialist services together with the necessary support systems, which allow emergency admissions, and which usually has an Accident and Emergency Department).
Concerns Response within 30 Days	Proportion of concerns responded to by the complaints team within 30 working days of receiving the concern.	**Number of Handover Lost hours**	Number of hours lost due to turnaround times at EDs taking more than 15 minutes. Transferring the care of a patient from an ambulance to an ED is expected to take no longer than 15 minutes, with a further 15 minutes for ambulance crews to make their vehicle ready for the next call.
EMS Abstraction Rate	The percentage of Emergency Medical Services (EMS) staff unavailable for rostered duties due to reasons, such as: annual leave, sickness, alternative duties, training, other and COVID-19.	**Immediate Release requests**	The number of requests submitted to Health Boards for the immediate release of vehicles at Emergency Departments to release them back into the community to respond to other urgent and life-threatening calls

Agenda Item No.	10.1

REPORT TITLE

Monthly Integrated Quality & Performance Report Scorecard:
26/27 Proposed Indicators & Ambitions

MEETING

Name of meeting	Trust Board (TB)
Date of meeting	26 March 2026
Public or Private	Public
If private - rationale	Choose item from below

REPORT SPONSOR

Executive sponsor	Rachel Marsh– Executive Director of Strategy, Planning & Performance
Author(s) of report	Hugh Bennett – Assistant Director Commissioning & Performance Mark Thomas - Commissioning & Performance Manager Melanie O'Connor - Senior Performance Analyst

PURPOSE OF REPORT

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

REPORT SUMMARY:

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

1.The purpose of this report is to provide Trust Board with a recommended revised top set of Trust Board key metrics, the "vital few", for Our Patients, Our People, Finance & Value and Partnerships & System Contribution, as part of the annual review of the Monthly Integrated Quality & Performance Report.

2.The recommended revised top set of Trust Board key metrics takes into account: Non-Executive Director feedback, Executive feedback, the New Ambulance Performance Framework, the draft NHS Wales Performance Framework, the JCC commissioning intentions and the Trust's draft 2026-29 Integrated Medium-Term Plan.

3.Along with the recommended key metrics are proposed ambitions for each one.

4.The recommendations and proposals for this Trust Board level scorecard, form part of a wider review of the metrics going to each committee, which will continue to take place into Q1 2026/27.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Trust Board is requested to:

APPROVE:

1. The recommended set of key metrics for its Trust Board scorecard (see Annex 1 of the report).
2. The proposed ambitions for each of the recommended key metrics (see Annex 1 of the report).

ADDITIONAL PAPER(S)

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

Annex 1 Monthly Integrated Quality and Performance Dashboard

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
☒ SO1: Providing the right care or advice, in the right place, every time	☒ SO2: Enabling our people to be the best they can be
☒ SO3: Being at the forefront of innovation and technology	☒ SO4: Developing services in collaboration
☒ SO5: Being quality driven and clinically led	☒ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
The proposed set should connect back to the BAF and the IMTP, whose strategic objectives are designed to mitigate and reduce strategic risks.

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document here for further details.

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
12 March 2026	Rachel Marsh, Executive Director Strategy, Planning & Performance
18 March 2026	Executive Leadership Team
19 March 2026	Rachel Marsh, Executive Director Strategy, Planning & Performance

SITUATION

1. The purpose of this report is to provide Trust Board with a recommended revised top set of Trust Board key metrics, the "vital few" for Our Patients, Our People, Finance & Value and Partnerships & System Contribution) as part of the annual review of the Monthly Integrated Quality & Performance Report (MIQPR).

BACKGROUND

2. The MIQPR is a key part of the Trust's Quality & Performance Framework: -





3. The Quality & Performance Management Framework is grounded in current theory and good practice around quality & performance and identifies a need to focus on "the vital few", the use of balanced scorecards and that good performance management should include objectives that are FAST: frequently discussed, ambitious, specific and transparent.

4. It is business as usual practice for the Trust to undertake an annual review of its MIQPR, with a focus on the indicators and ambitions, but this year there is deeper focus on the level of reporting, style of reporting and what is reported, when and to whom.

ASSESSMENT

Recommended Key Metrics & Ambitions

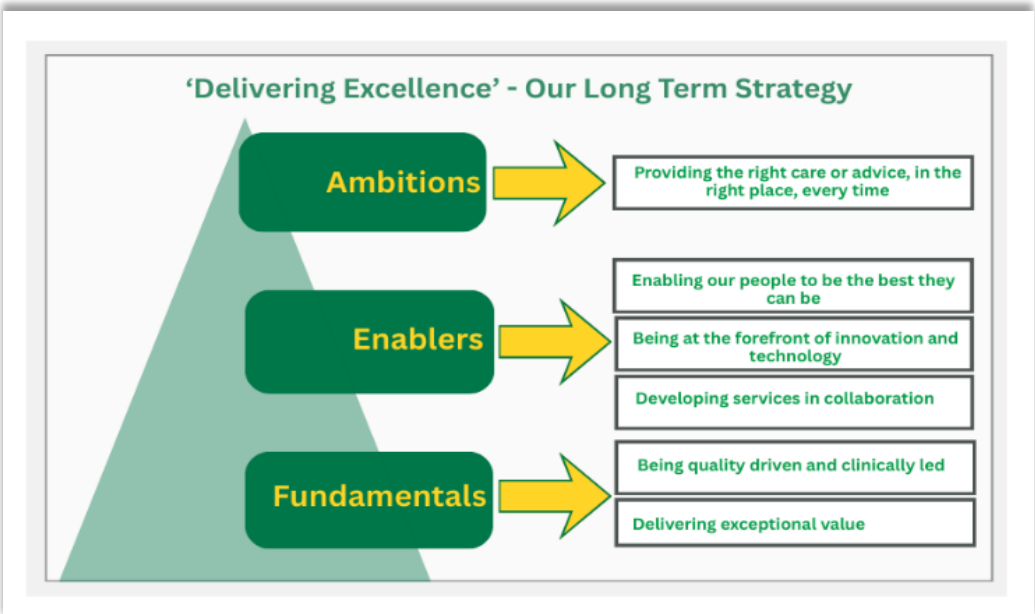
5. The recommended Trust Board set of key metrics and their associated proposed ambition are contained in Annex 1.

6. As part of the Quality & Performance Management Framework, the Trust uses a balanced scorecard:

    - Our Patients;
    - Our People;
    - Finance & Value; and
    - Partnerships & System Contribution.

7. This approach has been retained. It is designed to avoid an over focus on one type of metric e.g. profit or time, as the expense of a more balanced assessment of quality and performance. Each recommended metric is cross referenced to one aspect of the Trusts' balanced scorecard.

8. The recommended set is also cross referenced to the Trust's Long Term Strategy strategic objectives:



9. The proposed ambitions are based on known targets, ranges, industry standards, benchmarks, simulation modelling outputs and expert input.

10. The following sections provide more detail on the process and thinking behind the recommended set and proposed ambitions.

Non-Executive Director & Executive Feedback

11. December's Board Development received a presentation on options for the MIQPR, based on feedback received from NEDs and Executives. The following actions were agreed:

a) To review the current set of key performance indicators (KPIs) against the Trust's strategic objectives, with a view to reducing the number of KPIs;

b) Disaggregate the MQIPR into committee specific KPIs, but retain the overall scorecard for each committee in order to avoid silo working and maintain an overall awareness of the Trust's operating context across its balanced scorecard;

c) Report by exception, so for the committee specific KPIs, only those that are off target will receive a narrative detailing what is causing the KPI to be off target and what is being done about it. For KPIs that are on target, graphs will be provided in an appendix with no supporting narrative;

d) Retain the balanced scorecard as a way of achieving strategic alignment in a quantitative form;

e) Seek to add a more predictive element to the reporting (this will take a period of time to achieve, but the Trust has a strong track record of forecasting & modelling);

f) Remove the use of upward/downward trends for ambitions and replace with benchmarks, ranges etc; and

g) A greater use of statistical process control charts, but agreement to empower the Trust's analysts to determine the best way of visualising the data.

12. These changes will take place over a number of months, with full go live in Q1 & Q2, once the 2026-29 IMTP has been agreed and once the Trust is in a new financial year.

13. This report is a first step in the changes.

14. In terms of the proposed metrics there was general support from Non-Executive Directors and Executives, with the following specific feedback:

Feedback	**Response**
The inclusion of statutory & mandatory training, because it is Welsh Government target. It has in the past been a Welsh Government target, but is not in the NHS Wales Performance Framework 2026-27	ELT recommend inclusion
Include overall sickness benchmarked against NHS/Ambulance sector.	The overall sickness target for WAST is 6%, as per the IMTP. Proposal is that the People & Culture Committee could receive a periodic report (annual maybe), benchmarking the Trust. Also, there are known hotspots that can be highlighted
Include staff wellbeing e.g. cultural metrics on engagement and psychological safety	A metric like the NHS Staff Survey engagement index might provide a single metric for the Trust Board scorecard. The proposal is that metrics around staff wellbeing and culture will be reviewed as part of the People & Culture Committee specific set of indicators
Quality/clinically led: is there a positive indicator we can include?	The recommended Trust Board set includes indicators like ROSC, call do door times and patient experience metrics, all of which the Trust would want to positively affect through the next IMTP cycle
More ambition with equalities and diversity metrics at Trust Board / Committee level that demonstrates a wider perspective e.g. Disparities in staff experience, EDI representation index	Refer to the People & Culture Committee and review as part of the specific set of indicators for that committee

111 calls presented in Welsh, answered in Welsh. Move from SO2 (People) to SO1 (Patients)	Moved to SO1
Consider including a metric on % of staff with Welsh language skills	Refer to the People & Culture Committee and review as part of the specific set of indicators for that committee
Improved ease of reading the scorecard	The Director of Corporate Governance and Executive Director of Strategy, Planning & Performance, will review the format for ease of reading
Include overruns in the top set of metrics (feedback from trade union partners)	Overruns will form part of the suite of metrics considered by the People & Culture Committee
Try and increase balance across the range of metrics in the scorecard quadrants	The recommended top set of metrics is weighted toward "Our Patients", but the review of the metrics across the three committees will seek to provide a more balanced set
More clarity on what good looks like	Each recommended key metric has a proposed ambition
Focus on alignment between indicators and the Trusts' strategic objectives	Each recommended key metric is now cross referenced to the Trust's strategic objectives

NHS Wales Performance Framework 2026-2027

15. The draft framework's main focus is health boards, so there are only a small number of metrics that are specific to an ambulance service or have general applicability:

- ROSC;
- Median emergency ambulance response times to the arrest category;
- Median emergency ambulance response times to the Emerg category;
- Number of ambulance patient handovers within 45 minutes;
- Number of ambulance patient handovers within 15 minutes;
- Percentage of sickness of absence rate of staff;
- Turnover rate (specific staff groups);
- Agency spend;
- Number of never events; and
- Overall health board patient experience score.

16. All of these are included in the recommended Trust Board set, apart from agency spend which will be part of the Finance & Performance Committee's specific set of metrics. The Trust will not have an overall patient experience score but will include a composite patient experience metric.

New Ambulance Performance Framework

17. 2025 saw the biggest change to the 999/EMS clinical model in a decade. As part of this change Welsh Government issued two letters and an appendix confirming the key metrics for phase 1 (Arrest and Emerg) and phase 2 (Now, Soon & Planned).

Annex 1 – New Ambulance Performance Framework

	Category	Description	Aim	Measures
Respond immediately	PURPLE: ARREST	Cardiac or respiratory arrest.	Increase ROSC rates	• ROSC rate • Median time to identify cardiac arrest • Median time to commence CPR instruction • Median time for defibrillator arrival • Median response (6-8 minutes) • 90th percentile (20 minutes)
	RED: EMERGENCY	At high risk of cardiac or respiratory arrest	Prevent deterioration into arrest	• Median response (6-8 minutes) • 90th percentile (20 minutes) • Outcome measure (Pain, NEWS, Spo2)
Time sensitive	ORANGE: NOW	Likely to need diagnostics and transport to hospital or specialist care e.g. a person in stroke or heart attack	Rapid arrival at specialist or emergency care facility as soon as possible	• Median response of most appropriate resource • 90th percentile • Stroke care bundle inc. call to door median and % arrival at specialist site. • STEMI care bundle inc. call to door median and % arrival at specialist site. • Further measures developed over time
Assess and respond	YELLOW: SOON	Further clinical assessment with potential to support remote clinician decision making for alternative pathway, and/or discharge at scene, and/or planned transport to treating facility, e.g. a person with a suspected broken leg	Prevent unnecessary escalation of care	• Median response of most appropriate resource • 90th percentile • % by disposition
Planned response	GREEN: PLANNED	High potential for discharge at scene or referral to community or another planned pathway e.g. a person with earache	Right response for need	• Median response of most appropriate resource • 90th percentile • % by disposition

18. Top indicators from this appendix, are in the recommended set for Trust Board e.g. Arrest median, stroke and STEMI call to door times etc. For the indicators that are in this appendix, but not in the recommended set for Trust Board, they will feature in the Finance & Performance Committee's or QUEST committee's specific metric sets e.g. chain of survival, Soon (Yellow) and Planned (Green).

JCC Commissioning Intentions 26-27

19. The JCC Commissioning Intentions do not include specific metrics, but the JCC is aligned with the New Ambulance Performance Framework, has previously advised the Trust to ensure public reporting of call to door times and has emphasised a focus on productivity. The only targets that are specifically from the JCC are around clinical bundle compliance.

20. All these points have been reflected in the proposed set, for example, there are productivity measures around EA jobs per shift and APPs job per shift.

21. It should be noted that the Trust is currently engaged with the JCC on its strategic review of the Trust, which is using the NHSE approach to benchmarking ambulance services. In addition, the Commissioning & Performance Team is developing benchmarking packs across each of the three patient pathways the Trust is commissioned to deliver.

    IMTP 26-29

22. A key piece of feedback from Non-Executive Directors was that future quality & performance reports should enable them to assess progress in delivering the Trust's strategic objectives, through quantifiable metrics.

23. The recommended set has included a review of the draft IMTP for areas that may not be covered in the NHS Wales Performance Framework or the JCC commissioning intentions.

24. Examples of metrics generated through this way of reviewing the metrics include:

    - Number of patients using the 111 ALBOT option;
    - Renal Repeated Cancellations; and
    - % NEPTS Activity Cancelled (by CMP, by patients, by health boards).

    Ambitions & Trajectories

25. The ambitions reflect a future state that the Trust wants to achieve, connected to its plans, or a level of performance that it plans to maintain. For those ambitions, where the Trust is not currently achieving the level of proposed ambition, trajectories will be developed and reported on, once the set is agreed.

26. In some cases, there is continuing dialogue with the Trust's commissioners and also further internal decision making required, so some of the indicators and associated ambitions could change in year. Where this is the case, the MIQPR will flag this and seek approval and agreement via the relevant committee and Trust Board.

RECOMMENDATION(s)

The Recommendation(s) are set out in the front cover above.

Annex 1

Our Patients / Recommended Indicators & Ambition

Ref	Indicator	Balanced Scorecard	Strategic Objective	Ambition	Reason for Proposed Ambition
1	Return of Spontaneous Circulation	Our Patients	SO1	25% to 30%	No target in NHSE, but this range generally recognised. This is an ambition with an improvement trajectory to be generated, once ambition agreed.
2	Stroke Call to Door Time (for a confirmed stroke) Median	Our Patients	SO1	1.5 hrs	Although no uniform target for ambulance services, targets do exist for patients with a call to needle (treatment) window. A call to door of 90 minutes for confirmed cases seeks to present patients to specialist teams to meet the overall treatment time recommendations. This is an ambition with an improvement trajectory to be generated, once ambition agreed.
3	STEMI Call to Door Time Median	Our Patients	SO1	1.5 hrs	Within NICE guidance, standards for call to balloon (treatment) time are published. The time standard is divided into 2 with 90 minutes referenced as the target call to door time for 75% of confirmed cases. This is an ambition with an improvement trajectory to be generated, once ambition agreed.
4	NOF Call to Door Time (in development	Our Patients	SO1	TBC	Will be set once indicator developed.
5	Arrest (Purple) & Emerg (Red) Median	Our Patients	SO1	6-8 minutes	Welsh Government Ambulance Performance Framework. Currently performance within range, maintain.
6	Arrest (Purple) & Emerg (Red) 90th	Our Patients	SO1	20 minutes	Welsh Government Ambulance Performance Framework Arrest within range (maintain), Emerg outside of range (improvement trajectory)

7	Now (Orange) Median	Our Patients	SO1	One hour	Welsh Government Ambulance Performance Framework metric, but one hours is the Trust's ambition. This is an ambition with an improvement trajectory to be generated, once ambition agreed.
8	Time to Integrated Care Consultation RICS 1 90th Percentile (with associated median)	Our Patients	SO1	One Hour	As per previous 111 P1 time. This is an ambition with an improvement trajectory to be generated, once ambition agreed.
9	Can't Send & Cancelled by Patient Volumes	Our Patients	SO1	<5,770	Based on 2023 Demand & Capacity Review and also halving the levels seen at peak handover (Dec-22). This is an ambition with an improvement trajectory, linked to W45, to be generated, once ambition agreed.
10	NHS Wales 111 Call Handling Abandonment Rate	Our Patients	SO1	10-15%	Letter to Director of Commissioning of Ambulance Services & 111 stating this range, based on commissioned level of call handlers.
11	Renal Repeated Cancellations	Our Patients	SO1	0	Based on feedback from the Assistant Director Operations (Ambulance Care). This is an ambition with an improvement trajectory to be generated, once ambition agreed.
12	Oncology Journeys Arriving within 45 Minutes in Advance and 15 minutes after their Appointment (NEPTS)	Our Patients	SO1	70%	Target as per current MIQPR. This may be subject to revision, based on current dialogue with the JCC.

13	Advanced Discharge & Transfer Journeys Collected < 60 Minutes after Booked Time (NEPTS)	Our Patients	SO1	<60 minutes	As per current MIQPR. This is an ambition with an improvement trajectory to be generated, once ambition agreed.
14	% of 111 calls presented in Welsh, Answered in Welsh	Our People	SO1	70%	Current levels of performance averaging 61%. A very high level would be inefficient to roster. This is an ambition with an improvement trajectory to be generated, once ambition agreed.
15	National Patient Reported Experience Measure (average overall experience score)	Our Patients	SO5	85%	As per the new Peoples' Experience Framework. Ambition based on old benchmark, will need to see new survey results to further determine ambition and trajectory.
16	Concerns (Stage 1) Early Resolution	Our Patients	SO5	40%	New Listening to Peoples' Regulations will start on 01 April 2026.
17	Enactment of Duty of Candour within Five Days of Receipt of Request	Our Patients	SO5	100%	If the duty is enacted, it is applied 100% of the time within five days. A Welsh Government requirement.
18	National Reportable Incidents (including never events)	Our Patients	SO5	Measure of Activity	Ideally should be none, realistically there will be some.
19	Joint Investigation Framework (referral to health boards)	Our Patients	SO5	7	An estimate based on delivery of W45. Ambition, with trajectory connected to W45.

Our People / Recommended Indicators & Ambitions

Ref	Indicator	Balanced Scorecard	Strategic Objective	Ambition	Reason for Proposed Ambition
20	% of Successful Applicants (recruited) from Under-Represented Groups	Our People	SO2	7%	Based on advice from the Director of Culture Change. Minority ethnic population in Wales is 6.2%, so stretching ambition above this %.
21	% (to plan) EMS Hours Produced	Our People	SO2	95%	As per every demand & capacity review undertaken (standard industry benchmark). Ambition, noting that the Trust is not fully funded for all of its roster lines.
22	Staff Sickness	Our People	SO2	<6%	Target as per current MIQPR. Figure used in all demand & capacity reviews and in roster abstractions. Ambition.
23	Staff Turnover	Our People	SO2	<10%	Precedent: when turnover went above 10% during the pandemic, this became a concern for the Trust. Currently being delivered, maintain.
24	PADR Rate	Our People	SO2	>85%	Target as per current MIQPR. Previous Welsh Government target. This is an ambition with an improvement trajectory to be generated, once ambition agreed.
25	Statutory & Mandatory Training Completion	Our People	SO2	>85%	Target as per current MIQPR. Previous Welsh Government target. Currently being delivered.

Finance & Value / Recommended Indicators & Ambitions

Ref	Indicator	Balanced Scorecard	Strategic Objective	Ambition	Reason for Proposed Ambition
26	Average Jobs Per Shift (EA)	Finance & Value	SO6	2.3	2023 strategic demand & capacity review, modelled output, based on full transformation and handover lost hours of 7,000. Ambition.
27	APPs Job Per Shift	Finance & Value	SO6	4.75	Based on an independently modelled utilisation level of 80%. Ambition.
28	% NEPTS Activity Cancelled (by CMP, by patients, by health boards)	Finance & Value	SO6	<10%	Current levels of cancellations (by HB, by patients and by WAST) = 123K, with journeys completed = 553k, therefore 18%. Roster review should reduce by 2%. Proposed stretch connected to Ambulance Care Improvement Programme. Initial position, but subject to further review via the programme above. Ambition.
29	Financial Balance	Finance & Value	SO6	100%	As per current MIQPR. Maintain.

Partnerships & System Contribution / Recommended Indicators & Ambitions

Ref	Indicator	Balanced Scorecard	Strategic Objective	Ambition	Reason for Proposed Ambition
30	Number of patients using the 111 ALBOT option (Proof of Concept, POC)	Partnerships & System Contribution	SO3	Measure of Activity	Previous discussions indicate that trying to put a target figure, with science on this, is very difficult. At POC stage, so an activity measure.
31	Webchats as a % of website hits.	Partnerships & System Contribution	SO3	1.35%	Based on ELT discussion and advice from Director of Digital. Ambition.
32	111 Outcomes (in particular, to 999 and ED)	Partnerships & System Contribution	SO4	Measure of Activity	There is no strategic demand & capacity review or similar to give an informed view on targeted levels. Maintain current levels.
33	% & Activity Consult & Close (999)	Partnerships & System Contribution	SO4	22%	Modelled benchmark, as per 2023 EMS Demand & Capacity Review
34	% and Activity See & Treat/Pathways (non-conveyance from on scene)	Partnerships & System Contribution	SO4	>20%	Modelled benchmark, as per 2023 EMS Demand & Capacity Review
35	Handover: W45, W15 and Total Lost Hours	Partnerships & System Contribution	SO4	0 (W45) 6,000 hours	45 minutes pan-Wales and per health board. 6,190 or 6,000 hours.
36	Reduction in Number of Conveyances into ED, as a % of Verified Incidents	Partnerships & System Contribution	SO4	124,602	Annualised figure, based on independent benchmark, as per 2023 EMS Demand & Capacity Review. Equates to 30% of forecast verified demand. Will be converted to monthly trajectory for reporting purposes.

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

Agenda Item No.	11.1

REPORT TITLE

Integrated Medium Term Plan (IMTP) 2026 – 2029

MEETING

Name of meeting	Trust Board
Date of meeting	26 March 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

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

PURPOSE OF REPORT

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

REPORT SUMMARY:

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

1. The purpose of this paper is to present to Trust Board the final 2026-29 Integrated Medium-Term Plan (IMTP), Financial Plan for 2026/27 and technical appendices. It is requested that the Board approves the plan and technical appendices, subject to any minor revisions, ahead of formal submission to Welsh Government on the 31 March 2026.

2. The requirement is to submit a three-year IMTP to Welsh Government on the 31st March 2026 and to comply with the statutory financial duties and legal requirement to deliver a financially balanced plan for 2026/27.

3. The draft IMTP (v0.3) and 2026/27 financial plan were endorsed by the Finance & Performance Committee on the 17th March.

4. The report provides a high-level overview of key progress developing the plans and technical appendices (included with this paper).

5. The IMTP has been developed to respond to the NHS Planning Framework and Technical Planning Guidance, with a greater emphasis on delivering productivity and efficiency improvements during this planning cycle that is based on a period of no-investment.

6. The Trust will be submitting a financially balanced plan for 2026/27 following detailed and collaborative planning to develop a £9million internal savings plan. A copy of the financial plan and overview of the key activities, assumptions and challenges is detailed in the paper. In addition to the 3% savings, following further discussion with the JCC, the Trust is planning to deliver circa 2% productivity / efficiency savings in 2026/27, and work will continue with commissioners in year to identify any further opportunity for cash releasing savings.

7. Following Trust Board any final amendments will be made to the plan in readiness for submission to Welsh Government on the 31st March.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

Trust Board is asked to:

APPROVE the IMTP and technical appendices for submission to Welsh Government on the 31 March 2026 (subject to any final changes as required).

CONSIDER whether the Board is supportive of externally publishing the IMTP prior to Welsh Governments formal approval and sign off.

CONSIDER if the following key principles are sufficiently addressed in the 2026 –29 IMTP and supporting technical appendices:

- The IMTP aligns with the long-term strategy, demonstrating a clear link between the actions and our strategic objectives
- Balances ambition with deliverability
- Underpinned by a credible and sustainable financial plan which is clear about the impact of choices made
- Takes appropriate account of patient outcomes and workforce wellbeing
- Identifies and mitigates key organisational risks
- Demonstrates appropriate engagement with key stakeholders

ADDITIONAL PAPER(S)

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

Appendix 1 WAST IMTP 26-29 Final
Appendix 2 IMTP Supporting Information 26-29
Appendix 3 WAST Enabling Actions for Delivery 26/27
Appendix 4 IMTP 26-29 Deliverables Cross Referencing Matrix
Appendix 5 Strategic Objectives Plans on a Page 26-29
Appendix 6 Ministerial Templates 2026-29
Appendix 7 Quality Impact Assessment for IMTP 26-29
Appendix 8 Equality Impact Assessment for IMTP 26-29
Appendix 9 Financial Plan 2026/27

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
☒ SO1: Providing the right care or advice, in the right place, every time	☒ SO2: Enabling our people to be the best they can be
☒ SO3: Being at the forefront of innovation and technology	☒ SO4: Developing services in collaboration
☒ SO5: Being quality driven and clinically led	☒ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
N/a

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document here for further details.

Does this paper require an impact assessment	☐ No ☒ Yes
If yes, what impact assessment is attached	Equality Impact Assessment (EQIA) Quality Impact Assessment (QIA)

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
17 March 2026	Finance & Performance Committee

SITUATION

1. The purpose of this paper is to present to Trust Board the final 2026-29 Integrated Medium-Term Plan (IMTP), Financial Plan for 2026/27 and technical appendices. It is requested that the Board approves the plan and technical appendices, subject to any minor revisions, ahead of formal submission to Welsh Government on the 31 March 2026.

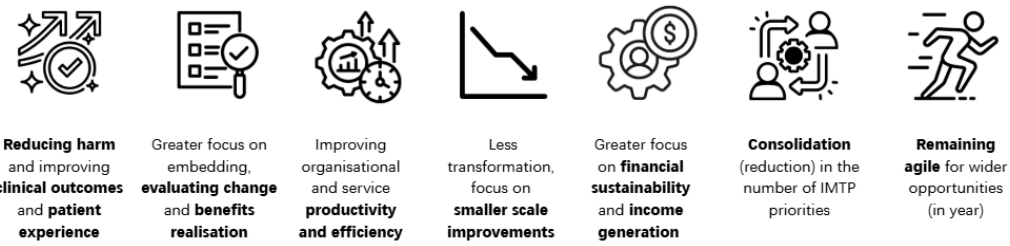
BACKGROUND

2. It is a legislative requirement for all NHS Health Boards and Trusts in Wales to submit an IMTP to meet the requirements set out in the NHS Wales Planning Framework & Technical Planning Guidance and present a financially balanced plan.

3. The IMTP has been developed in conjunction with all the key NHS Wales Planning Guidance, technical appendices and the Joint Commissioning Committee (JCC) Commissioning Intentions for 2026/27. The planning guidance requires organisations to develop plans to support key policy areas including the Wellbeing of Future Generations Act (WBFGA), Ministerial Priorities and Enabling Actions. In addition, the planning guidance placed greater emphasis for organisations to plan resources based on 'no investment', with a requirement to deliver increased productivity and efficiency improvements across frontline services and corporate teams.

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

Fig 1: Internal framing and IMTP positioning



5. From an organisational perspective the IMTP is a key planning and delivery tool to achieve the strategic objectives set out in the long-term strategy 'Delivering Excellence' and setting out the key priorities over the next three-year period.

6. Plans should include detailed narrative to respond to the technical planning guidance. Aligned to previous IMTPs we have included a set of organisational priorities (known as IMTP deliverables) with detailed quarterly milestones for year 1 and higher-level indicative actions for years 2 & 3.

ASSESSMENT

7. The assessment section of the paper provides a high-level overview of the key stages underpinning the development of the IMTP.

Engagement

8. The IMTP has been developed through a collaborative and cross-directorate approach and led by the IMTP Development Group. To support the development of the organisational priorities and financial plan, collaborative engagement events and workshops have been undertaken with key leads across the organisation including the senior leadership community and trade union partners. Direct engagement was undertaken with our people via the CEO roadshows in the autumn. Board and committee members have been actively engaged throughout the process through two IMTP Board Development sessions in Q3 & Q4.

9. The draft IMTP (0.3) was endorsed by the Finance & Performance Committee on the 17 March and also considered by WASPT on the 18th March.

10. We have continued to engage proactively with our commissioners. The CEO presented our emerging plan and priorities to the JCC in January 2026, with the final 2026/27 financial plan presented on 17 March. The plan was agreed subject to two clarifications: that any re-allocation of savings into service delivery or risk mitigation (including Manchester Arena Inquiry recommendations and frontline capacity) would be supported by robust business cases through JCC governance, and that the Trust will deliver a 2% productivity improvement in 2026/27, equating to a non-cash-releasing benefit of around £6m across the system.

Developing and agreeing priorities

11. Health Board allocations included a 1.11% uplift in the 2026/27 NHS Wales Allocation Letter issued on 19th December 2025 which has been passed through in full to the Trust. In alignment with planning guidance to develop plans based on 'no-investment', we have undertaken multiple cycles of prioritisation to align our organisational capacity and resources to agree a consolidated set of IMTP priorities. IMTP deliverables have reduced in number from over 160 in the 2025/26 plan, to a total of 47 in our 2026 – 2029 plan. This will ensure that at an organisation level, we commit to a smaller number of strategic priorities, acknowledging however that some of the work will continue to be taken forward through local Directorate plans.

12. In addition to the deliverable tables included in the IMTP, more detailed plans on a page have been developed for each strategic objective outlining the key milestones across the three-year period (see appendix).

13. A detailed financial planning exercise has been undertaken to identify and prioritise key areas where additional resources are required to address organisational risks, funded through our internal financial savings plan. The two areas of additional spend prioritised in the plan include recommendations from the Manchester Arena Inquiry (Incident Support Desk and Operational Commanders) along with targeted recruitment of front-line roles within the Clinical Model to respond to areas of greatest clinical / performance risks. Further detail is provided in the financial plan. These priorities will be subject to submission and approval of a business case from commissioners as outlined above.

Developing the plan (narrative)

14. The plan has been framed around our six strategic objectives to ensure there is a golden thread between the organisation's strategic vision and the priorities set out in our three-year IMTP. A detailed cross-referencing matrix has been developed to map the IMTP deliverables against all of the key external drivers (see appendices).

15. One key adjustment from last year's plan is the decision to replace the 'what good looks like statements' with a clearer set of organisational metrics and performance ambitions. The 'what good looks like' statements will be refreshed as part of the work to develop the organisation's next long-term strategy.

16. In support of our financial plans, and the WG requirement to deliver and evidence clear productivity and efficiency gains, we have undertaken some initial work to quantify the potential productivity gains and impacts that we anticipate achieving from implementing our plans (see section 9.3). Further work will continue in year and in conjunction with our Financial Sustainability Programme to quantify and monitor the wider productivity gains achievable across the plan.

Technical Appendices & Impact Assessments

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

18. An Equality Impact Assessment (EqIA) has been completed to assess the impacts of the priorities set out in the plan. A copy of the EQIA is included in the appendices. The EqIA did not identify any negative impacts to report.

19. A Quality Impact Assessment (QIA) has been completed following virtual review by the Clinical Quality Governance Group (CQGG) and included in the appendices. The QIA identified a number of positive impacts as a result of the priorities and key actions outlined within the plan to improve patient safety and provide more effective and efficient patient care that is timely and person-centred. The impact assessment did identify some negative impacts in terms of organisational capacity to deliver the changes, supporting our people through continued service changes and the adoption of new digital processes that could have an impact on quality. These aspects will be considered as part of the implementation of the plan via the respective delivery and governance arrangements.

Financial Plan

20. The Trust will be submitting a financially balanced plan. However, a letter articulating the financial challenges and risks was sent to the JCC and Welsh Government on the 19th February. A summary of the financial plan is set out in section 12 in the IMTP document, alongside the full detailed plan which is included in the appendices.

21. The financial plan is presented as a balanced revenue financial plan for the 2026/27 financial year, which has required the identification and delivery of a significant savings plan of c£9m (or c3% of cost baseline) with a residual c£1.2m to be identified in year. Following further discussion with the JCC, we are planning to deliver circa 2% productivity / efficiency savings in 2026/27. We will also continue to work with commissioners in year to identify any further opportunity for cash releasing savings.

22. Given the materiality of this, set in the context of balancing the significant number of risks requiring mitigation within the IMTP, this approach is not considered unreasonable at the outset of the financial year, in the context of that being presented as an overall balanced financial plan.

23. The high-level summary revenue financial plan for 2026/27 is set out in the table overleaf and more detailed is provided in the financial plan (see appendices).

Welsh Ambulance Services University NHS Trust

Iterative Financial plan 2026/27

	£m	%
Expected funding uplift as per HB A/L - 1.11%	-3.4	-1.11
Expected WG funding for 2026/27 A4C pay award announced 12/02/26 - 3.3% on applicable pay	-7.9	-2.6
Total additional funding - outset of 2026/27	**-11.3**	**-3.7**
Additional costs 2026/27		
1. Full year effect (FYE) of items agreed in 2025/26 financial plan	1.9	
2. Cost pressures that emerged during 2025/26:		
Employers NI shortfall	1.1	
WRP / increase in losses payments	2.5	
Others	0.7	
3. Non recurrent savings delivery 2025/26:		
Vacancy Management	2.3	
Balance Sheet Support	0.2	
4. Cost pressures 2026/27:		
Non Pay inflation	1.1	
MS Office	0.3	
Statutory Requirements	0.2	
EPCR Renewal	0.1	
To manage and mitigate increasing demand, avoidable harm and respond to new ambulance performance framework, inc clinical benefits	1.0	
To mitigate element of risk associated with major incident planning, inc some o/s MAI recommendations	0.8	
Others	0.2	
5. 2026/27 A4C pay award announced 12/02/26 - 3.3%	7.9	
Sub total additional costs 2026/27	**20.3**	
Opening financial gap 2026/27 (before savings plan)	**9.0**	**3**
Savings identified to date	-7.8	-2.5
Remaining gap to close to balance	**1.2**	**0.4**

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

- The Trust will be entering the 2026/27 financial year in a relatively strong financial position despite the challenging and elevated nature of financial risk managed through the 2025/26 financial year, including the impact of some unexpected cost pressures in year. The Trust is again forecasting to deliver a balanced position by the 2025/26 financial year end. With the exception of a relatively small value currently being achieved in a non-recurring way, the Trust does not have any core underlying deficit that needs to be addressed going forward.

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

Financial Risks

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

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

- Recovery of all income assumptions presented in the financial plan (including commitments supported within the NHS Wales JCC IMTP)
- The in-year costs related to the 2026/27 pay award is fully funded by Welsh Government.
- No other developments, enhancements or costs increases not currently funded within budgets or this financial plan will be progressed until a confirmed funding source is found.

- Ability to deliver c£9m savings and cost management in year in order to balance.
- That no further additional savings will be required by commissioners.
- Some cost elements are still hard to predict through the coming 12 months and may remain volatile, with a clear indication from WG that no further funding will follow in year in 2026/27 to manage any such variations.
- The uncertain political landscape and any initial impact any change in government in Wales may have on some of the choices and decisions made within this financial plan.
- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continues to hold.

Communicating the plan

27. A detailed communications plan has been developed setting out the approach and collateral we will share with our people, external partners and to the public to describe our plan. This will include uploading the plan onto the Trust's website, a tailored IMTP Easy Read document, informative animation videos, IMTP Posters and associated digital promotion. Public facing materials will be translated into Welsh.

28. Due to the upcoming Senedd elections in May, it is anticipated that the formal Welsh Government review and feedback on the plans may be later than previous years and could fall into late Q2. We are therefore considering publishing our plan to keep our stakeholders informed ahead of the formal Welsh Government response on our plan. We will raise this issue with Welsh Government colleagues for sighting and advice.

RECOMMEDATION(s)

29. The Recommendation(s) are set out in the front cover above.

NEXT STEPS

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

Welsh Government Submission: 31st March 2026 - formal submission of final IMTP and technical appendices

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





WELSH AMBULANCE SERVICES
UNIVERSITY NHS TRUST

INTEGRATED MEDIUM TERM PLAN 2026 - 2029



Version v0.4 Full Draft Version (subject to final amendments) 20th March 2026

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Foreword from the Chair and Chief Executive

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

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

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

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

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

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

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



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





Emma Wood
Chief Executive

Colin Dennis
Chair

Executive Summary

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

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

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

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

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

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

Our **Urgent Community Response (UCR)** will expand its ability to see and treat people safely at home, with a particular emphasis on frailty, falls and mental health. Advanced practice will be used more consistently, scheduling will be strengthened, and pathways into community teams will be made simpler and faster. *For*

example, falls responders will support safe lifting with clinical oversight within two hours wherever feasible, and APPs will be scheduled to complex cases where timely assessment and prescribing can avoid conveyance.

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

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

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

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

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

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

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

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

Introduction

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

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

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

1. Our Purpose and Long-Term Strategy

1.1 Our Purpose



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

1.2 Our Long-Term Strategy (Delivering Excellence)



This three-year planning cycle will see the conclusion of our current long-term strategy 'Delivering Excellence'. The strategy was developed in 2019 and continues to be the strategic anchor for the organisation, setting out a clear vision and roadmap for the organisation up to 2030. The strategy sets out our aspirations to transform our clinical services model to '***ensure that patients receive the right advice and care, in the right place, every time'.*** It is also a whole organisational strategy that affirms our commitment to **enable our people to be the best they can be**, remaining at the **forefront of innovation and technology,** being **quality-driven and clinically led, developing services in collaboration** and **delivering exceptional value**. We have made strong progress to achieve the ambitions set out in our strategy, and we are pleased to describe some of our key achievements in sections 2.1.

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



Fig 1: WAST Strategic Objectives

2.Our Key Achievements

2.1 Our transformation journey and organisational achievements

We have continued to make positive progress towards the ambitions set out in our long-term strategy for 2030 'Delivering Excellence' and on the specific deliverables in our 2025-2028 IMTP. During 2025/26 a key focus has been on the implementation of the new Ambulance Performance Framework and the acceleration of the changes required to embed the new Integrated Clinical Services Model (further detail is provided in section 4.2). Whilst these changes have been a key priority requiring cross-organisational support and collaboration, the wider organisation has not stood still, with considerable progress made across the breadth of both our operational and corporate teams. The infographic below summarises some of our key achievements delivered across the organisation in 2025/26.



Fig 2: Summary of our key achievements in 2025/26

3. The operating context shaping our plan

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

3.1 What do our patients say about our service?



Throughout the year, we gathered honest and valuable feedback from people across Wales through surveys, lived-experience stories and our patient engagement networks. What people told us re-confirmed our view that the 2015 clinical response model does not always best meet the needs of patients today and for the future. This has helped to reinforce our positioning on the need to evolve and transform our clinical model to ensure it is fit for purpose to meet the changing needs of the population across Wales. This insight has been strengthened by our broader shift towards a more rounded view of quality, one that considers clinical outcomes and patient safety alongside peoples lived experience and the relational aspects of care, as required by national policy and statutory duties.

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

Table 1: Summary of patient feedback and key themes

Positive Feedback: 	▪ Patients consistently praised staff for being kind, caring, and compassionate. Factors contributing to a positive experience included: o A professional and caring workforce o A sense of safety while in our care o Welcoming and reassuring interactions with staff
Areas for Improvement: 	▪ Shorter callback times for the NHS111 Wales service ▪ Reduced waiting times in the community ▪ Cancellation of NEPTS patients journeys and timely return home after hospital appointments is a key area of concern from patients attending routine hospital appointments ▪ Key themes also highlighted concerns about long waits, the impact of psychological harm, as well as the overall timeliness across all service areas. Patients expressed anxiety about our ability to provide a prompt response in emergencies or when accessing services

3.2 What are our colleagues' priorities?

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

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

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

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

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

Initial feedback from the NHS staff survey shows that around two thirds of respondents are proud to work for WAST and almost three quarters are willing to go the extra mile at work. There are however areas where there is more work for us to do. We recognise from the results that less than half of respondents look forward to going to work and there are people that don't feel involved in changes that affect their work area, team of department.



Fig 3: Summary of staff feedback

3.3 Our operating and financial context

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



Fig 4: Operating Context

3.4 Our Performance in 2025/26

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



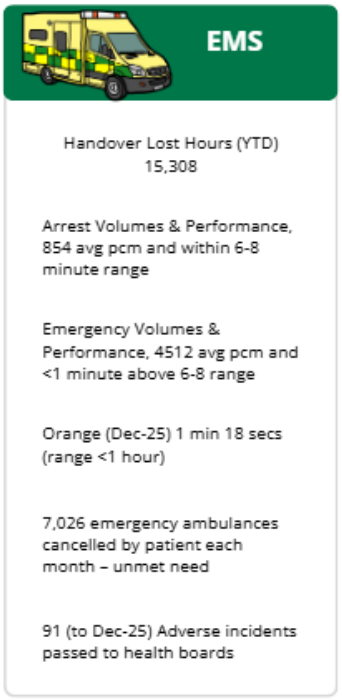
The Trust has delivered a **999 demand consult and close rate of 19.6%** (YTD to Jan-26). This is a material uplift from the previous peak of 15% prior to the Clinical Model Transformation Programme. The Trust maintained its Priority 1 (P1 - one hour triage) **111 performance at or just below the 90% target** through 2025/26. The financial year 2025/26 has also seen the most significant change to the 999-emergency ambulance pathway in a decade. The introduction of the new Ambulance Performance Framework, alongside the evolution of the Trust's Integrated Clinical Services Model, has enabled the organisation to move forward with a new operating model aimed at improving clinical outcomes, reducing avoidable harm, and strengthening integration within the wider health system. This transformation has placed a much bigger emphasis on early remote clinical intervention i.e. screening and assessing 999 calls.

Whilst there are many positives, the Trust has a modelled **consult and close benchmark of 22%**, which suggests further potential for this metric. P2 (two-hour triage) and P3 (three-hour triage) performance has declined sharply since September 2024, which initially was due to a change in how the metric is recorded i.e. when a call back is attempted versus answered by the patient, but there has been a further decline through winter 2025/26. This is now a key area of concern for the Trust.

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

In support of the changes to the Ambulance Performance Framework and clinical model changes, the Trust is in dialogue with the JCC to align the 'time to consultation' metrics for patients accessing via 999 and NHS111 to there is consistency. This also includes a shift towards monitoring the median and 90th percentile. Currently the time to consultation (i.e. the wait time from the initial remote screening of a 999 call through to the start of a remote assessment by Integrated Care) is also an area of focus. The median times are consistently under 30 minutes, however the 90th percentile is falling into the two-to-four-hour range.

EMS



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

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

Whilst the new Arrest category performance is a positive, the new **Emerg (Red) category has been consistently outside of the 6–8-minute range and the 20-minute back stop**. Analysis indicates this is a product of insufficient response capacity, rather than the new model. The analysis also identified that screening of some Red Emerg incidents (known as Rapid Clinical Screening 0) was not delivering the potential level of deflection of incidents into Integrated Care for a remote clinical assessment. It is to be noted however that the combined Purple Arrest and Red Emerg demand for Dec-25 was lower than old Red activity in Dec-24. Th expected year on year increase has not happened this winter.

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

December 2025 saw phase 2 of the Ambulance Performance Framework go live, with the introduction of the new Now (Orange), Soon (Yellow) and Planned (Green) categories. Since its introduction response times across the Orange category has been challenging. Stroke Call to Door times are longer than we would like and remain above the trusts ambition for a 1.5-hour response. Further detail outlining our key actions to improve response times is included in section 4.6.

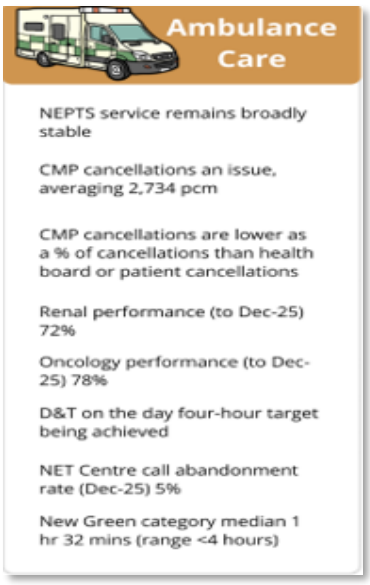
A key area of development in 2026/27 will be data linking to enable the Trust to track the survival rates across the cardiac arrest care pathway. As part of this work, the Trust will undertake further capacity modelling to respond to the new Purple Arrest & Red Emerg categories alongside lower handover lost hours. It is crucial that emergency ambulances are ready and available to respond to life threatening emergencies in communities across Wales. In 2025/26 the Trust **lost an average of 15,308 emergency ambulance unit hours to hospital delays**. The Welsh Government Wait 45 hospital handover reduction initiative wants to see the average handover time reduce to 45 minutes, which would equate to 6,500 lost hours.

Ambulance Care

Ambulance Care consists of NEPTS and Urgent Care Services (UCS) providing non-emergency patient transport to planned appointments; discharge and transfer and planned Health Care Professional (HCP) one-

to-four-hour transports into hospitals. The headline performance metric for NEPTS include the inbound arrival times for renal and oncology patients and throughout 2025/26 these targets have been consistently achieved. Whilst the headline metrics are encouraging, patient cancellations are a particular concern, with over 100,000 NEPTS patient journeys cancelled in 2025, of which:

- 56,220 journeys were cancelled by hospitals (45% of total)
- 38,116 journeys were cancelled by patients (31% of total)
- 29,434 journeys were cancelled under the Clinical Management Plan (no renal and oncology cancellations) (24% of total)

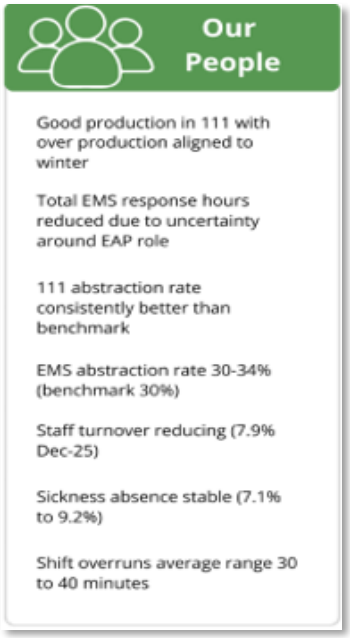


The two key metrics for **discharge and transfers are <60 minutes and same day (four hours), for the year to date these performed at 80.6% and 94.9% respectively**. The Trust has actively supported the planned care additionality (200,000 appointments) with minimal issues recorded from a transport perspective.

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

Our People

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



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

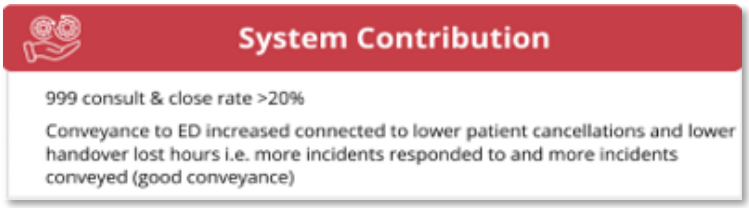
The **PADR rate was 76.48% in December 2025**, with the 85% rate last being achieved in December 2022. The Trust has recently reviewed its approach to PADRs and is currently piloting a new approach with the aim of improving the quality of the conversations and the completion rate.

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

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

System Contribution

A key opportunity is the NHS 111 Wales digital front end and how this can be used more effectively to manage patient demand across the urgent and emergency system.



The Trust introduced a new **NHS 111 Virtual Assistant** (Albot) in August 2025 to improve access to digital advice and information. Early activity levels are encouraging with circa **5,000 to 6,000 patient interactions** with Albot per month. The NHS 111 website receives on average **408,987 hits per month,** and activity levels have remained stable. The number of NHS 111 Symptom Checkers completed per month also remains stable, averaging **10,107 per month**. The Trust is currently undertaking a project to substantially overhaul and update the 111-symptom checkers and this IMTP includes a key deliverable to develop a business case for the wider 111 digital front end in 2026/27.

There was a noticeable reduction in NHS 111 Wales demand passing through to urgent and primary care, as a result of the go live on the new 111 Clinical Assessment Service (CAS) in April 2024, with '**Emergency Department (ED) outcomes'** stable in the **range 13.1% to 15.4%** in 2025/26, year to date.

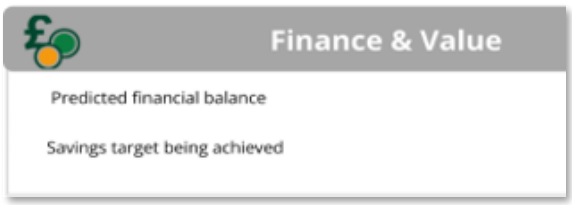
At the start of the 2015 clinical response model the Trust was conveying 18,000 EMS patients to Emergency Departments (ED) per month. There has been a gradual downward trend since 2015 and in January 2026 the Trust conveyed 12,173 patients to hospital. Since Feb-25 there has been a noticeable reversal of trend, with an upward trend, which has coincided with the changes the Trust has been making through its new clinical model. The earlier remote clinical interventions have reduced patient cancellations and this, plus lower handover levels, has meant the Trust has reached more patients that require conveyance to ED. In Dec-25 the Trust conveyed 13,983 patients into ED. The JCC strategic review of WAST will provide further information regarding how well the Trust performs in terms of its conveyance level, but previous work undertaken by the JCC benchmarking other ambulance services indicated that conveyance levels were lower in Wales, with the likely cause being the disincentive of high hospital handover lost hours. As per the Ambulance Care section above, patient cancellations are a problem and will need a more strategic and collaborative conversation with the JCC and health boards in 2026/27.

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

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

Finance and Value

With the reduction in hospital handover lost hours there has been a noticeable uptick in the average jobs per shift by Emergency Ambulances, which has traditionally been below 2.5 jobs per shift (based on an 11.5-hour shift), but increased to over 3 jobs per shift for five months in 2025/26. This is above an independently modelled benchmark for EMS.



APP utilisation is an area of focus. APPs will be re-rostered in 2026/27 and this, plus work on Power BI reporting, will enable a clearer understanding of the productivity (utilisation) and benefits (see and treat) of APPs. Additionally, work continues to create a sustainable solution to creating a scheduling process to effectively deploy our APP workforce.

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

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

3.5 What are our legislative, policy and strategic drivers?

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

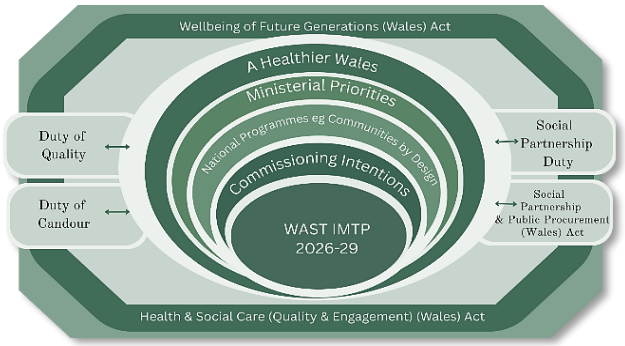


Fig 4: Overview of external drivers

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

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

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

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



Fig 5: WAST Wellbeing Objectives

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

'A Healthier Wales'



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

Ministerial Priorities and Enabling Actions



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

National Programmes

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

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

Key Legislation

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

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

3.6 What do our commissioners say?

WAST is commissioned by the Joint Commissioning Committee (the JCC), which represents the seven health boards in Wales who have responsibility for population health. WAST received a set of commissioning intentions from the JCC for 2026/27 for the three patient pathways: 999 emergency ambulance, NEPTS and NHS 111 Wales, that it is commissioned to deliver. Overall, WAST is supportive of the draft intentions and recognise that there is close strategic alignment between the JCC ambitions, the Trust's ambitions expressed in our Long-Term Strategy, and IMTP ambitions.

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

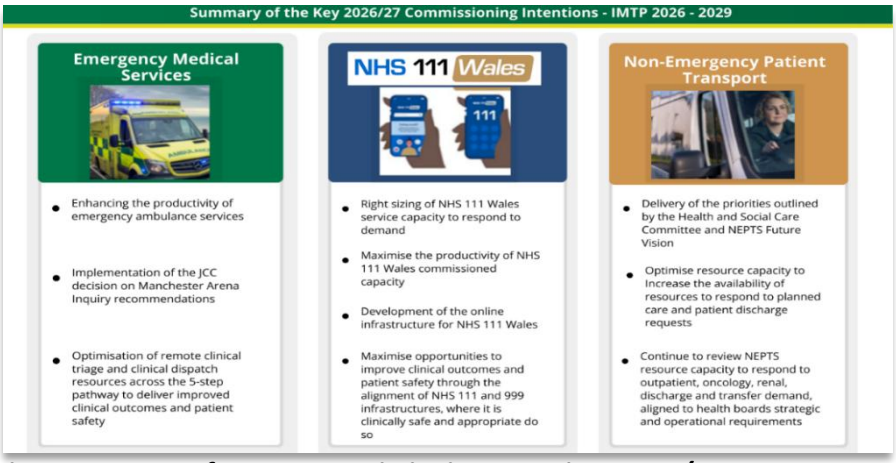


Fig 6: Summary of WAST Commissioning Intentions 2026/27

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

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

This Opportunity Framework will enable a comparison across the six areas described in Fig 7, the Trust's relative position and identify opportunities for productivity gains. The strategic review will also look at the existing frameworks, and whether they are fit for purpose, historical trends in activity, performance and spend, and the use of technology. The Trust understands that the JCC may also, separate to the review, adopt an approach of "deep dives", something the Trust has done internally into its committees, and is happy to support.



Fig 7. NHSE Opportunity Framework

This strategic review needs to be seen in the context of the challenging financial position for the JCC. In previous years, the Trust has been supported by commissioners on investments in support of patient safety, for example, closing the EMS relief gap (+263 Full Time Equivalents (FTEs)), but for 2026/27 the JCC position is that any initiatives that the Trust wants to support, aligned to the commissioning intentions, will need to be funded through internal movements. That said, the Director of Commissioning for Ambulance Services

and 111 is supportive of the Trust's new clinical response model for 999 patients and its integrated connection with NHS111 Wales. Further discussions are required regarding the 111 front end and longer-term vision for the 111 service. For NEPTS, the ongoing challenge of being unable to meet patient demand, due to patient, health board and WAST Capacity Management Plan (CMP) cancellations, requires a more strategic and collaborative approach during 2026/27.

We have also reviewed the commissioning intentions for the Adult Critical Care Transfer Team (ACCT) and Emergency Medical Retrieval and Transfer Service (EMRTS) to ensure strategic alignment and will continue to engage and work closely with both services.

Finally, in 2024/25 the previous commissioning arrangements moved into the JCC and there have been changes in personnel within the JCC, including a new Director of Commissioning for Ambulances and 111, and of course a new Chief Executive Officer (CEO) in WAST. The relationship with commissioners continues at a local level, with Trust colleagues actively contributing to a range of health board structures supporting urgent and emergency care. There has been a recognition that further time is required to develop strategic thinking in relation to the future vision for ambulance and 111 services, and consideration is being given within the JCC as to the most appropriate mechanisms to facilitate this in the future.

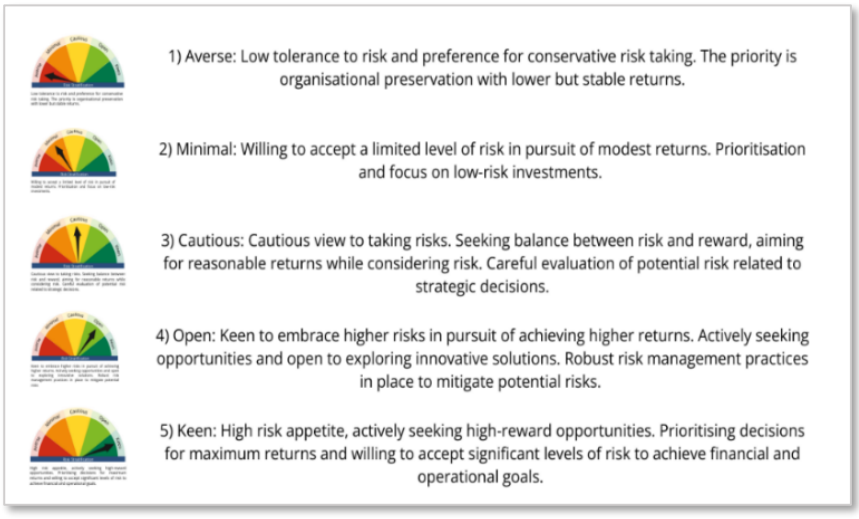
Both parties have identified a need to work on these and WAST has welcomed the recent starting of monthly JCC / WAST Executive to Executive meetings as a way to improve engagement. The strategic review may offer an opportunity to move to a single commissioning framework for WAST, which the Trust would welcome. The Trust is also planning to review and update its Long-Term Strategy which will offer a major way in which WAST can engage with the JCC. More immediately, the Trust will need to engage and explore options for NEPTS with the JCC during 2026/27 and try and lift the debate with health boards to a more strategic one on future options for the service.

3.7 What are the risks that we are managing?

Corporate Organisational Risks

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

Our Board Assurance Framework (BAF) provides a clear line of sight between our principal risks, the controls in place, and the assurances we receive. These risks directly inform the priorities and deliverables set out in this plan and underpin the actions we will take to mitigate these risks. The planned refresh of our long-term strategy from 2026/27 provides an opportunity to further align our principal risks to the delivery of our strategic objectives which are underpinned by our suite of risk appetite statements. Decision making throughout the IMTP period will be informed by the Trust's agreed risk appetite. Our risk appetite statements provide a clear framework to guide strategic, operational and resource decisions, and support a consistent and transparent approach to balancing risk and opportunity in the delivery of our strategic objectives. This enables informed, proportionate and timely decision making, ensuring that risks are considered, managed effectively and remain aligned with Board expectations and organisational priorities.



The table below sets out the Trust's highest scoring principal risks, all of which score above 20 and remain at the forefront of our organisational risk landscape. This plan has been developed to further strengthen our collective focus on mitigating and manage these risks. A summary of the Trust's principal risks is set out in **Appendix 1.**

Table 2: Overview of highest corporate risks

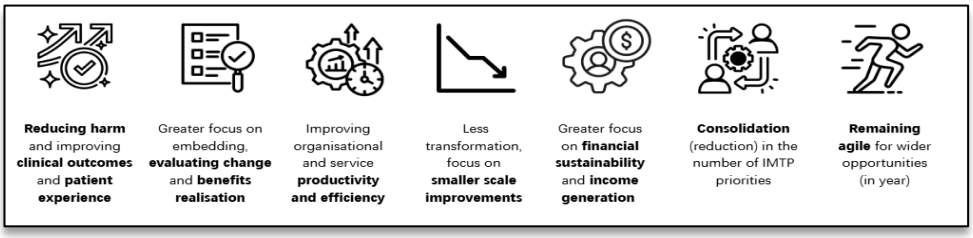
ID	Risk	Score	Mitigation
224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care, Being Delayed and Affects the Trust's Ability to Provide a Safe and Effective Service for Patient	**25**	• Phase 1 and Phase 2 of the Clinical Model Transformation (CMT) programme have now gone live, representing an important step in aligning our response, triage and clinical decision making to patient acuity and workforce capacity (see section 4.1). • In addition to this, we have a well-established internal control environment including real time operational and clinical oversight, escalation and release processes and structured clinical governance. • We continue to engage with national and regional programmes including the Six Goals priorities for Urgent and Emergency Care and the national Wait 45 / Respond to Release initiatives to reduce handover delays at hospital.
223	The Trust's inability to reach patients in the community causing patient harm and death	**20**	We have enhanced clinical triage and decision making that support the mitigation of this risk. Including: • Implementation of new 999 call categories aligned to patient acuity (section 4.1). • Rapid clinical screening to identify patients who can be safely managed without dispatch of conveyance (section 4.1). • Remote clinical support and strengthened clinical navigator roles (section 4.2). • Urgent community response strengthened through APPs and community-based clinicians (sections 4.7 and 4.9).
260	A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems	**20**	• We have assessed our preparedness and benchmark our plans, training and capabilities (section 4.11). • There is enhanced focus on digital safety and security at Trust sites with improvements in connectivity across the estate (section 6.2).
641	The Trust's inability to implement the learning from all relevant Manchester Arena Inquiry (MAI) recommendations impacting its response to a major incident/mass casualty incident	**20**	• We have sustained organisational focus on major incident and mass casualty additional resource in FY26/27 to implement 2 key recommendations from the Manchester Arena Inquiry (subject to commissioner business case approval) (section 4.11).

3.8 Positioning our Plan

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

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

Fig 8. Overview of underpinning planning principles



3.9 How our plan is structured

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

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

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

Our IMTP Priorities and Key Deliverables

Our Patients

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



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

4.1 New Ambulance Performance Framework

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



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



Phase 2 (December 2025): Introduction of three new response categories (Orange Now, Yellow Soon and Green Planned), replacing the previous Amber and Green categories. This model focusses on the principles of a Time, Purpose and Skill response to all calls ensuring patients receive the most appropriate response to meet their individual needs and promote improved outcomes. This phase also included the introduction of new Rapid Clinical Screening categories (RCS1, RCS2 and RCS3) to reflect the clinical urgency and clinical need of the patient following initial screening for a more thorough remote clinical assessment.

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

This change, delivered to time, is the biggest change the Trust had made to its 999 ambulance care pathways in 10 years and supports the evolution of the Trust's clinical model, to put patient outcomes and not simply time, at the heart of what we aim to deliver. The Trust is closely monitoring the early impacts of the changes to the APF and continues to focus on embedding the changes to the clinical service model whilst a formal academic evaluation is undertaken. The new Ambulance Performance Framework and Categories is outlined in the table below.

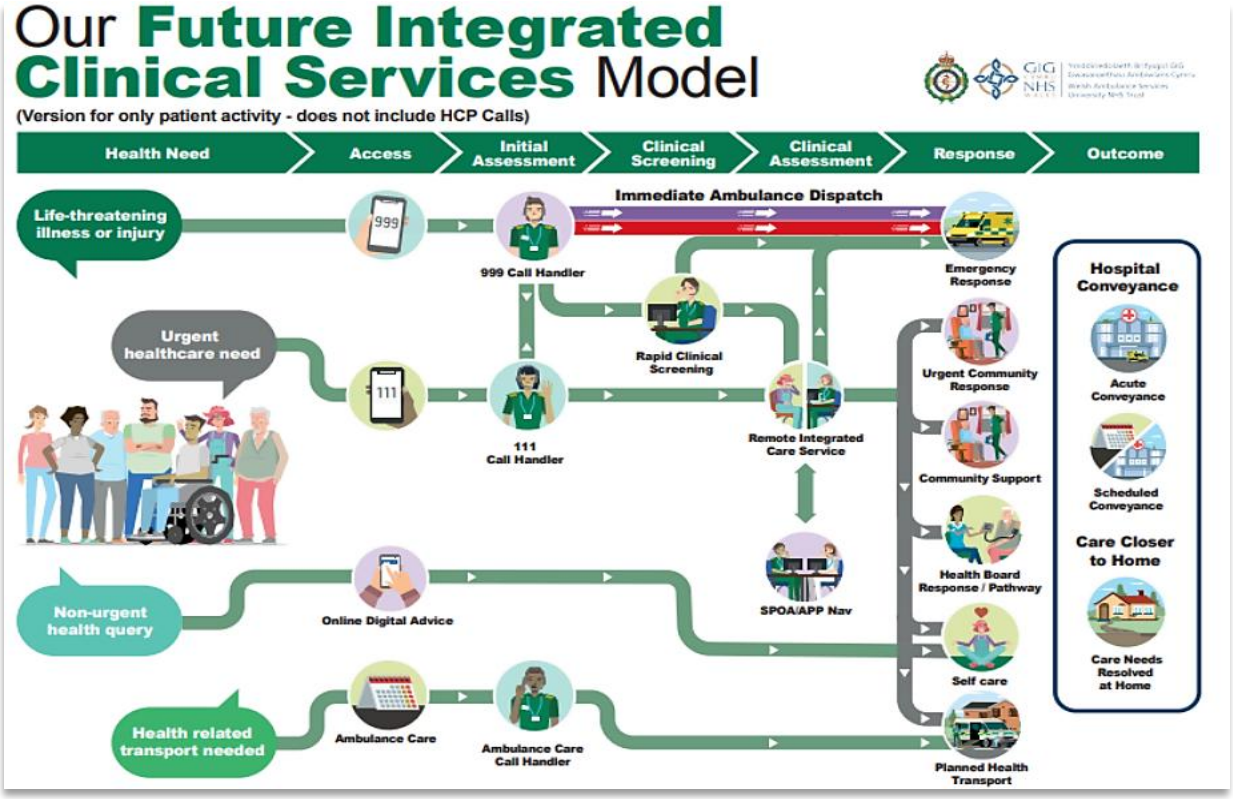
Table 3: Overview of new Ambulance Performance Framework

	Category	Description	Aim	Measures
Respond immediately	PURPLE: ARREST	Cardiac or respiratory arrest.	Increase ROSC rates	• ROSC rate • Median time to identify cardiac arrest • Median time to commence CPR instruction • Median time for defibrillator arrival • Median response (6-8 minutes) • 90th percentile (20 minutes)
	RED: EMERGENCY	At high risk of cardiac or respiratory arrest	Prevent deterioration into arrest	• Median response (6-8 minutes) • 90th percentile (20 minutes) • Outcome measure (Pain, NEWS, Spo2)
Time sensitive	ORANGE: NOW	Likely to need diagnostics and transport to hospital or specialist care e.g. a person in stroke or heart attack	Rapid arrival at specialist or emergency care facility as soon as possible	• Median response of most appropriate resource • 90th percentile • Stroke care bundle inc. call to door median and % arrival at specialist site. • STEMI care bundle inc. call to door median and % arrival at specialist site. • Further measures developed over time
Assess and respond	YELLOW: SOON	Further clinical assessment with potential to support remote clinician decision making for alternative pathway, and/or discharge at scene, and/or planned transport to treating facility, e.g. a person with a suspected broken leg	Prevent unnecessary escalation of care	• Median response of most appropriate resource • 90th percentile • % by disposition
Planned response	GREEN: PLANNED	High potential for discharge at scene or referral to community or another planned pathway e.g. a person with earache	Right response for need	• Median response of most appropriate resource • 90th percentile • % by disposition

4.2 Clinical Model Transformation: Evolving our Clinical Services Model

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

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



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

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

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

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

Long term modelling shows that as the model embeds and demonstrates its benefits, we would be able to start adjusting the balance of resources, so that more resources are directed to the access points in 111, 999 and ambulance care and alternatives to a face-to-face response, with potentially less requirement for emergency ambulances. However, this substitution of resources will take time over the period of this IMTP in the absence of 'pump prime' investment. We recognise however, that the new clinical model is continuing to be embedded and there are some areas of pressure and performance challenges, which can be expected in the early periods of embedding a new model. As part of our financial planning for 2026/27 we have pushed harder to deliver additional levels of savings and reviewed our current spend profile to enable us to increase the workforce capacity in key areas across the clinical model to improve patient care and address patient risk and harm. The determination of the roles and additional capacity is being considered by the Clinical Model Transformation Board and will be subject to commissioner approval of a business case. This could include additional workforce capacity in our remote clinical service (Remote Clinicians / Clinical Navigators) and Urgent Community Response (e.g., APPs).

4.3 Academic Evaluation

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

The evaluation methodology is being developed, and key activity for FY26/27 includes preliminary data collection, documentary analysis, and the development of qualitative research components such as stakeholder interviews, focus groups and staff surveys. The final evaluation report is planned for September 2028, but interim evaluations on the APF phase 1 and phase 2 are expected after an initial run of 12 months of data from the go live of each respective phases, with provisional planned dates of Sep-26 and Feb-27. The Clinical Model evaluation will be phased with interim findings to understand the impact of the changes and

to identify opportunities for continuous improvement and further optimisation. The academic institutions are currently focused on developing the evaluation methodology and this will require up front agreement with the wider system and stakeholders on the methodology, which will be led by the Director of Commissioning for Ambulance Services and 111.

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

4.4 Benefits Realisation, Productivity and Efficiency Improvements

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



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

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

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

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

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

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Benefits Realisation, Productivity and Efficiency	1.	**Complete a formal academic evaluation of** the Clinical Model and Ambulance Performance Framework changes to understand the benefits, impact and opportunities for improvement			
	2.	Undertake a detailed assessment of clinical flows, processes and functions to optimise productivity, efficiency and outcomes across the model, with a specific focus on improving care for high-risk patient groups (Stroke, STEMI, NOF). This will be enabled through **targeted improvement and a consistent approach to benefits realisation**, using clear metrics, measures and baselines to improve clinical outcomes, care and experience			

4.5 Accessing our services

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

Our Improvement Expectations:

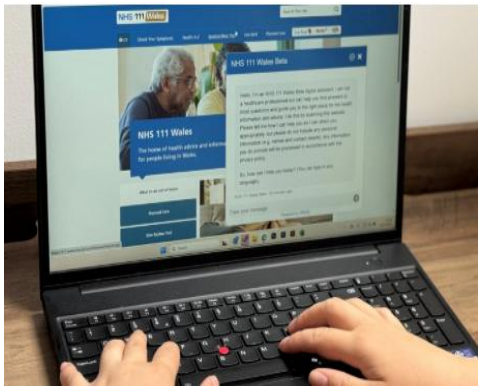
- Patients will have a better experience accessing our services through multiple channels with an expanded suite of online symptom checkers supporting self-care and navigation
- Connected patient records to inform safe and consistent clinical decision-making
- Where required, patients are directly and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

How we will monitor impact and Organisational ambitions

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

Online digital advice

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



We recognise that delivering a modern, **integrated digital platform for NHS 111 Wales**, supported by a dedicated multi-disciplinary team and underpinned by an effective Content Management System, will require resourcing and technical infrastructure that is not currently prioritised within the Trust's financial plan. Pending future decisions on funding, we will continue to make incremental improvements to the NHS 111 Wales digital offer and maintain dialogue with Welsh Government and commissioners on how a sustainable

digital front end could be taken forward on behalf of the wider system. As part of this, we will begin to consider whether there are opportunities over time to flex resources between telephony and digital channels as demand evolves.

Following clinical and technical development work already undertaken, this year will focus on embedding the new compliant **Online Symptom Checkers** and evaluating the **Virtual Assistant "AIBot"** to understand feasibility, user experience and potential for wider adoption. We will continue to maintain our internal directory of services (DOS) and remain an active partner of the All-Wales DOS discovery and consultation work to support the development of an NHS Wales DOS.

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

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Maximising our digital front end	3.	Develop a **business case to secure external or internal funding** for a modern digital front end for NHS 111 Wales including simultaneous replacement of the current Content Management System and establishment of a substantive NHS 111 Wales Online multidisciplinary team			
	4.	Replace the outdated **Online Symptom Checker (OSC) tool** to align with the 111 Call Prioritisation and Streaming System (CPSS)			

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

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

999 Call Handling



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

NHS 111 Wales Call Handling

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

The outputs of the recent demand and capacity review of NHS 111 Wales Call Handlers demonstrated that the current NHS 111 Wales Call Handler establishment is below the required level to consistently achieve the current performance targets. As part of this work, we have engaged in dialogue with commissioners to review the current call answer targets. We are pleased with the support from commissioners to adjust the way call

handling performance will be measured, adopting the median and 90th percentile times for call answer, whilst continuing to monitor call abandonment rates. We have also introduced the NHS 111 Virtual Assistant (Albot) to support patients to access advice and health information digitally and reduce the need to call NHS 111. We are continuing to assess the impact of this development as we seek to realise its full potential.

Due to the challenging financial position, we have been unable to prioritise any additional growth in our NHS 111 Wales call handling capacity for 2026/27. To drive improvement, we will continue to focus on improving the productivity and efficiency of our 111-call handling function. This will include sustaining our 111-call handling workforce and recruitment to the commissioned staffing levels, whilst taking forward the next phase of the rostering practice review and undertaking a comprehensive review of our 111 call handling rosters in accordance with the 2026/27 commissioning intentions. This will enable us to better align our call handling capacity to the changing patterns of demand, improve our call answer times and help reduce the call abandonment rate. We will also continue to prioritise our focus on maintaining staffing levels through effective management of sickness absence.

4.6 Our Emergency Response

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

Our Improvement Expectations:

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

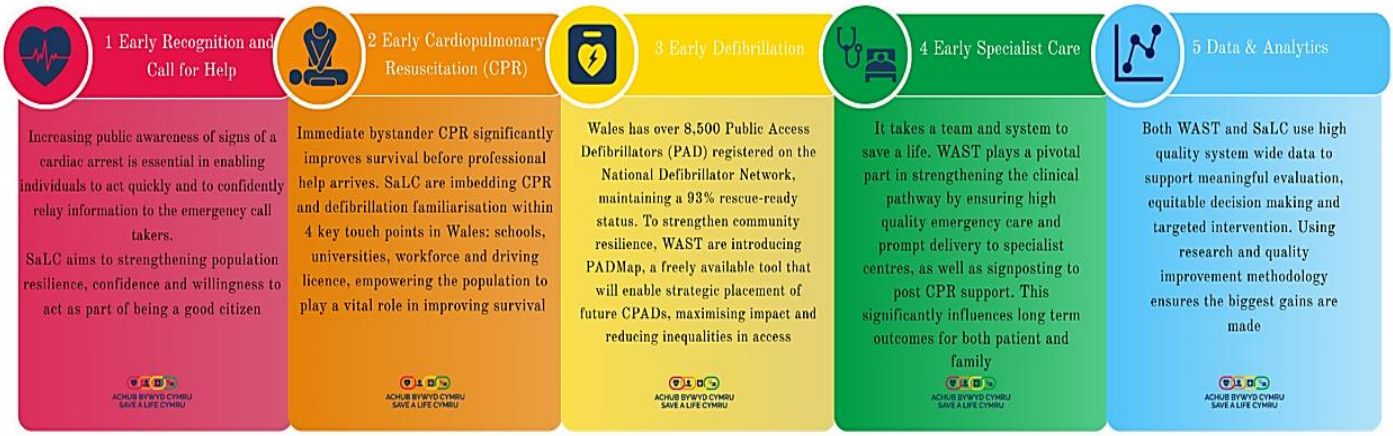
How we will monitor Impact and Organisational Ambitions

Primary Clinical Outcome Measures	▪ Return of Spontaneous Circulation (ROSC) – (Improvement trajectory to 25-30%) ▪ Stroke Call to Door Time (for confirmed stroke) median (1.5 hours) ▪ STEMI Call to Door Time Median – (1.5 hours) ▪ NOF Call to Door Time Median – (In development) ▪ Chain of Survival Metrics (Improving trajectory)
Secondary Response Measures	▪ Arrest (Purple) median and 90th percentile (Maintain current performance with 6-8 minutes and 20 minutes for 90th percentile) ▪ Emerg (Red) median and 90th percentile (Improvement trajectory to meet 6-8 minutes median and 20 minutes for 90th percentile) ▪ Now (Orange) median – (Improvement trajectory 60-minute median)
Other measures:	▪ % (to plan) of EMS Hours produced (maintain 95%) ▪ Average Jobs per Shift (Emergency Ambulance) (Improvement trajectory 2.3 jobs per shift) ▪ Hospital Handover: Wait 45, W15 and Total Lost Hours - (Improvement trajectory 0 waits over 45 minutes and less than 6,000 hours per year Pan Wales) ▪ 'Can't send' and 'cancelled by patients' (volume) – (Reduction <5,770 per month)

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

Out of Hospital Cardiac Arrest (OHCA) Delivery Plan

The OHCA delivery plan is a joint programme by WAST and Save a Life Cymru (SaLC), developed in response to the Welsh Government's request for a rapid review to accelerate improvements in OHCA outcomes in Wales. The plan aligns to the new Emergency Ambulance Performance Framework, which places a stronger emphasis on clinical outcomes. It sets out a balanced programme of short-term, high-impact actions during FY 2026/27 designed to secure immediate gains in community readiness and access to defibrillators, as well as the foundations required for longer-term cultural and system-level improvement.



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

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

This programme directly aligns with the Trust's Wellbeing Objectives by empowering communities, reducing avoidable harm, improving health outcomes, and addressing inequalities across Wales. It also reflects national priorities within UK ambulance services, including strengthening the Chain of Survival, enhancing the contribution of volunteers and increasing the confidence of the public to act decisively when faced with cardiac arrest. While Public Access Defibrillators save lives, their placement across the UK remains inconsistent, with some high-risk communities receiving limited coverage. The adoption of a data-driven optimisation approach will address this challenge directly and represent a significant advancement in equitable provision of this life-saving equipment.

Having successfully embedded CPR familiarisation within its first key touch point, the UK driving theory test, the national SaLC programme along with SaLC's Pracademic hub in Cardiff Metropolitan University aim to understand the challenges of embedding *successful* CPR familiarisation in schools in Wales. This will ensure the next generation have the lifesaving skills needed to save a life and are ready to act. This will be accomplished by establishing a co-produced learning continuum for basic life skills and CPR familiarisation across the key stages within the Welsh curriculum.

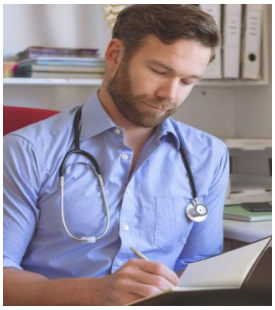
We recognise Research Development and Innovation (RD&I) to be core to the delivery of clinical services and have a long and productive partnership such as those with the landmark PARAMEDIC Trials and UK Out of Hospital Cardiac Arrest Outcomes registry. The development and delivery of these studies rely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

We have set ambitious aspirations within our RD&I plan which includes delivery of our current portfolio, and current applications under review by funders, for high quality clinical research in areas such OHCA, Point of Care Testing and Drug overdose.

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

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

Healthcare Professional Flows



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

Historically, HCP calls have been managed through multiple processes and legacy protocols, dependent on patient location, acuity and point of access. This variation has **increased complexity for call handlers**, limited the ability to reflect clinical diagnosis within symptom-based protocols, and created inconsistency in prioritisation and response for similar clinical presentations.
As part of the Emergency Response workstream and the wider Clinical Model Transformation programme, a **review of HCP call flows** has been undertaken to align processes to a clinically prioritised system. This work recognises the professional assessment provided by HCP callers while ensuring robust, auditable decision making at the point of call receipt.

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

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

Improving our Orange 'Now' response



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

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

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Efficient and effective dispatch of the right resource	5.	Deliver a system-wide action plan to accelerate improvements in **out-of-hospital cardiac arrest (OHCA)** outcomes in Wales by implementing targeted interventions in public awareness, CPR training, defibrillator access, advanced life support, and data analytics			
	6.	Redesign and implement revised **Health Care Professional (HCP) call flows** aligned to our integrated Clinical Services Model, and evaluate and optimise them post implementation			

Operational efficiency and effectiveness



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

The Trust recognises that there is a need, wherever possible, to provide an equity of service across all areas of Wales. Geographically we recognise that there can be **variation in service provision across more rural areas of Wales**. The development and evolution of our new integrated service model will support our response to rural communities. Increased clinical oversight and patient assessment during the call will ensure a more tailored approach to supporting patients. This is particularly pertinent in those areas with greater travel times, such as our rural communities. Ensuring the judicious deployment of other resources, be they

our own assets such as Advanced Paramedic Practitioners or falls services, will ensure greater ambulance availability for those patients who need an immediate response and transport to definitive care. We are committed to addressing this challenge, and we are developing a comprehensive briefing on service provision, patient outcomes and opportunities for change to be shared with commissioners in Q1. This will potentially lead to a set of feasible actions being developed and agreed with commissioners to be delivered within the existing financial envelope.

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

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

Hospital Handover Delays and Shift Overruns



Delays in the transfers of care from ambulance service to hospital colleagues has a significant and detrimental effect on the experience of patients, families and carers, and our staff.

The Trust is actively engaged in the national 'Release to Respond' initiative, supported by regular dashboard scrutiny and collaboration with health board partners to reduce risk and improve patient flow. The work undertaken by Health Boards to improve the handover position in line with the Ministerial Advisory Group recommendation of 'no handover taking longer than 45 minutes' is recognised, noting the wider performance target for hospital handover remains 15 minutes. Whilst improvements have been achieved, this unfortunately has not been geographically consistent nor sustained. More work is required to continue to improve the ambulance patient handover times to ensure a reduced risk to community patients requiring a timely ambulance response. The Trust will continue to support key national initiatives to support system improvement (including any further NHS Re-sets) and play our role through our internal efforts to evolve our clinical model to drive system benefits to flow and capacity. The projected productivity gains for our APP improvements are set out in section 9.3.

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

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

Skill Mix



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

framework for our clinical staff. It meant however, both Paramedics and EAPs can now be lead practitioners on an EA.

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

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

4.7 Remote Integrated Care

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

Our Improvement Expectations:

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

How we will monitor Impact and Organisational Ambitions

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

N.B. Further work to be undertaken to explore the creation of a suite of clinical indicator metrics to shape care outcomes



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

We recognise that our remote clinical assessment service forms one part of a 'wider system offer' for remote care. This presents a clear opportunity for us to work with wider system partners and national programmes to strengthen our role within the wider health and care eco-system to bring together our collective services into a joined-up system wide solution, nationally or regionally. This important work has the potential to create a seamless, modern and patient centred remote care offer that can deliver significant patient and system wide

benefits by ensuring that we best utilise our collective resources more effectively and avoid potential duplication. We recognise that there is a wider policy and strategic appetite to explore this and we welcome the opportunity to work up and support a national / regional solution.

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

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

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

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

Throughout 2025/26 RICS has implemented several new processes and functions, and it is essential that these changes undergo rigorous evaluation to understand the impact on patient outcomes, safety and system flow. A key area of focus will be the **evaluation of the Falls Desk over the next 12 months** (further information is provided in section 4.9). Building on successful pilots, such as the 'Winter Desk', where an average of 33% of calls were consulted and closed through appropriate signposting, we will explore opportunities to apply similar models more widely, for example, a respiratory desk.

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

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

In addition, we are also continuing the work to test the use of the **111 Call Prioritisation Streaming System (CPSS) to support the management of some appropriate 999 calls**. This builds on previous work to 'warm transfer' lower acuity 999 calls to a 111-call handler to be taken through CPSS to find a suitable outcome or

advice and avoid an ambulance response. The next phase of this work is to pilot a small number of suitably trained 999 staff who will be able to use both the 999 Medical Priority Dispatch System (MPDS) and CPSS (where suitable) to find the right outcome for the patient.

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

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

4.8 Urgent Community Response

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

Our Improvement Expectations:

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

How we will monitor Impact and Organisational Ambitions

- APP jobs per shift – (Improvement trajectory to 4.75 patients per shift)
- % and Activity of See and Treat/Pathways (non-convey to ED from on scene) – (Improvement trajectory >20%)
- Reduction in the number of conveyances into ED as a % of verified incidents – (Decreasing trajectory)

Managing more care at home and reducing conveyances to hospital

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



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

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

Falls Service Provision

Falls is one of our highest call complaints by volume across Wales with over 55,000 verified incidents in 2025. This equates to around 15% of all 999 activity and reflects a 5% increase compared with 2024. Since 2018, falls have consistently accounted for approximately 13% of all calls received by the Trust. In 2025, WAST received around 414,000 calls, with falls forming the single largest cohort.

We recognise that falls present a significant opportunity for system-wide improvement. There is considerable potential to better coordinate and utilise the full range of falls services and community capacity across Wales, ensuring that patients receive timely, appropriate support while improving value for money and reducing avoidable conveyance. To support this, we aspire to undertake a national falls summit with key partners and stakeholders to explore the opportunities for greater system join up and collaboration.

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

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

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

During 2026/27 we will continue to evaluate the demand for, and capacity of Falls responders and review impacts on response times, recognising and responding to developments as the CMT is realised.

We will continue to seek and expand both internal and external opportunities to increase resourcing capacity, such as Community Welfare Responder (CWR) falls response training, with a focus on cost effectiveness, against a difficult financial climate, and sustainability into the future. We will look at further developing opportunities with Health Board partners for Enhanced Falls and further remote support.

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

Mental Health Response

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

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

We have continued to pilot crisis intervention models to explore their impact on patient care and how they can deliver wider system value. This has included piloting a mental health response vehicle (MHRV) across southeast Wales. Whilst the initial evaluation demonstrated patient experience benefits, which were equally valued by responding clinicians, the impact for WAST in isolation meant that greater value is achieved by utilising the clinical expertise and capacity to enhance our remote clinical offer and maintaining our generalist resources for face-to-face emergency responses. We have taken considerable learning from the Pilot and remain committed to exploring system and national opportunities to invest in this important area through the Welsh Government Mental Health and Wellbeing Strategy Improving Access workstream.

Advanced Practice

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



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

Whilst out ambition is to increase the APP workforce; we recognise that the key focus for 2026/27 is to deliver tangible and sustained improvements in the productivity and utilisation of our APPs to maximise their impact on resolving care needs at home. As part of the CMT workforce review, where we have actively de-invested in other areas of the organisation, we will consider the potential opportunity to increase APP capacity, as part of the broader clinical model workforce discussion. To ensure the clinical capacity is aligned to address the

areas where there is the highest clinical risk and offers the best opportunity to improve patient care. This will be subject to commissioner approval of the associated business case.

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

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

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

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

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Optimising our Urgent Community Response	11.	Increase the number of patients treated at home or in the community by **optimising and more effectively utilising our advanced practice resources** across Wales (including APP roster review, scheduling advanced practice clinicians and increasing utilisation) aligned to the 'preferred response' outlined in the Ambulance Performance Framework			

4.9 Non-Emergency Patient Transport

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

Our Improvement Expectations:

- Digitally enabled services improve ease and reliability of booking, and journeys can be tracked by patients and carers
- Connected WAST and Health Board systems improve efficiency and reduce duplication

- Eligibility criteria are reviewed to ensure support is targeted to those with greatest clinical need
- Demand and capacity modelling ensures the right resources are in the right place at the right time
- Patient experience feedback is routinely captured through digital surveys

How we will monitor Impact and Organisational Ambitions

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



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

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

We will be taking decisive action in 2026/27 with the establishment of a **NEPTS Improvement Programme Board**. The purpose of this programme board is to provide the leadership, direction and oversight to deliver a range of key improvements to improve the timeliness and capacity of our NEPTs resources to improve patient experience and mitigate current performance challenges. This board will form an internal WAST mechanism to take forward some of the improvement actions outlined in the **JCC NEPTS Future Vision document**. We recognise that the future vision document sets out a range of improvements requiring the effective collaboration and joint working between WAST and Health Board partners. We will therefore ensure that the internal WAST delivery and governance arrangements compliment wider external groups to ensure an effective delivery approach is in place.

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

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

We also want to work with commissioners and Health Boards to reduce inefficiencies that impact upon resource capacity. Key areas of this include exploring the reduction of 'wait and returns', reducing our job

cycle time at hospital, and improving engagement and integration with Health Boards when they are making planned changes to services that require the support of NEPTS resources.

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

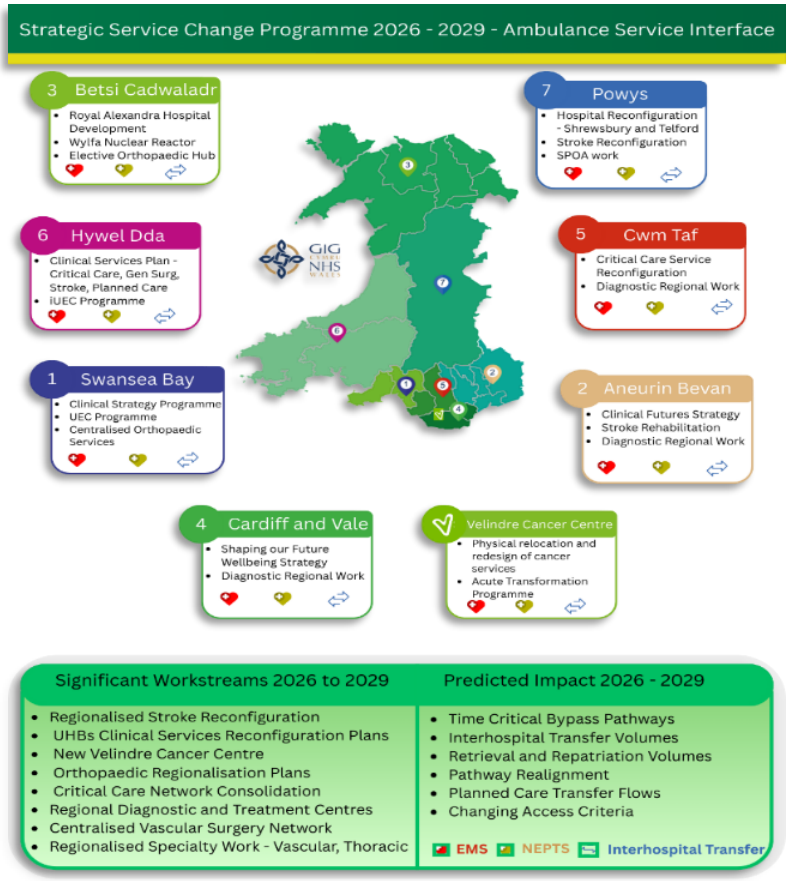
The NEPTS Improvement Programme Board will also provide a formal setting to consider and support the work led by the JCC to develop and embed the 'future vision' for the service. In addition to the internal improvement actions, we recognise that there are some external factors that policy leads/commissioners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

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

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Improving our non-emergency patient transport service	12.	**Establish a NEPTS improvement programme** and detailed plan to increase the productivity and efficiency of the NEPTS service to address current performance challenges and risks. Improvement actions will include (1) NEPTS roster review, (2) Enhanced data and analytics to improve co-ordination and performance management, and (3) Explore digital solutions to improve productivity and patient experience (e.g. Patient Cancellations)			
	13.	**Undertake a strategic service review of NEPTS**			

4.10 How will Health Board strategic plans affect us?

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



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

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

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

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



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

Two key areas identified as an organisational priority include the establishment of an **Incident Response Desk** and an increase in **operational commanders in North Wales**. The Incident Response desk is a dedicated control room resource tasked with dispatch of all command and specialist assets, as well as national oversight of all ongoing large or complex incidents. We will continue to engage with the JCC on our response and organisational priorities to the Manchester Arena Inquiry.

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

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

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

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

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Fulfil our statutory requirements for civil contingencies	14.	Implement two key recommendations from the **Manchester Arena Inquiry** (Incident response desk and additional duty operations manager capacity) to enhance organisational readiness for major incidents and events			
	15.	Develop and implement **operational plans for upcoming major national events,** working with Welsh Government and partner organisations as a Category 1 Responder (including the Tour de France and the UEFA European Football Championship)			
	16.	**Deliver the Covid Inquiry recommendations** to enhance organisational readiness for major incidents			
	17.	Undertake a review of preparedness against the **Wales resilience framework** to improve compliance with national resilience standards and ensure that arrangements under the Civil Contingencies Act remain robust and up to date			

4.12 Volunteers

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



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

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

Our People

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

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



Our Improvement Expectations:

Our people deserve to feel valued, supported, and equipped to thrive.

Our people will work in a culture where everyone feels safe, is able to grow, and experiences genuine wellbeing at work.

How we will monitor Impact and Organisational Ambitions:

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

5.1 Our workforce profile

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

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

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

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

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

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

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

Fig 9. Overview of our workforce data



5.2 People and Culture

Commitments to our people

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

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



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

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

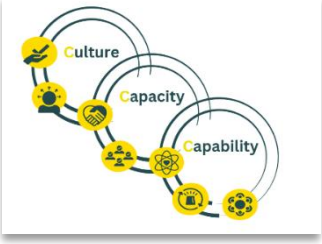


Fig 10. WAST 3C's

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

Culture

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

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

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

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

Commitment to our People: 1. Workplace Safety:



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

choice and control in how they raise concerns. We remain committed to responding to the concerns raised and taking decisive action to address them.

Commitment to our People: 2. Wellbeing and Support



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

Capacity

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

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

Looking ahead, preparation for the Future NHS Workforce Solution, set to replace ESR, is laying the foundations for a smooth and well-supported transition to the new national system. Through governance, readiness assessments, and early engagement with teams, we are ensuring the Trust is fully prepared to adopt the platform and make the most of its capabilities. Crucially, the new system will deliver real benefits for our people; greater empowerment through intuitive self-service tools, more efficient and streamlined processes, and improved connectivity of data that reduces duplication and frustration.

In parallel, work to progress **Safe Effective Quality Occupational Health Service (SEQOHS) Accreditation** is strengthening the Trust's Occupational Health service and ensuring we meet nationally recognised standards for safe, effective, and high-quality support. As the industry benchmark for Occupational Health, SEQOHS provides independent assurance that our practices meet robust expectations for clinical governance, practitioner competence, data protection, and service delivery. This accreditation is a visible commitment to

providing our people with safe, reliable, and high-quality support, reinforcing our promise to care for the wellbeing of our people.

Capability

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

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

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

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

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

Commitment to our People: 3. Development for All

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

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Organisational Culture	18.	Embed the **Anti-Sexual Harassment Policy** and deliver the supporting implementation plan to create a culture of sexual safety across the Trust			
	19.	Achieve a sustained **reduction in sickness absence** through targeted action on work related stress, supporting colleagues and managers to take timely action and promote long term wellbeing			
	20.	Increase engagement and participation through targeted interventions, ensuring **all colleagues voices are heard**, and effectively use data to drive informed decisions and actionable insights			
Enhancing Organisational Capabilities	21.	Commence Phase 2 of **Our WAST Way** by embedding Our WAST Way Leadership Behaviours and Development Framework (inc. Managers Essentials) and progressing the next phase to strengthen leadership and effective management			
	22.	Enhance managers' ability to lead, navigate and **manage change** confidently, reinforcing cultural transformation and organisational resilience			
	23.	Ensure **development for all** by delivering a comprehensive approach to career pathways, succession planning, and professional development across the Trust. This includes establishing talent pipelines for Executive and Senior Leadership roles, launching the People Development Plan, and expanding Apprenticeship and Essential Skills provision to support career progression. In addition, strengthen Trust wide Education Quality Assurance by implementing consistent, accredited, high-quality curriculum and professional practice standards			
	24.	Design and implement an inclusive **Recruitment Strategy** that attracts, engages, and retains diverse top talent aligned with our organisational values and workforce needs			
Organisational Capacity	25.	Undertake preparatory work to support the implementation of the **Future NHS Workforce Solution** (Electronic Staffing Record)			

5.3 Welsh language

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

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

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

Strong leadership will continue to underpin this work through visible commitment, strong governance and integration within strategic planning. The Trust's active offer sits alongside the Strategic Equality Plan,

reflecting the Trust's wider equality, diversity and inclusion agenda. This approach supports the Duty of Quality by recognising language choice as integral to dignity, experience and clinical effectiveness, while aligning with our commitment to improving patient experience and enabling individuals to raise concerns in their language of choice wherever reasonably practicable.

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

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

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

This section of the plan sets out the work we will be undertaking to ensure that we are at the forefront of innovation and technology. Supporting our people to have great workplace environments, access to the right digital technology, equipment and vehicles to thrive in their roles.

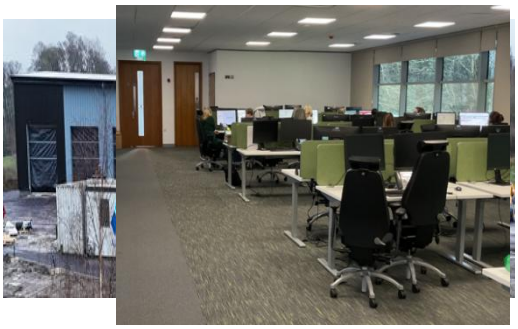


High risk appetite, actively seeking high-reward opportunities. Prioritising decisions for maximum returns and willing to accept significant levels of risk to achieve financial and operational goals.

6.1 Infrastructure – capital, fleet and estates

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

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


Photo 1: Matrix One Office

Within 2025/26 we have been able to **deliver on two Targeted Estate Funding (TEF) funded schemes** at HART and Abergavenny, which have provided lower carbon heating solutions, and within Abergavenny, a station refurbishment to provide better facilities for staff. By the start of 2026/7, we will have addressed three significant areas of concern, which have been long standing challenges, namely Monmouth, Dolgellau and Bangor Fleet Workshop. The refurbishment of the station at Monmouth addresses a decade-long challenge of inadequate accommodation on the site ıg back into operational use for the long-term future of the staff and community. Acquisition and refurbishment

Photo 2: Bangor Fleet Workshop

of a new site in Dolgellau creates a new station to bring together EMS and Ambulance Care on one site and the first quarter of 2026/7 will see this change completed as staff occupy and begin to work from their new facility. A brand-new workshop within Bangor will replace the old and inadequate facility, with state-of-the-art equipment, renewable technology and rapid EV charging capacity. This will provide a greater level of resilience to operations in North Wales, as well as providing opportunities to realise efficiencies with more maintenance and repair work taking place in-house. Finally, a scheme at Bassaleg has sought to address some urgent backlog maintenance work to ensure continued health and safety of staff on the site.

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

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

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

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

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

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

6.2 Our digital and data roadmap

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

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

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



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

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

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

Everyday Essentials



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

Digital Pioneers



Automation and workplace efficiency will be enhanced through projects and pilots under the **Pioneers** pillar. This will include the formal launching of our Digital Innovations and Solutions Lab aligned to the updated Digital, Data and Technology (DDAT) Governance Framework. In 2026/27 we will iteratively develop the lab, learning from test projects the previous year alongside development of a learning offer for the organisation. Additional key areas of work within this pillar include further developing our SMS capabilities and embedding the principles of responsible AI across the organisation.

Digital Transformation



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

Data, Information and Insight



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

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

Security, Safety and Cyber



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

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Everyday Essentials	26.	Deliver a **cloud-based Global Rostering System (GRS) solution**, enabling an organisational decision on implementing the e-timesheet solution			
Digital Pioneers	27.	Launch and embed updated **Digital, Data and Technology (DDAT) Governance Framework.**			
	28.	Expand **SMS functionality** across services to improve access for patients and their engagement with key frontline services e.g. clinical navigator function			
	29.	Establish safe, ethical and **effective use of A**I across WAST through a Responsible AI Framework and targeted staff capability building			
Digital Transformation	30.	Develop key requirements and appraisal of options for **EMS, 111 and NEPTS CAD Replacements,** including strategic direction			
	31.	Development of **full Business Case for Emergency Services Network (ESN) Phase 2**, which encompasses handheld radios, fixed vehicle devices, field services, and resource funding through 2031/32 (as part of the UK national programme)			
	32.	Implementation of **ePCR application refresh** and renewal of contract			

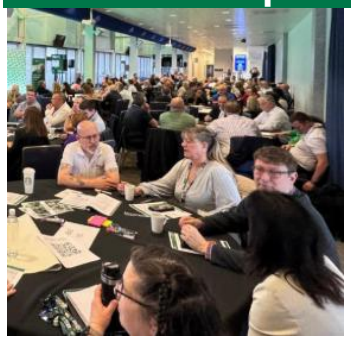
Data, Information and Insights	33.	**Combine internal WAST datasets and link with external datasets** to provide richer intelligence and the evidence impact of the CMT and other improvements			
	34.	Strengthen information governance and technical capability to enable WAST to support the All-Wales **data sharing** ambitions though the National Data Resource			

7. Strategic Objective 4: Developing Services in Collaboration

This section of the plan sets out how the Trust will strengthen its partnership and engagement activity with key system partners and wider stakeholders. It is critical that we operate in a collaborative and joined up approach to address the challenging issues and opportunities facing health and care services across Wales.



7.1 Partnerships and engagement



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

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

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

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

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

- **Commercial partnerships** (both to complement the Trust's commercialisation/financial sustainability agenda, as well as to look at where commercial partnerships may deliver solutions to specific challenges, for example in the digital field)
- **Academic partnerships** (on the research and innovation front, as well as the learning and education and future workforce dimensions)
- **System engagement and collaboration:** Engagement with stakeholders and particularly with NHS Wales partners, where the need for collaboration, integration of services and the development of regional and/or national solutions has never been more acute. We will ensure that we are effectively

embedded and supporting key national programmes (e.g. Community by Design, Six Goals Urgent and Emergency Care priorities).

- **Long Term Strategy refresh:** Engagement (stakeholder, public and patient) in relation to the refresh of the Trust's long-term strategy

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

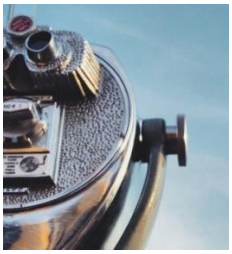
Given the Trust's ambition and capacity to deliver potential "Once for Wales" services on behalf of the wider NHS in Wales, it is imperative that relationships with health boards, both in their capacity as providers and commissioners, are strengthened. This will include creating more and different spaces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

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

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

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

7.2 Refreshing our Long-Term Strategy



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

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

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

7.3 Research, Development and Innovation (RD&I)



The Trust has a longstanding reputation for delivering and developing high quality RD&I, and the evidence produced has significantly contributed high quality, safe, efficient and effective care in our sector, both in Wales and internationally. This includes international collaborations delivered through a One Wales approach, such as the PARAMEDIC 1, 2 and 3 Trials and currently active SIS Trial, along with RD&I led from WAST that have resulted in large-scale UK studies funded by the NIHR and UKRI such as RAPID, R.E.S.P.O.N.D 999 and Dragon Heart. We conduct RD&I in areas such as drug and device trials, clinical procedures, video dispatch and drones, achieving high impact by the influence and inclusion of their results in international guidelines, policy and legislation, leading to better designed health care systems and outcomes. We conduct RD&I in partnership with our patients, and the funding we attract continues to provide opportunities for staff development and enhanced job satisfaction.

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

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

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

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

We have set ourselves an ambitious measurement framework. This includes increasing the total number of commercial and non-commercial portfolio studies and introducing an up-to-date Intellectual Property (IP) policy which replaces the previous WAST IP Policy previously developed in collaboration with RD&I networks, in readiness for the imminent release of NHS Wales IP guidance in early 2026.

8. Strategic Objective 5: Quality driven and clinically led

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



Our Improvement Expectations: Organisational decision making and delivery is underpinned by our unwavering commitment for quality delivered through our quality management approach
How we will monitor impact and Organisational Ambitions: ▪ National Patient Reported Experience Measure (An average overall experience score of 85%) ▪ Concerns (stage 1) Early Resolution (Improvement trajectory – 40%) ▪ Enactment of the Duty of Candour within five days of receipt of request (Improvement trajectory - 100%) ▪ National Reportable Incidents (including never events) (Reduction) ▪ Joint Investigation Framework (referral to health boards) – (Reduction to 7)

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

Quality Management

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

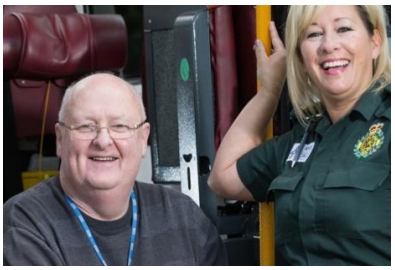
For WAST, this means **strengthening quality management across urgent, emergency and remote clinical care pathways**, ensuring that rapid decision-making, digital enablement and system working are consistently underpinned by robust assurance, continuous learning and improvement.

Our approach to quality is aligned to the Health and Care Quality Standards (2023) and is supported by a focus on patient safety, clinical effectiveness and patient experience. These elements are considered collectively to provide a comprehensive view of quality and to inform improvement, assurance and decision making across the organisation.



This approach reflects our statutory Duty of Quality, ensuring that continuous improvement is embedded across all areas of delivery and aligned to the Health and Care Quality Standards 2023.

- **Safe** care through modern digital systems, reliable clinical processes, improved staff training and strengthened approaches to incident management and learning.
- **Timely** care via enhanced access roues, remote clinical pathways and service transformation that supports people to receive the right help, first time.



- **Effective** services built on evidence -based practice, redesigned models of care and robust evaluation of outcomes.
- **Efficient** use of resources through smarter digital tools, fleet and estates planning, and Value-Based approaches.
- **Equitable** access supported by accessible communications, inclusive workforce strategies and action to reduce inequalities.
- **Person-Centred** care achieved through a stronger patient voice, improved listening systems and services designed around what matters to people.

Progress against these quality domains will be tracked through defined quality indicators and reviewed routinely through established quality governance and Board assurance processes. This will be supported by a strengthened approach to bringing together insight from multiple sources, enabling a more comprehensive understanding of quality and risk across the organisation.

Patient experience

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

Aligned with the Duty of Candour our IMTP supports our commitment to being open when things go wrong and making meaningful improvements. The introduction of new **Listening to People regulations** will allow us to evolve our approach to supporting people contacting us with concerns and complaints, including earlier engagement, clearer communication and more person-centred resolution. A cross-directorate improvement programme is in place to strengthen the timeliness, quality and consistency of our concerns management processes and, to support sustained compliance with the new regulatory requirements.

We will continue to strengthen our approach to learning **from harm** through thematic review of incidents, near-miss reporting, concerns, complaints and Medical Examiner insights. Investment in digital systems will support improved data quality, transparency and insight, alongside a workplace culture that encourages speaking up safely, with staff supported through improved wellbeing, leadership, training and **psychological safety** initiatives. Themes identified through these processes will be used to inform improvement priorities and support safer, more reliable care. This approach ensures that when harm occurs, individuals and families are treated with openness, empathy and respect, and that learning is translated into meaningful quality improvement.

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

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

Compliments: In line with the People Experience Framework, the Trust is committed to maintaining a robust, accessible and inclusive 'Always-on' reporting system for the collection of compliments and positive feedback. This system will ensure that people, families, carers and communities can easily share feedback at any point in their interaction with the service, using a range of methods that reflect diverse needs and

preferences. These will include, but are not limited to, digital platforms, verbal feedback to staff, written correspondence and community engagement.
Compliments will be systematically analysed to support organisational learning and service improvement. The Trust recognises that the value of compliments lies not solely in their volume, but in the insight, they provide into behaviours, practices and approaches that deliver positive experiences.

Processes will be strengthened to identify themes and learning from compliments to inform quality improvement, service design and operational and management practices. This will support the identification and replication of effective approaches that contribute to high-quality, person-centred care.

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

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

This work will contribute to a safer and more sustainable working environment for staff, supporting workforce resilience and enabling the delivery of safe, high-quality care for patients.

Infection Prevention and Control (IP&C)



Building on the organisation's strong foundations and the strengthening of the expert IP&C team recruited, we are committed to **delivering on the Welsh Government Quality Statement for Infection, Prevention and Control**. We will strengthen relationships across operational, clinical, and corporate teams to further embed a culture of collaborative improvement, recognising the critical role of IP&C in reducing healthcare acquired infection, protecting patient safety, staff wellbeing and service continuity. By enhancing engagement, communication and visibility, we will increase confidence in IP&C arrangements and ensure staff feel supported and equipped to deliver safe and effective care, in increasingly pressurised environments.

Recognising the importance of environmental cleanliness as a fundamental control in preventing healthcare-associated infections, we will continue to align our IP&C arrangements with national cleaning standards. A particular focus will be placed on ambulance vehicles as mobile clinical environments, including establishing a clear baseline of compliance and working closely with operational, fleet and estates colleagues to support targeted and sustainable improvements. This will strengthen assurance, improve consistency, and provide greater confidence that infection risks associated with vehicle cleanliness are being effectively managed.

We will also support and align IP&C activity with the Trust's pharmacist-led antimicrobial stewardship programme, recognising the interdependency between infection prevention, appropriate antimicrobial use and patient safety. Working in partnership with key stakeholders, we will use baseline information, education and assurance to support continuous improvement, contributing to the reduction of avoidable infection and antimicrobial resistance risks through a coordinated, system-wide approach.

Mental Health and Learning Disability

In this IMTP, "Mental Health" is understood as an overarching concept encompassing an extensive range of specialist fields, including Dementia, Learning Disability, Substance Misuse, Neurodiversity, Child and Adolescent Mental Health, Older Adult Mental Health, Post-Natal Mental Health, and Adult Mental Health. This broad definition reflects the diverse and complex needs present in modern mental health care, guiding our strategy towards inclusivity and holistic support. Our vision is to support the system to cultivate a future where mental health services across Wales are inclusive, innovative, and consistently accessible to all. We are firmly committed to delivering clinically led, high quality services that bring real benefits to individuals and communities, focusing on wellbeing and recovery. This ambition is underpinned by values of quality, equality, and collaboration, ensuring timely, evidence-based care in the most suitable settings so that people receive the right support at every stage of life.

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

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

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

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

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

Safeguarding

Safeguarding is a statutory duty and a core component of the services delivered by the WAST. The Corporate Safeguarding function provides strategic leadership, assurance and specialist expertise to ensure the Trust meets its safeguarding responsibilities while continuously improving the quality and safety of care for patients, families and communities. Operating across organisational boundaries, the function works

collaboratively with internal services and external partners to promote a coordinated, system-wide approach to safeguarding.

The Safeguarding Team supports operational services, corporate functions and senior leaders through expert advice, policy development and implementation, and the embedding of safeguarding principles into governance, clinical practice and workforce processes. The team designs, delivers and quality-assures safeguarding training, including work to integrate and streamline provision and introduce Level 3 training for relevant staff, ensuring alignment with national guidance and the intercollegiate framework. This strengthens workforce competence, confidence and consistency in safeguarding practice supporting earlier identification and consistent management of safeguarding risks, strengthening patient safety and contributing directly to improved quality of care across Trust services.

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

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

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

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Quality Management Culture	37.	Develop a consistent organisational framework that brings together **quality improvement, change management, and project management methodologies**			
	38.	Develop and implement a Trust-wide **Quality Assurance Forward Improvement Plan**, informed by self-assessment, aligned to strategic objectives and supported by clear ownership and monitoring arrangements			

	39.	Review and refresh the **Strategic Quality Plan** to ensure it remains current, aligned to organisational strategic objectives, national policy requirements and emerging quality priorities, and deliver the updated plan through a phased implementation			
Implementing key legislative requirements (Listening to People and People's experience framework)	40.	Strengthen the **Patient Voice Network** to support meaningful and effective community involvement in the development of planned service changes			
	41.	Implement and embed a person-centred, **compassionate and learning-focused concerns management system** that enables early listening and resolution, delivers proportionate and timely investigation, provides clear and empathetic responses, and systematically uses learning to prevent future harm and improve patient safety and experience			
Open Access Mental Health Care Pathways	42.	Deliver **clinically led, evidence based mental health care** that provides the right care, in the right place at the right time			
	43.	Establish a **skilled, empowered mental health workforce** through CPD, innovation, partnership working and lived experience			

8.2 Taking action through a population health approach



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

Our vision is to strengthen our population health approach so that we **"plan and deliver care which responds to our population needs, promotes health, and reduces harm and inequalities".** This aligns with the Association of Ambulance Chief Executives (AACE) focus on reducing health inequalities within the ambulance sector.

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

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

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

In addition to supporting our patients and the wider system, we have invested in our occupation and people services teams, as population health improvement can start in a community. We are keen to

take all steps possible to support colleagues manage their health effectively for their own wellbeing and secure the ongoing resilience of our workforce.

8.3 Clinically led

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

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

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



The Trust's Lead Midwife role has continued to secure quality and safety improvements for women and their babies across remote and face-to face clinical practice, as part of the ongoing delivery of the **Maternity and Neonatal Safety Programme.** We have maintained collaboration and active dialogue with the Welsh Chief Midwifery Officer's office and have finalised a Project Initiation Document (PID) and scoping document for a 24/7 Maternity Advice and Triage Line ('labour-line') as set out in the Maternity and Neonatal Review recommendations. In the next period, we will work with Welsh Government, NHS partners and commissioners to confirm how this proposal can be taken forward and implemented.

This year we have strengthened our approach to improving flu vaccination uptake by establishing a dedicated cohort of **Occupational Health Practitioner Flu Vaccinators**. Working alongside implementation teams, this new cohort will increase the availability and accessibility of vaccinations for colleagues across the organisation. In addition, several Health Boards across Wales opened their vaccination clinics to WAST colleagues attending hospital sites as part of their role. This partnership enabled staff to receive their vaccination during the working day, reducing barriers to access and supporting improved uptake.

In setting targets for the coming year, we have agreed a pragmatic and achievable ambition of a **5% improvement** on last year's uptake. This reflects both operational realities and our commitment to continuous improvement in protecting our workforce and the patients we serve.

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

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

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

9. Strategic Objective 6: Value and Sustainability

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



S06a: Financial Sustainability



S06b: Commercial/Foundation Economy/Value-Based Healthcare and Environmental Sustainability

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

How we will monitor Impact and Organisational Ambitions

- Financial balance – (Maintain 100% financial balance)

9.1 Financial Sustainability Programme

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

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

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

These initiatives are now being embedded within directorate plans and tracked through the refreshed FSP, with clear ownership, milestones, and benefits realisation measures. This approach ensures that improvement activity is targeted, manageable, and aligned to organisational priorities, while avoiding dilution of effort. The Trust will continue to apply a structured and transparent approach to decision-making, including where proposals are not progressed, to ensure resources are focused where they can deliver the greatest value.

Key themes emerging from the Service Review, which include workforce capacity, digital enablement, reduction in manual processes, and improved financial and commercial literacy, will continue to inform both operational plans and enabling strategies across the IMTP period.

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

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

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

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

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

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

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Delivering Financial Sustainability	46.	Embed a **Trust-wide Financial Sustainability Programme (FSP)** to improve financial decision-making, organisational capability, and delivery of recurrent cost efficiencies aligned to the Trust's financial plan			
	47.	Establish a fully functioning **Commercial Function,** underpinned by an approved Trust wide Commercial Plan and deliver at least two sustainable income generation streams			

9.2 Value Based Healthcare

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

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

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

Recognising the need for a coherent methodology, Swansea University has been commissioned through the CMT programme to advise on the most appropriate VBHC framework for WAST. This will not limit us to a single method, but it will provide a recommended foundation from which we can consistently assess impact, prioritise investment, and measure our contribution to outcomes across the system.

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

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

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

9.3. Demonstrating Productivity Gains

Our plan centres on delivering **tangible improvements in productivity and efficiency** so we can make the best possible use of current resources. By streamlining processes, reducing avoidable waste, and strengthening the way teams work together, we can best use available capacity to improve our services. These changes are designed to help us **do more within our current resource envelope**, improve the quality and consistency of what we offer, and create clearer ways to **measure and quantify the gains**. Together, these improvements form a sustainable foundation for delivering higher-quality care without relying on additional funding to meet the changing demands across our services.

We are committed to delivering **2% productivity improvements equating to circa £6million cost avoidance**. The table below sets out the four key areas that we are currently working on. Included is a high-level estimation of the potential efficiency gain (i.e. the impact of capacity gain as a result of productivity improvements on patient care). Also included is the cost equivalent / avoidance opportunity. This is included to demonstrate the avoided costs to deliver the efficiency gain based on the current status quo position (i.e., before the productivity improvement was realised). If the productivity gains outlined below are not fully realised, we are committed to other areas of productivity improvements as outlined in the plan. The figures below are indicative projections; it is important to note that the cost avoidance figures are non-cash releasing.

Drafting Note – further work to be undertaken on this table prior to Welsh Government submission

Description	Impact / Efficiency Gain	Cost Equivalent / Avoidance *(non-cash releasing)*	System Efficiency / Improvement
Activity 1 Implement NEPTS Re-roster: Increased productivity / capacity gains as resulting from the impacts of the NEPTS re-roster.	The detailed modelling indicates that the NEPTS re-roster will release additional capacity to undertake a further **c.16,000 journeys per year** within current NEPTs capacity	The projected cost equivalent is circa **£940,000**.	▪ Reduction in NEPTS cancellations and missed hospital appointments ▪ Improved utilisation of NEPTS resources and hospital clinics
Activity 2 Improved APP Deployment (jobs per shift): Improvements in the targeted deployment of APPs resources to increase the number of jobs per shift and utilisation to circa 80%.	By targeting APPs to the most appropriate patient incidents and improving deployment of resources through scheduling could enable the current APP workforce to attend **15,859 more patients per year**.	The projected cost equivalent is circa **£2.6 million**.	▪ More care resolved at home ▪ Reduction in ED attendance (circa 12,600 less attendances based on 80% resolution rate at home following APP intervention).
Activity 3 EA Abstraction Reduction: Reduction in the EA abstraction rate to benchmark position of 29.91%	By reducing EA abstractions, this could enable up to **4,579 more patients receiving an ambulance** response per year. Helping to reduce the number of cancellations / 'no-send'	The projected cost equivalent is circa **£3.1 million.** *To note however that this would help to reduce the reliance on overtime.*	▪ Improved clinical outcomes and reduced patient harm ▪ Improved ambulance response times ▪ Avoidance of patient deterioration

Activity 4a Wait 45 Hospital handover: Reduction in handover lost hours to achieve the Wait 45 target (no handover delays over 45 minutes)	The modelled reduction in handover delays would release ambulance capacity to respond **to 27,375 more patients per year** within current capacity. This would free up capacity to reduce un-met need in the community and reduce harm and improve clinical outcomes.	The projected cost equivalent is circa **£18.6 million**.	requiring more intensive care ▪ Reduction in 999 cancellations ▪ Reduction in patient 'walk ins'
Activity 4b Wait 15 Hospital handover: Reduction in handover lost hours (No delays after first 15 mins)	The modelled reduction in handover delays would release ambulance capacity to respond **to 50,628 more patients per year** within current capacity. This would free up capacity to reduce un-met need in the community and reduce harm and improve clinical outcomes. Whilst this would not be cash releasing in the short term, it would provide the opportunity longer term to review future EA capacity requirements.	The projected cost equivalent is circa **£34.5 million** *(inclusive of the projected costs outlined in Activity 4a)*	

9.4 Environmental sustainability

De-Carbonisation



We are committed, where possible and affordable, to ensuring that our developing infrastructure supports the **Trust's and Welsh Government ambition to lowering public sector carbon emissions** and we have made good progress in the implementation of some key actions within our current Decarbonisation Action Plan (DAP). This is supported by the Decarbonisation Programme Board structure which facilitates Trust wide ownership of plan actions. With the renewal of the Welsh Government Decarbonisation Strategic Delivery Plan, we recognise that we will need to update our DAP accordingly, to determine the pace at which we will be able to respond to new requirements in a "no investment" year and that this requires commitment from across the organisation, with wider reaching actions than previously seen across the Trust. An exercise to fully determine this at a detailed level across the organisation is progressing.

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

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

schemes for funding consideration as we engage in the renewed process for 2027/28 TEF funding in discussion with Welsh Government officials.

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

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

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

Adaptation planning

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

10. Our financial plan

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

10.1 Revenue

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

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

This is based on some key funding and cost assumptions included with the plan and, as above, additional actions that are expected to continue to progress through the financial year to deliver savings, and exploit

any emerging areas of additional income generation, in order to balance. Given the current financial environment and context, and the continuing way in which the NHS in Wales and, in particular our commissioners, are funded, this plan inevitably focusses on the 2026/27 financial year, although the supporting tables and technical submission maps this over the three financial years through to 2028/29.

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

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

- That the resultant in year costs for key cost pressures identified within this plan are no more than that currently estimated. These are likely to be similar to that faced across the NHS in Wales, within an ambulance sector context and in particular relates to Welsh Risk Pool contributions, digital uplifts, fuel, general non pay inflation, that relating to the Trust's continuing response to the new ambulance performance framework and a range of costs either having had to be incurred or committed to in 2025/26, or will unavoidably need to be spent in 2026/27 due to continuing service demand and system pressures and the delivery of the range of commissioning intentions placed on the Trust;
- The ability to fully deliver on the resulting range of cost containment, cost avoidance and savings required to balance in year. This will need to be made up of a minimum of £9m, or c3% of cost baseline.
- In addition, and following further discussion with the JCC, we are planning to deliver circa 2% productivity / efficiency savings in 2026/27. We will also continue to work with commissioners in year to identify any further opportunity for cash releasing savings.

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

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

10.2 Financial Risks

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

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

- The recovery of all of the income assumptions this financial plan now makes, in particular ensuring the commitments and elements supported within the NHS Wales JCC IMTP are fully aligned and delivered upon and that the full uplift assumed across all of the Trust's income sources is delivered.
- That the in-year costs relating to the 2026/27 pay award is fully funded by Welsh Government.

- No other developments, enhancements or cost increases not currently funded within budgets, or identified within this financial plan supporting the IMTP, will be able to be progressed until a confirmed funding source for them is found, or an agreed equivalent value of cost is stopped or reduced elsewhere. However, the ability to do this in the context of the current total savings already required to balance in year makes this unlikely.
- The ability to deliver a minimum of £9m in savings and cost management in year, in order to balance.
- That no further additional savings will be required by commissioners. Recent correspondence from the JCC has requested the Trust to consider and present what further savings may be able to be delivered in year, to contribute to the wider JCC financial position. It is however highly unlikely that anything beyond that already being progressed within this plan in order for the Trust to deliver on its statutory duty to breakeven in 2026/27, will be available in the form of cash releasing savings. Dialogue continues on how to further evidence additional productivity and efficiency impacts on top of this.
- Some cost elements are still hard to predict through the coming 12 months and may remain volatile, with a clear indication from WG that no further funding will follow in year in 2026/27 to manage any such variations.
- The uncertain political landscape and any initial impact any change in government in Wales may have on some of the choices and decisions made within this financial plan.
- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continues to hold.

10.3 Capital

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

11. Delivering our plan

11.1 Managing IMTP delivery and strategic transformation

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

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

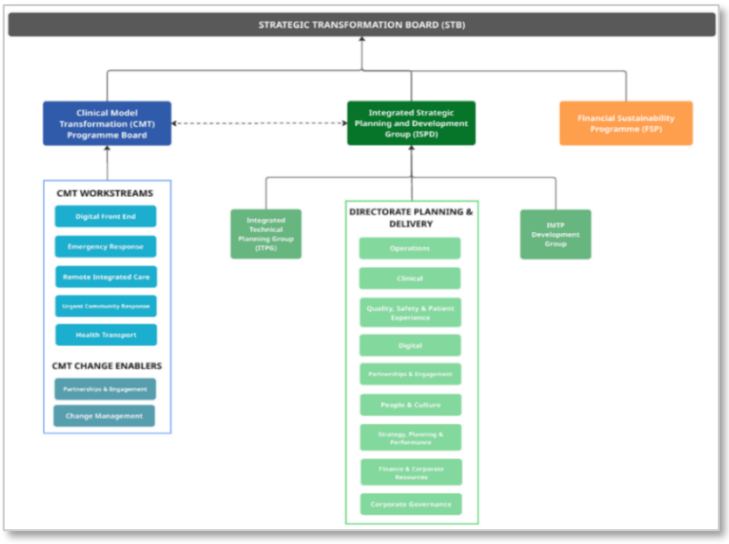
There is an opportunity in 26/27 to further enhance the IMTP reporting approach to enable the closer alignment and 'golden thread' between the long-term strategy, organisational delivery and risks, alongside strengthening the governance and reporting arrangements. This will be achieved by reporting IMTP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

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

strategic objectives and our performance data has informed the prioritisation of the key commitments outlined in this plan.

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

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



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

11.2 IMTP Delivery Risks

We have identified a number of high-level risks that could impact on the successful delivery of the key programmes of work and the commitments set out in this plan. These are risks to delivery of the IMTP, rather than the Trust's principal risks, but they are inextricably linked to them and reflect the practical challenges of implementing our strategic priorities within the current operating environment.

The table below sets out these delivery risks and the actions to support their mitigation. These will be monitored by individual programme boards or lead directorates, escalating to the Strategic Transformation Board where necessary, and to the Corporate Risk Register and/or Board Assurance Framework where Board level awareness and scrutiny is required.

Descriptor	Mitigation
Ability to deliver a financially balanced plan Our ability to deliver a financially balanced plan predicated upon the financial assumptions set out in the financial plan and delivery of the savings improvement programme. Recognising the wider financial challenges across NHS Wales and potential areas of further cost/income reduction impacting the financial position.	▪ FSP programme, financial savings plan and commercial plan. See section 9. Linked to Risk 139.
Organisational capacity to deliver our commitments: This plan recognises that it is a no 'investment' year, and the	▪ Consolidation and enhanced prioritisation of IMTP and

savings improvement plan will see a reduction in capacity to deliver IMTP commitments as some vacant posts will not be backfilled.	organisational commitments. See section 4.1. Linked to Risk 139.
Political uncertainty impacting health policy: Impact of a change in government on health policy and priorities that may not align with the strategic and operational direction of the organisation.	▪ Close monitoring of political positioning and building relationship with potential new government. See section 7.1. Linked to Risk 201a and 201b.
Stakeholder Support: We do not have the support from key partners and stakeholders to progress the ambitions set out in our plan	▪ JCC engagement to develop plan ▪ WAST engagement with key national programmes and locally with Health Boards. See section 4.11 and 7.1. Linked to Risk 201a and 201b.
System Pressures: Continued pressures across the system negatively impacts the ability of the trust to deliver high quality clinical care.	▪ Continued collaboration and joint working to embed whole system solutions and improvements. See section 4.11 and 7.1. Linked to Risk 223 and 224.
Digital and Cyber Security: Service risks associated with the more sophisticated digital and cyber security threats on our systems and people.	▪ Enhanced focused on digital safety and security. See section 6.2. Linked to Risk 260.
Meeting legislative/policy requirements: Recent legislative changes require additional work/support to enact the changes without any additional funding to enable this work. This places greater pressure on the organisation to meet the changes/deliver core business.	▪ Legislative requirements have been reviewed and options considered to best meet the needs within organisational capacity. Linked to several Risks.
Impact of Health Board decisions on strategic service change: Changes outlined in Health Board plans may affect strategic service change and the provision of local services	▪ Ongoing engagement with Health Boards to understand implications, align plans, and mitigate impacts on local service delivery. Linked to Risk 100.

11.3 Measuring our Plan

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

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

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

12. Questions

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

13. Glossary

Drafting note - to be added for WG submission

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





WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST

SUPPORTING INFORMATION 2026 - 2029



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1.0 Planning Framework

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

However, we recognise that the IMTP could equally have been framed around a number of strategic drivers that have informed its development. To demonstrate alignment, we have produced a detailed cross-referencing matrix (see Appendix 4) which maps each deliverable against our strategic and wellbeing objectives, the ministerial priorities, the enabling actions set out in the NHS Wales Technical Planning Guidance, commissioning intentions, and the Health and Care Quality Standards that are primarily impacted.

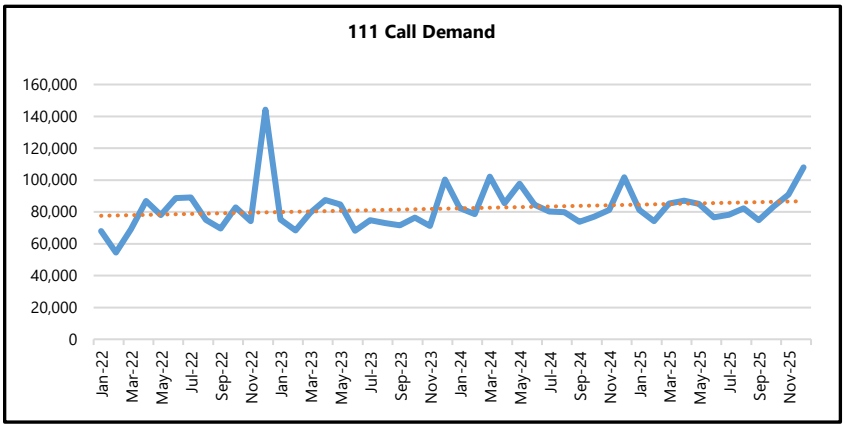
Deliverable	STRATEGIC OBJECTIVES	WELLBEING OBJECTIVES			MINISTERIAL PRIORITIES						ENABLING ACTIONS	UEC 6 GOALS PRIORITIES	COMMISSIONING INTENTIONS	HEALTH AND CARE QUALITY STANDARDS *primary factors only marked here										
		A socially responsible and inclusive employer	An innovative and sustainable organisation	A pro-active, accessible & equitable care provider	Timely Access to Care	Population Health and Prevention	Community by Design	Mental Health Access	Women's Health	Quality and Safety				Person-Centred	Safe	Timely	Effective	Efficient	Equitable	Leadership	Workforce	Culture	Information	Learning, Improvement & Research	Whole Systems Approach
1. **Complete a formal academic evaluation** of the Clinical Model and Ambulance Performance Framework changes to understand the benefits, impact and opportunities for improvement.	SO1		✓	✓	✓					✓			✓				✓						✓	✓	
2. Undertake a detailed assessment of clinical flows, processes and functions to optimise productivity, efficiency and outcomes across the model, with a specific focus on improving care for high risk patient groups (Stroke, STEMI, NOF). This will be enabled **through targeted improvement and a consistent approach to benefits realisation**, using clear metrics, measures and baselines to improve clinical outcomes, care and experience	SO1		✓	✓	✓					✓			✓		✓		✓	✓							
3. Develop a **business case to secure external or internal funding** for a modern digital front end for NHS 111 Wales including simultaneous replacement of the current Content Management System and establishment of a substantive NHS 111 Wales Online multidisciplinary team.	SO1 SO3		✓	✓	✓						✓		✓		✓			✓							
4. Replace the outdated **Online Symptom Checker (OSC) tool** to align with the 111 Call Prioritisation and Streaming System (CPSS).	SO1 SO3		✓	✓	✓						✓		✓		✓			✓							
5. Deliver a system-wide action plan to accelerate improvements in **out-of-hospital cardiac arrest** (OHCA) outcomes in Wales by implementing targeted interventions in public awareness, CPR training, defibrillator access, advanced life support, and data analytics.	SO1 SO5			✓		✓									✓	✓							✓		
6. Redesign and implement revised **Health Care Professional (HCP) call flows** aligned to our integrated Clinical Services Model, and evaluate and optimise them post implementation.	SO1 SO4			✓							✓		✓				✓	✓							✓
7. Operationalise the **key recommendations of the Emergency Ambulance Practitioner (EAP) skill mix** review.	SO1	✓		✓							✓		✓					✓			✓				
8. Implement a **Single RICS clinical queue** to streamline Remote Clinical Consultation and standardise clinical queue management across 999 and 111 services	SO1			✓	✓								✓		✓			✓					✓		
9.Work with supplier to pilot and **evaluate the alignment of MPDS and CPSS**	SO1 SO3		✓	✓	✓		✓						✓		✓		✓	✓							
10. **Optimise and evaluate current provision of the falls desk** to inform delivery of the function post current funding arrangements	SO1			✓	✓		✓					✓	✓		✓	✓								✓	
11. Increase the number of patients treated at home or in the community **by optimising and more effectively utilising our advanced practice** resources across Wales (including APP roster review, scheduling advanced practice clinicians and increasing utilisation) aligned to the 'preferred response' outlined in the Ambulance Performance Framework.	SO1			✓	✓		✓					✓	✓	✓	✓		✓								
12. **Establish a NEPTS improvement programme** and detailed plan to increase the productivity and efficiency of the NEPTS service to address current performance challenges and risks. Improvement actions will include (1) NEPTS roster review, (2) Enhanced data and analytics to improve co-ordination and performance management, and (3) Explore digital solutions to improve productivity and patient experience (e.g. Patient Cancellations).	SO1			✓	✓						✓	✓	✓					✓			✓		✓		
13. **Undertake a strategic service review of NEPTS**	SO1			✓	✓						✓		✓					✓		✓	✓				
14. Implement two key recommendations from the **Manchester Arena Inquiry** (Incident response desk and additional duty operations manager capacity) to enhance organisational readiness for major incidents and events	SO1			✓									✓	✓	✓		✓								
15. Develop and implement **operational plans for upcoming major national events**, working with Welsh Government and partner organisations as a Category 1 Responder (including the Tour de France and the UEFA European Football Championship)	SO1			✓									✓	✓	✓										✓
16. **Deliver the Covid Inquiry recommendations** to enhance organisational readiness for major incidents	SO1			✓									✓	✓	✓		✓								
17. Undertake a review of preparedness against the **Wales resilience framework** to improve compliance with national resilience standards and ensure that arrangements under the Civil Contingencies Act remain robust and up to date.	SO1			✓											✓		✓			✓					
18. Embed the **Anti-Sexual Harassment Policy** and deliver the supporting implementation plan to create a culture of sexual safety across the Trust.	SO2	✓									✓								✓		✓	✓			
19. Achieve a sustained **reduction in sickness absence** through targeted action on work-related stress, supporting colleagues and managers to take timely action and promote long-term wellbeing.	SO2	✓									✓			✓							✓	✓			
20. Increase engagement and participation through targeted interventions, **ensuring all colleague voices are heard**, and effectively use data to drive informed decisions and actionable insights.	SO2	✓									✓										✓	✓		✓	
21. Commence Phase 2 of **Our WAST Way** by embedding Our WAST Way Leadership Behaviours and Development Framework (inc. Managers Essentials) and progressing the next phase to strengthen leadership and effective management	SO2	✓									✓									✓	✓	✓			
22. Enhance managers' ability to lead, navigate and **manage change** confidently, reinforcing cultural transformation and organisational resilience	SO2	✓									✓									✓		✓		✓	

2.0 Our Performance Profile

111

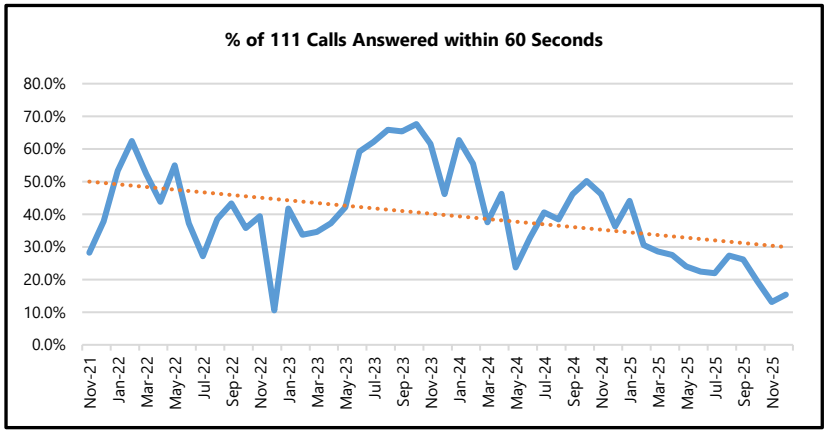
111 Demand

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



111 Call Answering - RAG

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

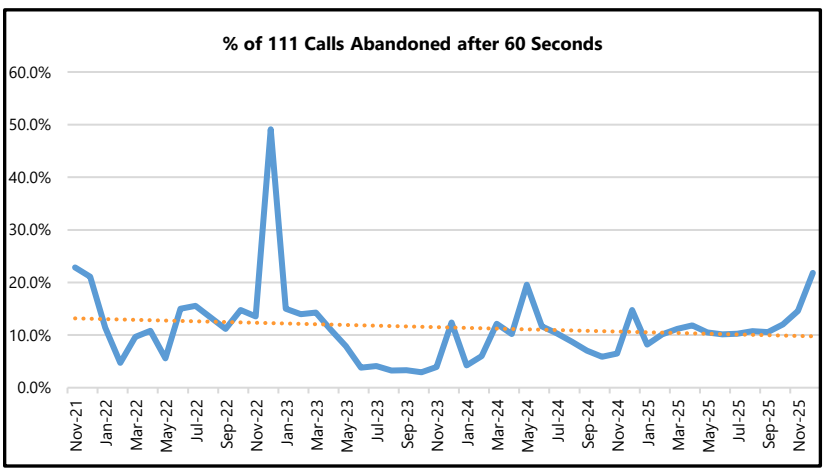


This decline in performance has come at a time Unit Hours Production (UHP) capacity for call handlers has seen a slight increase. However, an external rostering review suggested there is a demand and capacity gap i.e. the current funded establishment is not sufficient to meet patient demand and the Trust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

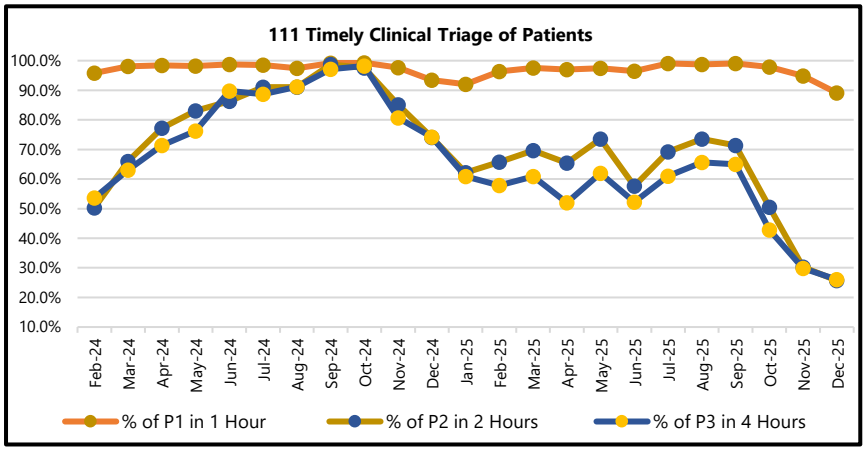
111 Abandonment Rate - RAG

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

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



111 Clinical Response - RAG



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

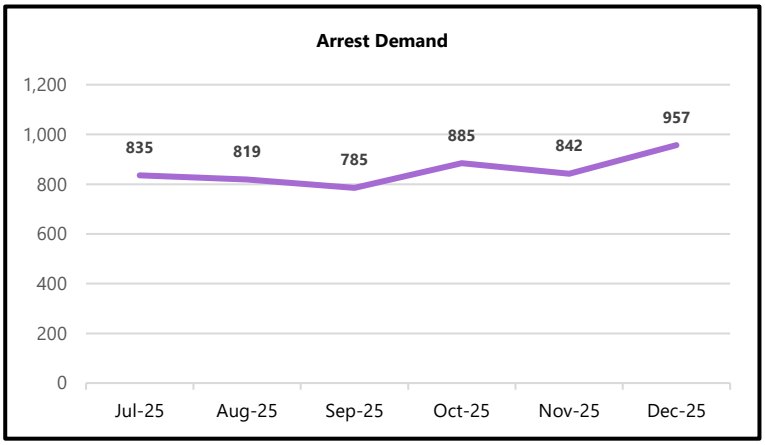
As can be seen in the graph, performance within the lower priority assessment areas has also deteriorated significantly over the past few months, falling to their lowest levels of 25.7% for P2 and 26% for P3 during December 2025.

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

Ambulance Response

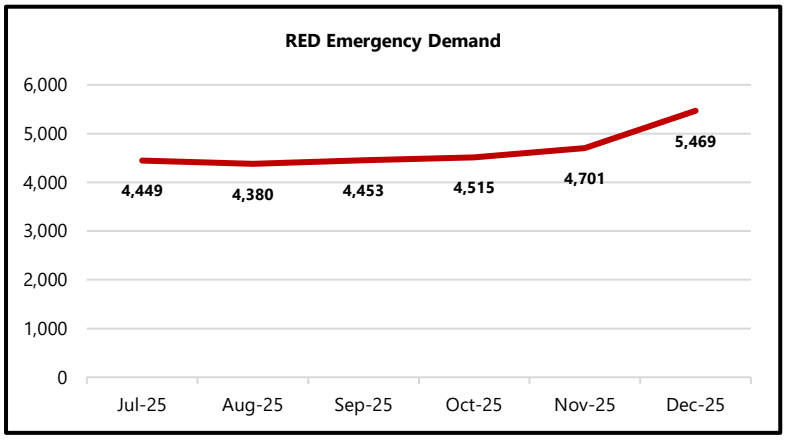
ARREST/EMERG Demand

On 1 July 2025, our new ambulance response model was implemented, with two new response categories replacing the previous (old) Red category. The new categories are Arrest (Purple), for cardiac and respiratory arrests, and Emergency (Emerg) (Red), for major trauma and other incidents where patients are at significant risk of cardiac or respiratory arrest if they do not receive a rapid response.



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

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

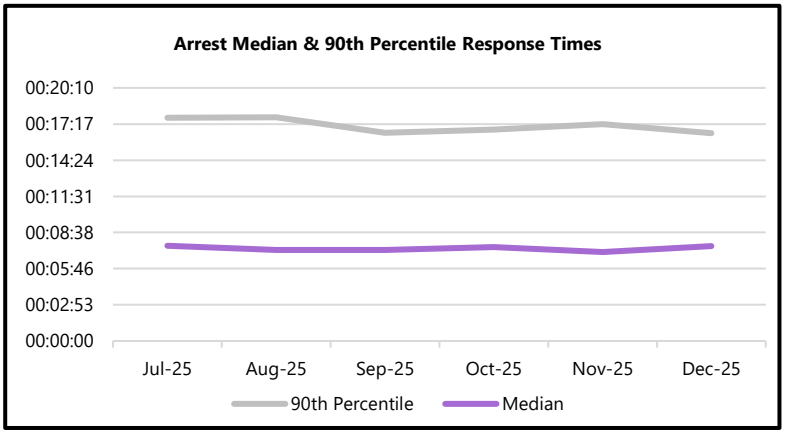


While operating the old model, which was implemented in 2015, it was deemed that the 'old red' category had become too big, accounting for 16.1% of total verified incidents during the last 6 months it was being used. It was identified that many patients being prioritised as a red response did not necessarily require it, and, if properly triaged by a specialist clinician, they could be dealt with through other priority categories or pathways. During the first 6 months since the introduction of the new model, ARREST and EMERG incidents have accounted for 15.5% of total verified incidents. Although this is a small drop from the previous 16.1%, it is still deemed too high, and it is hoped that further improvements in the Rapid Clinical Screening 0 (RCS0) triaging will enable the Trust to reduce this percentage further in the coming months.

ARREST Response - **RAG**

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

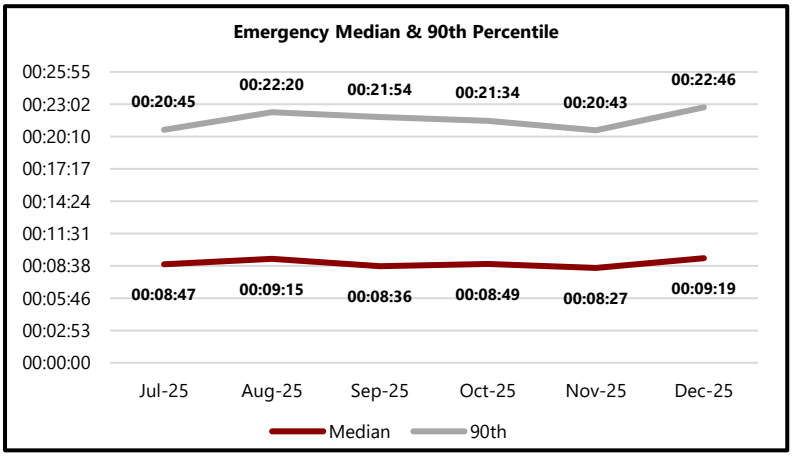
The 90th percentile was at 18 minutes during December, which was also within the ambition time of 20 minutes.



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

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

EMERG Response - **RAG**



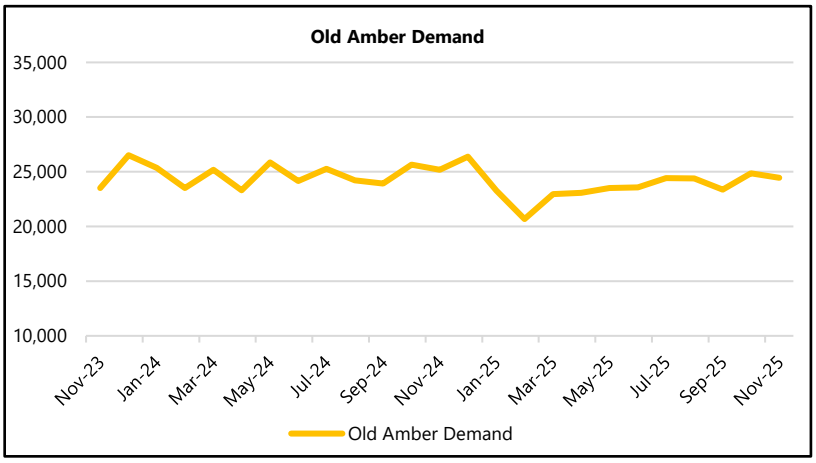
Median performance in the EMERG priority category is slightly outside the strategic ambition of 6-8 minutes, with the response median during December 2025 being 9 minutes 19 seconds.

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

and despite work to look at this differential, at this time there is no obvious reason evident for the higher response times presenting in the EMERG category.

Amber, Orange & Yellow Demand

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



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

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

Orange & Yellow Response - RAG

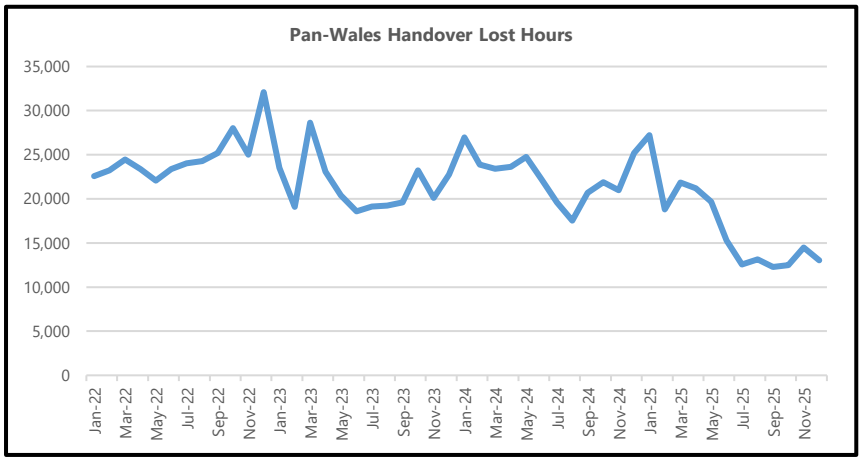
Although it is too early to draw any meaningful conclusions or patterns from the Orange and Yellow response categories, the response time data for December 2025 was encouraging.

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

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

Lost Hours to Handover at Hospital - RAG

In July 2025, the Welsh Government stipulated its W45 ambition, which aims for no handover at hospital to take longer than 45 minutes. Since this time, there has been a marked improvement in handover lost hours, with the figure for December 2025 of 13,044 being significantly below the 25,195 hours lost during December 2024. However, this remains above the Welsh Government target, which equates to 7,500 lost hours a month, with the last time this figure was achieved being March 2021.



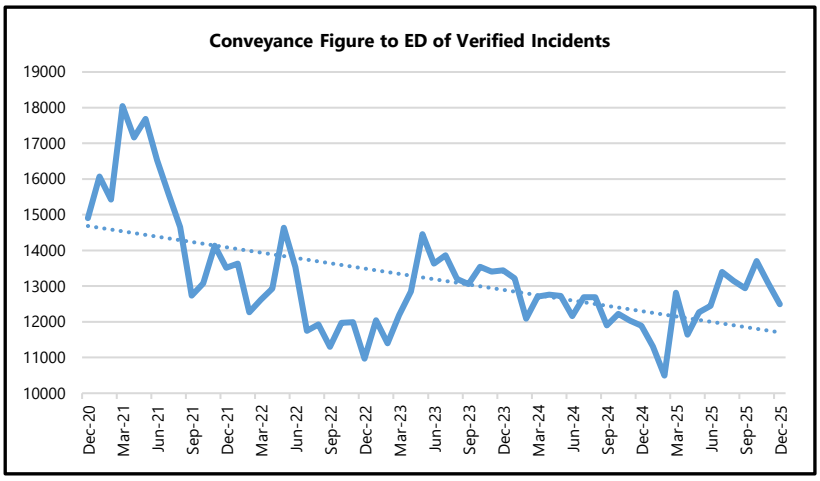
There also remains a significant disparity between individual health boards. Both Cwm Taf Morgannwg and Swansea Bay have seen marked reductions in the number of hours lost at hospital during the second half of 2025, while Betsi Cadwaladr continues to see a high handover rate, with the health board accounting for 42.7% of total lost hours pan-Wales during December 2025 and 58.6% of the total during November 2025.

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

Outcomes/Dispositions

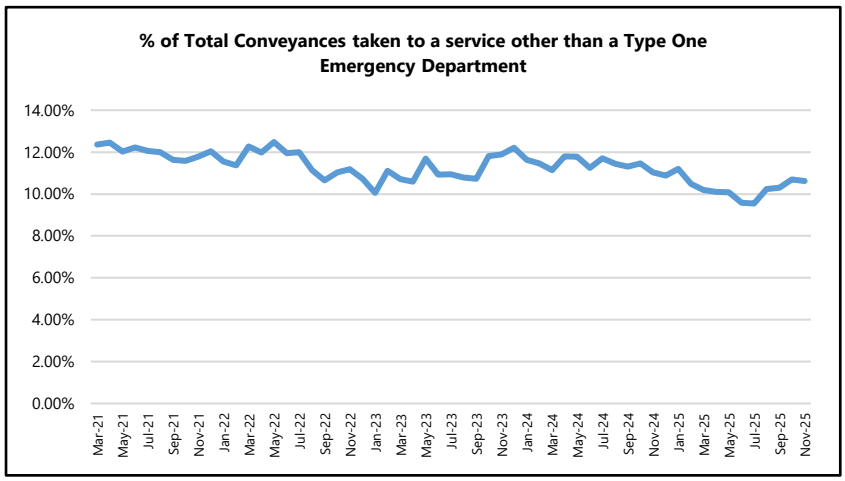
Conveyance to Emergency Department (ED) - RAG

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



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

Conveyance to a Service other than an ED – RAG

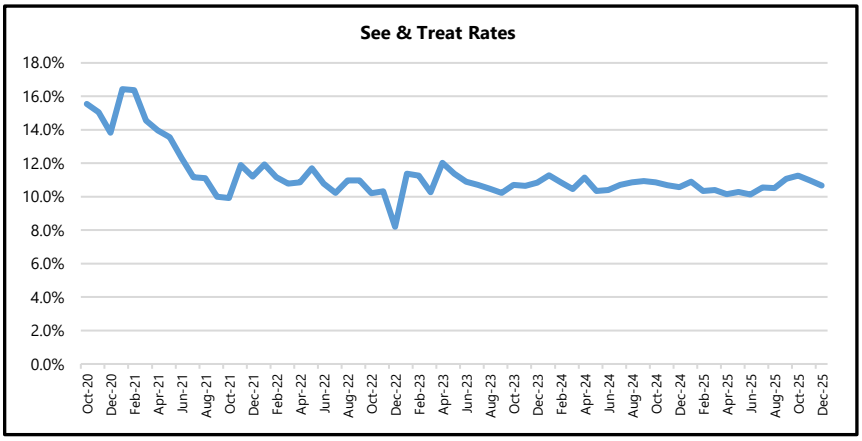


This metric has decreased slightly over the past four years, **with the percentage figure for December 2025 of 10.6%** being 0.3% percentage points lower than that seen in December 2024 and 1.3 percentage points below that recorded for December 2023. This decrease follows a similar pattern to total conveyances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

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

See & Treat/Consult & Close - RAG

See & Treat rates against verified incidents in December 2025 were 10.7%, which was slightly above the 10.6% seen last December but which follows a similar rate to those seen consistently over the past 5 years, since they declined during 2021.



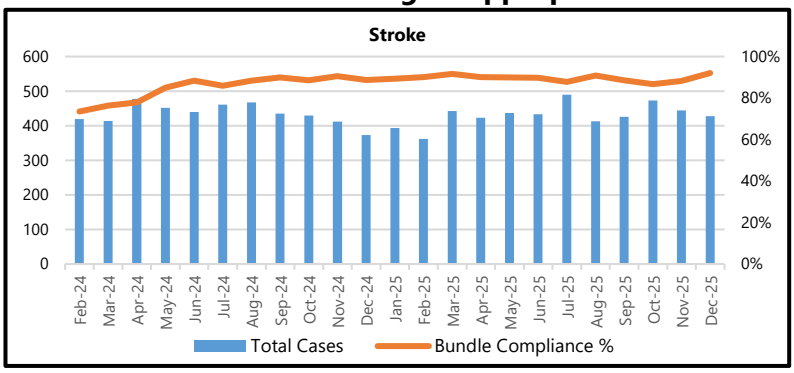
The Consult & Close rate for December 2025 was 20.8%, a marked improvement on the rates seen prior to 2025.

Clinical Outcomes

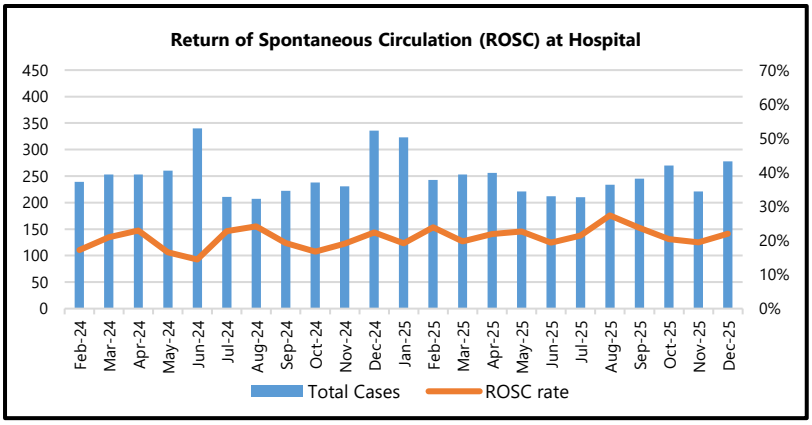
Stroke - RAG

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

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



Return to Spontaneous Circulation (ROSC) - RAG



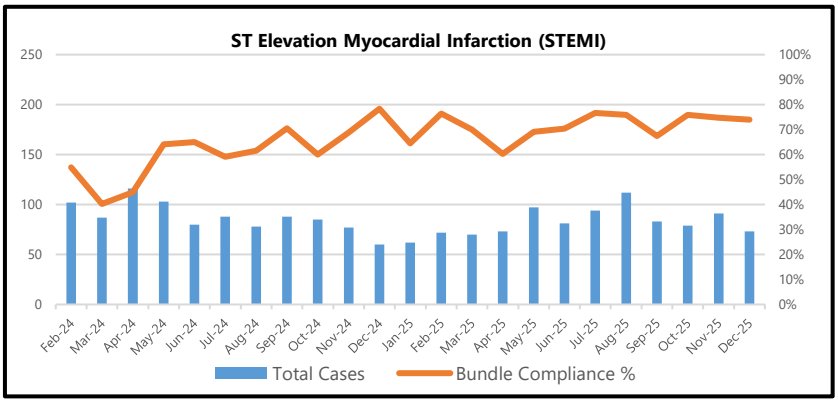
The ROSC compliance rate was 21.9% in December 2025. This is below the 25-30% IMTP ambition for ROSC rates although that figure was achieved for the first time in August 2025 (27.4%).

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

ST Elevation Myocardial Infarction (STEMI) - RAG

STEMI compliance rates in December 2025 were 74%, down from 78.3% in December 2024 and remaining below the 95% target.

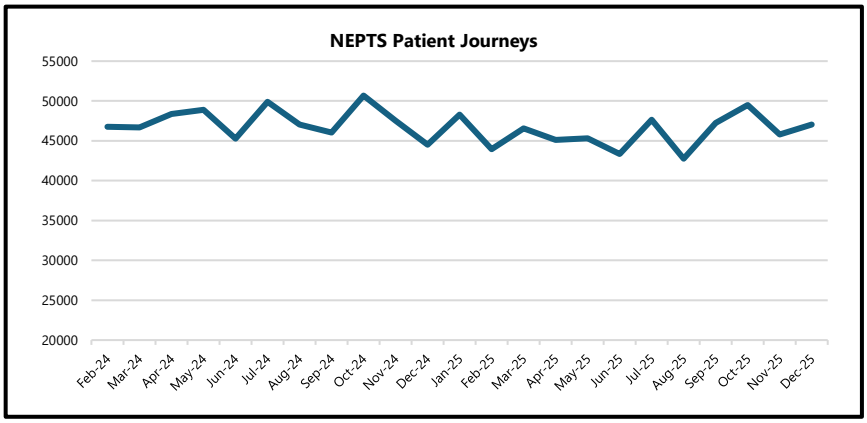
Call to door times for STEMI, as with Stroke, have deteriorated during 2025, increasing to 2 hours 55 minutes during December 2025, the longest time seen over the past 2 years.



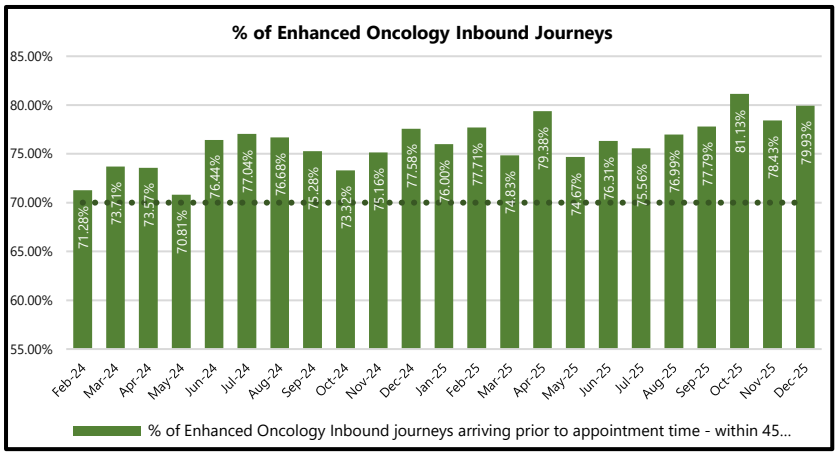
Ambulance Care

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

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



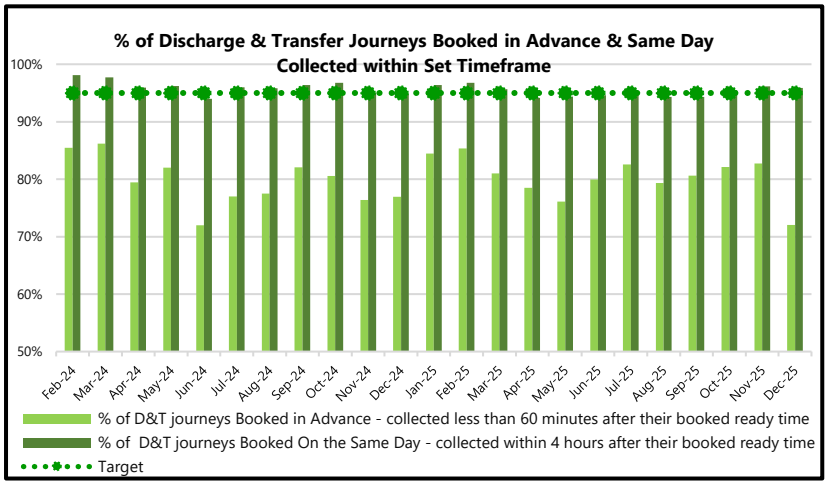
Oncology - RAG



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

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

Discharge & Transfer (D&T) - RAG



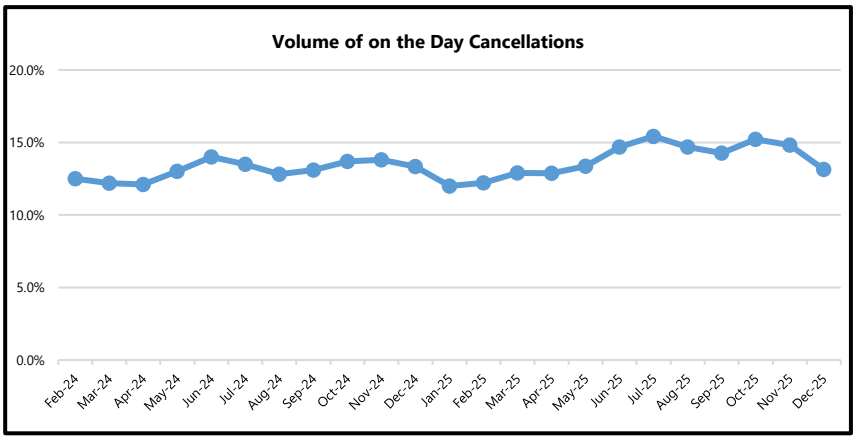
Booked in advance D&T journeys collected on time in December 2025 were at 79%, which remains below the 95% target. The number of booked in advance journeys collected on time has declined since early 2023.

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

On the Day Cancellations - RAG

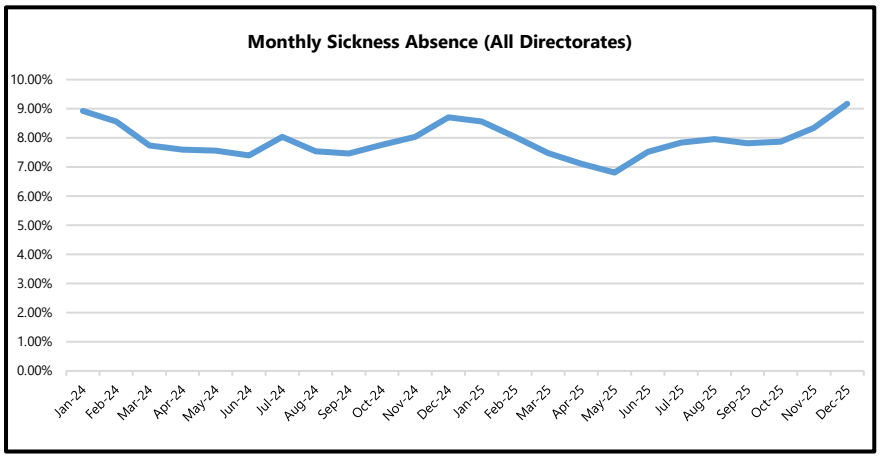
The volume of on the day cancellations shows an increasing trend over the past 3 years**, although the December 2025 percentage of 13.1% did show a slight downward turn.**

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



Sickness - All Directorates - RAG

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

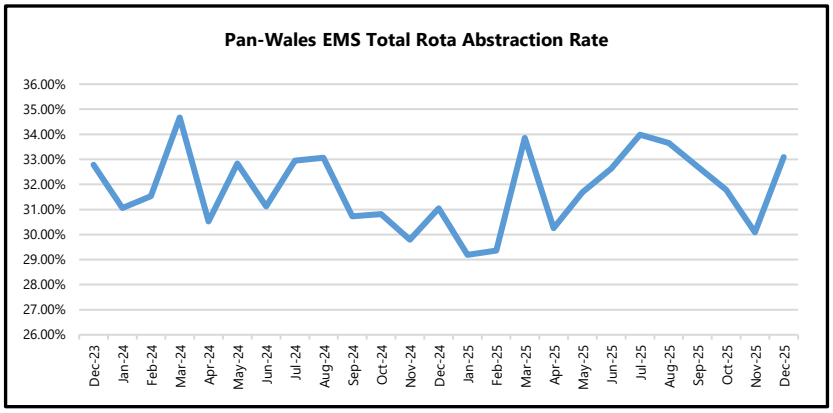


Actions within the IMTP concentrate on staff well-being, with the aim to continue to reduce this level, supported by the ten-point plan.

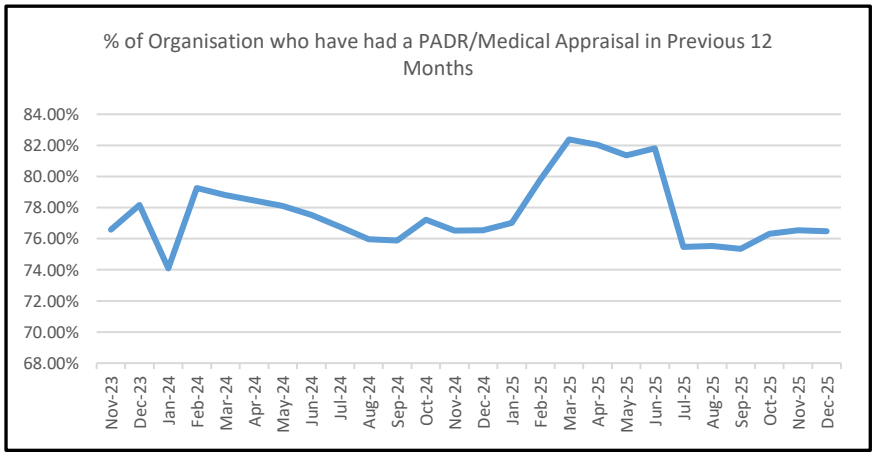
Absence due to mental health was at 3.02% in December 2025, which is the highest figure seen over the past 3 years.

Emergency Medical Services (EMS) Abstractions - RAG

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



Performance Appraisal and Development Reviews (PADR) Rates – RAG



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

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

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

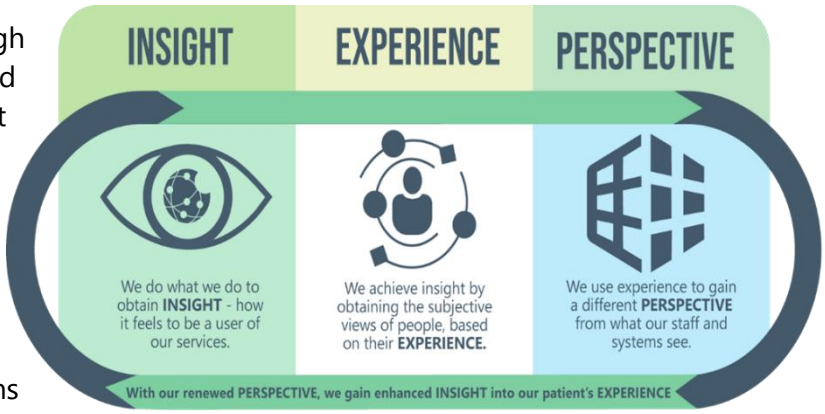
Overall, the organisational plan should prioritise resource allocation, staff recruitment and retention, process improvements, and collaboration with health boards to address these challenges and improve performance across all areas.

3.0 Public and Patient Feedback

3.1 Using stories to drive learning and improvement

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

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

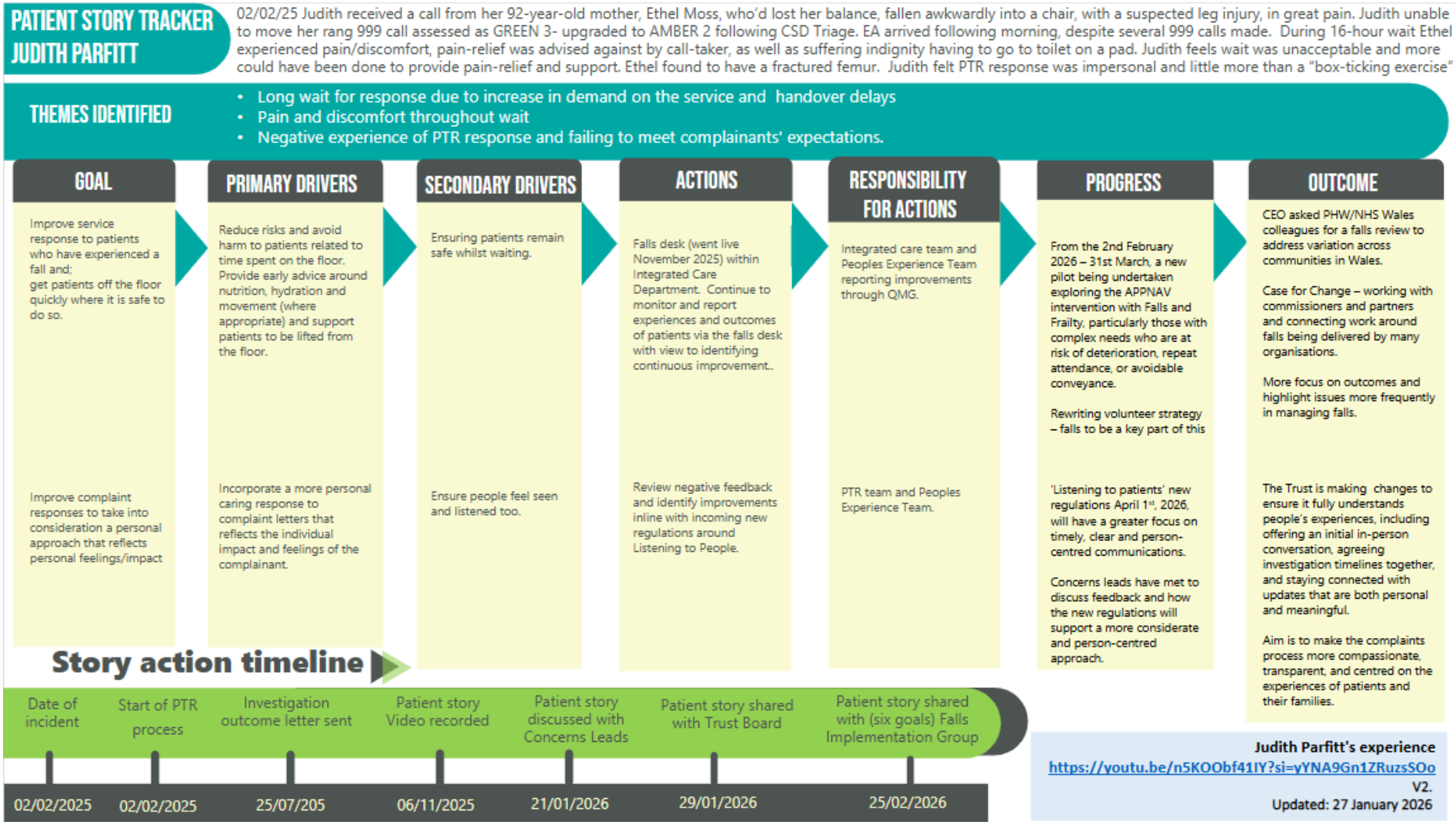


This approach also strengthened our culture of openness and learning, encouraging reflection, building empathy and helping teams understand the wider system context in which they operate.

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

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

Fig 1: Patient story tracker – Judith Parfitt



3.2 Learning from excellence: compliments and positive feedback

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

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

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

Across all service areas, compliments consistently referenced:

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

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

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

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

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

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

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

3.3 Insights from Patient and Public Engagement and service specific experience

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

Alongside these broader insights, it is essential that we understand how people experience individual services where needs, expectations and risks can differ significantly. Two areas in particular, **Non-Emergency Patient Transport Service (NEPTS**) and **Falls services**, provide valuable insight into the quality, timeliness and consistency of care for some of our most vulnerable patients. The following sections summarise what patients and families have told us, highlight key performance trends, and outline how this feedback is informing ongoing improvement activity.

Non-Emergency Patient Transport Service (NEPTS)

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

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

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

Key findings:

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

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

Falls services

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

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

Key findings:

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

4.0 Staff Feedback, Cultural Metrics and Survey Insights

We continue to drive delivery of our People & Culture Plan through the 3Cs: **Culture, Capacity, and Capability**.

The Plan reflects our commitment to creating an inclusive, compassionate, and engaging workplace where every colleague feels supported and able to thrive.

This year, we have seen a positive increase in NHS Staff Survey participation, rising to 43.2%, compared with 35.2% in 2024 and 23.2% in 2023. This upward trend demonstrates growing colleague confidence that their feedback matters and is being acted upon. Below is high-level data from the NHS 2025 Staff Survey, which highlights some key areas of concern. As a result, we are strengthening our focus in this year's IMTP to address colleague safety, wellbeing and support, and development for all.

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



5.0 Our Risk Profile

Below is a summary of the Trust's principal risks. Full details are set out in the Board Assurance Framework (BAF), which provides the Board and its Committees with a comprehensive view of each risk, the controls in place, associated assurances and mitigating actions.

Risk ID	Description	Score
224	Significant Handover of Care delays outside Emergency Departments impacts on access to Definitive Care, being delayed and affects the Trust's ability to provide a safe and effective service for patients.	**25**
223	The Trust's inability to reach patients in the community causing patient harm and death.	**20**
260	A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems.	**20**
641	The Trust's inability to implement the learning from all relevant Manchester Arena Inquiry (MAI) recommendations impacting its response to a major incident/mass casualty incident.	**20**
671	Unauthorised or Inappropriate use of AI technologies.	**16**
160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service.	**16**
542	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan.	**16**
558	Deterioration of staff health and wellbeing as a consequence of both internal and external system pressures.	**15**
594	The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death.	**15**
623	Failure to comply with Data Protection Legislation.	**15**
100	Failure to persuade the JCC about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience.	**12**
163	Maintaining Effective & Strong Trade Union Partnerships.	**12**
139	Failure to deliver our Statutory Financial Duties in accordance with Legislation.	**8**

Enabling Actions for Delivery in 2026/2027

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

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

New Actions for 2026/2027

Strategic Priority	Enabling Action	WAST Response	Rationale
Productivity	Health boards to ensure utilisation of the total factor productivity model, and set out the actions and quantified productivity impact that will increase total productivity in 2026/27 from the baseline position.	Health Board focused so not directly applicable to WAST	Whilst this enabling action is specific to Health Boards, improving productivity and utilisation are core themes running through this IMTP and priorities for 2026/29.
Mental Health	Health boards to implement actions to deliver a material reduction in the number of out of area placements in 2026/27, and associated costs.	Not directly applicable to WAST	Whilst this enabling action is specific to Health Boards, we recognise our contribution to this, and we will be working with the health boards to understand our role and where we can support.

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

Strategic Priority	Enabling Action	WAST Response	Rationale
Timely Access to Care	Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on - Cataract 90% of lists to have 7 Cataracts per list by end of Q2, Arthroplasty 90% of lists to have 4 Primary joints per day and 90% of time achieve at least 6 HVLC General Surgery procedures on an all-day list made up of hernias/gallbladders by end of Q2.	Not directly applicable to WAST	
Building Community Capacity	Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions.	ADOPT	WAST to support roll out of NHS Wales App aligned to the national implementation timescales and roll out plan.
Maximising Value for Money	Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.	Not directly applicable to WAST	
	Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the programme areas.	ADOPT	See linked deliverable (section 8.3) to improve our medicines management systems and processes.
	Estate - ensure strengthened actions are taken to improve estate utilisation including the appropriate repurposing & disposal of under-utilised estate.	ADOPT	See section 6.1 of our plan.

	CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care.	Not directly applicable to WAST	
Improving Value, Optimising Outcomes, & minimising variation	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway.	Not directly applicable to WAST	We will continue to support the system in the development of high value pathways and linked work through national programmes.
Workforce Productivity	Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2026 and aligned to service demand and capacity plans.	Not directly applicable to WAST	
	Continue to deliver a further and sustained reduction in agency expenditure, with a target 30% reduction in 2026/27 from 2025/26 outturn and ensuring no off-contract expenditure.	ADOPT	Financial and directorate level savings plans have considered agency spend (noting that this is a relatively small sum of the workforce and is linked to corporate vacancies).
	Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular.	ADOPT	See section above.
	Organisations who have achieved a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff	ADOPT	See section above.

	to maintain that position. Organisations yet to deliver that position to deliver zero by 30th September 2026.		
	Ensure a reduction in sickness absence in 2026/27 in comparison to 2025/26, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels.	ADOPT	Sickness management is a key area of focus, included as a key deliverable see section 5 in the plan.

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

Strategic Priority	Newly defined action for 26/27	WAST Response	Rationale
Timely Access to Care	Ensuring the full implementation of the National Optimal Pathway (NOPs) in Cancer.	Not directly applicable to WAST	
	Theatre session utilisation is improved to achieve GiRFT standard of 85%- late starts (>15 mins), early finishes (>60 minutes) and overall utilisation are reported as key KPIs to underpin the 85% standard.	Not directly applicable to WAST	
	Consistent clerical and clinical validation should be in place using the national SOP - any patient waiting greater than 26 weeks should be validated. Volumes of non-admitted closed pathways will be monitored as proxy supported by National Programme team visits.	Not directly applicable to WAST	
	Each Health Board should see a referral return rate of 20+% and/or a reduced referral rate per 100,000 population by December 2026 - utilising Health Pathways optimally.	Not directly applicable to WAST	We will continue to support the system in the development of high value pathways and linked work

			through national programmes.
	Through effective streaming of patients on arrival at the front door allied to a focus on safe, efficient and early discharges, deliver all ambulance patient handovers within a maximum of 45 minutes, aiming for achievement of >90% in 15 minutes by the end of 2026/2027.	ADOPT	We will continue to work in collaboration with the system and partners to support this work.
	Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme Optimal Hospital Flow Framework with a focus on 7-day working with leaner acute hospital processes and more efficient discharge transport services to facilitate earlier discharges and increasing weekend discharge.	ADOPT	We will continue to support the key work stream outlined within the UEC programme.
	Deliver medical same day emergency care (SDEC) and acute frailty services at the front door of hospitals in line with all principles set out in national SDEC policy and strategy documents, and the six goals for urgent and emergency care programme Front Door Acute Frailty Service (AFS) Framework for Acute Hospitals.	ADOPT	We will continue to work with health boards and support the key work stream outlined within the UEC programme, to increase utilisation rates and access from 999 patients into SDEC.
	Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme community-based falls response framework and, in support, implement a focus on prevention and early	ADOPT	We will continue to support the key work stream outlined within the Six Goals

	intervention in line with the policy statement on population health management.		programme and UEC priorities.
	Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme single point of access (SPOA) framework to ensure people with urgent care needs receive timely and appropriate support, minimising unnecessary escalation to emergency ambulance conveyance or hospital admission. Prioritise tailored interventions for frail and older adults, scaling up "call before convey" as a business-as-usual model and referrals to community nursing services enabling urgent response. Strengthen integration with key system partners, including WAST and Local Authorities, to deliver coordinated and effective care across the urgent care pathway.	ADOPT	We will continue to support the key work stream outlined within the Six Goals programme and UEC priorities. Our involvement will support the development and embedding of the SPOA models across Wales and seek to increase the flow of suitable 999/111 patients into the SPOA. We will also continue to collaborate on the joint work to roll out the Call Before Convey model across Wales. See section 4.7 of our plan.
Population Health & Prevention	Ensure progress of the focused Diabetes High Value High Impact pathway	Not directly applicable to WAST	

Improving Value, Optimising Outcomes, & minimising variation	Eradicate unsupported systems and devices and ensure a clear cyber response plan for the organisation.	ADOPT	See section 6.2 in our plan.

Deliverable	STRATEGIC OBJECTIVES	WELLBEING OBJECTIVES			MINISTERIAL PRIORITIES						ENABLING ACTIONS	UEC 6 GOALS PRIORITIES	COMMISSIONING INTENTIONS	HEALTH AND CARE QUALITY STANDARDS *primary factors only marked here									
		A socially responsible and inclusive employer	An innovative and sustainable organisation	A pro-active, accessible & equitable care provider	Timely Access to Care	Population Health and Prevention	Community by Design	Mental Health Access	Women's Health	Quality and Safety				Person-Centred	Safe	Timely	Effective	Efficient	Equitable	Leadership	Workforce	Culture	Information	Learning, Improvement & Research	Whole Systems Approach
1. **Complete a formal academic evaluation** of the Clinical Model and Ambulance Performance Framework changes to understand the benefits, impact and opportunities for improvement.	SO1		✓	✓	✓					✓			✓				✓					✓	✓	
2. Undertake a detailed assessment of clinical flows, processes and functions to optimise productivity, efficiency and outcomes across the model, with a specific focus on improving care for high risk patient groups (Stroke, STEMI, NOF). This will be enabled **through targeted improvement and a consistent approach to benefits realisation**, using clear metrics, measures and baselines to improve clinical outcomes, care and experience	SO1		✓	✓	✓					✓			✓		✓		✓	✓						
3. Develop a **business case to secure external or internal funding** for a modern digital front end for NHS 111 Wales including simultaneous replacement of the current Content Management System and establishment of a substantive NHS 111 Wales Online multidisciplinary team	SO1 SO3		✓	✓	✓						✓		✓		✓			✓						
4. Replace the outdated **Online Symptom Checker (OSC) tool** to align with the 111 Call Prioritisation and Streaming System (CPSS).	SO1 SO3		✓	✓	✓						✓		✓		✓			✓						
5. Deliver a system-wide action plan to accelerate improvements in **out-of-hospital cardiac arrest** (OHCA) outcomes in Wales by implementing targeted interventions in public awareness, CPR training, defibrillator access, advanced life support, and data analytics.	SO1 SO5			✓		✓									✓	✓							✓		
6. Redesign and implement revised **Health Care Professional (HCP) call flows** aligned to our integrated Clinical Services Model, and evaluate and optimise them post implementation.	SO1 SO4			✓							✓		✓				✓	✓							✓
7. Operationalise the **key recommendations of the Emergency Ambulance Practitioner (EAP) skill mix** review.	SO1	✓		✓							✓		✓					✓			✓				
8. Implement a **Single RICS clinical queue** to streamline Remote Clinical Consultation and standardise clinical queue management across 999 and 111 services	SO1			✓	✓								✓		✓			✓						✓	
9.Work with supplier to pilot and **evaluate the alignment of MPDS and CPSS**	SO1 SO3		✓	✓	✓		✓						✓		✓		✓	✓							
10. **Optimise and evaluate current provision of the falls desk** to inform delivery of the function post current funding arrangements	SO1			✓	✓		✓					✓	✓		✓	✓								✓	
11. Increase the number of patients treated at home or in the community **by optimising and more effectively utilising our advanced practice** resources across Wales (including APP roster review, scheduling advanced practice clinicians and increasing utilisation) aligned to the 'preferred response' outlined in the Ambulance Performance Framework.	SO1			✓	✓		✓					✓	✓	✓	✓		✓								
12. **Establish a NEPTS improvement programme** and detailed plan to increase the productivity and efficiency of the NEPTS service to address current performance challenges and risks. Improvement actions will include (1) NEPTS roster review, (2) Enhanced data and analytics to improve co-ordination and performance management, and (3) Explore digital solutions to improve productivity and patient experience (e.g. Patient Cancellations).	SO1			✓	✓						✓	✓	✓					✓			✓		✓		
13. **Undertake a strategic service review of NEPTS**	SO1			✓	✓						✓		✓					✓		✓	✓				
14. Implement two key recommendations from the **Manchester Arena Inquiry** (Incident response desk and additional duty operations manager capacity) to enhance organisational readiness for major incidents and events	SO1			✓									✓	✓	✓		✓								
15. Develop and implement **operational plans for upcoming major national events**, working with Welsh Government and partner organisations as a Category 1 Responder (including the Tour de France and the UEFA European Football Championship)	SO1			✓									✓	✓	✓										✓
16. **Deliver the Covid Inquiry recommendations** to enhance organisational readiness for major incidents	SO1			✓									✓	✓	✓		✓								
17. Undertake a review of preparedness against the **Wales resilience framework** to improve compliance with national resilience standards and ensure that arrangements under the Civil Contingencies Act remain robust and up to date.	SO1			✓											✓		✓			✓					
18. Embed the **Anti-Sexual Harassment Policy** and deliver the supporting implementation plan to create a culture of sexual safety across the Trust.	SO2	✓									✓								✓		✓	✓			
19. Achieve a sustained **reduction in sickness absence** through targeted action on work-related stress, supporting colleagues and managers to take timely action and promote long-term wellbeing.	SO2	✓									✓			✓							✓	✓			
20. Increase engagement and participation through targeted interventions, **ensuring all colleague voices are heard**, and effectively use data to drive informed decisions and actionable insights.	SO2	✓									✓										✓	✓		✓	
21. Commence Phase 2 of **Our WAST Way** by embedding Our WAST Way Leadership Behaviours and Development Framework (inc. Managers Essentials) and progressing the next phase to strengthen leadership and effective management	SO2	✓									✓									✓	✓	✓			
22. Enhance managers' ability to lead, navigate and **manage change** confidently, reinforcing cultural transformation and organisational resilience	SO2	✓									✓									✓		✓		✓	

23. Ensure **development for all** by delivering a comprehensive approach to career pathways, succession planning, and professional development across the Trust. This includes establishing talent pipelines for Executive and Senior Leadership roles, launching the People Development Plan, and expanding Apprenticeship and Essential Skills provision to support career progression. In addition, strengthen Trust-wide Education Quality Assurance by implementing consistent, accredited, high-quality curriculum and professional practice standards.	SO2	✓									✓										✓	✓		✓	
24. Design and implement an inclusive **Recruitment Strategy** that attracts, engages, and retains diverse top talent aligned with our organisational values and workforce needs	SO2	✓									✓									✓		✓	✓			
25. Undertake preparatory work to support the implementation of the **Future Workforce Solution (Electronic Staffing Record)**	SO2	✓									✓										✓	✓		✓		
26. Deliver a **cloud-based Global Rostering System (GRS) solution**, enabling an organisational decision on implementing the e-timesheet solution	SO3		✓								✓										✓		✓			
27. Launch and embed updated **Digital, Data and Technology (DDAT) Governance Framework**	SO3		✓								✓												✓	✓		
28. Expand **SMS functionality** across services to improve access for patients and their engagement with key frontline services e.g. clinical navigator function	SO3		✓								✓			✓										✓	✓
29. Establish safe, ethical and **effective use of AI** across WAST through a Responsible AI Framework and targeted staff capability-building	SO3		✓								✓							✓			✓		✓		
30. Develop key requirements and appraisal of options for **EMS, 111 and NEPTS CAD Replacements**, including strategic direction.	SO1 SO3		✓	✓							✓							✓							
31. Development of **full Business Case for Emergency Services Network (ESN) Phase 2**, which encompasses handheld radios (HH), fixed vehicle devices (FVD), Field Services, and resource funding through 2031/32 (as part of the UK national programme)	SO1 SO3		✓	✓							✓												✓	✓	
32. Implementation of **ePCR application** refresh and renewal of contract.	SO3		✓								✓											✓			
33. **Combine internal WAST datasets and link with external datasets** to provide richer intelligence and the evidence impact of the CMT and other improvements.	SO1 SO3		✓	✓							✓		✓		✓		✓					✓			✓
34. Strengthen information governance and technical capability to enable WAST to support the All-Wales **data sharing** ambitions though the National Data Resource.	SO3 SO4		✓	✓							✓											✓			✓
35. Create strategic opportunities for increased **Health Board engagement and collaborative working**	SO4			✓			✓				✓														✓
36. Develop and deliver a robust approach to **refresh the organisation's Long Term Strategy**, using an internally produced strategic development and engagement framework.	SO1 SO2 SO3 SO4 SO5 SO6	✓	✓	✓							✓								✓						✓
37. Develop a consistent **organisational framework that brings together Quality improvement, change management and project management methodologies**.	SO5			✓						✓									✓		✓		✓		
38. Develop and implement a Trust-wide **Quality Assurance Forward Improvement Plan**, informed by self-assessment, aligned to strategic objectives and supported by clear ownership and monitoring arrangements.	SO5			✓						✓				✓								✓	✓		
39. Review and refresh the **Strategic Quality Plan** to ensure it remains current, aligned to organisational strategic objectives, national policy requirements and emerging quality priorities, and deliver the updated plan through a phased implementation	SO6			✓						✓									✓		✓		✓		
40. Strengthen the **Patient Voice Network** to support meaningful and effective community involvement in the development of planned service changes.	SO1 SO4 SO5			✓						✓	✓			✓				✓							✓
41. Implement and embed a person-centred, **compassionate and learning-focused concerns management system** that enables early listening and resolution, delivers proportionate and timely investigation, provides clear and empathetic responses, and systematically uses learning to prevent future harm and improve patient safety and experience.	SO5			✓						✓				✓	✓								✓		
42. Deliver **clinically led, evidence based mental health care** that provides the right care, in the right place at the right time	SO1 SO5			✓				✓							✓	✓	✓								
43. Establish a **skilled, empowered mental health workforce** through CPD, innovation, partnership working and lived experience	SO1 SO2			✓				✓													✓	✓		✓	
44. Implementation of the **Medicines Management Hub** systems and processes, subject to funding.	SO5		✓								✓				✓			✓							
45. Restructure and deliver the **Flu Vaccination Programme** for 2026/27 aligning with 2025/26 report recommendations.	SO5	✓				✓														✓					
46. Embed a **Trust-wide Financial Sustainability Programme (FSP)** to improve financial decision-making, organisational capability, and delivery of recurrent cost efficiencies aligned to the Trust's financial plan	SO6		✓								✓							✓							
47. Establish a fully functioning **Commercial Function**, underpinned by an approved Trust-wide Commercial Plan and delivering at least two sustainable income-generation streams.	SO6		✓								✓							✓							

Strategic Objective Plan on a Page

Delivery Period FY26/29

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

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

Strategic Objective Plan on a Page

Delivery Period FY26/29

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

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

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Delivery Period FY26/29

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

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

Linked Performance Metrics

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

How we will monitor impact and Organisational Ambitions

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

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

How we will monitor impact and Organisational Ambitions:

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

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Delivery Period FY26/29

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

Linked Performance Metrics

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

How we will monitor Impact and Organisational Ambitions:
Primary Clinical Outcome Measures:

- Return of Spontaneous Circulation (ROSC) at hospital (Improvement trajectory to 25-30%)
- Stroke Call to Door Time (for confirmed stroke) median (1.5 hours)
- Stemi Call to Door Time Median (1.5 hours)
- NOF Call to Door Time Median (In development)
- Chain of survival metrics (Improving trajectory)

Secondary Process Measure:

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

Other measures:

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

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

How we will monitor impact and Organisational Ambitions:

- % and activity see and treat/pathways (non-convey to ED from on scene)
- Reduction in the number of conveyances into ED as a % of verified incidents
- APP Utilisation

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

How we will monitor impact and Organisational Ambitions:

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

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

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

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Delivery Period FY26/29

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

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

Linked Performance Metrics

Our Improvement Expectations:

Our people deserve to feel valued, supported, and equipped to thrive

Our people will work in a culture where everyone feels safe, is able to grow, and experiences genuine wellbeing at work

How we will monitor impact and Organisational Ambitions :

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

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

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

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Strategic Objective 4 - Developing Services in Collaboration

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

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Strategic Objective 5 - Quality Driven and Clinically Led

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

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Strategic Objective 5 - Quality Driven and Clinically Led

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

Linked Performance Metrics

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

How we will monitor impact and Organisational Ambitions:

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

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Strategic Objective 6 - Value and Sustainability

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

Linked Performance Metrics

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

How we will monitor Impact and Organisation Ambitions:

- Financial balance (Maintain 100% financial balance)

NHS WALES PLANNING FRAMEWORK 26-29- TEMPLATES

The Ministerial templates support the development of organisational IMTPs/ plans along with the Minimum Data Set (MDS).

A template will be required to detail milestones, actions and risks etc for the delivery expectations against each of the following strategic priorities:

- **Timely Access to Care**
- **Population Health and Prevention**
- **Community by Design**
- **Mental Health Access**
- **Women's Health**
- **Quality and Safety**

Progress on these expectations, including specific delivery metrics, have been referenced in the planning framework. The set of 3-year strategic priorities and year 1 delivery expectations must be delivered by all health boards, and other NHS organisations where relevant, and will be a focus of the planning process for 2026-27.

Completing the template will provide detailed delivery points including baseline, milestone and actions to demonstrate how the priority will be implemented. The detail contained in the template should align to the narrative plan. For clarity and to reduce duplication, organisations are free to include narrative in the IMTP document and to include the more detailed information on baseline, milestones and specific actions within the Ministerial Templates should they choose to do so. However, clear delivery commitments must be made and sign posting between documents would be helpful.

All priorities need to be underpinned by a focus on quality, safety and prevention as a part of the planned activity, with good medical outcomes at the heart of NHS services.

MINISTERIAL TEMPLATE BLANK

All organisations are expected to complete the templates proportionate to their direct or supporting roles and functions.

The completed templates must be collated and submitted alongside the organisation's plan and the completed Minimum Data Set by 31 March 2026. Please send to: HSS-planningteam@gov.wales

Priority area(s) to deliver 26/27:	
Key focus should be on delivering	• Timely Access to Care • Population Health and Prevention • Community by Design • Mental Health Access • Women's Health • Quality and Safety

A) Timely Access to Care

Priority area(s) to deliver 26/27:	
Key focus should be on delivering	**Timely Access to Care** **2025/26 Completed Priorities (as outlined in last year's template)** ▪ ***Ambulance Target Review & Call Categorisation*** – The Trust successfully implemented Phase 1 & Phase 2 of the new Ambulance Performance Framework pilot including the new Call Categories. ▪ ***Rapid Clinical Screening –*** Rapid Clinical Screening has been fully implemented and is delivered as part of the new clinical model including the introduction of the new Clinical Navigator role. **2025/26 Priorities Not Completed (as outlined in last year's template)** ▪ ***Transfer & Discharge Service Model*** – work undertaken to develop a future model for T&D across Wales. Options and business case presented to commissioners for consideration. This work was not prioritised for implementation. This specific action has been 'paused' as it has not been prioritised for 2026/27, however WAST will continue to work with National Programmes / Health Boards to improve hospital discharge & transfer services. **Priorities to be continued into 2026/27** ▪ ***IMTP Reference 8, 9 & 10: RICS Improvement -*** Fully embed the Remote Integrated Care Service (bringing together the 111 and 999 remote clinical capacity into a single and fully aligned function). Focussing on improving productivity and efficiency through improved processes, flows and management of patients requiring a remote clinical assessment. ▪ ***IMTP Reference 12: Non-Emergency Patient Transport Improvement Programme -*** establishment of a NEPTS Improvement programme to improve the productivity of the service with a focus on reducing cancellations and the best alignment of current capacity to demand **New Priorities for 2026/27** ▪ ***IMTP Reference 1: Ambulance Performance Framework Evaluation*** - Continue to embed the new Ambulance Performance Framework (Phases 1 & 2) and undertake an independent academic evaluation of the APF and clinical Services model changes. ▪ ***IMTP Reference 5: Out of Hospital Cardiac Arrest Plan*** - Implement the key improvement actions to improve cardiac arrest survival rates aligned to the Chain of Survival as set out in the Out of Hospital Cardiac Arrest Plan ▪ ***Support National Improvement Initiatives (Wait 45) (System Priority)*** - continue to support the wider national initiatives to reduce hospital handover delays as part of the W45 initiative

Ref:	(Indicate if new priority or continued from 25/26)			
Resume of planning Milestones 25/26:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ambulance Target Review	APF T&F group review and findings	Implementation of Phase 1 of the new APF (Purple & Red)	Implementation of Phase 2 of the new APF (Orange, Yellow & Green)	Continued monitoring of APF and reporting of new call categories
Rapid Clinical Screening	Rapid Clinical Screening RCS0 implemented Developed SOPs and undertook training	Fully embedded RCS function and Clinical Navigator workforce Preparatory work undertaken to support implementation of the APF Phase 1	Preparatory work undertaken to support implementation of the APF Phase 2	Continued refinement and improvement of the function as part of the wider clinical model
RICS	Luscii Remote Monitoring Evaluation and investigation into Care Planning enhancements	Ambulance Performance Framework Phase 1 implementation of RCS0 and the Rapid Assessment Queue for Remote Integrated Care Remote Clinical Consultation. Introduction of digital enhancements like Video Consultation to enhance clinical consultation.	Implementation of a sustainable care planning prioritisation and ways of working and Go Live of the Falls Desk. Ambulance Performance Framework Phase 2 Implementation inclusive of process redesign to support code set within remote care	Approval of CAD solution and CPSS expansion proposal to flow into FY 26/27
NEPTS T&D	Development of NEPTS T&D options and model	Options appraisal / business case shared with commissioners	Supported NHS Wales Re-set Phase 1 – NEPTs support to improve hospital flow	
Progress synopsis	▪ Successful implementation of the new Ambulance Performance Framework (Phases 1 & 2). This was a large scale complex organisational change requiring a multi-disciplinary organisation wide team. ▪ Introduction of the Rapid Clinical Screening function / Clinical Navigator Team ▪ Detailed work to develop the RICS model and organisational changes to support the operational and management functions of 111 and 999 CSD into one team. Introduction of the Winter Desk…			

	▪ Work was undertaken to develop a national model for Transfer & Discharge; however, this was not supported, and this work has been de-prioritised (subject to wider system support).			
Outcomes of delivering Ministerial Priorities:				
Ref:	▪ Improved clinical outcomes for patients in cardiac arrest ▪ Earlier clinical screening to better assess clinical need and identify the right care / response to meet individual patient needs. ▪ Enhanced clinical offer for remote clinical assessment ▪ More patients supported to receive care remotely (at home) and where safe avoid conveyance to hospital.			
Planned milestones for Priority area to deliver 2026/27				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
IMTP Reference 1: Ambulance Performance Framework Evaluation	Complete phase 1 of data collection and begin initial documentary analysis	Begin development of phase 2 data collation including designing and arranging stakeholder interviews and focus groups	Complete phase 2 of data collection (qualitative) with the circulation and analysis of a staff survey	Complete Interim evaluation of the APF following 12 months of clean data
IMTP Reference 5: Out of Hospital Cardiac Arrest Plan	Deliver updates to Welsh Government learning platform and develop bespoke bilingual CPR resources for schools	Roll out new clinical practice guidelines on resuscitation and verification of death, reducing the incidence of inappropriate resuscitation attempts and increase Return of Spontaneous Circulation (ROSC) and survival to discharge rates in OHCA	Deliver the Welsh OHCA reporting of survival to discharge for end-to-end measurement and benchmarking	Implement "PADmap" systems to intelligently map the placement of community defibrillators
IMTP Reference 8, 9 & 10: RICS Improvement	Deploy the Single Clinical Queue within the 999 CAD, enabling Remote Clinicians to complete Remote Clinical Consultations for 999 and 111 calls requiring additional clinical input Complete technical integration activities, including supplier	Review and evaluate the implementation, assessing workflow, technical performance, demand patterns, and clinical safety Launch the live pilot of CPSS/MPDS alignment within the 999 environment	Conduct formal assurance, including clinical safety validation, user feedback, and operational performance review Conduct a full evaluation of the pilot, including clinical, operational, and technical findings	Optimise workflows, SOPs, training, and technical components based on pilot learning Develop an options appraisal and business case for the future of the Falls Desk, engaging Clinical,

	configuration of CPSS within the 999 system Agree the Benefits Framework and initiate structured data collection, including confirmation of data capture mechanisms.	Finalise and test the evaluation strategy, ensuring alignment with organisational quality, performance, and benefits realisation standards	Complete full internal evaluation (qualitative and quantitative), with findings synthesised into a formal report including clear recommendations.	Finance and Operational stakeholders to inform 2027/28 decision-making.
IMTP Reference 12: Non-Emergency Patient Transport Improvement Programme	Complete roster engagement process, develop final options, confirm revised plurality provision, and complete required procurement processes Develop dashboards and reporting tools with partners to support decision making Implement HCP and Patient Zone functionality, excluding patient bookings, and identify additional digital products to support delivery	Implement agreed roster proposals Implement dashboards and reporting capability Implement patient booking functionality	Review utilisation and refine products Implement additional products or develop a costed proposal where further funding or support is required	Review implementation and refine to maximise benefits realisation
Support National Improvement Initiatives (Wait 45)	Continue to support National Wait 45 Initiative	Continue to support National Wait 45 Initiative	Continue to support National Wait 45 Initiative	Continue to support National Wait 45 Initiative

Overarching outcome measures/ metrics:			
Baseline position 25/26			
Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ambulance Response Times (Purple & Red) N/A – new response times not implemented	**Ambulance Response Times (Purple & Red)** Purple Median Response Time – 7 mins 19 secs	**Ambulance Response Times (Purple & Red)** Purple Median Response Time – 7 mins 22 secs	**Ambulance Response Times (Purple & Red)** Q4 response times not yet released

	Red Median Response Time – 8 mins 54 secs	Red Median Response Time – 8 mins 52 secs	
Ambulance Response Times (Orange) N/A – new response times not implemented	**Ambulance Response Times (Orange)** N/A – new response times not implemented	**Ambulance Response Times (Orange)** Orange Median Response Time – 1 hour 19 mins	**Ambulance Response Times (Orange)** Q4 response times not yet released
NHS 111 Call Abandonment Rate >60 Secs 10.7%	**NHS 111 Call Abandonment Rate >60 Secs** 10.3%	**NHS 111 Call Abandonment Rate >60 Secs** 16.3%	**NHS 111 Call Abandonment Rate >60 Secs** Not yet released
Consult & Close Rate Consult & Close rate - 19.7%	**Consult & Close Rate** Consult & Close Rate - 18.9%	**Consult & Close Rate** Consult & Close Rate - 19.7%	**Consult & Close Rate** Not yet released
Hospital Hanover Lost Hours Total Lost Hours – 55,986 Number of handovers over 45 mins – 16,226	**Hospital Hanover Lost Hours** Total Lost Hours – 38,012 Number of handovers over 45 mins – 9,746	**Hospital Hanover Lost Hours** Total Lost Hours – 40,145 Number of handovers over 45 mins – 8,128	**Hospital Hanover Lost Hours** Not yet released
Time to Clinical Assessment **P1 – within 1 hour** 95.3% **P2 – within 2 hours** 72.1% **P3 – within 4 hours** 63.3%	**Time to Clinical Assessment** **P1 – within 1 hour** 98.4% **P2 – within 2 hours** 82.5% **P3 – within 4 hours** 85.5%	**Time to Clinical Assessment** **P1 – within 1 hour** 93.6% **P2 – within 2 hours** 59.7% **P3 – within 4 hours** 60.4%	**Time to Clinical Assessment** **P1 – within 1 hour** Not yet released **P2 – within 2 hours** Not yet released **P3 – within 4 hours** Not yet released
NEPTS Measures D&T Journeys - 74.0% Oncology Journeys – 77.8% Renal Journeys – 74.8%	**NEPTS Measures** D&T Journeys - 73.3% Oncology Journeys – 77.6% Renal Journeys – 72.5%	**NEPTS Measures** D&T Journeys - 72.1% Oncology Journeys - 79.7% Renal Journeys – 74.0%	**NEPTS Measures** Not yet released
Performance Trajectories 26/27			

Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ambulance Response Times (Purple Arrest) Continue to achieve the Purple Median response time within 6-8 minutes	**Ambulance Response Times (Purple Arrest)** Continue to achieve the Purple Median response time within 6-8 minutes	**Ambulance Response Times (Purple Arrest)** Continue to achieve the Purple Median response time within 6-8 minute	**Ambulance Response Times (Purple Arrest)** Continue to achieve the Purple Median response time within 6-8 minute
Ambulance Response Times (Red Emerg) Improvements in Red response to meet the Median Response time within 6-8 mins	**Ambulance Response Times (Red Emerg)** Improvements in Red response to meet the Median Response time within 6-8 mins	**Ambulance Response Times (Red Emerg)** Improvements in Red response to meet the Median Response time within 6-8 mins	**Ambulance Response Times (Red Emerg)** Improvements in Red response to meet the Median Response time within 6-8 mins
Ambulance Response Times (Orange) Improvements in Orange Median Response times of circa 60 mins	**Ambulance Response Times (Orange)** Improvements in Orange Median Response times of circa 60 mins	**Ambulance Response Times (Orange)** Improvements in Orange Median Response times of circa 60 mins	**Ambulance Response Times (Orange)** Improvements in Orange Median Response times of circa 60 mins
Chain of Survival metrics Not yet available	**Chain of Survival metrics** Not yet available	**Chain of Survival metrics** Not yet available	**Chain of Survival metrics** Not yet available
NHS 111 Call Abandonment Rate Call abandonment rate to be maintained within 10-15%	**NHS 111 Call Abandonment Rate** Call abandonment rate to be maintained within 10-15%	**NHS 111 Call Abandonment Rate** Call abandonment rate to be maintained within 10-15%	**NHS 111 Call Abandonment Rate** Call abandonment rate to be maintained within 10-15%
Consult & Close Rate Maintain upward trajectory in the consult & close rate towards an ambition of 22%	**Consult & Close Rate** Maintain upward trajectory in the consult & close rate towards an ambition of 22%	**Consult & Close Rate** Maintain upward trajectory in the consult & close rate towards an ambition of 22%	**Consult & Close Rate** Maintain upward trajectory in the consult & close rate towards an ambition of 22%
Hospital Handover Lost Hours (System Target) No waits over 45 mins	**Hospital Handover Lost Hours (System Target)**	**Hospital Handover Lost Hours (System Target)** No waits over 45 mins	**Hospital Handover Lost Hours (System Target)** No waits over 45 mins

Pan Wales total lost hours to be below 6,000hrs	No waits over 45 mins Pan Wales total lost hours to be below 6,000hrs	Pan Wales total lost hours to be below 6,000hrs	Pan Wales total lost hours to be below 6,000hrs
Time to Clinical Assessment P1 Target – 90% P2 Target – 90% P3 Target – 90%	**Time to Clinical Assessment** P1 Target – 90% P2 Target – 90% P3 Target – 90%	**Time to Clinical Assessment** P1 Target – 90% P2 Target – 90% P3 Target – 90%	**Time to Clinical Assessment** P1 Target – 90% P2 Target – 90% P3 Target – 90%
NEPTS Measures Maintain Oncology journey performance against current targets (% of Oncology journeys. Inbound journeys – within 45 minutes and up to 15 minutes late – above 70% target) Maintain Renal NEPTS journey performance against current targets (% of Renal journeys, arrive prior to appointment within 30 minutes – above 70% target) Improvement trajectory to meet 70% target for Advanced Discharge & Transfer journeys collected within 60 mins.	**NEPTS Measures** Maintain Oncology journey performance against current targets (% of Oncology journeys. Inbound journeys – within 45 minutes and up to 15 minutes late – above 70% target) Maintain Renal NEPTS journey performance against current targets (% of Renal journeys, arrive prior to appointment within 30 minutes – above 70% target) Improvement trajectory to meet 70% target for Advanced Discharge & Transfer journeys collected within 60 mins.	**NEPTS Measures** Maintain Oncology journey performance against current targets (% of Oncology journeys. Inbound journeys – within 45 minutes and up to 15 minutes late – above 70% target) Maintain Renal NEPTS journey performance against current targets (% of Renal journeys, arrive prior to appointment within 30 minutes – above 70% target) Improvement trajectory to meet 70% target for Advanced Discharge & Transfer journeys collected within 60 mins.	**NEPTS Measures** Maintain Oncology journey performance against current targets (% of Oncology journeys. Inbound journeys – within 45 minutes and up to 15 minutes late – above 70% target) Maintain Renal NEPTS journey performance against current targets (% of Renal journeys, arrive prior to appointment within 30 minutes – above 70% target) Improvement trajectory to meet 70% target for Advanced Discharge & Transfer journeys collected within 60 mins.

	Risks of Non-Delivery	**Mitigations**
Risks	▪ Continued performance challenges impacting patient care and outcomes ▪ Lack of capacity to meet patient needs (999, 111 and NEPTS)	▪ Clinical Model Transformation Programme ▪ NEPTS Improvement Programme ▪ Independent Academic Evaluation

	▪ Patients whose care needs can be met safely at home may be conveyed to hospital	
	Risks to Delivery	**Mitigations**
	▪ Stakeholder buy in and support ▪ System level improvement ▪ Organisational Capacity ▪ Workforce availability	▪ Continued stakeholder and commissioner engagement on internal and external priorities ▪ Prioritisation of delivery within the IMTP
Critical Enablers	**Finance**	
	Growth in clinical CMT resources funded within WAST's financial plan for 2026/27.	
	Workforce	
	Workforce profile of additional CMT roles to be determined following consideration by the CMT Programme Board. Potential split of 75% of resources in Remote Clinical functions (e.g. Clinical Navigators / Remote Clinical Advisors) and 25% for Urgent Community Response resources (e.g., APPs)	
	Digital	
	Availability and join up of WAST and system level clinical date to fully understand clinical outcomes (aligned to the OHCA plan)	
	Other (Specify)	
	N/A	
Quality & Safety and Prevention & Population Health	**Opportunities identified**	

B) Population Health and Prevention

Priority area(s) to deliver 26/27:	
Key focus should be on delivering	**Population Health and Prevention** **Priorities to be continued into 2026/27** **Falls** – we have continued to work closely with the Six Goals programme to support the design of the National Community-based framework for Wales. We have developed specifications for both the Level 1 Falls Responders and Level 2 Enhanced Falls Responders. We have also undertaken a scoping exercise to align our falls responders to the national specifications and identify areas where further development is required. As part of our Remote Integrated Care Service (RICS) we have funded (with additional WG investment) a Falls Response Desk. This is a Pan Wales desk, operational 07:00 – 19:00hrs with a falls desk clinician and falls desk response co-ordinator. Since go live the desk has managed over 1,400 incidents (further detail is provided in the IMTP see section 4.8). A comprehensive evaluation has been completed and in March 2026 confirmation was received from WG that non-recurrent funding was available to continue the desk for 2026/27. **111 Website Development –** the trust has continued to explore options to support the development of the 111-website. A key enabling factor is the establishment of dedicated capacity to support to lead the development of the website. The Trust has continued to engage in discussions and opportunities to secure external funding, however no funding has been secured to date, and work will continue with key stakeholders to explore opportunities in 2026/27. **111 Website Online Symptom Checkers** - Preparatory clinical and technical development work has also been undertaken in 2025/26 in readiness to embed the new Online Symptom Checkers. **111 NHS Wales Virtual Assistant** *(not explicitly referenced in the 2025/26 Ministerial Templates)* - The Trust launched the NHS 111 Virtual Assistant (known as Albot) to support patients who access via the NHS Website. To date circa 5,500 patients have interacted with Albot every month. **Population Health** (New – not included in the Ministerial Templates 2025/26) - Throughout the IMTP period we will build understanding of how our data can inform a population health improvement approach. Through completion of an AACE Population Health Maturity Matrix and assessing our available resources, we have identified the key opportunity for us to strengthen our population health approach and the key area for focus across the Trust is through population level data analysis and reporting to better understand variation in service impact and outcomes.

Ref:	(Indicate if new priority or continued from 25/26)

Resume of planning Milestones 25/26:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Falls (including Falls Response Desk)	Preparatory work to develop the Falls Desk concept	Supported the development of National Community-based framework for Wales Established Falls Desk	Supported the development of National Community-based framework for Wales Evaluated the Falls Desk and submitted outcome to WG	Formal response from Welsh Government to confirm funding provision for the Falls Response Desk for 2026/27
111 Website Development & Online Symptom Checkers		Engagement with key policy leads / stakeholders to consider 111 website opportunities	Preparatory clinical and technical development work to support the NHS 111 Online Symptom Checkers	
Progress synopsis	▪ National Community-based framework for Wales developed with specifications for both the Level 1 Falls Responders and Level 2 Enhanced Falls Responders. ▪ Establishment of the Falls Response Desk (as part of RICS) ▪ Preparatory clinical and technical work completed to support the implementation of the NHS 111 Online Symptom Checkers ▪ Implementation of the NHS 111 Virtual Assistant (Albot)			

Outcomes of delivering Ministerial Priorities:

Ref:	▪ Enhanced clinical offer to better support the management of community falls with a more timely and patient centred approach. ▪ Improved virtual functionality and access for patients to access health information and advice via the NHS 111 Virtual Assistant (Albot)

Planned milestones for Priority area to deliver 2026/27

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
IMTP Deliverable Ref 10:	Agree the Benefits Framework and initiate	Finalise and test the evaluation strategy, ensuring alignment with organisational	Complete full internal evaluation (qualitative and quantitative), with	Develop an options appraisal and business case for the future of the Falls Desk

Optimise and evaluate current provision of the Falls Desk	structured data collection, including confirmation of data capture mechanisms	quality, performance, and benefits realisation standards	findings synthesised into a formal report including clear recommendations	
IMTP Deliverable Ref 3: 111 Website Development	Scope out and develop Outline Business Case	Socialise business case through governance routes	Decide next steps dependant on business case decision	
IMTP Deliverables Ref 4: Online Symptom Checker Tool	OSC live & complete go-live delivery report			
Population Health (not a specific IMTP Deliverables, however work is being taken forward via directorate led plans – see section 8.2 in the IMTP)	Prioritise actions arising from the Population Health Maturity Matrix and 2025 Public Health reports, ensuring clear sequencing and ownership across the organisation	Increase public health understanding across the organisation	Work closely with partner NHS and local authority partners to identify opportunities to link or overlay data to better understand where population segmentation demonstrates variation and opportunities for improvement	

Overarching outcome measures/ metrics:			
Baseline position 25/26			
Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
NHS 111 Wales Website Hits 1,238,294	**NHS 111 Wales Website Hits** 1,200,894	**NHS 111 Wales Website Hits** 1,202,991	**NHS 111 Wales Website Hits** Not yet released
Virtual Assistant (Albot Interactions) N/A	**Virtual Assistant (Albot Interactions)** N/A	**Virtual Assistant (Albot Interactions)** 17,010	**Virtual Assistant (Albot Interactions)** Not yet released
Falls Conveyance Rate (% of Verified)	**Falls Conveyance Rate (% of Verified)**	**Falls Conveyance Rate (% of Verified)** 42.5%	**Falls Conveyance Rate (% of Verified)**

41.6%	43.3%		Not yet released

Performance Trajectories 26/27			
Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
NHS 111 Wales Website Hits Increasing trend from current position of circa 1.2 million hits per quarter	**NHS 111 Wales Website Hits** Increasing trend from current position of circa 1.2 million hits per quarter	**NHS 111 Wales Website Hits** Increasing trend from current position of circa 1.2 million hits per quarter	**NHS 111 Wales Website Hits** Increasing trend from current position of circa 1.2 million hits per quarter
Virtual Assistant (Albot Interactions) Increasing trend from current quarterly position reported in Q3 25/26.	**Virtual Assistant (Albot Interactions)** Increasing trend from current quarterly position reported in Q3 25/26.	**Virtual Assistant (Albot Interactions)** Increasing trend from current quarterly position reported in Q3 25/26.	**Virtual Assistant (Albot Interactions)** Increasing trend from current quarterly position reported in Q3 25/26.
Falls Conveyance Rate (% of Verified) Decreasing Trend	**Falls Conveyance Rate (% of Verified)** Decreasing Trend	**Falls Conveyance Rate (% of Verified)** Decreasing Trend	**Falls Conveyance Rate (% of Verified)** Decreasing Trend

Risks	**Risks of Non-Delivery**	**Mitigations**
	Outdated Online Symptom Checkers continue to be accessed by patients	▪ Digital Front End workstream leading the respective IMTP deliverables as outlined in earlier section
	Risks to Delivery	**Mitigations**
	• Long term funding availability to deliver Falls Response Desk and future development of the NHS 111 Website	▪ Funding secured from WG to provide the Falls Response Desk for 2026/27 ▪ Continued engagement / discussion with external stakeholders to explore funding opportunities

Critical Enablers	**Finance**
	Funding to support development of the NHS 111 Website
	Workforce
	Falls leads to support the Falls Response Desk (non-recurrent funding for 2026/27 only) 111 Website development team (subject to funding)
	Digital
	Digital specialists to support the development of the NHS 111 Website (if funded) Partnership & Engagement directorate leads to support NHS 111 website development
	Other (Specify)
	Falls: St John Cymru is a key external partner supporting delivery of the national Falls response

Quality & Safety and Prevention & Population Health	**Opportunities identified**
	Opportunity to prevent harm for patients across Wales who suffer a fall at home or in the community Improved access to health advice and information via the NHS 111 website (Virtual Assistant – Albot).

C) Community by Design

Priority area(s) to deliver 26/27:	
Key focus should be on delivering	**Community by Design** **2025/26 Completed Priorities (as outlined in last year's template)** **CTAS (formerly PTAS)** – Work progressed in 2025/26 to expand the Clinical Triage Assessment Service (CTAS) across Health Boards. Continued development and roll out of this concept was paused in support to the national Six Goals programme of work to develop Health Board led Single Points of Access (SPOAs). WAST continues to support the Six Goals. **2026/27 Priorities** • ***IMTP Reference 11 - Optimising Advanced Practice (Refreshed IMTP Deliverable for 2026-29) –*** focus on increasing the productivity and utilisations of advanced practice clinical resource (e.g. APPs) to manage and resolve more care at home and away from requiring conveyance to hospital. Including the ability to schedule APP appointments and completion of the APP roster review. • ***SPOA's and Clinical Consultation Before Conveyance (Organisational action – core business)*** – WAST continues to be an active partner working with Health Boards to fully embed the SPOA model and the wider roll out of the Clinical Consultation Before Conveyance concept led by the Six Goals Programme. • ***Supporting the Community by Design National Programme*** (Organisational action – core business) – WAST will actively engage and support the Community by Design National Programme. Opportunity to align and expand the WAST community offer as part of a wider system approach. **<u>Other linked IMTP Deliverables included within other Ministerial Templates that support this ministerial priority</u>** **Ministerial Template (Timely Access to Care)** • ***IMTP Reference 8, 9 & 10: RICS Improvement -*** Fully embed the Remote Integrated Care Service (bringing together the 111 and 999 remote clinical capacity into a single and fully aligned function). Focussing on improving productivity and efficiency through improved processes, flows and management of patients requiring a remote clinical assessment. **Ministerial Template (Population Health and Prevention)** • ***IMTP Deliverable Ref 10:*** Optimise and evaluate current provision of the Falls Desk
Ref:	**(Indicate if new priority or continued from 25/26)**
Resume of planning Milestones 25/26:	

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
APP Navigators	Over 40 APPs trained in ECNS across 7 Health Boards.	Remote Clinical Decision-Making course developed, and training commenced to support APP NAV role.	All APPNAVs transitioned to APP AQM. Direct contact number established for all APP NAVs.	Dedicated APPNAV Falls Allocation Deck trialled in Feb/Mar 2026.
Connected Support Cymru & Community Welfare Responders (CWRs)		Testing of LUSCII system Recruitment and roll out of Community Welfare Responders across Wales	Testing of LUSCII system	Formal evaluation of LUSCII system completed
Palliative Care Paramedics	Palliative Care Paramedics role embedded in two Health Board's (Cardiff & Vale and Swansea Bay)	Work to develop the Palliative Care specialism within the APP establishments	Work to develop the Palliative Care specialism within the APP establishments	Work to develop the Palliative Care specialism within the APP establishments
Progress synopsis	APP Navigator model embedded as part of Health Board multi-disciplinary teams. Community Welfare Responders in place across Wales providing an initial welfare response and sharing key clinical information with remote clinicians to support clinical decision making. Palliative Care Paramedic specialists in place across 2 x Health Boards to provide improved care to patients receiving palliative care. SBRI trial undertaken and evaluated to test LUSCII remote monitoring software and devices.			
Outcomes of delivering Ministerial Priorities:				
Ref:	Joined up clinical teams between WAST & Health Boards to resolve more care in the community and safely reducing hospital admissions. Improved end of life care for patients			
Planned milestones for Priority area to deliver 2026/27				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
IMTP Ref 11: Optimising Advanced Practice	Complete OMDA remodelling of APP rosters across all Health Board areas, and incorporating rotations critically between	Implement approved rosters in areas with sufficient staffing capacity, embedding the new model into operational practice	Commence the impact assessment of the roster changes, highlighting and correcting any areas of shortfall or issues in the new roster lines	Review Time, Purpose, Skill (TPS) intelligence and APPNAV/SPoA activity to model demand and capacity for APP provision Undertake preparatory work on funding cases for commissioned

	operational response and APPNAV Establish Point of Care (PoC) testing evaluation (6 months) as funded (externally funded by HEIW)			models in PC/SPC based on outcome of review
Organisational Action: SPOA's and Clinical Consultation Before Conveyance	WAST is an active partner on the linked work streams leading the development and implementation of the Health Board SPOAs and Clinical Consultation Before Conveyance model of care. The detailed action plans sit within the Six Goals programmes and WAST will continue to support the key actions to deliver these commitments in partnership with Health Boards.			
Organisational Action: Community by Design Programme	WAST is an active partner on the emerging Community by Design Programme. As the programme and work streams develop WAST will ensure active representation and participation to develop joined up system solutions to support the safe management of more patients at home or in the community			
IMTP Reference 8, 9 & 10: RICS Improvement	See Ministerial Template (Timely Access to Care) for further details			
IMTP Deliverable Ref 10: Optimise and evaluate current provision of the Falls Desk	See Ministerial Template (Population Health & Prevention) for further details			
Overarching outcome measures/ metrics:				
Baseline position 25/26				
Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**	
Conveyance Rate (% of Verified Incidents) 39.9%	**Conveyance Rate** (% of Verified Incidents) 41.8%	**Conveyance Rate** (% of Verified Incidents) 40.7%	Not yet released	
See & Treat Rate 10.4%	**See & Treat Rate** 10.9%	**See & Treat Rate** 11.3%	Not yet released	
Consult & Close Rate 19.7%	**Consult & Close Rate** 18.9%	**Consult & Close Rate** 19.7%	Not yet released	

Performance Trajectories 26/27			
Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Conveyance rate (% of Verified incidents) Decreasing Trend	**Conveyance rate** (% of Verified incidents) - Decreasing Trend	**Conveyance rate** (% of Verified incidents) - Decreasing Trend	**Conveyance rate** (% of Verified incidents) - Decreasing Trend
See & Treat Rate Increasing trend towards an ambition of >20%	**See & Treat Rate** Increasing trend towards an ambition of >20%	**See & Treat Rate** Increasing trend towards an ambition of >20%	**See & Treat Rate** Increasing trend towards an ambition of >20%
Consult & Close Rate Maintain upward trajectory in the consult & close rate towards an ambition of 22%	**Consult & Close Rate** Maintain upward trajectory in the consult & close rate towards an ambition of 22%	**Consult & Close Rate** Maintain upward trajectory in the consult & close rate towards an ambition of 22%	**Consult & Close Rate** Maintain upward trajectory in the consult & close rate towards an ambition of 22%

Risks	**Risks of Non-Delivery**	**Mitigations**
	Missed opportunities to safely manage and resolve care needs at home or in the community resulting in an avoidable conveyance to hospital.	Clinical Model Transformation Programme leading the development of WASTs Urgent Community Response Offer.
	Risks to Delivery	**Mitigations**
	• Organisational capacity to deliver on organisational commitments and support wider national programmes / priorities • Funding availability to increase capacity if required as part of national work	• Continued engagement and involvement with national programmes/ Health Boards
Critical Enablers	**Finance**	
	Additional funding to support Advanced Practice expansion (if required)	
	Workforce	
	No workforce growth prioritised for 2026/27	
	Digital	
	No direct digital enablers identified at this stage	
	Other (Specify)	
	Not applicable	
Quality & Safety	**Opportunities identified**	

and Prevention & Population Health	Enhanced utilisation of SPOAs earlier in the patients journey to provide more timely care to meet patient need

D) Mental Health Access

Priority area(s) to deliver 26/27:	
Key focus should be on delivering	**Mental Health Access** **2025/26 IMTP Deliverables (completed)** ▪ ***Pilot & Evaluate Mental Health Response Vehicle MHRV)*** **2026/27 New IMTP Deliverables** ▪ ***IMTP Deliverable Ref 42*** *- Deliver clinically led, evidence based mental health care that provides the right care, in the right place at the right time* ▪ ***IMTP Deliverables Ref 43*** *- Establish a skilled, empowered mental health workforce through CPD, innovation, partnership working and lived experience*

Ref:	**(Indicate if new priority or continued from 25/26)**

Resume of planning Milestones 25/26:

	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
MHRV		MHRV pilot undertaken in South-East Wales	MHRV pilot undertaken in South-East Wales	MHRV evaluation completed and considered
Progress synopsis	A Mental Health Response Vehicle concept was developed and piloted in South-East Wales in 2025/26. A detailed evaluation was completed and considered by the organisation in Q4. Whilst the pilot demonstrated patient and system benefit, it was agreed that the pilot would be stopped and available mental health resources would support the remote clinical assessment function in RICS.			

Outcomes of delivering Ministerial Priorities:

Ref:	MHRV pilot demonstrated benefits to the patient by providing a timely specialist mental health response to best meet their needs. Whilst also delivering wider system benefits by avoiding hospital conveyance and admission and managing more patients care needs at home or in the community.

Planned milestones for Priority area to deliver 2026/27

	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
IMTP Deliverable Ref 42: Deliver clinically led, evidence based mental health care that provides the	Publish and implement Mental Health Delivery Plan aligned with Welsh Government Mental Health and Well-being	Engage with third sector partners to improve open access to mental health pathways across community and acute services to offer stepped care models	Expand our Community Partnership by co-producing local mental health and well-being hubs with third-sector organisations to	Review and evaluate progress

right care, in the right place at the right time	10-year Strategy Engage with third sector partners to improve open access to mental health pathways across community and acute services to offer stepped care models	Develop Mental Health Clinical and Patient reported outcomes and experiences measurement framework and dashboards	improve access and equity	
IMTP Deliverables Ref 43: Establish a skilled, empowered mental health workforce through CPD, innovation, partnership working and lived experience	Identify and design tools to create a training package which will support the implementation of trauma-informed ways of working Formulise involvement of service users and carers in strategy reviews and policy development	Commence production of training tools and packages	Deliver trauma-informed ways of working and crisis intervention training for practitioners	Evaluate progress

Overarching outcome measures/ metrics:			
Baseline position 25/26			
Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
No specific Mental Health metrics for inclusion			
Performance Trajectories 26/27			
Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
No specific Mental Health metrics for inclusion			

Risks	**Risks of Non-Delivery**	**Mitigations**
	No significant risks to identify	

	Risks to Delivery	Mitigations
	No significant risks to identify	
Critical Enablers	**Finance**	
	N/A	
	Workforce	
	Mental Health clinicians	
	Digital	
	N/A	
	Other (Specify)	
	N/A	
Quality & Safety and Prevention & Population Health	**Opportunities identified**	
	Opportunity for continued joint working with Health Boards and National Improvement programmes	

E) Women's Health

Priority area(s) to deliver 26/27:	
Key focus should be on delivering	**Women's Health** WAST did not submit a ministerial template for Women's health as part of the Ministerial priorities in 2025/26. The 2026-29 IMTP does not include any specific IMTP Priorities (Deliverables) on Women's health, however it is our commitment to work closely with Health Board partners and wider stakeholders to support key areas of work to improve Women's health across Wales. As outlined in the clinical section of the plan we are continuing to deliver our Maternity and Neonatal Safety Programme. There are two active areas of work described in the plan: • Following the introduction of a lead Midwife into the trust we will continue the work to support the quality and safety improvements achieved in remote and face-to-face clinical practice. • We have also finalised a business case for the 24/7 'labour line' as set out in the Maternity & Neo-natal review recommendations. If the business case is supported, we intend to implement the 'labour line' as part of our multi-professional clinical team in RICS. Detailed plans and timeliness will be confirmed following the outcome of the business case submission.

Ref:	**(Indicate if new priority or continued from 25/26)**

Resume of planning Milestones 25/26:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:	N/A	N/A	N/A	N/A
Progress synopsis	N/A	N/A	N/A	N/A

Outcomes of delivering Ministerial Priorities:	
Ref:	N/A

Planned milestones for Priority area to deliver 2026/27				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Labour Line Business Case decisions Non IMTP Deliverable	▪ Receive decision following submission of the 'labour line' business case ▪ Consider next steps, plans and timescales pending business case decision.			

Overarching outcome measures/ metrics:			
TBC			
Baseline position 25/26			
Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
N/A	N/A	N/A	N/A
Performance Trajectories 26/27			
Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
N/A	N/A	N/A	N/A

Risks	**Risks of Non-Delivery**	**Mitigations**
	• Inability for WAST to progress with the implementation of the national 'labour line'	• Submission of business case and continued engagement to support business case decision process
	Risks to Delivery	**Mitigations**
	• Non-approval of the business case	• System decision regarding the provisions of the 24/7 labour line.
Critical Enablers	**Finance**	
	Financial requirements set out in the business case	
	Workforce	
	Workforce requirements set out in the business case	
	Digital	
	Digital requirements set out in the business case	
	Other (Specify)	
	N/A	
Quality & Safety and Prevention & Population Health	**Opportunities identified**	
	A 24/7 national labour line will support national co-ordination and key improvements set out in the business case.	

F) Quality and Safety

Priority area(s) to deliver 26/27:	
Key focus should be on delivering	**Quality and Safety** **New IMTP Deliverables for 2026/27** • ***IMTP Deliverable Reference 2: Benefits Realisation Programme*** **–** Undertake a detailed assessment of clinical flows, processes and functions to optimise productivity, efficiency and outcomes across the model, with a specific focus on improving care for high-risk patient groups (Stroke, STEMI, NOF). This will be enabled through targeted improvement and a consistent approach to benefits realisation, using clear metrics, measures and baselines to improve clinical outcomes, care and experience. • **IMTP Deliverable Reference 39: Strategic Quality Plan** - Review and refresh the Strategic Quality Plan to ensure it remains current, aligned to organisational strategic objectives, national policy requirements and emerging quality priorities, and deliver the updated plan through a phased implementation. • ***IMTP Deliverable Reference 45: Flu Vaccination Programme*** - Restructure and deliver the Flu Vaccination Programme for 2026/27 aligning with 2025/26 report recommendations There are other IMTP Deliverables captured in other ministerial templates that will support the Quality and Safety Ministerial Template. To avoid duplication these are highlighted below, and the detail can be found in the respective ministerial template signposted. **Timely Access to Care Ministerial Template** ▪ *IMTP Deliverable Reference 1: Independent Academic Evaluation* ▪ *IMTP Reference 8, 9 & 10: RICS Improvement* ▪ *IMTP Reference 12: Non-Emergency Patient Transport Improvement Programme* ▪ *IMTP Reference 5: Out of Hospital Cardiac Arrest Plan*

Ref:	**(Indicate if new priority or continued from 25/26)**
	New template – no previous submission completed

Resume of planning Milestones 25/26:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:	N/A	N/A	N/A	N/A
Progress synopsis	N/A	N/A	N/A	N/A

Outcomes of delivering Ministerial Priorities:	
Ref:	N/A

Planned milestones for Priority area to deliver 2026/27

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
IMTP Deliverable Reference 2: Benefits Realisation Programme	Establish the Benefits Realisation Framework, including governance (Benefits Realisation Group), digitised PowerBI scorecards with agreed metrics, and a Trust-wide communications approach	Finalise the Benefits Realisation methodology, agree Benefit Profiles with named owners, and complete risk and productivity workshops to support transition of the new clinical model into BAU	Validate baselines, targets and tolerances, and implement core Benefits Management tools, including a fully operational Benefits Register, defined data flows, and dependency mapping	Produce and present the first formal Benefits Realisation Report
IMTP Deliverable Reference 39: Strategic Quality Plan	Work to commence in Q2	Commence a structured, collaborative review of the Strategic Quality Plan, engaging key stakeholders to confirm the strategic vision and identify priority areas for strengthening, including Duty of Quality priorities	Update the strategic quality narrative and implementation plan to ensure that key quality priorities have increased focus and visibility with clear actions and associated outcomes	Seek approval for, and publish, the revised Strategic Quality Plan, including the updated implementation plan
IMTP Deliverable Reference 45: Flu Vaccination Programme	Review 2025/26 recommendations and begin planning for the 2026/27 programme	Implement the plan, prepare communications, and engage stakeholders to support 2026/27 programme delivery	Deliver rollout of flu vaccination across WAST	Continue programme delivery, collate data, and complete evaluation and end of year report with recommendations for future years

Overarching outcome measures/ metrics:			
Baseline position 25/26			
Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Number of Complaints Received 312	**Number of Complaints Received** 417	**Number of Complaints Received** 411	**Number of Complaints Received** Not yet released
Number of NRI's 16	**Number of NRI's** 10	**Number of NRI's** 14	**Number of NRI's** Not yet released

999 Incidents Cancelled by Patient 21,120	**999 Incidents Cancelled by Patient** 20,403	**999 Incidents Cancelled by Patient** 20,403	**999 Incidents Cancelled by Patient** Not yet released
999 Waits Over 12 Hours 1,656	**999 Waits Over 12 Hours** 980	**999 Waits Over 12 Hours** 2,132	**999 Waits Over 12 Hours** Not yet released
Staff Vaccination Rate Organisational total vaccinated 28.8%	**Staff Vaccination Rate** Organisational total vaccinated 28.8%	**Staff Vaccination Rate** Organisational total vaccinated 28.8%	**Staff Vaccination Rate** Organisational total vaccinated 28.8%

Performance Trajectories 26/27			
Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Number of Complaints Received Improvement trajectory - 75% Answered within 30 Working Days	**Number of Complaints Received** Improvement trajectory - 75% Answered within 30 Working Days	**Number of Complaints Received** Improvement trajectory - 75% Answered within 30 Working Days	**Number of Complaints Received** Improvement trajectory - 75% Answered within 30 Working Days
999 Incident Cancellations Improvement trajectory - under 6,000 per month	**999 Incident Cancellations** Improvement trajectory - under 6,000 per month	**999 Incident Cancellations** Improvement trajectory - under 6,000 per month	**999 Incident Cancellations** Improvement trajectory - under 6,000 per month
999 Waits Over 12-Hours Reducing Trend	**999 Waits Over 12-Hours** Reducing Trend	**999 Waits Over 12-Hours** Reducing Trend	**999 Waits Over 12-Hours** Reducing Trend
Staff Vaccination Rate 5% improvement against 2025/26 baseline position	**Staff Vaccination Rate** 5% improvement against 2025/26 baseline position	**Staff Vaccination Rate** 5% improvement against 2025/26 baseline position	**Staff Vaccination Rate** 5% improvement against 2025/26 baseline position

Risks	**Risks of Non-Delivery**	**Mitigations**
	• Non-delivery of the key deliverables will prevent tangible and sustained improvements in quality and patient safety	• Formal programmes and project approach underpinning delivery with robust governance and reporting mechanisms to monitor progress
	Risks to Delivery	**Mitigations**
	• Organisational capacity • Broader system pressure impacting WAST service provision	• Organisational prioritisation process underpinned IMTP Development • Continued engagement with commissioners and wider system partners

Critical Enablers	**Finance**
	No direct financial requirements
	Workforce
	Clinical and corporate workforce uptake in vaccination programme No additional workforce requirements identified
	Digital
	Digital (IDS) capacity to provide date and support key deliverables (e.g. Benefits Realisation) Wider system ability to join up patient and clinical outcomes data
	Other (Specify)
Quality & Safety and Prevention & Population Health	**Opportunities identified**

AGENDA ITEM No	
OPEN or CLOSED	**OPEN**
No of ANNEXES ATTACHED	

Quality Impact Assessment (QIA) Integrated Medium Term Plan (IMTP) FY26-29	
MEETING	**Clinical Quality Governance Group (CQGG)**
DATE	**12th March 2026**
EXECUTIVE	**Rachel Marsh, Executive Director of Strategy, Planning and Performance**
AUTHOR	Helen Britton, Head of Planning
CONTACT DETAILS	Helen.britton3@wales.nhs.uk
CORPORATE OBJECTIVE	To support the delivery of the organisational strategic ambitions set out in the IMTP 2026–2029, particularly Strategic Objective 1 (providing the right care or advice in the right place, every time) and Strategic Objective 5 (quality driven and clinically led), by strengthening clinical models, advancing digital transformation, developing a sustainable workforce and deepening system partnership working to ensure high quality, safe, effective and sustainable services.
CORPORATE RISK (Ref if appropriate)	**N/A**
QUALITY THEME	Governance, Leadership and Accountability
Quality Health & Care Standards 2023 Enablers	Safe Timely Effective Efficient Equitable

	Person Centred Care	
REPORT PURPOSE	The Quality Impact Assessment (QIA) provides a high level strategic assessment of how the IMTP 2026–2029 may affect the quality, safety, experience and equity of care. It identifies potential areas of impact early, ensuring that risks are recognised and addressed as programmes move into design and implementation. As a screening assessment, it highlights where detailed programme level QIAs are required and informs the development of programme risk registers. The QIA forms part of the IMTP's assurance framework, demonstrating that quality considerations are embedded throughout planning and supporting the organisation to deliver change safely, effectively and in line with statutory duties.	
CLOSED MATTER REASON	1. CONSIDER and APPROVE this QIA.	
REPORT APPROVAL ROUTE		
WHERE	**WHEN**	**WHY**
CQGG	**March 2026**	CQGG's role is to provide assurance that quality, safety, patient experience and Duty of Quality considerations have been appropriately assessed at this overarching strategic level

ANNEXES: 2 – Part 1 QIA Screening Tool only
Annex 2 – Part 1 QIA Screening Tool & Part 2 Full QIA

Governance, Leadership & Accountability	
Title of service change/proposal	**Strategic – Level Quality Impact Assessment (QIA) of the IMTP 2026-2029**
Date of QIA assessment:	**March 2026**
Date logged on central QIA digital repository. (For all completed part one and part 2)	**Insert**
Project overview (summary)	**Situation and Background** The IMTP 2026–2029 sets out a focused and strategically aligned programme of work across clinical services, operational delivery, digital modernisation, workforce development, quality governance, partnership working and organisational sustainability. Together these changes are designed to improve patient outcomes, strengthen system resilience and deliver national priorities. Given the scale and interdependency of the programme, a strategic-level Quality Impact Assessment is required to identify potential areas of quality impact at an early stage. This screening assessment will not score adverse impacts or provide detailed mitigation; instead, it highlights where further assessment is required and informs the development of programme-level risk registers and full QIAs as individual projects progress into design and implementation. This Quality Impact Assessment has been undertaken in accordance with the Duty of Quality set out in the Health and Social Care (Quality and Engagement) (Wales) Act

2020. The assessment considers the potential implications of the IMTP on safety, effectiveness, patient experience, equity and timeliness of care, ensuring that quality considerations are embedded within strategic decision-making.

Summary of Proposed Change

The IMTP outlines a three-year programme of coordinated change that includes a total of 47 organisational priorities known as 'deliverables. The deliverables sit across the following sections, and a summary of the key priorities are outlined below:

- **Clinical Model Transformation** (e.g. evaluation, benefits realisation, Out of Hospital Cardiac Arrest (OHCA) improvement, Health Care Professional (HCP) call flows, Advanced Paramedic Practitioner (APP) optimisation, Falls Desk evaluation)
- **Operational Servies** (e.g. roster optimisation and demand-capacity alignment, Non-Emergency Patient Transfer Service (NEPTS) redesign and utilisation improvements, fleet deployment and station optimisation)
- **Digital transformation** (e.g. digital front end, Online Symptom Checker (OSC) replacement, Computer Aided Dispatch (CAD) replacement planning, Emergency Services Network (ESN) Phase 2, electronic Patient Care Record (ePCR) refresh, responsible Artificial Intelligence (AI) framework, data linkage and sharing)
- **People and culture** (e.g. sexual safety, stress and wellbeing, leadership development, recruitment strategy, workforce systems readiness)

- **Quality governance and assurance** (e.g. Quality Assurance Forward Improvement Plan, Concerns Management System, Patient Voice Network)
- **Partnerships and strategic planning** (e.g. Long-Term Strategy refresh, Health Board collaboration)
- **Value and sustainability** (e.g. Financial Sustainability, Climate Adaptation planning, Commercial Function development)

This QIA assesses the overarching quality implications of the final IMTP 2026/29 deliverables.

Objective

To provide a high-level assessment of potential quality, safety, experience and equality impacts arising from the IMTP 2026–2029, ensuring the areas of potential adverse impacts are identified early, and used to inform programme-level risk registers and detailed QIAs. This screening assessment does not independently score risks.

Governance arrangements

The IMTP is developed and assured through a structured governance framework, ensuring that quality, safety, financial and operational considerations are embedded throughout. This screening QIA forms part of that governance process by identifying where further assessment is required.

As this is a screening QIA, various assurance groups across the organisation will use its findings to determine where programme-level QIAs are required and ensure that risks are captured within programme and corporate risk registers.

The governance route for the IMTP is as follows:

- **Integrated Strategic Planning & Development Group (ISPD)** Provides scrutiny, challenge and assurance on the coherence of the plan, its deliverability, and alignment with commissioning intentions and organisational strategy.
- **Clinical Quality Governance Group (CQGG)** Reviews and approves the *strategic level QIA only*. CQGG's role is to provide assurance that quality, safety, patient experience and Duty of Quality considerations have been appropriately assessed at this overarching level. The Group confirms where programme level QIAs are required and ensures that any identified risks are reflected within programme and corporate risk registers. CQGG is not involved in wider IMTP development or delivery oversight but will receive escalations where quality risks emerge through established quality governance pathways.
- **Executive Leadership Team (ELT)** Provides executive oversight of the emerging IMTP, ensuring alignment with organisational priorities, financial sustainability requirements, and statutory duties. As programmes move into delivery, ELT may seek additional assurance on how identified risks and potential adverse impacts are being managed through programme-level governance and risk registers.

Where potential quality risks are identified through this screening assessment, these will be recorded within programme or corporate risk registers as appropriate. Ongoing oversight of quality impacts will be provided through established governance arrangements including the Clinical Quality Governance Group, with escalation through Executive governance where required.

Quality Assurance process

This strategic level QIA acknowledges that elements of the IMTP may present potential adverse impacts. These will not be scored independently within this document; instead, they will be used to inform and strengthen the risk registers for the individual programmes of delivery. Each programme will be responsible for assessing, recording and managing its own risks, recognising that monitoring and assurance arrangements will differ according to the nature and scale of the work.

- Completion and periodic review of this strategic QIA, supported by programme/project-level QIAs where required, will ensure that both the overarching plan and its constituent projects are assessed for their potential impact on quality, safety, experience and equity.
- Quality assurance across the IMTP will be supported through ongoing monitoring of key indicators, including patient safety metrics, clinical outcomes, incident trends, complaints, compliments and patient experience feedback. This approach enables early identification of emerging risks and timely implementation of mitigations.

- An Equality and Health Impact Assessment (EHIA) will be undertaken to ensure that proposed changes do not disproportionately affect any population group and that opportunities to improve equity, access and outcomes are maximised.

Where any changes to current practice are proposed as part of our financial sustainability requirements, the potential quality implications will be assessed through the appropriate programme level QIA to ensure impacts on safety, effectiveness, experience and equity are fully understood and mitigated.

These quality indicators will be reviewed through routine organisational quality reporting and governance forums, including the Clinical Quality Governance Group, ensuring that emerging quality risks are identified early and appropriate mitigations implemented.

In addition to programme-level monitoring, the Trust will maintain organisational oversight of quality impacts arising from the IMTP through routine Board assurance processes. This will include monitoring of patient safety indicators, incident trends, complaints, patient experience feedback and clinical outcomes to ensure that any unintended consequences arising from service changes are identified early and addressed through established governance arrangements.

Scope of the change

This QIA covers all deliverables within the IMTP 2026–2029. It identifies areas where further assessment is required but does not replace programme-specific QIA's

Main Operational System Change

The IMTP introduces changes that will affect:

- Clinical pathways and models of care
- Digital systems, data flows and clinical decision-support tools
- Workforce deployment, roles and skills mix
- Operational processes, escalation frameworks and performance management
- Governance, reporting and assurance mechanisms

These changes are interdependent and will require coordinated implementation across multiple directorates. Detailed impacts will be assessed through programme-level QIAs as operational changes move into design and implementation.

Proposed Changes Implemented – 'Go Live'

Implementation will follow a phased approach aligned to IMTP milestones. Go-live points will vary by programme/project and may include pilots, staged rollouts or full implementation.

Quality impacts at implementation stage will be assessed through programme-specific QIAs and risk registers, not through this screening assessment.

Financial Implications

The IMTP 2026–2029 is underpinned by a requirement to maintain a balanced financial position while delivering a significant programme of clinical, digital and

organisational transformation. The plan includes both unavoidable cost pressures and cost saving expectations, with financial implications varying across programmes. For 2026/27, the organisation has identified and prioritised unavoidable cost pressures, alongside a small number of targeted growth areas required to mitigate key risks and operational challenges. These include:

- **Manchester Arena Inquiry (MAI) recommendations**. Implementing safety critical requirements such as the Incident Management Desk (IMD) and strengthened Operational Commander capacity to ensure organisational readiness and compliance with national expectations.

- **Clinical Model Capacity**. Targeted recruitment to key clinical roles to address the most significant clinical and performance risks, and to respond to modelled capacity constraints within the new clinical model.

Alongside these pressures, the IMTP includes a series of savings and efficiency programmes designed to contribute to the organisation's financial sustainability. These include productivity improvements, reductions in unwarranted variation, digital efficiencies, workforce optimisation and opportunities for income generation.

Directorate level savings plans have been developed using a common set of principles to ensure equity and consistency across the organisation, and each proposal will be subject to a Quality Impact Assessment to identify and mitigate any potential adverse impacts on quality, safety, experience or equity.

Delivery of these savings will be monitored through the Financial Sustainability Programme and its associated governance structures. Where new or enhanced services require ongoing funding to remain viable, this will be identified through programme level business cases and considered through established financial planning and prioritisation processes.

Any financial risks arising from the IMTP will be captured within programme and corporate risk registers and escalated through the Strategic Transformation Board or Executive Leadership Team and to the Finance and Performance Committee (FPC) as required.

Overall, the IMTP seeks to balance unavoidable cost pressures with the requirement to deliver recurrent efficiencies, ensuring that the organisation remains financially sustainable whilst progressing its transformation agenda.

Target Audience

The IMTP is a strategic document designed for a broad range of internal and external stakeholders who rely on it to understand the organisation's priorities, risks, resource requirements and delivery plans. It provides transparency for patients and service users, demonstrating how we intend to improve outcomes, experience and equity. It supports clinical and operational staff by setting out the direction of travel and the changes that will shape service delivery and workforce models over the next three years. It enables digital, workforce and corporate teams to align enabling functions, clarify dependencies and plan organisational capacity in a coordinated way.

For senior leaders and Board members, the IMTP offers assurance that the plan is strategically aligned, financially sustainable and underpinned by robust governance. It informs Health Boards and system partners, supporting whole-system planning and ensuring clarity on interdependencies across urgent and emergency care, digital transformation and workforce priorities.

Finally, it provides external regulators, government, commissioners and partner organisations (e.g. Health Boards) with evidence of compliance with statutory duties, progress against national frameworks and the organisation's approach to performance, quality and accountability.

To be read in conjunction with

The QIA for the IMTP 2026–2029 should be read alongside the key documents that shape and govern the organisation's strategic direction, including the IMTP itself, the Board Assurance Framework (BAF), and the Quality Plan.

It is also informed by statutory duties such as the Duty of Quality and Duty of Candour, and aligned with enabling strategies including the Digital Strategy, the Workforce Strategy and People and Culture Plan, and the Clinical Model Transformation programme. Equality and Health Impact Assessments provide additional assurance on equity and population impact, while programme-specific business cases and QIAs offer more detailed analysis of individual changes within the wider plan.

Reporting route (oversight group of QIA and monitoring of quality measures)	Integrated Strategic Planning and Development Group (ISPD) (endorsement) Clinical Quality Governance Group (CQGG) (endorsement and approval) Executive Leadership Team (ELT) (approval)
How will quality measures be obtained? (Full QIA only)	N/A
Executive lead	Rachel Marsh, Executive Director of Strategy, Planning and Performance.
Project lead(s)	James Houston, Assistant Director of Planning and Transformation Helen Britton, Head of Planning
Outcome of QIA (screen only or full QIA)	Screen only
Comments (including brief rationale for not progressing to full QIA if appropriate) Log commencement on central QIA digital repository	
Date submitted to Clinical Quality Governance Group (full QIAs) and inclusion on QIA Database (all QIAs) by CQGG secretariat. **Quality.amb@wales.nhs.uk**	Virtual review by CQGG in March 2026

Health & Care Standards Domains 2023	Potential / Actual Impact Question	Potential Impacts? Positive (P), Neutral (N), Adverse (A)	Likelihood Score	Consequence (impact) Score	Score Likelihood X consequence	Score 8 & above. = Full QIA
Safe **1 Patient Safety** Our healthcare system is a high quality, highly reliable and safe system that avoids preventable harm, maximising the things that go right and learning from when things go wrong to prevent them occurring again. People's health, safety and welfare are actively promoted and protected; risks are identified and monitored and where possible, risks to safety are reduced or prevented. We	Could the proposal impact on any of the following? Impact on serious incidents, their reporting and learning, systems in place to safeguard patients /staff and prevent harm?	**Positive Impacts** • Strengthened clinical pathways (Out of Hospital Cardiac Arrest (OHCA) improvement, Health Care Professional (HCP) flow redesign, Advanced Paramedic Practitioner (APP) optimisation, Falls Desk evaluation) reduce preventable harm and improve reliability of care.	**N/A**	**N/A**	**N/A**	**N/A**

promote and protect the wellbeing, and safety of children and adults who become vulnerable or at risk at any time. Where children or adults may be experiencing or are at risk of abuse or neglect, we take appropriate, timely action and report concerns.		• Digital modernisation (Online Symptom Checker (OSC) replacement, Electronic Patient Care Record (ePCR) refresh, Electronic Staff Record (ESN) Phase 2, Computer Aided Dispatch (CAD) replacement planning) enhances safety critical systems and clinical decisions support.	**N/A**	**N/A**	**N/A**	**N/A**
		• Quality Assurance Forward Improvement Plan and strengthened Concerns Management system improve organisational learning and early identification of risk.	**N/A**	**N/A**	**N/A**	**N/A**

		• Service improvement programmes across the organisation aim to strengthen service quality and reduce unwarranted variation. In many cases these improvements also support more effective use of resources and improved productivity.				
		Neutral Impacts • Changes to estates and/or moves - governance updates are neutral unless operational disruption occurs.	N/A	N/A	N/A	N/A

		Adverse Impacts (Potential) • Transition to new systems (ePCR, CAD, OSC, ESN Phase 2) may introduce temporary clinical / information-handling risk.	Refer to relative programme of delivery governance
		• Workforce capacity pressures during implementation periods may create temporary gaps in clinical or operational cover. These risks will be monitored through programme-level workforce planning and risk registers, with escalation through established governance routes where required.	Refer to relative programme of delivery governance

		• Misalignment between clinical capacity and patient demand may occur where the number or skill mix of clinicians available does not match the volume, acuity or timing of patient need. This risk is heightened during periods of transformation when staff are diverted for training or system testing, potentially leading to slower response times, reduced resilience and increased variation in practice until new models are fully embedded.	

		• People experiencing mental health crisis may be adversely affected during periods of transformation if changes to call handling, clinical triage, digital front-end tools or workforce capacity temporarily impact psychological safety, timely access to mental health assessment or safeguarding escalation.	

		• Complex digital dependency chains may create vulnerability if implementation is delayed. Reliance on a small number of critical systems and suppliers (e.g. MIS for CAD changes) means work must be carefully sequenced, limiting the ability to run projects in parallel and increasing the risk of bottlenecks.	Refer to relative programme of delivery governance

Effective Care Our healthcare system ensures decision-making, care and treatment reflect evidence-based best practice, to ensure that people receive the right care to achieve the optimal and possible outcomes that matter to them. We design transformative, evidenced-based, whole-of-life pathways that cover prevention, care and treatment, rehabilitation and embed these into local service delivery.	Could the service change impact on evidence-based practice, clinical standards (NICE/JRCALC), clinical leadership and/or engagement?	**Positive Impacts** • Evidence-based redesign through the independent academic evaluation of the Clinical Services Model and Ambulance Performance Framework, benefits realisation framework, and structured pathway reviews.	N/A	N/A	N/A	N/A
		• Data linkage and improved analytics strengthen outcome measurement and clinical decision making.	N/A	N/A	N/A	N/A

		• Improved alignment between patient demand and right resources to service demand (e.g. Mental health pathways, falls, APP) strengthened process flows within the Clinical Model Transformation programme, enhanced Advanced Practice provision and more robust service level planning to underpin demand and capacity reviews. Together, these changes support more consistent, timely and evidence-based care.	N/A	N/A	N/A	N/A

		Neutral Impacts • Research, evaluations, and workforce planning are neutral until implemented.	N/A	N/A	N/A	N/A
		Adverse Impacts (Potential) • Inconsistent adoption of new evidence-based pathways if **capacity** is insufficient.	Refer to relative programme of delivery governance			
		• Inconsistent adoption of new evidence-based pathways if **training capacity** is insufficient.	Refer to relative programme of delivery governance			
		• Risk of variation in practice during system migrations or when expanding remote-care pathways.	Refer to relative programme of delivery governance			

Efficient Our health care system takes a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste. We make the most effective use of resources to	Does this proposal increase waste? Does this proposal improve value- based approach?	**Positive Impacts** • Digital modernisation (OSC, CAD planning, ePCR, Artificial Intelligence (AI) framework) supports value-based care and reduces duplication.	N/A	N/A	N/A	N/A

achieve best value in an efficient way. We only do what is needed and undertake treatments that ensure any interventions represent the best value that will improve outcomes for people.	Financial implication of the proposal	• Productivity and service improvement programmes across the organisation improve resource utilisation and reduce unwarranted variation. This includes the NEPTS improvement programme, Advanced Practice optimisation, pathway redesign within the Clinical Model Transformation programme, and strengthened demand and capacity planning to ensure services are aligned to patient need and deliver best value.	N/A	N/A	N/A	N/A

		• Commercial planning and sustainability initiatives support the long-term resilience of services while maintaining safe and effective care. Our planning and climate adaptation activity strengthen long-term sustainability, supported by the organisation's Financial Sustainability Programme (FSP). The FSP provides oversight and assurance of savings delivery and efficiency plans, helping ensure that commercial decisions and climate resilience actions contribute to long-term financial stability and best value.	N/A	N/A	N/A	N/A

		• Strategic review from JCC outlining recommendations for improved productivity	N/A	N/A	N/A	N/A
		Neutral Impacts • Planning only deliverables with no immediate resource effect (e.g. trust-wide commercial plan) as these activities relate to design, modelling or scoping rather than operational change, resulting in no direct impact on current efficiency, waste or value.	N/A	N/A	N/A	N/A

		Adverse Impacts (Potential) • Upfront cost pressures and reliance on external procurement may reduce short-term efficiency.	Refer to relative programme of delivery governance
		• Parallel systems (old and new) during transition risk duplication and inefficiency.	Refer to relative programme of delivery governance
		• Unintended consequence by not fully understanding a productivity metric.	

		• Risk of rework where sequencing is driven solely by patient safety imperatives. For example, NEW call category metrics require redevelopment following the introduction of the single clinical queue. While clinically appropriate, this is not an efficient use of Digitals' capacity.				
Equitable Our healthcare system provides everyone with an equal opportunity to attain their full potential for a healthy life which does not vary in quality by organisation providing care, location where care is delivered	Could the proposal impact on patient choice, dignity and respect, service user experience? Could the proposal impact on eliminating discrimination, on	**Positive Impacts** • Strengthened Patient Voice Network and concerns management system improve equity and access.	N/A	N/A	N/A	N/A

or personal characteristics (such as age, gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status, political affiliation). We embed equality and human rights in our health care system. .	eliminating harassment and or on promoting good community relations /positive attitudes?	• Recruitment strategy and sexual safety work support inclusion and fairness.	N/A	N/A	N/A	N/A
		• Digital front-end improvements enhance access to advice and information.	N/A	N/A	N/A	N/A
		• Population Health – equity or health experience and outcomes through social, economic and environment factors	N/A	N/A	N/A	N/A
		Neutral Impacts • Internal policy updates without direct service impact.	N/A	N/A	N/A	N/A

		Adverse Impacts (Potential) • Digital exclusion risks may arise if digital front-end services expand faster than the availability of accessible alternatives. Programme-level QIAs will consider the needs of digitally disadvantaged groups, including older people, those with disabilities and individuals in rural communities with limited connectivity.	Refer to relative programme of delivery governance

		• People experiencing mental health crisis may be adversely affected if digital or operational changes do not maintain accessible alternatives, timely escalation pathways or safeguarding mechanisms. There is also a risk to parity of esteem if mental health access and support do not keep pace with wider clinical and digital transformation. Programme-level QIAs will assess these risks to ensure equity of access and experience is preserved.	

		• Social, economic and environment variation if new pathways (e.g., Falls Desk, RICS, APPs) scale unevenly across Health Board areas.	Refer to relative programme of delivery governance
		• Language accessibility gaps in early-phase digital deployment.	Refer to relative programme of delivery governance

Person-centred *Our health care system meets people's needs and ensures that their preferences, needs and values guide decision-making that is made in partnership between individuals and the workforce. We care about the well-being of individuals, their families, carers, and our staff. We ensure that everyone is always treated with kindness, empathy and compassion and we respect their privacy, dignity, and human rights. We are committed to working better together to put people and their families at the centre of decisions, seeing them as experts working alongside professionals to*	For example, if people could be treated differently in terms of race, religion, disability, gender, sexual orientation pregnancy, gender reassignment, civil partnerships, or age. (This can be a separate assessment, but the outcome recorded in the QIA)	**Positive Impacts** • Improved access through digital frontend, OSC replacement, and community-based care pathways.	N/A	N/A	N/A	N/A
		• Greater clinical input e.g. screening and assessment earlier in the process to shape the 'response' around the patient/person.	N/A	N/A	N/A	N/A
		• Strengthened Concerns Management System and Patient Voice mechanisms support compassionate, person-centred care.	N/A	N/A	N/A	N/A

get the best outcome and experience		• Strengthened person centred response models, beginning with improvements to the Out of Hospital Cardiac Arrest (OHCA) pathway and extending across mental health, falls, Advanced Practice and Remote Clinical Care. These developments enable a more tailored response that aligns with individual patient need, improving experience, outcomes and the appropriateness of care.	N/A	N/A	N/A	N/A
		Neutral Impacts • Backoffice process improvements unless aligned to patient facing improvements.	N/A	N/A	N/A	N/A

		Adverse Impacts (Potential) • User experience risks during early digital deployment (e.g. OSC, virtual assistant, website changes).	Refer to relative programme of delivery governance
		• Insufficient communication around system change may reduce patient understanding and satisfaction.	Refer to relative programme of delivery governance
		• Risks of depersonalisation if digital first approaches replace human contact inappropriately.	Refer to relative programme of delivery governance

Timely Care Our healthcare system ensures people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place, first time. We care for those with the greatest health need first, and where treatment is identified as necessary, we treat people based on their identified and agreed clinical priority.	Could the proposal impact on care being provided in a timely way?	**Positive Impacts** • Digital front-end, OSC replacement and improved triage support faster access to advice and care. These improvements aim to reduce delays in clinical assessment and support earlier identification of patients requiring urgent intervention.	N/A	N/A	N/A	N/A

		• Enhanced timely care for our sickest patients, beginning with strengthened Out of Hospital Cardiac Arrest (OHCA) pathways, and supported by Advanced Practice optimisation, Urgent Community Response (UCR) and Falls Desk evaluation. These developments reduce avoidable conveyance and delays by ensuring that patients receive the most appropriate clinical response earlier in the process, improving safety, experience and outcomes.	N/A	N/A	N/A	N/A
		• Improved data and analytics support timely decision making.	N/A	N/A	N/A	N/A

		Neutral Impacts • Some deliverables maintain current performance without immediate change (internal reviews, planning activities).	N/A	N/A	N/A	N/A
		Adverse impacts (potential) • Transition phases may temporarily slow response or access times (rostering changes, testing periods, staff upskilling).	Refer to relative programme of delivery governance			
		• Digital outages or slow deployment of national systems (e.g. Directory of Services (DoS); OSC; ESN) could delay triage/patient flow.	Refer to relative programme of delivery governance			

		• The new Clinical Response Model introduces additional data points, which means we are still developing the best way to understand and interpret timeliness across the full end to end model. This reflects the shift to a more clinically informed, multistage response rather than a single linear process.	Refer to relative programme of delivery governance			
Workforce Our healthcare system recruits, retains, develops, and extends roles to ensure we have enough, confident people with the right knowledge and skills available at the right time to deliver safe care.	Could the proposal impact on staff satisfaction and/or sickness retention and recruitment	**Positive Impacts** • Leadership development, stress management, sexual safety and recruitment strategy strengthen culture and wellbeing.	N/A	N/A	N/A	N/A

We value our people and the commitment and resilience they demonstrate in the care they provide. We care about their wellbeing, protect their rights, and support them to feel well and happy at work; and provide them with the tools, systems, and environment to work safely and effectively. Our workforce planning focuses on investing in our people and nurturing, growing, and transforming our workforce to create a sustainable workforce for the future.	skill and knowledge to undertake the proposal. Public perception of the Trust or its services? Wellbeing Safe systems at work to safeguard staff and prevent harm? serious incidents & reporting and learning?	• A structured change management approach supports colleagues through organisational change.				
		• Workforce systems readiness (Electronic Staff Record (ESR) replacement preparation reduces administrative burden.	N/A	N/A	N/A	N/A
		• Leadership & Talent. Our WAST Way leadership framework, Management Essentials Toolkit and succession/talent pipelines strengthen distributed leadership and organisational resilience.	N/A	N/A	N/A	N/A

		• Consolidation and prioritisation of organisational priorities and IMTP deliverables create more manageable workloads, supported by clearer dependency mapping and resource planning so teams can concentrate on the highest-value priorities with workloads that are realistic and sustainable.	N/A	N/A	N/A	N/A
		Neutral Impacts (potential) • Planning/design phases, benefits frameworks, dependency mapping and options appraisal provide neutral impacts until resourcing changes or training/adoption begins.	N/A	N/A	N/A	N/A

		Adverse Impacts (potential) • Capacity during change, where simultaneous programmes increase training demand, create backfill gaps and overtime pressure and place strain on local rostering, with potential impacts on fatigue or morale.	Refer to relative programme of delivery governance
		• Skills adoption pressures, where new digital platforms and revised pathways require upskilling at pace. Variable adoption risks pockets of clinical variation and reduced confidence as teams adjust at different speeds.	Refer to relative programme of delivery governance

		• Recruitment and retention pressures, where demand for Advanced Practice and digital specialist roles exceed supply, and time to competence increases when supervision/placements capacity is limited.	Refer to relative programme of delivery governance
		• Reducing morale of corporate and operational staff linked to savings	Refer to relative programme of delivery governance
		• Psychological safety and wellbeing, where repeated change cycles, sustained demand pressures and savings requirements may increase stress and make it harder for colleagues to feel supported and secure.	Refer to relative programme of delivery governance
Summary rating = highest individual risk score			

Health and Care Standard Enablers- no requirement to score only to reference any impact.

Enabler	Potential impact	Narrative
Leadership Our health care system has visible and focused leadership at all levels, with its activities driven by the organisations' vision and values for quality. Our leaders and managers take a long-term, stakeholder-centric view to develop a clear organisational vision. They have the appropriate skills and capacity to create the conditions for a functioning quality management system. We ensure our governance, leadership and accountability is effective in sustainably delivering care.	**Could the proposal impact.** • **Leadership of the service** • **Trust Quality Management System** • **Governance arrangements**	The proposal is expected to positively impact leadership by strengthening governance arrangements, enhancing alignment with the Duty of Quality, and reinforcing the Trust's developing Quality Management System. The IMTP sets out clearer accountability structures, enhanced oversight mechanisms, and strengthened clinical and operational leadership expectations with improved oversight through integrated planning, performance, and risk-management frameworks. These developments support a more consistent, transparent and values-driven approach to decision-making and quality assurance. Planned leadership development activity – including the Our WAST Way leadership framework, enhanced management

		capability programmes, targeted team-based interventions, and greater emphasis on compassionate, inclusive, and collective leadership – will further build leaders' skills and capacity to create the conditions for safe, effective, and continually improving care. The focus on visible leadership, role-modelling, and partnership working aligns organisational actions more explicitly to our vision and values. A potential adverse impact relates to leadership capacity, as the scale and pace of transformation may place additional demands on senior leaders and managers. This risk will be mitigated through structured programme governance, prioritisation of activity, strengthened cross-functional working and an ongoing review of capacity and capability requirements. Leadership and governance impact will be monitored through the Quality Management Group, Board Assurance Framework, and annual Quality Report

		requirements, ensuring oversight remains robust and responsive as transformation progresses.

Culture Our healthcare system creates the right climate and culture to nurture and encourage quality and system safety, valuing people in a supportive, collaborative, and inclusive workplace so that our people feel psychologically safe to raise concerns and try out new ideas and approaches. Relationships within teams and with the people we serve are effective and based on transparency, accountability, ethical behaviour, trust and just culture, where people can thrive.	**Will the proposal effect the culture of the Trust?**	The proposal is anticipated to make a sustained positive contribution to organisational culture by advancing the delivery of the People & Culture Plan, and deepening our system-wide focus on compassionate, inclusive and collective leadership. Actions within the plan will strengthen speaking-up mechanisms, embed the anti-sexual harassment framework, and reinforce policies that promote psychological safety, dignity, and respect. Our planned culture improvement work – including leadership development aligned to Our WAST Way, enhanced team-based interventions, and an expanded approach to listening and employee voice – will further support a climate where people feel safe to raise concerns, innovate, and work collaboratively across boundaries. These developments will help nurture a transparent, ethical, and just culture, underpinned by strong relationships,

		shared accountability, and consistent role-modelling from leaders. The principal cultural risk remains change fatigue, given operational pressures and the scale of transformation. This will proactively be mitigated through clear, compassionate communication; visible leadership and engagement; accessible resources for managers; ongoing partnership working with staff networks and trade union colleagues. Cultural impact will continue to be monitored through the NHS Staff Survey, Pulse surveys, culture diagnostic tools and wellbeing indicators, with insights used to refine implementation and ensure improvements translate into real change for our people and the communities we serve.
Whole System Approach Our healthcare system ensures safety in healthcare goes beyond individual patient safety. We will look within and beyond our organisational boundaries to learn how we can continually, reliably, and	**Are we working with external as well as internal partners as part of the proposal?**	The proposal supports a whole-system approach by strengthening collaboration with external partners and national programmes, including community by design, national digital and clinical

sustainably meet the evolving needs of people. We will strengthen relationships and work with all our partners to achieve good outcomes. Our policies incorporate the broader ambitions within the seven well-being goals and five ways of working in the Well-being of Future Generations Act.	**Does it impact on the Trust Policies i.e.? Well-being goals and five ways of working in the Well-being of Future Generations Act.**	transformation work, and joint initiatives such as Urgent Community Response, mental health pathways, and Directory of Services development. It also creates strategic opportunities for increased Health Board engagement and collaborative working, ensuring pathway design and improvements are aligned across organisational boundaries. This approach supports the Well-being of Future Generations Act, particularly the goals of integration, prevention, and long-term value and our organisational well-being goals. A potential adverse impact relates to variability in regional adoption, which may lead to inconsistent patient experience or operational complexity. This will be mitigated through national coordination and shared governance structures. Monitoring will be undertaken through partnership reporting mechanisms and system-level dashboards.

Information Our healthcare system ensures information is available and shared appropriately for all who need it. We turn data to knowledge by triangulating quantitative and qualitative performance, experience, and outcome measures to understand the quality of services, efficacy of improvement work and impact of decisions made. We monitor, report, and escalate indicators through our governance structures to ensure that appropriate action is taken at every level in terms of learning, improvement, and accountability.	**Will the proposal to turn data to knowledge, (by triangulating quantitative and qualitative performance, experience, and outcome measures to understand the quality of services, efficacy of improvement work), impact the decisions made?**	The proposal will enhance the Trust's information capability by expanding participation in national data repositories, improving data linkage, and strengthening analytical capacity through the Integrated Data Service. These developments will support more robust triangulation of performance, experience, and outcome measures, enabling better insight into quality and system impact. Risks relate to information governance constraints or data-quality gaps that could limit the reliability of insights. Mitigation includes strengthened Information Governance processes, data-quality audits, and clear reporting lines through established governance forums. Monitoring will occur through routine data-quality reviews and performance reporting structures. In addition, there is an emerging requirement for Digital to provide more

		granular, individual level staff insights to support professional development, enhance clinical practice and strengthen patient safety assurance. While this has clear potential benefits, it also carries risks. Individual level analytics must be undertaken lawfully and transparently under the Data Protection Act, with clear justification, safeguards and proportionality. Cultural considerations are equally important; without careful framing, such analytics could be perceived as increased monitoring of staff rather than a developmental tool. Ensuring clarity of purpose, strong governance, and codesign with staff groups will be essential to avoid unintended adverse impacts.
Learning Improvement and Research Our healthcare system creates the conditions and capacity for continuous learning, quality improvement and innovation across the organisation and wider system. We actively promote a culture where new knowledge is generated, shared and applied to improve practice, strengthen decision-making and support	**Does the proposal evidence continuous learning, quality improvement and innovation?**	The proposal demonstrates a strong organisational commitment to continuous learning and improvement, supported by structured evaluation activity such as the Clinical Model Transformation academic review, the Falls Desk evaluation, and iterative testing of digital innovations.

transformational change. Learning and improvement activity is aligned to our strategic vision and underpins the delivery of organisation-wide change. We are committed to participating in research, recognising that research-active organisations deliver better quality of care and improved outcomes for patients. To support this, the Trust has initiated its **Responsible Research, Development & Innovation (RD&I) 5-Year Plan (2025–2030)**, which sets out a structured approach to building research capability, strengthening governance, and embedding innovation into everyday practice. This plan will enhance our ability to evaluate new models of care, generate evidence, and translate learning into improved clinical and operational outcomes.		This work strengthens the Trust's ambition to develop a more coherent and connected approach to redesign by bringing together quality improvement, change management and project management methodologies into a consistent, reliable way of working. By embedding these approaches, the organisation is better able to apply learning systematically, deliver change in an evidence based and dependable manner, and build improvement practices that are sustainable and repeatable across all directorates. These programmes reinforce an evidence-based approach to service redesign and align with the Trust's ambition to embed organisation wide improvement. A potential adverse impact is fragmented learning if directorates do not consistently share insights or adopt standardised improvement methodologies. This risk will be mitigated through strengthened governance

		arrangements, consistent use of the QIA repository, and regular reporting to the Quality Management Group. Monitoring will be embedded within established improvement reporting cycles and programme oversight structures. The Trust's commitment to learning and innovation is further strengthened through the **Responsible Research, Development & Innovation (RD&I) 5Year Plan (2025–2030)**. The plan sets out a clear vision: *to embed high quality and responsible RD&I across WAST, enabling the delivery of the right care in the right place, whenever and wherever it is needed*. Our improvement and research ambitions span five key areas: • Responsible governance and policy, supported by transparent structures and systems • Responsible financial stewardship, ensuring sustainability and value • Building an inclusive, supportive and responsible RD&I culture,

		growing capability through distributed leadership, partnership and collaboration • Responsible RD&I development, delivery and decision making, centred on patients and the public • Responsible communications, visibility and impact, ensuring learning is shared and translated into practice. Together, these elements create the conditions for a mature learning system, one that generates new knowledge, applies it consistently, and uses it to drive meaningful, organisation wide improvement.

No requirement to complete Part 2 Full QIA Tool

Evidencing Due Regard – Integrated Equality Impact Assessment form

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

Step 1

Complete Part A

Section 1

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

Section 2 – Evidence to support assessment

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

Complete Step 2 and 3 if required.

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Step 2

Complete Part B – Equality Impact Assessment (EqIA)

Section 1 - Equality Impact

Section 2 - Human Rights

Section 3 – Armed Forces Due Regard

Section 4 - Welsh Language

Section 5 - Assurance for Compliance

Section 6 – EQIA Action Plan

Section 7 – Equality Risks

Section 8 – Sign Off

Step 3

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

Section 1 - Assessment information

Section 2 - Impacts on Socio-economic Duty Domain Areas

Section 3 – SEIA Action plan

Section 4 – Sign Off

Part A – Information on assessment work required

Section 1 – General information

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

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

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

Equality Impact Assessment	**Socio-economic Impact Assessment**
Start date: 02/01/2026 Completed date: 18.03/2026	Start date: N/A Completed date: N/A
If not undertaking EqIA state reason: (Note that EqIA is a requirement of the Trust to evidence compliance to equality legislation)	**If not undertaking SEIA state reason:** For individual initiatives, individual assessment will be conducted to see if a SEIA is required.
Please complete the rest of this section if EQIA / SEIA is required.	
Summary of the purpose and aims of the decision / service / policy / function / change being assessed: The Integrated Medium-Term Plan (IMTP) 2026–2029 sets out the Trust's strategic priorities, commissioning intentions and service improvements for the next three years. It describes how the Trust will deliver safe, effective and equitable services for the population of Wales while responding to key performance challenges, workforce pressures and wider system demands. The plan also outlines the actions the Trust will take to improve performance, strengthen quality and mitigate key organisational risks.	

A core focus of the IMTP is aimed at reducing health inequalities and improving equitable access to urgent and emergency care services across Wales. The plan includes commitments to ensure services are responsive to the needs of people with protected characteristics and to embed inclusive practices across clinical, operational, digital and workforce programmes.

The IMTP 2026–2029 contains 47 deliverables across clinical transformation, operational services, workforce, digital and quality improvement. This Equality Impact Assessment (EQIA) considers the potential equality implications of the overall strategic direction and priorities set out in the plan, with individual initiatives undertaking further, more detailed EQIA assessments where required.

Links to WAST Behaviours

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

						
✓	✓	✓	✓	✓	✓	✓

Links to WAST Equality Objectives 2024 - 2028

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

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

Well-being of Future Generations Act (WBFGA)

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

						
✓	✓	✓	✓	✓	✓	✓

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

Is the decision / service / policy / function / change being assessed related to, or influenced by, other Policies or areas of work?
Yes, it covers all areas of the Trust's business

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

Section 2 - Evidence to support assessment

a. Record of Engagement and Consultation

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

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

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

The development of the IMTP has been informed by a wide range of engagement and consultation activity, ensuring that the views and experiences of people who share protected characteristics are reflected in the Trust's strategic direction.

- **Board-level engagement and scrutiny:** The Board has been actively updated and involved in the strategic decision making to support development of the IMTP. This has included regular updates and discussion in formal Trust Board meetings accessible here: https://ambulance.nhs.wales/about-us/wast-trust-board/trust-board-members/, alongside two IMTP focussed Board Development sessions in November and January. The Board development sessions focussed on IMTP prioritisation and financial planning. The Finance and Performance Committee has also been kept actively appraised and involved with the development of the 2026/29 IMTP through regular papers, presentations and discussion.

- **Patient and Public Feedback:** The Patient Engagement and Community Involvement (PECI) team plays a key role in gathering insight from patients and communities through surveys, engagement events, patient stories and targeted engagement with groups who share protected characteristics. The rich and honest feedback obtained through our patient engagement activities has helped to inform the organisational priorities, alongside the feedback we receive from patient compliments and concerns.

- **Staff and Trade Union Partner Engagement:** We have engaged with our people thorough a series of in person CEO Roadshow events across Wales. This provided the opportunity for our people to share 'What's important to them' which helped to inform ten key themes / areas of focus that have helped to shape the plan. In addition, staff have been kept informed via the regular 'WAST Live' online forums and CEO updates on Siren. Regular updates and discussions have taken place with Trade Union Partners (TUPs) via the Corporate Partnership Forum and Welsh Ambulance Services Partnership Team (WASPT). TUP colleagues were key members with the wider senior leadership community at the in person IMTP prioritisation and financial planning workshop held in Jan-26.

- **Organisational / Cross-directorate planning:** A cross-directorate IMTP Development Group was established with representatives from all directorates to lead the development of the plan. Further technical work was led by the Integrated Technical Planning Group (ITPG) bringing together key workforce, capital, fleet, digital, planning and finance leads to take forward the technical elements of the plan and technical appendices. Progress was formally reported by the IMTP Development Group to the Integrated Strategic Planning and Delivery Group (ISPD) and Strategic Transformation Programme Board (STB).

- **Engagement with commissioners and system partners:** The IMTP has been developed to address and meet the EMS, NEPTS and NHS 111 Commissioning Intentions for 2026/27. Commissioners have been kept informed on the development of the plan via the Joint Commissioning Committee meetings, Extraordinary Ambulance and 111 Services Commissioning Group. In addition, regular dialogues on the plan has been undertaken with the Director of Commissioning for Ambulance Services and 111. High level updates have also been provided with Health Board Planning leads via the Assistant Director of Planning (ADOPs) group and Directors of Planning (DOPs).

- **Equality leadership and oversight:** The Head of People and Engagement plays a key role in reviewing the IMTP through an equality lens, ensuring that there are specific actions addressing the needs of people who share the 9 protected characteristics and the challenges they may face when accessing or using our services.

- **Ongoing engagement during implementation:** Engagement will continue throughout the implementation of the IMTP to ensure that patient and staff feedback informs the ongoing development of services. This includes iterative testing, co-design where appropriate, and continuous dialogue within communities and staff groups.

- **Further EQIAs at programme level:** As individual initiatives within the IMTP are developed and implemented, further Equality Impact Assessments will be undertaken where required. This ensures that specific service changes fully consider impacts on protected characteristics and those experiencing socio-economic disadvantage.

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

The IMTP will be communicated through a range of internal and external channels with considered and tailored collateral (including an IMTP Easy Read, Animated Videos and other media content) to ensure that staff, partners and stakeholders have clear visibility of the Trust's strategic direction and planned deliverables.

- **Internal governance and leadership forums:** The IMTP is shared with the Executive Leadership Team, Strategic Transformation Board, Finance and Performance Committee and Trust Board. These forums provide oversight, scrutiny and assurance through the development and approval process.

- **Organisation-wide communication:** Once approved, the IMTP will be disseminated across the organisation via internal communication channels. Summarised posters will be displayed across sites and stations, and the plan will be uploaded to Siren so that all colleagues can access it easily.

- **External publication and system-wide engagement:** The IMTP will be published on our website and shared with Directors and Assistant Directors of Planning across Health Boards, Trusts and other NHS organisations. It will also be shared through commissioning forums, Welsh Government Meetings and Trade union forums to ensure alignment and transparency across the wider system

- **Accessible summary materials:** To support inclusive communication, an easy read version of the IMTP summary will be developed. This will ensure that key messages are accessible to people with learning disability, cognitive impairments or those who prefer simplified information. A short video highlighting the key deliverables will also be produced to support wider access and understanding.

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

The Trust has established clear arrangements to ensure that feedback continues to shape the delivery of the IMTP throughout the 26-29 period.

- **Ongoing leadership oversight and review:** All initiatives within the IMTP have been developed and reviewed via a prioritisation process with the Senior Leadership Community (SLC) in November25 and February26, Executive Leadership Team (ELT) in various sessions and at Board Development sessions in November25 and February-26. A draft plan was shared with Board members in February prior to formal governance arrangements including final sign off at Board on 27th March 2026.

- **Continuous patient and public engagement through PECI**: The PECI team will continue to gather insights from patients and the public on the impact of our plans, =including targeted engagement with groups who share protected characteristics. This ensures that lived experience continues to inform service development and improvement.

- **Programme-level EQIAs:** As individuals initiatives move into design and delivery, each will undertake its own EQIA where strategic decision or service change is required. This ensures that equality considerations remain embedded throughout implementation, not only at IMTP level.

- **Patient and Public Reference Group:** The Patient and Public Reference Group established in 2025/26, will continue to provide structured feedback and challenge throughout the 2026–2029 IMTP period, supporting co-design and ensuring that diverse voices influence ongoing development.

- **Staff engagement and feedback loops:** Engagement with staff will continue through established mechanisms such as CEO roadshows, WAST live sessions, Viva Engage, staff networks and directorate-level forums. These channels provide ongoing opportunities to identify emerging impacts, risks and improvement opportunities.

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

Engagement with staff, patients, communities and partners has highlighted several consistent themes that have shaped the IMTP.

- **Reducing delays and improving timely access:** Feedback emphasised the need to reduce delays and improve access to urgent and emergency care. The IMTP responds through the Clinical Model Transformation programme, which seeks to address this by focusing on clinical priority over time, ensuring that there is equity in the access to our services and improved system flows. While some external factors are outside our direct control, we will continue to work closely with health boards to improve whole-system performance.

- **Strengthening inclusivity and equity:** Staff networks and community engagement highlighted the importance of inclusive service design. The Strategic Equality Plan and the development of a patient and public forum will support ongoing insights from people who share protected characteristics, ensuring that equality considerations remain central to service development.

- **Transparent and accessible communication:** Stakeholders emphasised the need for clear, consistent, and accessible communication. This is reflected in our commitment to accessible formats, Easy read materials, bilingual communication and improved transparency.

- **Our Integrated Clinical Services Model**: Our evolving model of care is based on the principle of providing the right care or advice, in the right place, at the right time. A fundamental driver of the new model is to manage more activity closer to home and where safe and appropriate avoid hospital conveyance and admission. This approach will seek to deliver more personalised and tailored care for patients to best meet their needs and will benefit people with protected characteristics, for example, those who might be frail and could decondition in hospital, or people without capacity or difficulties communicating for themselves.

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

Engagement with staff, patients, communities and partners has played a central role in shaping the IMTP. Appendix 1 sets out how the feedback from our people, patients and the public has directly influenced the priorities, service developments and strategic direction of the plan. It summarises what matters most to the public, including timely access to care, compassionate communication, inclusivity and

improved community-based services. It also demonstrates how these insights have been incorporated into the IMTP's deliverables and improvement actions.

What do the public say about our services.

The People's Experience Framework (PEF) launched in 2025 strengthens our duty to listen to and learn from people's experience is aligned with various regulations and acts, including the Health and Social Care (Quality and Engagement) (Wales) Act 2020 (Duty of Quality and the Duty of Candour), the National Health Service (Concerns, Complaints, and Redress Arrangements) (Wales) Regulations 2011, the Public Services Ombudsman (Wales) Act 2019, the Well-being of Future Generations (Wales) Act 2015, the Equality Act 2010, the Value Based Health Care Strategy and the Socio-economic Duty. Together, these frameworks reinforce the importance of listening and learning from people's experiences to shape improvement.

Through the PEF, the PECI team gathers insights using patient experience surveys, face-to-face engagement events and patient stories. Across these methods, people consistently tell us they want:

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

Their responses have been influenced by their experiences of:

- Challenges in accessing 'primary care' (leading to increased reliance on urgent care services)
- Long waiting lists
- Not knowing who else to contact
- Communication gaps

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

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

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

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

Good quality has also been defined as:

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

These insights reinforce the need for compassionate, person-centred care and inclusive practice, and they have shaped commitments within the IMTP relating to communication, staff training, patient experience and equitable access.

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

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

People have also asked us to be:

- More open/transparent with the public
- Manage peoples' expectations more clearly and honestly
- Acknowledge the expertise of patients, carers, and parents when assessing and caring for individuals

Improving the lives of people with learning disability

The Trust has made significant improvements in how we capture patient information related to learning disabilities. Improvements have been made to the Electronic Patient Care Record (ePCR) to enable clinicians to record when a patient has with additional Learning Disability (LD) needs (including Autism and Neurodiversity) and to document any reasonable adjustments made on scene. The introduction of the new "Needs tab" (launched in Oct-24) encourages staff to ask about LD-related needs directly, helping ensure that care is adapted appropriately and sensitively.

These improvements strengthen our ability to deliver personalised, safe, and equitable care. Better data allows us to understand patterns of need, identify inequalities, and ensure that people with a learning disability receive the right support at the right time. It also supports our wider ambition to embed inclusive, trauma-informed, and person-centred practice across all mental health and learning disability pathways.

As part of our broader Mental Health and Learning Disability strategy, we will continue to enhance staff confidence in recognising LD needs, making reasonable adjustments, and communicating effectively with individuals and their families or carers. We will work with partners across health, social care, and the third sector to ensure people with lived experience help shape our approach, and we will use emerging data to inform future pathway development, training, and quality improvement.

Through these actions, we aim to improve outcomes, reduce inequalities, and ensure that people with a learning disability experience compassionate, accessible, and high-quality care whenever they need our services.

b. Additional information

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

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

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

As an all-Wales emergency services provider our plans are based on the principle that our service is accessible to all people. It is therefore important that we understand and align our finite clinical and operational capacity to best meet changing patient need and activity alongside the impacts of wider strategic service change taking place across Wales on a national, regional and Health Board footprint. To support this work, we undertake internal (in-house) capacity modelling alongside working with external partners who specialise in demand and capacity modelling (including OMDA and ORH). This modelling helps to inform and optimise frontline operational capacity across an all-Wales footprint to maintain equitable access the country. We recognise that the unique geographical and population spread across rural and urban conurbations presents operational and response time challenges. This has driven actions in our plan to fully understand the challenges associated with 'rurality' and how these can be addressed.

We intend through the course of this IMTP to continue work around the use of health inequalities data and will engage with Public Health Wales and the Association of Ambulance Chief Executives (AACE) on the evidence base for improved service delivery driven by health inequalities including both deprivation and protected characteristics.

We should be looking to published research, such as the following, to inform our improvements in population health outcomes:

Equality and Human Rights Monitor 2023: Is Wales Fairer? | EHRC (equalityhumanrights.com)
mentalhealthstrategyreport_english_dev6.pdf (mind.org.uk)
Black, Asian and Minority Ethnic COVID-19 socioeconomic subgroup: report | GOV.WALES

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

During **2026/27**, we will strengthen our understanding and role to support Population Health. Working closely with Public Health Wales for a revised placement opportunity for a Public Health Specialist Registrar to join WAST. It is hoped that by creating a joint placement between Public Health Wales or a Health Board and WAST, the opportunity might create greater interest in 2026 and subsequently offer specialist support to exploit the opportunities identified in the Baseline Population Health Report completed in 2025.

End of Part A

Part B – Equality Impact Assessment with Human Rights

Section 1 - Equality Impact Assessment

Assessment – due regard relating to people / group who share protected characteristics			
This section should record any known or potential impacts for those who share protected characteristics and other key groups. Impacts may be both negative and positive and the assessment will help to identify how different groups may be disproportionately impacted. Include consideration for any intersectional impacts. Evidence can link to Part A. You can copy and paste this tick: ✓			
Age	**Positive effect**	**Negative effect**	**Neutral**
	✓		

Evidence / supporting narrative:

Older people and children are among the most frequent users of ambulance services and the IMTP includes several initiatives that are expected to have positive impacts on both groups.

For older people, the plan strengthens care pathways for frailty, falls and dementia, supporting earlier intervention, safer care at home and reduce unnecessary hospital conveyance where clinically appropriate. The delivery of the Remote Integrated Care and Urgent Community Response models will particularly benefit older adults and people with mobility challenges by enabling timely, community-based care.

The ageing population is increasing faster in rural authorities than in urban areas, compounded by the outward migration of young people and inward migration of older people. This will have a significant impact on local service needs and support systems across health and social care. We have a focus in this plan on seeking to address key actions in rural areas such as recruitment to some of our core services and how our volunteers can better support in these areas.

For children and young people, the IMTP aligns with the National Service Framework (NSF) for Children, Young People and Maternity Services, ensuring that high- quality, age-appropriate care is available from pre-conception to age 18. Improvements to clinical pathways, digital access and communication standards will support better experience for families and younger service users.

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

We will publish and implement the WAST Mental Health Delivery plan, aligned with the Welsh Government Mental Health and Wellbeing Strategy (2025). As part of this, we will improve the environments in which care is delivered for people living with dementia, ensuring that settings are safe, supportive and designed to meet their specific needs

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

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

We take account of the following:

- The Strategy for Older People in Wales 2013 -2023 aims to address the barriers faced by older people in Wales today and to ensure that wellbeing is within the reach of all.
- Health in Wales | Older People
- Health in Wales | Populations
- Life Expectancy and Mortality in Wales report published - Public Health Wales

Mitigation action if adverse impact found: N/A

Disability (Including long term conditions, mental health, neurodivergence and invisible impairments)	**Positive effect**	**Negative effect**	**Neutral**
	✓		

Evidence / supporting narrative:
This IMTP sets out how the Trust will implement its Strategic Equality objectives, including actions that support people with a wide range of disabilities

Learning disability, autism and neurodiversity
The Trust has strengthened how it identifies and supports people with learning disabilities and neurodivergent needs. Enhancements to the electronic Patient Care Record (ePCR), introduced in late 2024, now enable clinicians to record learning disability, autism and neurodivergence more reliably, alongside prompts to document reasonable adjustments made during care. Early data shows improved identification and clearer evidence of adjustments being implemented in practice.
This work aligns with the WAST Mental Health Delivery Plan and supports our broader ambition to deliver inclusive, person-centred care for people with cognitive, communication or sensory needs.

Mental Health and Dementia
The IMTP includes a strong focus on mental health, aligned with the Welsh Government Mental Health and Wellbeing Strategy (2025). We will publish and implement the WAST Mental Health Delivery Plan, which includes actions to improve the environments in which care is delivered for people living with dementia and other mental health conditions. This supports dignity, safety and therapeutic care for people who may be particularly vulnerable during crisis or emergency situations.

Reasonable adjustments and accessible communication
The Trust is committed to ensuring reasonable adjustments are made where required for patients with disabilities. Recent improvements to the electronic Patient Care Record (ePCR) system allow clinicians to better record learning disability, autism and neurodiversity, as well as document reasonable adjustments made during patient care.

Digital inclusion
As digital transformation accelerates, the IMTP commits to ensuring that digital access does not create barriers for disabled people, including those with limited digital literacy or experiencing socio-economic disadvantage. Alternative access routes will remain available, and all digital developments will be designed in line with accessibility standards.

Evidence based considered

Our assessment draws on a range of national evidence, including:

- Disabled People's Rights Plan 2025 to 2035 - where disabled people can enjoy equitable rights, inclusion and participation.
- All Wales accessible communication and information standards. To ensure we are reaching out to those who do not have English as their first language. (Including BSL, other languages that do not speak Welsh or English and those who have learning disabilities.)
- Learning-Disability-Strategic-Action-Plan 2021-26-Draft-V5-Action-Plan-January-2022.pdf (ldw.org.uk)
- Review of Evidence of Inequalities in Access to Healthcare Services for Disabled People in Wales. This report was undertaken to review inequalities in access to healthcare services associated with the protected characteristic of disability. This report therefore presents a synthesis of such evidence based on a scoping review of published literature.

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

Mitigation action if adverse impact found: N/A

Sexual Orientation	**Positive effect**	**Negative effect**	**Neutral**
	✓		

Evidence / supporting narrative:

This IMTP sets out the implementation of our Strategic Equality objectives. It also builds on the Allyship and Bystander training, and sexual safety work commenced in our last IMTP to create safe working environments for all, no matter their gender, gender assignment/identity or sexual orientation. The Freedom to Speak up campaign continues to be an element of the plans to improve WAST culture. We will continue to work with Stonewall Cymru and take account of their research when implementing initiatives set out within the IMTP. Our plans take into account the LGBTQ+ Action Plan for Wales (gov.wales).

Mitigation action if adverse impact found: N/A

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

Evidence / supporting narrative:

The Trust also recognises the importance of providing inclusive care environments for LGBTQ+ patients and ensuring staff are confident in delivering respectful and person-centred care.

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

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

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

However, we have assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area. The Freedom to Speak up campaign continues to be an element of the plans to improve WAST culture. We will continue to work with AACE LGBTQ+ Network to educate staff and raise awareness of the issues faced by our trans communities.

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

Mitigation action if adverse impact found: N/A

Sex / Gender	Positive effect	Negative effect	Neutral
	✓		

Under the Worker Protection (Amendment of Equality Act 2010) Act 2023 we have a duty to ensure preventative measures are in place to protect workers from sexual harassment. This IMPT strengthens our ongoing culture work by embedding preventative measures, misogyny and reinforcing expectations of dignity and respect across the organisation.

The implementation of the Anti-Sexual harassment policy, supported by targeted leadership training and continued development of our Speaking up Safely function, represents a significant step forward. The Freedom to Speak up campaign remains a key element of this work, helping colleagues raise concerns safely and contributing to a more transparent and accountable culture.

The IMTP includes a range of People and Culture deliverables focused on workforce development, inclusion, and staff wellbeing. These initiatives support the delivery of the Trust's Strategic Equality Objectives by promoting an inclusive working environment, addressing barriers experienced by staff with protected characteristics, and supporting a workforce that reflects the communities we serve. Together these actions aim to strengthen psychological safety, improve colleague experience and ensure fairness and equity in everyday practice.

Evidence / supporting narrative:

There are biological differences between the sexes in rates of susceptibility to certain conditions, how symptoms present and how individuals respond to treatment. These differences are particularly evident in areas such as heart disease, cancers and reproductive health.

Health outcomes are also shaped by wider social, economic and environmental factors. Patterns of smoking, drinking alcohol, physical activity levels, low paid work and bringing up a family that can affect the health of men and women differently. For women, key health considerations include:

- Coronary Heart Disease
- Women's Cancers
- Sexual Health
- Mental Health

- Pregnancy and the early years

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

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

Some important sources of information for us include:
Life Expectancy and Mortality in Wales report published - Public Health Wales
What is happening to life expectancy in England? | The King's Fund (kingsfund.org.uk)

Mitigation action if adverse impact found: N/A

Race (including ethnicity)	**Positive effect**	**Negative effect**	**Neutral**
	✓		

Evidence / supporting narrative:

This plan specifically references the Race Equality Action Plan as a driver for our IMTP. This is a key element of our Equality, Diversity and Inclusion (EDI) ethos across WAST and builds on the cultural journey started in our 2023-26 IMTP and the range of Allyship and Bystander training available and being developed, as well as the objectives within our Strategic Equality Plan. The Freedom to Speak up campaign continues to be an element of the plans to improve WAST culture.

Race and ethnicity remain important considerations in both workforce experience and patient care. People from ethnic minority communities may face additional barriers linked to language, culture, socio-economic disadvantage and discrimination. Evidence shows that some ethnic groups experience higher rates of specific health conditions—for example:

- **South Asian and Caribbean-descended populations** have a higher risk of diabetes
- **Bangladeshi-descended populations** are more likely to smoke
- **Sickle cell anaemia** predominantly affects people of African or Caribbean heritage

These factors influence how people access and experience healthcare, and they reinforce the importance of culturally competent practice across WAST.

COVID-19 Black, Asian and Minority Ethnic Socio-economic Subgroup Report: Welsh Government response [HTML] | GOV.WALES

The Trust recognises the importance of culturally competent care and accessible communication for people from ethnic minority communities. Initiatives within the IMTP continue to support the use of interpretation services, accessible information and training to improve cultural awareness amongst staff.

We will continue to implement the actions set out in the healthcare sector within Welsh Government's Anti-Racist Wales Action Plan: 41912 An Anti-Racist Wales - Race Equality Action Plan for Wales (gov.wales)

Life Expectancy and Mortality in Wales report published - Public Health Wales (nhs.wales)
What is happening to life expectancy in England? | The King's Fund (kingsfund.org.uk)

During **2026/27**, we will further develop the use of health inequalities data and will engage with Public Health Wales and AACE on the evidence base for improved service delivery driven by health inequalities including both deprivation and protected characteristics.

Some important sources of information for us include:
https://www.nhs.wales/sa/workforce-race-equality-standard/national-report-2024/
https://www.gov.wales/anti-racist-wales-action-plan-2024-update-html

Mitigation action if adverse impact found: N/A			
Religion and Belief (including non-belief and Philosophical belief)	**Positive effect**	**Negative effect**	**Neutral**
			✓
Evidence / supporting narrative: This IMTP sets out the implementation of our Strategic Equality objectives. It also builds on the Allyship and Bystander training, and mentoring opportunities that have been available to our senior leaders. The Freedom to Speak up campaign continues to be an element of the plans to improve WAST culture. However, we have assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area. Some important sources of information for us include: The Role and Value of Chaplains in the Ambulance Service: Paramedic Perspectives | SpringerLink Religion or belief: A practical guide for the NHS (clatterbridgecc.nhs.uk)			
Mitigation action if adverse impact found: N/A			
Pregnancy and Maternity	**Positive effect**	**Negative effect**	**Neutral**
	✓		
Evidence / supporting narrative: The IMTP sets out a strong commitment to improving maternity and neonatal care through enhanced clinical leadership, strengthened pathways and improved access to timely advice for expectant mothers and newborn babies. The continuation of the Trust's substantive Lead Midwife role has already contributed to measurable improvements in the quality and safety of both remote and face to face maternity care, and this leadership will be sustained throughout the IMTP period. We remain active partners in the Maternity and Neonatal Safety Programme and continue to work closely with maternity and neonatal networks across Wales, including the South Wales Neonatal Operational Delivery Network. This ensures that women and babies requiring urgent or specialist care can access safe, coordinated pathways across the system.			

A key ambition within the IMTP is the development of a 24/7 labour line, aligned with the recommendations of the Maternity and Neonatal Review. We will have finalised the business case for the labour line, and, subject to funding, intend to implement it within our Remote Integrated Clinical Services (RICS) multiprofessional team. This will strengthen early clinical advice, improve triage and escalation, and enhance the safety and consistency of out of hospital maternity care.

Alongside this, we are strengthening our leadership in remote clinical care through both generalist and specialist roles, supporting improvements in maternity emergency response, mental health crisis support and wider out of hospital care. These developments place the Trust at the forefront of prehospital maternity and neonatal care in Wales and support our ambition to deliver safe, equitable and person centred services for pregnant women, birthing people and newborns.

The IMTP also reinforces our commitment to inclusive practice and the Strategic Equality Objectives. This includes ensuring that maternity pathways are sensitive to the needs of women and birthing people from diverse backgrounds, and that communication, cultural competence and reasonable adjustments are embedded across clinical practice.

We also take account of the following reports:

- What is happening to life expectancy in England? | The King's Fund (kingsfund.org.uk)
- Sharp rise in ambulance callouts following home abortion pills - The Christian Institute

Mitigation action if adverse impact found: N/A

Marriage and Civil Partnership	**Positive effect**	**Negative effect**	**Neutral**
			✓

Evidence / supporting narrative:

There is no specific evidence or research that suggests that there is a direct impact on people who are married or in a civil partnership. However, we recognise that improvements made for other protected groups, particularly in relation to sex, gender, gender identity and sexual orientation, will also benefit colleagues and service users within this characteristic.

For our workforce improvements through our People and Culture commitments within the IMTP will indirectly benefit colleagues within this characteristic.

Strengthened flexible working, improved wellbeing support, enhanced psychological safety, and fair and transparent recruitment and development processes all contribute to a supportive working environment for colleagues balancing family, caring or partnership responsibilities. These improvements sit alongside broader cultural work, including the Anti-Sexual Harassment Policy, Allyship and Bystander training, and the Freedom to Speak Up campaign, which collectively promote dignity, respect and equitable treatment for all colleagues.

At this stage, the impact has been assessed as neutral, as there are no actions within the IMTP that relate specifically or uniquely to this protected characteristic. However, the wider cultural and workforce improvements set out in the plan help ensure that colleagues are treated fairly and consistently, regardless of marital or partnership status.

Mitigation action if adverse impact found: N/A

Other groups at risk of poorer health outcomes:

Unpaid Carers	**Positive effect**	**Negative effect**	**Neutral**
	✓		

Evidence / supporting narrative:
While this plan does not directly include actions that directly target the needs of unpaid carers as a distinct group several of our people and culture commitments provide meaningful support for colleagues with caring responsibilities. Our strengthened approach to flexible working, wellbeing support and psychologically safe leadership helps create an environment where working carers can balance their responsibilities more effectively.:

The Trust is a member of Employers for Carers (EFC) Wales, giving colleagues access to resources through EFCDigitalWales.org. We also host a Carers Network to provide peer support and visibility for working carers across WAST. The Carers Passport continues to be an important tool for enabling open conversations between carers and line managers about caring responsibilities, reasonable adjustments and the flexibility available.

Our Making Every Contact Count (MECC) training will also equip staff with tools to identify the public health needs of all people with whom they come into contact, including unpaid carers, and through this IMTP we want to strengthen our focus on public and population health.

Our IMTP will monitor our implementation of the Strategic Equality Objectives which will also encompass support for unpaid carers and reinforce our commitment to equitable access, support and inclusion.			
Mitigation action if adverse impact found: N/A			
Socio-economically disadvantaged	**Positive effect**	**Negative effect**	**Neutral**
			✓
Evidence / supporting narrative: To support the development of previous IMTPs we have completed and periodically reviewed a detailed PESTLE analysis with our senior leaders (including Assistant Directors, Executives and the Board). This analysis has helped to identify key themes that could impact our patients, our people and the wider organisation. Key themes included poverty, health inequalities and socio-economic disadvantage. We recognise that there is more to do to understand health inequalities across Wales. We will work closely with our Health Board partners and take learning from AACE and other Ambulance Services across the UK. A common theme raised though our engagement with staff during the CEO roadshows was around the cost of living and impact of the continued rising costs. The trust has undertaken work on this in previous IMTPs, and this support is now considered business as usual. We also need to be cognisant in our plans around digital developments and how patients access our services. We recognise that digital literacy and digital poverty across Wales is challenging and can impact how services can be accessed. This has been considered as part of the work we have undertaken to develop our digital access points and greater digital functionality (e.g., Virtual Assistant). Operational developments within Emergency Operations and Coordination and Integrated Care aim to improve the prioritisation of clinical need and ensure equitable access to services across Wales, including for rural communities where access challenges may be greater. As a national ambulance service provider operating across rural and urban communities, the Trust recognises that geographical inequalities can impact access to services. The IMTP includes actions relating to workforce deployment, volunteer support, and service modelling to support equitable service access across rural communities.			
Mitigation action if adverse impact found: n/a			
	Positive effect	**Negative effect**	**Neutral**

Other groups / communities of interest - this will be considered as part of individual EQIAs where required.	n/a	n/a	n/a
Explanation: n/a			
Mitigation action if adverse impact found: n/a			
Intersectional disadvantages - summary potential impacts – this may include how potential impacts may be more adverse due to the interconnected nature of multiple disadvantages. We recognise that for some individuals, intersectionality will impact their experiences of accessing services. Equally, some staff with intersectional needs may require more tailored support. The Strategic Equality Plan Objectives and the work of the Inclusion, Culture and Wellbeing Team will help to address intersectionality where it presents itself. Our plan also includes the continued focus on our people networks. They champion culture and celebrate differences, for example, our Muslim network recently held a Ramadan Iftar for senior leaders in the Trust to attend, sharing learning about Islam and Ramadan. This network plays a strong part in community and staff engagement as we seek to recruit a workforce that is representative of the communities we serve. This is one example of how our growing networks contribute to engagement, belonging and our ambition to build a workforce that reflects the communities that we serve. Through these mechanisms, the IMTP supports a more nuanced understanding of disadvantage and helps ensure that our actions promote fairness and equity for all, including those whose experiences are shaped by multiple, overlapping identities.			

Section 2 – Human Rights Assessment

Assessment – based on human rights-based approach in health Do you think that this policy will have a positive or negative impact on people's human rights? For more information on Human Rights, see additional information on the Equality and Human Rights Commission (EHRC) Human Rights Treaty Tracker https://humanrightstracker.com	
Here is a list of Human Rights (articles) and UN Conventions that may potentially impact on our patients, carers and staff. Please tick which are relevant to the proposal?	Use a tick ✓

Article 2 - Right to life	✓
Article 3 - Prohibition of inhuman or degrading treatment	✓
Article 5 - Right to liberty and security	✓
Article 8 - Right to respect for family and private life	✓
Article 9 - Freedom of thought, conscience and religion	✓
Article 14 – Prohibition of discrimination	✓
UN Convention on the Rights of the Child	✓
UN Convention on the Rights of Persons with Disabilities	✓
UN Convention on the Elimination of All Forms of Discrimination against Women.	✓
UN Principles for Older Persons	✓
Other articles – *please state:*	

Is the proposal aligned to the FREDA principles? You can copy and paste this tick: ✓

Fairness	Respect	Equality	Dignity	Autonomy
✓	✓	✓	✓	✓

If any negative impacts are identified, how will this be reduced/addressed?

Section 3 – Armed Forces Covenant

All decision makers are required under the Armed Forces Act 2022 to have due regard to the principles of the Armed Forces Covenant. Decision makers should recognise the unique obligations of, and sacrifices made by, the Armed Forces and ensure there are no adverse effects and, where possible, a positive or increased positive effect on the armed services community. Special provision for Service People may be justified by the effect on such people of membership, or former membership, of the Armed Forces.

Due regard to the Armed Forces Covenant - Factors regarding impact to the Armed Forces community have been considered. You can copy and paste this tick: ✓	**Positive impact**	**Negative impact**	**Neutral / No impact**
Considering the unique obligations of, and sacrifices made, by the Armed Forces have you identified any potential impacts?			✓
Reasons for your decision (including brief summary that has led you to decide on the level of impact) **If any negative impacts have been identified, how will this be reduced/addressed? Include here any special provisions if appropriate.** There are no specific actions relating to armed forces, but the service has received the Employer Recognition Scheme Gold Award which celebrates organisations that employ and support those who serve, both veterans and their families. We are also committed to a pathway into employment for veterans and we have plans this year to recruit additional staff through our workforce plan.			

Section 4 – Welsh Language

In this section you need to consider the impact, the evidence and any action you are taking for improvement. This is to ensure that the opportunities for people who choose to live their lives and access services through the medium of Welsh are not inferior to what is afforded to those choosing to do so in English, in accordance with the requirement of the Welsh Language Measure 2011.

Welsh Language Impact Assessment You can copy and paste this tick: ✓		
Will the proposal ensure that patients and carers can choose to live and receive services through the medium of Welsh? For example - delivered bilingually in Welsh and English. e.g. Consider if the proposal increases or decrease the opportunities for people to receive information or access information in Welsh	**Yes** ✓	**No**
We have continued our commitment in this plan to the Active Offer, and we have now centralised our translation services. This plan sets out how we will continue our commitment to the Welsh Language. We continually monitor our compliance with the WELSH LANGUAGE (WALES) MEASURE 2011 through ADLT, ELT and the Board		
Will the proposal have a positive effect on opportunities for persons to use the Welsh language?	**Yes** ✓	**No**

Will the proposal encourage staff to use Welsh in the workplace and to have opportunities to learn and improve their Welsh? e.g. Consider if the proposal will alter the linguistic nature of the department. Consider opportunities to develop Welsh language skills within the department?		
We have continued our commitment in this plan to the Active Offer, and we have now centralised our translation services. This plan sets out how we will continue our commitment to the Welsh Language. We continually monitor our compliance with the WELSH LANGUAGE (WALES) MEASURE 2011 through ADLT, ELT and the Board		
Will the proposal act as a catalyst for Welsh cultural awareness, understanding, activity and integration? For example, encouraging new staff and students to take up Welsh language learning opportunities and to appreciate the socio-economic and cultural context of Wales.	**Yes** ✓	**No**
We have continued our commitment in this plan to the Active Offer, and we have now centralised our translation services. This plan sets out how we will continue our commitment to the Welsh Language. We will also as part of our commitment continue to deliver Welsh Language awareness training through ESR. We continually monitor our compliance with the WELSH LANGUAGE (WALES) MEASURE 2011 through ADLT, ELT and the Board		
Will the proposal increase the department/division's ability to deliver services through the medium of Welsh? *e.g. Considerations for the proposal ensuring that people can access services in their preferred language, Welsh or English, and increases or reduces the opportunity for persons to use the Welsh language within the workplace. Consider impacts on the number of Welsh speaking staff within the service and if the proposal increases or reduces the opportunity for staff to improve their Welsh language skills or access training via the medium of Welsh.*	**Yes** ✓	**No**
The commitment across the whole Trust is to improve Welsh Language compliance through this IMTP We continually monitor our compliance with the WELSH LANGUAGE (WALES) MEASURE 2011 through ADLT, ELT and the Board		
Will the proposal treat the Welsh language no less favourably than the English language? e.g. Consider how Welsh speakers receive services to the same standard as those who access the same services through the medium of English.	**Yes** ✓	**No**
The commitment across the whole Trust is to improve Welsh Language compliance through this IMTP		

We continually monitor our compliance with the WELSH LANGUAGE (WALES) MEASURE 2011 through ADLT, ELT and the Board

Section 5 – Summary of assurance for compliance – Public Sector Equality Duty and Human Rights

Equality Legal Duties – summary of compliance	
Has WAST given due regard and given consideration for this proposal with the following:	
Eliminating unlawful discrimination, harassment, and victimisation? *Unlawful discrimination takes place when people are treated 'less favourably' as a result of having a protected characteristic*	Yes
Advancing equality of opportunity between people who share a protected characteristic and those who do not? *Making sure that people are treated fairly and given equal access to opportunities and resources*	Yes
Fostering good relations between people who share a protected characteristic and those who do not? *Creating a cohesive and inclusive environment for all by tackling prejudice and promoting understanding of difference*	Yes
Are there any potential Human Rights concerns?	No
Compliance to the Welsh Language requirements?	Yes
Compliance to giving 'due regard' to the principles of the Armed Forces Covenant?	Yes
Supporting narrative to support the above responses: *This section must be completed* The IMTP is developed in line with relevant legislation, which are drivers for our plans. Our service and enabling plans are built on the premise of equality of access to all who access our services via 111, 999 or Non-Emergency Patient Transport Service (NEPTS) irrespective of whether they share a protected characteristic. Through our six strategic objectives, we strive to continually improve our services to meet Welsh population needs.	
Do you consider the evidence used in this assessment to be robust? If you answer no, address this in the action plan (section 6)	No
Has this assessment been subject to scrutiny / been reviewed?	Yes
As part of the IMTP approval process at Trust Board	Yes

Section 6 – EQIA Action Plan and Recommendations

This needs to address negative impacts, which may represent a potential equality risk. All equality risks should be reviewed in line with WAST risk management procedures. Include any positive action.					
Action identified	**Potential Outcomes**	**Resource implications**	**Target date**	**Monitoring arrangements**	**Lead person/ owner**
Identify how, within cultural metrics and through our patient engagement, we evidence positive impacts across all protected characteristics – checking with Sarah Parry	Improved understanding of the impact of our plans on protected characteristics.	Neutral	Q2	STB	Assistant Director of Planning and Transformation / Assistant Director of People and Culture
Strengthen our population health approach so that we "plan and deliver care which responds to our population needs, promotes health, and reduces harm and inequalities". This aligns with the Association of Ambulance Chief Executives (AACE) focus on reducing health inequalities within the ambulance sector. (Delivered through directorate level plan and built into this IMTP).	Improved understanding of health inequalities through data and exploration of how to improve and deploy our resources more effectively	Digital and QSPE capacity	2026/27 (Delivery date tbc)	STB	Director of Quality, Safety and Patient Experience

Section 7 Equality Risks

This section helps you work out the level of risk posed by any equality related risks identified above. Guidance is available **here** on completing this section, which may be helpful if you are not familiar with risk score analysis. If you have not identified any equality risks, please note this in the narrative box below. Examples include retrospective assessments and decisions that treat a protected characteristic unfavourably without objective justification.

Equality Related Risk Assessment Section					
If you have identified an equality risk, please use the table below to work out the risk score. Use the table below to record the highest risk score. If you have a score of 9 and above, you **should escalate to risk management procedures**.					
	Level of risk				
Level of consequence	RARE: 1	UNLIKELY: 2	POSSIBLE: 3	LIKELY: 4	VERY LIKELY:5
1. Negligible	1	2	3	4	5
2. Minor	2	4	6	8	10
3. Moderate	3	6	9	12	15
4. Major	4	8	12	16	20
5. Catastrophic	5	10	15	20	25
If you have identified an equality risk: No What is the consequence? 4 What is the likelihood? 1 Risk score = consequence x likelihood			Risk Score = 1x4		
Any narrative relating to risk score: We consider our IMTP to be low risk as it is based on a premise of improving services to which all members of society have access. However, it also included strong plans to improve how we meet the specific needs of people within the protected characteristics groups.					

Section 8 – EQIA Sign off

Name of persons who signed off this Equality Impact Assessment (see below): *As per the Trust's Standing Orders, the Board may agree the delegation of any of their functions, except for those set out within the 'Schedule of Matters Reserved for the Board', to Committees and others. These functions may be carried out by a prescribed Committee, sub-Committee, or officer of the Trust as per the Standing Orders Schedule 1, in accordance with their delegated limits. Strategic decisions must have appropriate sign off. If you are in any doubt as to the correct approving body for a strategic decision, please contact the Office of the Board Secretary.*
Approval Date: 26th March-26
Review Date: Q3/Q4 2026/27

Project Lead Sign-off	**Equality Team Sign-off (Required when both EQIA and SEIA is required)**	**Committee Chair Sign-off**
I confirm that this Equality Impact Assessment has been carried out in accordance with Welsh Ambulance Services NHS Trust's Procedure for assessment work for evidencing Due Regard for: Equality Impact, Socio economic Impact, Human rights, Welsh Language requirements and Armed Forces Covenant. Signed: James Houston Assistant Director of Planning and Transformation	I confirm that I have reviewed this Equality Impact Assessment and I am assured that it contains sufficient evidence and rigour to be considered by the decision-making committee. Signed: Kathryn Cobley (Head of Inclusion and Engagement)	I confirm that this Equality Impact Assessment represents evidence that we (The Trust), in making this decision, have given due regard to the need to: 1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act. 2. Advance equality of opportunity between people who share a protected characteristic and those who do not. 3. Foster good relations between people who share a protected characteristic and those who do not. Signed: To be signed following Trust Board approval (Committee Chair)

End of Part B. Only complete Part C if required (not required for IMTP level EQIA)

Part C – Socio-economic Impact Assessment

The requirement for completion of Part C will have been identified in Part A and relates to complying with the Socio-economic Duty. This is a statutory duty with the aim of improving decision making to help improve outcomes for those who are socio-economically disadvantaged. The Socio-economic Duty gives us an opportunity to do things differently in Wales. It puts tackling inequality at the heart of decision-making and will build on the good work public bodies are already doing.

This SEIA procedure should be commenced at the outset and inform the development of both new strategic decisions and when reviewing previous strategic decisions. It provides a clear audit trail for all decisions made under the 2010 Act.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see https://gov.wales/more-equal-wales-socio-economic-duty

Section 1 - Assessment information – evidence	
Has this assessment identified Stakeholder groups: *Supporting narrative if different to Part A.*	Yes / No
Has this assessment used a range of evidence: *Supporting narrative to consider socio-economic disadvantage and inequalities of outcome in relation to this decision? Note additional evidence if different to information within Part A.*	Yes / No
Has this proposal engaged with those impacted by the Policy / Strategy Proposal / Policy? *Supporting narrative if different to Part A.*	Yes / No

Section 2 - Impacts on Socio-economic Duty Domain Areas:

The Equality and Human Rights Commission monitor progress on equality and human rights across a range of areas of life in Great Britain. These domain areas include education, work, living standards, health, justice and personal security and participation.

It is helpful to consider where action can be taken to reduce inequality of outcome resulting from socio-economic disadvantage in regard to each of these areas, evidence is provided below and issues for consideration suggested.

Consider evidence from both research and any engagement already carried out. Who is being affected? Are some communities of interest or communities of place more affected by disadvantage than others? WAST Equality pages provides further guidance.

What are the main socio-economic impacts of the proposal?			
Domain area: Education You can copy and paste this tick: ✓	**Positive impact**	**Negative impact**	**Neutral / No impact**
Supporting narrative: *How does your proposal take account of the impact of education on the local population, children and adults with additional learning needs, basic literacy levels and those less likely to have or have had access to training opportunities and qualifications?* *Think about how careers support at WAST and with partners, including apprenticeships and volunteer work placements can be promoted to support young people furthest from the job market.*			
Action / Opportunities that can be taken to reduce inequality of outcome resulting from socio-economic disadvantage:			

What are the main socio-economic impacts of the proposal?			
Domain area: Health You can copy and paste this tick: ✓	**Positive impact**	**Negative impact**	**Neutral / No impact**
Supporting narrative: *How does your proposal take account of the expected health outcomes of the local population? What are the current health needs and what action can be taken to increase access to healthcare for those who experience socio-economic disadvantage? Have the costs of transport and travel been taken into account? Think about the design of the built environment on the physical and mental health of patients, staff and visitors.*			
Action / Opportunities that can be taken to reduce inequality of outcome resulting from socio-economic disadvantage?			

What are the opportunities for collaboration, have local third sector organisations been engaged and opportunities to promote access to financial wellbeing, social and other support maximised?

What are the main socio-economic impacts of the proposal?			
Domain area: Living standards You can copy and paste this tick: ✓	**Positive impact**	**Negative impact**	**Neutral / No impact**
Supporting narrative: *How does your proposal take account of the impact of poverty and deprivation?* *Are there groups who may be disproportionately impacted by poverty e.g. disabled people / lone parents / unemployment / homelessness. This domain includes issues of accessibility of transport, healthy food, leisure activities, road safety and the quality and safety of play areas and open spaces.*			
As part of your proposal what are the opportunities to reduce the impact of poverty on living standards?			

What are the main socio-economic impacts of the proposal?			
Domain area: Work You can copy and paste this tick: ✓	**Positive impact**	**Negative impact**	**Neutral / No impact**
Supporting narrative: *Welsh Ambulance Services NHS Trust provides numerous opportunities for people to access work. Will this plan impact on employment / apprenticeship / volunteering opportunities? What are the implications of the proposal for people on low income, those who are economically inactive, unemployed, workless, and people who are unable to work due to ill-health. Consider people living in work poverty. During the pandemic lower earners are three times as likely to have lost their job or been furloughed as high earners.*			

How can procurement and commissioning arrangements be optimised to reduce inequalities of outcome caused by socio-economic disadvantage? **As part of your proposal what are the opportunities to increase employment opportunities for people who experience socio-economic disadvantage?**

What are the main socio-economic impacts of the proposal?			
Domain area: Justice and personal security You can copy and paste this tick: ✓	**Positive impact**	**Negative impact**	**Neutral / No impact**
Supporting narrative: *How does your proposal take account of local crime rates and feeling safe? Think about people who live in less safe areas and those more likely to be victims of domestic violence and abuse. Evidence suggests that domestic violence incidents are becoming more complex and serious, with higher levels of physical violence and coercive control*.			
How can your proposal promote and protect people's rights and increase their access to justice and personal security?			

What are the main socio-economic impacts of the proposal?			
Domain area: Participation You can copy and paste this tick: ✓	**Positive impact**	**Negative impact**	**Neutral / No impact**
Supporting narrative: *How is participation enabled, how is engagement sustained with people with lived experience of socio-economic disadvantage and how has this informed your proposal? Think about digital exclusion and digital poverty, people living in rural areas and those unable to access services and facilities.*			
How can your proposal increase participation for people who experience socio-economic disadvantage?			

Section 3 – Socio-economic Duty Action plan

Socio-economic Impact Assessment Action Plan and Recommendations Please include any related recommendations arising from this assessment. Include any positive action.					
Action identified	Potential Outcomes	Resource implications	Target date	Monitoring arrangements	Lead person/ Owner

Section 4 – SEIA Sign off

Who signed off this SED Impact Assessment: *As per the Trust's Standing Orders, the Board may agree the delegation of any of their functions, except for those set out within the 'Schedule of Matters Reserved for the Board', to Committees and others. These functions may be carried out by a prescribed Committee, sub-Committee or officer of the Trust as per the Standing Orders Schedule 1, in accordance with their delegated limits. Strategic decisions must have appropriate sign off. If you are in any doubt as to the correct approving body for a strategic decision, please contact the Office of the Board Secretary.*
Approval Date:
Review Date:

Project Lead Sign-off	**Equality Team Quality Check (required when both EQIA and SEIA is required)**	**Committee Chair Sign-off**
I confirm that this Socio-economic Impact Assessment has been carried out in accordance with Welsh Ambulance Services NHS Trust Procedure for assessment work for evidencing Due Regard for: Equality Impact, Socio economic Impact, Human rights, Welsh Language requirements and Armed Forces Covenant. Signed: (Project Lead)	I confirm that I have reviewed this Socio-economic Impact Assessment and I am assured that it contains sufficient evidence and rigour to be considered by the decision-making committee. Signed: (Equality and Inclusion Manager)	I confirm that this Equality Impact Assessment represents evidence that we (The Trust), in making this decision, have given due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. Signed: (Committee Chair)

Welsh Ambulance Services University NHS Trust
2026/27 Financial plan (Final version 0.2)

1. This is currently presented as a balanced revenue financial plan for the 2026/27 financial year, but with some outstanding work and actions required to ensure delivery of this, specifically in relation to identification and delivery of a residual savings and cost management plan to balance.

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

Revenue Financial Plan

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

1. The additional funding as assumed and detailed in this plan is received in full. Primarily this relates to the full pass through of the general 1.11% uplift provided to Health Boards in the 2026/27 NHS Wales Allocation Letter issued on 19th December 2025 and is applied to all the Trust's key commissioning agreements. Alongside this funding for the cost of the 2026/27 pay award will also be provided in full;
2. That the resultant in year costs for key cost pressures identified within this plan are no more than that currently estimated. These are likely to be similar to that faced across the NHS in Wales, within an ambulance sector context and in particular relates to Welsh Risk Pool contributions, digital uplifts, fuel, general non pay inflation, that relating to the Trust's continuing response to the new ambulance performance framework and a range of costs either having had to be incurred or committed in 2025/26, or will unavoidably need to be spent in 2026/27 due to continuing service demand and system pressures and the delivery of the range of commissioning intentions placed on the Trust;
3. The ability to fully deliver on the resulting range of cost containment, cost avoidance and savings required to balance in year. This will need to be made up of a minimum of **£9m**, or c3% of cost baseline.

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4. This plan therefore presents a way forward in the shape of what needs to be done to deliver a balanced financial position for the 2026/27 financial year. However, it is built on a range of assumptions in relation to both income and funding and expenditure, including some of the key ones already set out, that will need to be delivered in order to do so. In particular it requires the identification and delivery of a residual c£1.2m of further savings and cost management in year, work on which will continue through Q1 in order to provide to the Trust Board and wider organisation, alongside key external stakeholders, updates and assurances on the ability to deliver this. Given the materiality of this set in the context of balancing the significant number of risks requiring mitigation within the IMTP, this approach is not considered unreasonable at the outset of the financial year, in the context of that being presented as an overall balanced financial plan. Ways through which this will be progressed are detailed later.

5. This financial plan as presented, is the culmination of a range of activity delivered over a number of months, both pre and since the publication of the Welsh Government 2026/27 budget and the NHS Wales Allocation Letter. Alongside the more general sessions developing the rest of this IMTP, this includes the key financial ones as follows:

    - Early identification of the financial challenge ahead and the need to initially understand what the delivery of up to a 5% cash releasing CIP would look like across all parts of the organisation, which was progressed ahead of Christmas 2025
    - Some more specific finance focussed and costing of priorities work undertaken following and between the IMTP priority workshop held on 15th January 2026
    - Discussions at the Finance & Performance Committee – 20th January 2026 and 17th March 2026
    - A detailed discussion at a closed session of the Trust Board – 29th January 2026
    - An Executive Away Day held on 12th February 2026
    - The finance "touchpoint" meeting with WG and NHS Wales P&I colleagues on 13th February 2026
    - Non-Submission of an Accountable Officer (AO) letter to Welsh Government on 13th February 2026 but detailed correspondence on the emerging financial plan shared with both the JCC and WG colleagues during the week of 16th February 2026
    - A Trust Board Development session on 26th February 2026
    - Key national discussions with DoFs on 23rd January and 20th February 2026, and
    - Various touchpoint meetings and discussions with the Chief Commissioner, the Director for Commissioning – Ambulance Services and 111 and his team within the NHS Wales JCC, and the JCC Committee itself through January and February 2026.

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The Iterative Revenue Financial Plan – 2026/27

6. At many of the above, various iterations of the development of the Trust's 2026/27 revenue financial plan were presented, this has been further refined to the following high level summary iterative revenue financial plan, which forms the basis of the Trust's overall gross financial plan and subsequent budget setting for the upcoming financial year:

Welsh Ambulance Services University NHS Trust

Iterative Financial plan 2026/27

	£m	%
Expected funding uplift as per HB A/L - 1.11%	-3.4	-1.11
Expected WG funding for 2026/27 A4C pay award announced 12/02/26 - 3.3% on applicable pay	-7.9	-2.6
Total additional funding - outset of 2026/27	**-11.3**	**-3.7**
Additional costs 2026/27		
1. Full year effect (FYE) of items agreed in 2025/26 financial plan	1.9	
2. Cost pressures that emerged during 2025/26:		
Employers NI shortfall	1.1	
WRP / increase in losses payments	2.5	
Others	0.7	
3. Non recurrent savings delivery 2025/26:		
Vacancy Management	2.3	
Balance Sheet Support	0.2	
4. Cost pressures 2026/27:		
Non Pay inflation	1.1	
MS Office	0.3	
Statutory Requirements	0.2	
EPCR Renewal	0.1	
To manage and mitigate increasing demand, avoidable harm and respond to new ambulance performance framework, inc clinical benefits	1.0	
To mitigate element of risk associated with major incident planning, inc some o/s MAI recommendations	0.8	
Others	0.2	
5. 2026/27 A4C pay award announced 12/02/26 - 3.3%	7.9	
Sub total additional costs 2026/27	**20.3**	
Opening financial gap 2026/27 (before savings plan)	**9.0**	**3**
Savings identified to date	-7.8	-2.5
Remaining gap to close to balance	**1.2**	**0.4**

7. The key points to note from this are as follows:

   - The Trust will be entering the 2026/27 financial year in a relatively strong financial position despite the challenging and elevated nature of financial risk managed through the 2025/26 financial year, including the impact of some unexpected cost pressures in year. The Trust is again forecasting to deliver a balanced position by the 2025/26 financial year end. With the exception of a relatively small value currently being achieved in a non-recurring way, the Trust does not have any core underlying deficit that needs to be addressed going forward;
   - The plan assumes that the 1.11% core uplift in funding provided to commissioners will be passed through to the Trust in full. This has been confirmed by the JCC. On top of this, as per the 2026/27 NHS Wales Allocation letter and more recent confirmation from WG finance colleagues the plan assumes that the costs for the 2026/27 [ay award are funded separately by WG in full. The values currently included for this relate to the 3.3% A4C pay award for 2026/27 announced in February 2026;
   - Any application of the 1.11% funding uplift is significantly more than consumed by the material, unavoidable and inescapable costs facing WAST for 2026/27. A significant element of this is the current forecasted additional spend in relation to the Welsh Risk Pool, which was funded by WG in 2025/26;
   - The other main impact on the Trust's costs movement and resulting financial challenge for 2026/27 (and beyond) is the continuing impact of significant levels of inflationary and other pressures in the general economy, alongside costs which will be unavoidably incurred due to service demands, mitigating risks and seeking to address avoidable harm issues. This includes further progressing our clinical model transformation, responding to the new ambulance performance framework and delivering the clinical benefits of this. In assessing the impact of all of this we have been focussed on the discussions with our commissioners in relation to priority areas, the need to protect front line resource and capacity where at all possible and where deliverable stretching any resulting savings delivery to offset remaining cost pressures.

8. What is equally important to note at this point is a further range of other in year costs in 2026/27, which have been deemed to be u**naffordable within the current financial climate** and resource envelope. Whilst there remains a degree of choice relating to the items which remain unfunded and will be deprioritised there is inevitably an impact and consequence of such choices which need to be understood.

9. Not exclusively, but some that the Trust has deemed as **not affordable in this financial plan** include the following:

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- **Further development of the 111 digital front end** and website, and content management system.
- **The employment of any Newly Qualified Paramedics in 2026**. Given that no additional funding was made available to accompany the significant cost increase that came with the unavoidable regrading for all former EMS Emergency Medical Technicians (A4C Band 4) to the new UK wide supported job profile of an Emergency Ambulance Practitioner (EAP) (Band 5), the Trust has conducted a skills mix to ensure affordability and financial sustainability. As a result, the Trust has had to determine the optimum and affordable crewing skill mix for an Emergency Ambulance (EA) alongside the additional responsibilities paid for with the EAP role as lead practitioner. This has resulted in the Trust currently being over established for paramedics and having sufficient lead practitioner (EAPs) to meet any vacancies. As such, at the very least we will have no vacancies for any newly qualified paramedics this year
- The ability to respond to a number of recently undertaken and commissioner supported **demand and capacity reviews** across a range of our services, including EMS, NHS Wales 111, remote clinical assessment and NEPTS. In each of these independent external reviews, recommendations included the need to increase staffing levels, often at significant cost, at least £5m. However, given the planning framework for 2026-29 being clear that as a minimum the 2026/27 financial year is a **no investment one**, these recommendations will not be delivered and as such beyond improving our own productivity and efficiency minimal improvement will be made in some performance measures e.g. call abandonment rate in NHS Wales 111
- Adding in additional capacity to meet unmet demand as a result of significant hospital handover delays. In 2025 c20% of our EA resources were unavailable to respond as they waiting to offload outside Emergency departments. Unlike English Ambulance Trusts WAST does not receive additional funds to provide extra resources to meet this unmet demand. There is significant harm from these long waits in the orange NOW and yellow SOON categories
- A range of estimated additional costs to deliver on a number of **increasing regulatory requirements**. Not exclusive to, but this will include elements of the new Strategic Delivery Plan in relation to Decarbonisation and Sustainability issues and elements of the new Listening to People Regulations, all of which have come with no additional resource to support. Whilst best endeavours will be made to deliver what we can within budget and existing resources, the Trust at this stage will not be able to confirm full delivery of these requirements.

10. A detailed EQIA is being completed for each of these, and any other areas where the Trust is determining through its financial planning and associated risk assessment and management that it cannot incur the additional costs that would otherwise be required.

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Savings requirement – 2026/27

11. A **£9m** savings requirement (3%) represents the biggest single in year savings requirement to balance for the Trust. In an attempt to get ahead of this, each Director and senior budget holder within the Trust had been tasked before Christmas 2025 to demonstrate what the achievement of a 5% savings delivery in one year would look like, accepting that such a delivery in one year would be unlikely, and some of the choices unpalatable. WAST benchmarks well in terms of cost base and will consider the outcomes of a JCC service review to explore further opportunities to be more productive and efficient. However over 85% of our spend is on direct front line and clinical services and meeting a savings plan of 3% will require efficiencies in these services. Following further discussion with the JCC, we are planning to deliver circa 2% productivity / efficiency savings in 2026/27. We will also continue to work with commissioners in year to identify any further opportunity for cash releasing savings.

12. The above approach has resulted in more of a two-pronged approach to savings delivery, overseen by the Financial Sustainability Programme established a few years ago. This includes that which was deemed deliverable from the bottom-up detailed exercise described above overlayed with expected areas of further savings and cost containment across the Trust in a more top-down way, including targeted some specific areas of improvement and delivering against some benchmarked opportunities.

13. The resulting savings plan is summarised by key theme in the table below:

Theme	total
	£000
Commercialisation Opportunities	150
End of Shift Overrun - Operations	110
Non Pay Local Schemes - Corporate	294
Non Pay Estates Efficiencies - Corporate	135
Non Pay Fleet Efficiencies - Corporate	150
Non Pay Local Schemes - Operations Contract Reviews	405
Non Pay Local Schemes - Operations	1,180
Pay Cost Management (Variable Cost reductions) - Operations	1,100
Pay Cost Management (Variable Cost reductions) - Corporate	101
Pay Vacancy Management - Operations	1,042
Pay Skill Mix Modernisation - Operations	500
Pay - Agency Reduction	89
Pay Vacancy Management - Corporate	2,544
OVERALL CURRENT SUMMARY TOTALS	**7,800**
Unallocated Balance - to be further identified Qtr 1 26/27	**1,200**
OVERALL SAVINGS REQUIREMENT 26/27	**9,000**

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Moving towards financial balance in year – a balanced financial plan for 2026/27

14. There is therefore some further work required early in the financial year to identify and confirm the savings and cost management required to fully balance, and in order to deliver that agreed within this IMTP. The successful delivery of the income and funding assumptions within this financial plan, alongside the ability to further stretch savings, will be key for the Trust to deliver a balanced budget. Balancing risk against opportunity, impact and consequences, this therefore continues to be presented as a plan to balance in year; however, with a small residual gap (c£1.2m) which will need to be addressed.

15. Given the scale of the residual value to close as we enter the financial year, and the Trust's recent excellent track record of delivery, it is not considered at this stage that this should prevent the Trust from presenting a balanced financial plan, and budget, for Board approval at the outset of the financial year

16. This is however going to be a higher risk plan in terms of in year delivery than we have had for a number of years. Risks will need to continue to be managed and if no additional funding sources are made available for some of the above cost drivers further difficult choices will be made in year. As we head towards the outset of the new financial year, there are further programmes of work which we expect to positively impact on the Trust's financial position in year, including:

    - More rigour of recruitment controls which may delete roles from the funded establishment for a range of corporate / non-front-line vacancies. All of this builds on the success of the Recruitment Control Process which has been in place since January 2023
    - Continue to explore any and all avenues for potential additional resources and funding to either cover off elements which have now had to be recognised, at least in part, within this financial plan (e.g. outstanding Manchester Arena Inquiry recommendations) or have deemed to be unaffordable (e.g. digital front end developments);
    - A further detailed review of key areas of non-pay spend, including that relating to travel and subsistence and, whilst a lesser impact for the Trust, agency spend and other contract reviews
    - Further targeting procurement savings
    - Ensuring the split of capital and revenue staffing is optimised
    - An agreement of the key areas to target in terms of process efficiency and potential digitalisation and what could be released / saved as a result
    - Undertake a detailed benefits realisation exercise from investments in recent years to determine any scope for taking any of these back down

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- Linked to this, a further detailed review of areas of variance in terms of Trust staffing levels tracking back over the last five years, to pre-COVID levels to further ensure that such levels are appropriate and affordable
- Continuing to firm up and confirm some of the actual in year cost estimates of that included within this financial plan. This has the potential to result in some in year slippage against some of the costs currently estimated and included within the financial plan
- Identifying any possible VERS opportunities, if affordable towards the end of the current financial year (to be actioned before 31.03.2026);
- Sale of used clinical equipment
- Review the output of the service review being undertaken by the JCC to explore opportunities for productivity, efficiencies and potential savings
- As in previous financial years, the iterative financial plan presented above retains a fairly modest in year revenue contingency of £1m. Whilst there will inevitably be elements of unavoidable in year spend that will materialise that will need to be covered by this, there may be some scope for some non-recurring contribution to any remaining gap to balance from this later in the financial year.

17. As we move through the financial year, there will also be other opportunities to further impact positively on the Trust's in year financial position, including:

    - The Trust is due an upcoming Internal Audit on our current and planned savings delivery. In scoping this we will request a more future focused approach, to potentially assist in the development of more significant cost reductions
    - Alongside this, a wider assurance piece has been requested by NHS Wales Directors' of Finance through NWSSP Internal Audit, to seek to ensure consistency and any lessons learned that can be determined in particular in relation to grip and control
    - There always remains shorter term measures that could be enacted in year; however, these would not come without consequences. Examples could include a complete ban on overtime / variable pay, blanket vacancy freezes across all roles including clinical and front line, ceasing any non-contractually committed outsourced spend with immediate effect and further reviews of patient eligibility for some services
    - There are also inevitably some areas of potential non recurrent flexibility within the Trust balance sheet that could, subject to ensuring full audit compliance, be released towards the financial year end if absolutely needed, to move to a final balanced year end position.

18. Through a combination of the above, this plan is therefore now presented as one that has the ability to balance, closing off any remaining financial challenges and gaps as

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we progress through the 2026/27 financial year. It is recommended that the Board supports the plan to balance in this way through the continuing work progressing to close the resulting gap in year, on the basis that this is no more than the current estimate of c£1.2m, alongside the delivery of current assumptions and successful management and mitigation of risks described within this plan.

Summary Income & Expenditure

19. This result of all of the above is the following high level summary gross Income & Expenditure plan for the 2026/27 financial year. More detail will also be provided in a separate budget setting paper, which is planned to be presented to the Trust Board on 26th March 2026, for approval:

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

Risks

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

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

- The recovery of all of the income assumptions this financial plan now makes, in particular ensuring the commitments and elements supported within the NHS Wales JCC IMTP are fully aligned and delivered upon and that the full uplift assumed across all of the Trust's income sources is delivered

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

Draft Capital Programme 2026/27

All Wales Capital Funding

22. The Trust submitted to WG a revised Vehicle Procurement Strategy 2025-30 which saw successful funding approval for the first year of this for the 2025/26 financial year. Following the further submission in November 2025 of a BJC for funding consideration for the 2026/27 financial year, relating to the replacement of a further **160 vehicles at a cost of £24.4m**, confirmation of the full funding being made available for this was received in February 2026.

23. On top of this, the Trust also has a pre-approved scheme from the all Wales WG Target Estates Funding for improvement works at Rhyl Ambulance Station.

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24. As in previous years, the 2025/26 financial year is yet to be fully closed. However, it is likely that a small number of the All Wales Capital Schemes are not going to fully deliver in year to their revised programmes, and as such discussions have already been held with WG to agree brokerage arrangements of these monies between internal schemes to ensure achievement of the 2025/26 CEL, as this is the best way to manage schemes that inevitably straddle financial year end. As in previous years, a detailed update on the final impact of the 2025/26 financial year end on the 2026/27 programme, both from an all Wales and discretionary capital perspective, is due to be presented to both F&PC and the Trust Board in May 2026.

Discretionary Capital

25. The Trust was notified in December 2025 of a discretionary capital allocation of £7.018m for 2026/27; an increase from 2025/26 of £0.768m, however this is before any Trust contribution towards any future Targeted Estates Fund (TEF) schemes, which require a 30% contribution from the Trust. From this Discretionary Capital allocation for 2026/27 it will be necessary to fund a range of estates, digital, medical equipment and other schemes.

26. The organisation has continued to strengthen its overall approach to capital planning, with the now well-established Capital Management Board, supported by SOP Delivery Groups which meet monthly and oversee all aspects of capital planning. On top of this, if funding is available, the Internal Capital Management Group will score and prioritise discretionary capital schemes. These are all then taken to the F&PC via Capital Management Board, and, where required, Trust Board for approval.

27. The table below shows an initial draft plan for the 2026/27 discretionary capital funding, considering items which the Trust has recently reconfirmed as a priority to deliver, along with that currently proposed as the "top slice" for funds which allow the Trust to progress with smaller less complex schemes.

Discretionary Capital allocation - 2026/27		
Allocation		**7,018,000.00**
Current Schemes	**2025/26**	**Proposed 2026/27**
Top slice - Estates (inc fees)	450,000.00	450,000.00
Top slice - Digital	400,000.00	400,000.00
Top slice - Fleet	250,000.00	250,000.00
Top slice - project/staff costs	180,000.00	400,000.00
Total top slice	**1,280,000.00**	**1,500,000.00**
Dolgellau		60,000.00
Other small slippages - Estates		60,000.00
Symptom Checker		200,000.00
TEF Contributions		223,000.00
Scheme total*		**543,000.00**
Total Unallocated		**4,975,000.00**

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28. Given in the main the successful delivery in year and on budget of the vast majority of discretionary capital spend in the 2025/26 financial year, the level of carried forward commitment at this stage is much less than previous years, allowing for c£5m remaining to be committed from the Trust's discretionary funding for the 2026/27 financial year.

29. The updated plan is being progressed via an ongoing prioritisation exercise and will be confirmed and finalised as soon as possible after the 2025/26 financial year end. Schemes being proposed include the following:

    - Number of Estates improvements / rationalisations, including where feasible the use of the discretionary allocation to deliver improvements previously indicated as potentially requiring all Wales capital solutions, the absence of this being available (e.g. Swansea, Llandrindod)
    - Smart Stations
    - Omnicell upgrade
    - ECNS Contract renewal (hardware refresh)
    - Health Surveillance equipment
    - Digital record management, and
    - RFID.

30. Work is also progressing through the above groups and Boards to ensure cases are available for any additional capital schemes; it is envisioned that the schemes which are unable to be progressed at this stage will be held in reserve should further monies become available throughout 2026/27 and beyond.

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

Agenda Item No.	11.2

REPORT TITLE

Initial 2026/27 Revenue Budget

MEETING

Name of meeting	Trust Board
Date of meeting	26 March 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Chris Turley - Director of Finance & Corporate Resources
Author(s) of report	Jason Collins - Head of Financial Management

PURPOSE OF REPORT

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

REPORT SUMMARY:

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

1. Further to the detail provided in the finance section of the IMTP this paper provides additional analysis of how the proposed balanced financial plan for 2026/2027 is translated into delegated budgets, the key assumptions made, and any remaining choices required in doing so.
2. Following the endorsement of this initial 2026/27 budget by Finance and Performance Committee on the 17 March 2026 and as in previous financial years individual discussions will then be held by the CEO, Director of Finance & Corporate Resources and Executive colleagues to formally agree and delegate the 2026/27 budgets, in accordance with the Trust's Standing Financial Instructions (SFIs). These meetings will take place as early in Q1 2026/27 as practically possible. Executive Directors will then delegate elements of their budgets to Budget Holders within their directorate early in the 2026/27 financial year.
3. In accordance with the SFIs, annual budget setting and IMTP timetable, budgets for the 2026/27 financial year have been produced within the framework of the Trust's anticipated resource envelope.
4. The current planned resource envelope (planned income) for the Trust for the financial year 2026/27, as per the financial plan within the IMTP, totals £329.9m of which £307.5m is via JCC main commissioned services of EMS, Ambulance Care, 111 and other services, £7.6m from other NHS Welsh Organisations, £13.3m from Welsh Government (WG) and £1.5m from other sources, of which £0.150m is assumed to be delivered via WAST Savings programme.
5. Key elements of planned income includes that the additional funding as assumed and detailed in this plan is received in full. Primarily this relates to the full pass through of the general 1.11% uplift provided to Health Boards in the 2026/27 NHS Wales Allocation Letter issued in December 2025, applied to all the Trust's key commissioning agreements. Income (and expenditure) estimates have been included for the 2026/27 pay deal of 3.3% at £7.949m of which Welsh Government (WG) have advised this will be fully funded at cost and hence assumed cost neutral.
6. Core initial operating revenue budgets for 2026/27 for Pay, Non-Pay, plus any profit on sale of assets, interest payable and receivable and depreciation totals £338.7m. This recognises the full year impact of 2025/26 developments and brought forward cost pressures as well as inflation pressures and unavoidable cost pressures for 2026/27. WAST savings programme requires £9m and hence budget will be set at income levels, providing an opening balanced financial plan for 2026/27.

7. The initial savings requirement for the 2026/27 financial year within the balanced financial plan is £9m of which £0.150m is income related and £7.650m from operating revenue budgets. £1.2m remains in progress and is currently being worked through. Delivery and monitoring of their performance will be via the refreshed Financial Sustainability Programme governance group and workstreams. Trust Board will be provided with regular monitoring of the savings plan via its normal Financial Reporting papers and agenda items.

8. Key risks and issues identified in the financial plan include the need to ensure full recovery of all the updated income assumptions via commissioners and delivery of the full £9m savings target. There will also be a need to manage any further inflationary increases as the year materialises as well as any ongoing JCC commissioning asks.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Board is requested to:

Approve the initial 2026/27 revenue budget, consistent with the financial plan contained within the IMTP.

ADDITIONAL PAPER(S)

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

Annex 1 details a summary of WAST saving schemes for 2026/27

Annex 2 details opening revenue budgets for 2026/27

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
☐ SO1: Providing the right care or advice, in the right place, every time	☐ SO2: Enabling our people to be the best they can be
☐ SO3: Being at the forefront of innovation and technology	☐ SO4: Developing services in collaboration
☐ SO5: Being quality driven and clinically led	☒ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
Assist with BAF Risk ID 139

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document here for further details.

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
17 March 2026	Endorsed by Finance and Performance Committee

SITUATION / BACKGROUND

1. Further to the detail provided in the finance section of the IMTP this paper provides additional analysis of how the proposed balanced financial plan for 2026/2027 is translated into delegated budgets, the key assumptions made, and remaining choices required in doing so.
2. Following the approval of the initial 2026/27 budget, individual discussions will be held by the CEO, Director of Finance & Corporate Resources and Executive colleagues to formally agree and delegate the 2026/27 budgets, in accordance with the Trust Standing Financial Instructions (SFIs). Executive Directors will then delegate elements of their budgets to Budget Holders within their directorate early in the 2026/27 financial year.
3. The final opening financial plan for 2026/27 is included in the IMTP and the revenue elements of this paper are consistent with that financial plan and hence forms the basis of the revenue budget for 2026/27 with a recommendation, as detailed above for the Board to approve.

ASSESSMENT

4. In accordance with the SFIs, annual budget setting cycle and IMTP timetable, budgets for the 2026/27 financial year have been produced within the framework of the Trust's anticipated resource envelope.

KEY INCOME ASSUMPTIONS

5. As detailed in the updated financial plan, the current WAST planned resource envelope for the 2026/27 financial year is currently **£329.9m,** summarised in the table below.

Income Sources	£m	£m
JCC		
EMS	266.1	
Ambulance Care	29.4	
111	11.0	
SALC	0.7	
Mental Health / Dementia (previously WG funded direct)	0.3	
Total JCC		**307.5**
Welsh NHS Organisations		
Ambulance Care Services	3.3	
EMS Services	2.8	
Other Services	1.4	
Total Welsh NHS Organisations		**7.6**
Welsh Government		
HART / CBRN / SORT	4.2	
PIBS	1.0	
Pay Award 26/27 - Estimated	7.9	
Other (Grants / Programmes)	0.1	
Total Welsh Government		**13.3**
Other Income		
Savings Targets	0.2	
Other Sources	1.4	
Total Other Income		**1.5**
Total Income Assumptions		**329.9**

"Core" JCC income

6. As can be seen above, the biggest single funding source to the Trust is via the JCC (Joint Commissioning Committee) and current assumed income for 2026/27 is **£307.5m** for EMS, Ambulance Care, 111 and other related services.

Income baseline changes for 2026/27 includes the following:

- £3.4m for the 1.11% growth uplift;
- £11.7m for the recurrent cost of the 2025/26 pay awards and Employers National Insurance increase that was funded direct by WG;
- Full year funding impact of the transfer of Save a Life Cymru (SALC) that transferred over during 2025/26 financial year;
- Opening income (and matched expenditure) assumptions are included for elements of the Welsh Government nationally funded Emergency Services Mobile Communications Programmes (ESMCP) of £2.547m; and
- Recurrent income (and matched expenditure budgets) has been included to support the continuation of the FALLS initiative implemented in 2025/26. This value is set at c£0.5m.

2026/27 Income from other Welsh NHS Organisations

7. The main items included here are as follows:
   - Ambulance Care income of £3.3m includes contract values for Velindre NHS Trust of which funding cannot flow via JCC as it's not a Health Board. Renal Transport Services commissioned locally via Betsi Cadwalader Health Board, recharged costs to WHSSC for renal transport costs, Cwm Taf Heath Board for pending transfer of services, prompt cardiac transport and then a mix of local Health Board commissioned and ad hoc services;
   - Locally commissioned EMS services total £2.8m and include services such as dedicated discharge services, APP support to primary care services, FALLS support services and Palliative Care Paramedics totalling; and
   - Other health board income totals £1.4m and includes fleet maintenance income to NHS Shared Services, rental income from WAST Estate, provision of Occupational Health Services and operational continued professional development (CPD).

Income from Welsh Government

8. Included here are the following:
   - Income from WG includes directly funded services for Hazardous Area Response Team (HART), Special Operations Response Team (SORT) and Chemical, Biological, Radiological and Nuclear (CBRN) totalling £4.2m;
   - WG also provide support for the cost of Personal Injury Benefit Cases (PIBS) to which a corresponding expenditure budget has been set, thus assuming overall neutrality to WAST. Value assumed at the outset of 2026/27 is £1.0m; and
   - No additional income has been included currently for 'technical adjustments' of Depreciation and Impairments above baseline (baseline depreciation is funded via JCC contracts and for 2026/27 the value is £15.3m). Any

additionality is invoiced on actual values as the year progresses. Corresponding expenditure budget has been set at the same baseline value, so any fluctuation is cost neutral; and

- Income (and expenditure) assumptions have been included for the 2026/27 pay deal at an estimated value (as will not be paid until April 2026) of £7.949m. Welsh Government (WG) have advised this will be fully funded and hence cost neutral.

Other Income

9. Other income includes:
   - £0.150m of the £9m savings target for 2026/27 and this includes potential commercialisation opportunities; and
   - £1.4m from other income sources include Ambulance Care provision provided to English NHS organisations, apprenticeship income, education and training recovery and operational cover at sports events.

OPENING REVENUE BUDGETS

10. The Trust is required to set expenditure budgets within the total resource income available, and which are set to achieve financial balance in line with the Trust's SFIs, statutory break-even duty that align to the operational delivery plans of the organisation. From a high-level budget setting perspective, the financial plan for 2026/27 is summarised below:

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

11. The Operating Expenses line is where the main Divisional and Directorate budgets will be delegated within, primarily split between pay and non-pay budgets. Whilst a key budget setting principle is that such budgets are initially set based on the recurring "rollover" position from the 2025/26 budget, the current and future expected expenditure against each of the existing budgets has been scrutinised in detail as part of the budget setting process.

Pay

12. The pay budget for 2026/27 has been set based on the following assumptions.

13. Costs are based on NHS pay award rates for the 2026/27 financial year including the planned 3.3% uplift. Overall directorate budget control totals will manage the pay progression up spinal points together with attrition salary differences and mostly vacancies have been set at entry point of scales. The following other key assumptions have been made:

    Funded whole time equivalents (WTEs) are rolled over from 2025/26 and flexed for any full year impacts;

    - Pay costs include estimated staff costs for cost pressures in relation to service and unavoidable system pressures and delivery of commissioning intentions, in line with that included within the IMTP financial plan for 2026/27;
    - WTEs and pay costs will be net of those identified in the savings plan for 2026/27; and
    - Budgets for the main variable cost elements of enhancements and overrun will be broadly set on a mix of roster relief calculations for 2026/27 and forecast outturn position for 2025/26. Majority of operational overtime budgets will broadly be set at a minimum level with the assumption that overtime spend will be incurred only when vacancies occur against funded WTEs.

14. The plan provides that £0.350m of pay costs will be capitalised to support the development of the 2026/27 capital schemes with this corresponding minimum requirement being highlighted against the discretionary capital allocation for 2026/27.

Non-pay, technical items and contingency

15. Non pay budgets for 2026/27 will be set taking into consideration the existing budget levels together with 2025/26 forecast expenditure outturn. Recognition of above inflation uplifts on certain contracts have been applied but for other non-pay expenditure budgets there is an expectation that some inflationary increases will be required to be met within directorate core budgets and saving schemes.

16. Non pay budgets will include full year impact of those unavoidable cost pressures from the 2025/26 financial year and those identified for the 2026/27 financial year. Known savings values will also be reflected in the setting of core budgets.

17. As noted in pay budgets, a similar approach for non-pay costs will apply and budgets will include estimates for cost pressures in relation to service and system pressures and delivery of commissioning intentions.

18. As per previous years a contingency budget is included and the 2026/27 value proposed is £1.0m.

19. For the 2026/27 financial year, the opening profit on asset disposal budget remains at £0.695m. This area includes the sale of vehicles which is planned to be high in 2026/27 due to capital replacement programme and the sale of obsolete and replaced equipment.

20. Interest receivable budget for 2026/27 is set at £1m based on average returns in 2025/26.

21. Interest payable budgets have been 'rolled over' at 2025/26 values.

22. Depreciation and impairment budgets correspond with an income budget totalling £15.3m. This does not include any additionality in depreciation or indexation for 2026/27 and when this figure is available any impact will be cost neutral as these areas are assumed as 'ring fenced' allocation by Welsh Government with under spends clawed back and agreed increases because of capital investments funded, therefore assumption is no under or overspends in this area during the 2026/27 financial year.

Unavoidable Cost pressures, System Pressures and Commissioning Intentions

23. Further to that included in the pay and non-pay budgets sections of this paper then below summarises the main components included in the 2026/27 financial plan for the unavoidable cost pressures, system pressures and commissioning intentions, albeit some covered by assumed income i.e pay award;

Additional costs 2026/27:	£m
1. Full year effect (FYE) of items agreed in 2025/26 financial plan	1.4
2. FYE of items agreed in year 2025/26	0.5
3. Non recurrent savings delivery 2025/26:	
Vacancy Management	2.3
Balance Sheet Support	0.2
4. Cost pressures that emerged during 2025/26:	
Employers NI shortfall	1.1
WRP / increase in losses payments	2.5
Others	0.7
5. Cost pressures 2026/27:	
Non Pay inflation	1.1
MS Office	0.3
Statutory Requirements	0.2
EPCR Renewal	0.1
To manage and mitigate increasing demand, avoidable harm and respond to new ambulance performance framework, inc clinical benefits	1.0
To mitigate element of risk associated with major incident planning, inc some o/s MAI recommendations	0.8
Others	0.2
6. 2026/27 A4C pay award announced 12/02/26 - 3.3%	7.9
Sub total additional costs 2026/27	**20.3**

SAVINGS AND EFFICIENCIES

24. A key part of the financial plan, and which therefore also needs to be reflected in the budget setting, is the savings target for 2026/27. This is currently £9m of which £7.8m has allocated programmes of identified themes and schemes to this value and the balancing £1.2m for which the detail is currently being worked through. These summary savings themes are included in ***Annex 1.***

25. This value equates to c3% of WAST baseline and is a further stretch than the £8.5m planned and that is forecast to be fully delivered as a minimum in the 2025/26 financial year.

26. Financial Sustainability Programmes governance group and workstreams planned for 2026/27 will have oversight and monitoring of the savings target but directorates will ultimately be accountable for the delivery of these schemes / themes. Finalisation of the profile of savings over the financial year by month is currently being worked through prior to its reporting in the Minimum Data Set (MDS) that will be submitted in conjunction with the IMTP.

27. Key risk is the ability to deliver this value and manage any other in year cost pressures as they arrive, within the small contingency this financial plan continues to hold. Despite this, in the current environment this remains a challenging target, the size of which proportionality is not out of the range being suggested by large parts of the rest of the NHS in Wales. There is also a clear track record of recent achievement within WAST.

28. Further development of the detailed plans and delivery and monitoring of the achievement of this will be via the refreshed Financial Sustainability Programmes Governance group, through to the Strategic Transformation Board. Finance & Performance Committee (F&PC) will also be provided with monitoring of the savings plan via its normal financial reporting reports that are also provided to Executive Leadership Team, Trust Board and externally to Welsh Government and Commissioners.

Initial Directorate Budgets

29. ***Annex 2*** therefore provides a summary of much of the above and how these translate into proposed opening 2026/27 revenue budgets by Directorate. Due to the continuation of work on some service transfers there may be minor fluctuation to directorate budgets as these progress to be uploaded to WAST General Ledger system. However, these will be included in final budget values to be discussed in budget meetings planned with CEO, Director of Finance and Corporate Resources and each delegated Executive Director budget holder, for final agreement and formal sign off, as required by the Trust's SFIs.

Key risks

30. No financial plan or resulting budget set is risk free and clearly entering into the financial year with a residual financial gap to close in year increases the risks of non-delivery of a balanced position. The main risks that will need close monitoring and mitigating actions through the upcoming financial year, as highlighted within the IMTP financial plan, include:
    - The recovery of all the income assumptions this financial plan now makes, in particular ensuring the commitments and elements supported within the NHS Wales JCC IMTP are fully aligned and delivered upon and that the full uplift assumed across all of the Trust's income sources is delivered;
    - That the in-year costs relating to the 2026/27 pay award is fully funded by WG;
    - No other developments, enhancements or cost increases not currently funded within budgets, or identified within this financial plan supporting the IMTP, will be able to be progressed until a confirmed funding source for them is found, or an agreed equivalent value of cost is stopped or reduced elsewhere. However, the ability to do this in the context of the current total savings already required to balance in year makes this unlikely;
    - The ability to deliver a minimum of £9m in savings and cost management in year, to balance;

- That no further additional savings will be required by commissioners. Recent correspondence from the JCC has requested the Trust to consider and present what further savings may be able to be delivered in year, to contribute to the wider JCC financial position. It is however highly unlikely that anything beyond that already being progressed within this plan in order for the Trust to deliver on its statutory duty to breakeven in 2026/27 will be available in the form of cash releasing savings. Dialogue continues how to further evidence additional productivity and efficiency impacts on top of this;
- Some cost elements are still hard to predict through the coming 12 months and may remain volatile, with a clear indication from WG that no further funding will follow in year in 2026/27 to manage any such variations;
- The uncertain political landscape and any initial impact any change in government in Wales may have on some of the choices and decisions made within this financial plan; and
- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continues to hold.

RECOMMENDATION(s)

31. The Recommendation(s) are set out in the front cover above.

Annex 1: 2026/27 Savings Summary by Theme

Theme	total
	£000
Commercialisation Opportunities	150
End of Shift Overrun - Operations	110
Non Pay Local Schemes - Corporate	294
Non Pay Estates Efficiencies - Corporate	135
Non Pay Fleet Efficiencies - Corporate	150
Non Pay Local Schemes - Operations Contract Reviews	405
Non Pay Local Schemes - Operations	1,180
Pay Cost Management (Variable Cost reductions) - Operations	1,100
Pay Cost Management (Variable Cost reductions) - Corporate	101
Pay Vacancy Management - Operations	1,042
Pay Skill Mix Modernisation - Operations	500
Pay - Agency Reduction	89
Pay Vacancy Management - Corporate	2,544
OVERALL CURRENT SUMMARY TOTALS	**7,800**
Unallocated Balance - to be further identified Qtr 1 26/27	**1,200**
OVERALL SAVINGS REQUIREMENT 26/27	**9,000**

Annex 2

Opening Revenue Budgets 2026/27

	Income Budgets			Pay & Non Pay Budgets			
Directorate	**Core Budgets £000**	**Savings to Directorates £000**	**Opening Budgets £000**	**Core Budgets £000**	**Savings to Directorates £000**	**Opening Budgets £000**	**Net Opening Budgets £000**
Chief Executive Directorate	-33	0	-33	2,168	-132	2,036	2,003
Corporate Governance	0	0	0	827	-45	782	782
Partnership & Engagement	-133	0	-133	889	-54	835	702
Operations	-10,648	0	-10,648	241,084	-4,337	236,747	226,099
Finance & Corporate Resources	-1,717	0	-1,717	43,569	-959	42,610	40,893
Strategic Planning & Performance	-4	-150	-154	3,513	-149	3,364	3,210
Quality, Safety and Patient Experience	-88	0	-88	8,628	-502	8,126	8,038
Digital Directorate	-109	0	-109	18,047	-429	17,618	17,509
People & Culture	-836	0	-836	8,231	-530	7,701	6,865
Clinical & Medical	-202	0	-202	7,368	-424	6,944	6,742
Trust Core Income	-315,464	0	-315,464	0	0	0	-315,464
Reserves	-500	0	-500	4,410	-89	4,321	3,821
Unallocated Savings ... to be allocated to Directorates in Qtr 1 26/27					***-1,200***	***-1,200***	***-1,200***
TRUST TOTAL	**-329,734**	**-150**	**-329,884**	**338,734**	**-8,850**	**329,884**	**0**

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

Agenda Item No.	12

REPORT TITLE

Financial Performance as at Month 11 2025/26

MEETING

Name of meeting	Trust Board
Date of meeting	26 March 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Chris Turley, Executive Director of Finance & Corporate Resources
Author(s) of report	Edward Roberts, Interim Assistant Director of Finance Steph Taylor (Deputy Head of Financial Business Intelligence & Capital Planning)

PURPOSE OF REPORT

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

REPORT SUMMARY:

1. This paper presents to the Board the latest Financial Performance Report of the 2025/26 financial year, the reported position as at Month 11 (February 2026).

2. The Board is asked to review, comment, note and receive assurance on the financial position and 2025/26 outlook and forecast of the Trust, noting the risks to in year delivery in doing so.

3. Key highlights from the report for the Board to note are:
   - The Trust is reporting a small revenue year to date underspend/surplus of £0.100m. For month 11 (February 2026) the Trust is reporting an in month overspend of £0.037m;
   - In line with the balanced financial plan approved as part of the submitted 2025-28 IMTP, the Trust continues to forecast a breakeven position by the 2025/26 financial year end;
   - Capital expenditure plans continue to be progressed with plans to fully achieve in year;
   - In line with the financial plans that support the IMTP, gross savings of £7.775m have been achieved in month 11 against a target of £7.748m;
   - Public Sector Payment Policy is on track with performance, against a target of 95%, of 98.4% for the number, and 98.8% of the value of non-NHS invoices paid within 30 days.

RECOMMENDATION(S)

The Board is requested to:

1. **Note** and gain **assurance** in relation to the Month 11 revenue financial position and performance of the Trust as at 28 February 2026.
2. **Note** the delivery of the 2025/26 savings plan, and the context of this within the overall financial position of the Trust.
3. **Note** the capital programme for 2025/26.
4. **Note** the Month 11 Welsh Government monitoring return submission (as required by WG).

ADDITIONAL PAPER(S)

The Board is requested to receive the following:

Annex 1 Monitoring return submitted to Welsh Government for month 11 as required by WG
[*available to view in the Reading Room]*
Annex 2 Monitoring return letter submitted to Welsh Government for month 11 as required by WG

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
☐ SO1: Providing the right care or advice, in the right place, every time	☐ SO2: Enabling our people to be the best they can be
☐ SO3: Being at the forefront of innovation and technology	☐ SO4: Developing services in collaboration
☐ SO5: Being quality driven and clinically led	☒ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
N/A

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document here for further details.

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
17 March 2026	Finance and Performance Committee (presentation)

SITUATION

1. This report provides the Board with a summary of the revenue financial performance of the Trust as at 28 February 2026 (Month 11 2025/26), along with an update on the 2025/26 capital programme.

BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for 2025/26** (1st April 2025 – 28th February 2026) are that:

   - The cumulative revenue financial position reported is a **small underspend against budget of £0.100m**, based on some key assumptions consistent with that within the IMTP financial plan and the Board approved budget for 2025/26. The underlying year-end forecast for 2025/26 is currently a balanced position;

   - In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of **£7.775m** have been achieved against a target of **£7.748m**; and

   - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 98.4% for the number, and 98.8% of the value** of non-NHS invoices paid within 30 days.

3. The Trust is continuing to forecast a year end breakeven, this is on the back of detailed forecasting work that is being undertaken along with the Trust progressing with some elements of expenditure against schemes such as MAI and non-recurrent schemes, which aims to reduce cost pressures on next financial year.

4. The risks have again been reviewed in detail and given the current reported forecasted position and the remaining weeks to the end of the financial year, the previous detailed review allowed the Trust to remove the risks previously included in the month 9 report. Again, these have been reviewed in month, and no additional risks have been added.

ASSESSMENT

REVENUE FINANCIAL PERFORMANCE – MONTH 11 2025/26

5. The table below presents an overview of the financial position for the period 1 April 2025 to 28 February 2026.

	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-329,022	-299,323	-299,352	-29
Expenditure				
Pay	245,912	225,093	222,416	-2,676
Non-pay	62,791	55,514	57,812	2,298
Total pay & non-pay expenditure	308,703	280,607	280,228	-379
Depreciation & Impairments / interest payable & receivable	20,319	18,716	19,023	307
Total	0	0	-100	-100

Income

6. Reported Income against the initial budget set to Month 11 shows an over achievement of **£0.029m**.

Pay Costs

7. Overall, the total pay variance at Month 11 is an underspend of **£2.676m**.

Non-pay Costs

8. The overall non-pay position at Month 11 is an overspend of **£2.298m**. In addition, for reporting purposes Depreciation, Impairment and Interest is excluded from the above figure, overspend of **£0.307m,** hence the total overspend to budget of **£2.605m**.

Savings

9. As above, the 2025/26 financial plan identifies that a minimum of **£8.500m** of planned savings (including income generation) are required to achieve financial balance in 2025/26, this equates to c.2.7% of the Trust's discretionary income. Of this, **£6.225m** is recurrent and **£2.275m** is currently deemed non recurrent.

10. Month 11 in month performance was, plan of £0.693m and £0.599m achieved, therefore an underachievement of £0.094m (recurrent underachievement of £0.066m and non-recurrent underachievement of £0.028m), as per the below table.

	Annual	In Month			Cumulative			Forecast		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Recurrent Schemes / Themes	6,225	503	437	-66	5,663	5,309	-353	6,225	5,844	-381
Non Recurrent Schemes / Themes	2,275	190	161	-28	2,085	2,466	380	2,275	2,656	381
Overall Total	**8,500**	**693**	**599**	**-94**	**7,748**	**7,775**	**27**	**8,500**	**8,500**	**0**

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

11. The split between savings, net income generation and accountancy gains as at month 11 is shown on the below table.

	Annual	In Month			Cumulative			Forecast		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Savings (Cash releasing and Cost Aviodance)	8,350	664	595	-69	7,627	7,728	101	8,350	8,450	100
Net Income Generation	150	29	4	-25	121	46	-75	150	50	-100
Accountancy Gains	0	0	0	0	0	0	0	0	0	0
Overall Total	**8,500**	**693**	**599**	**-94**	**7,748**	**7,775**	**27**	**8,500**	**8,500**	**0**

12. ***Appendix 1*** provides the overall detail for Month 11 by theme. This is now further split over recurring and non-recurring schemes

Financial Performance by Directorate

13. Whilst there is an overall year to date surplus reported at Month 11, there are some small variances between Directorates, as shown in the table below, when compared to the budgets set at the outset of the financial year. Some of this is driven by staffing vacancies. These are fairly minor in nature, but they will be continued to be closely monitored.

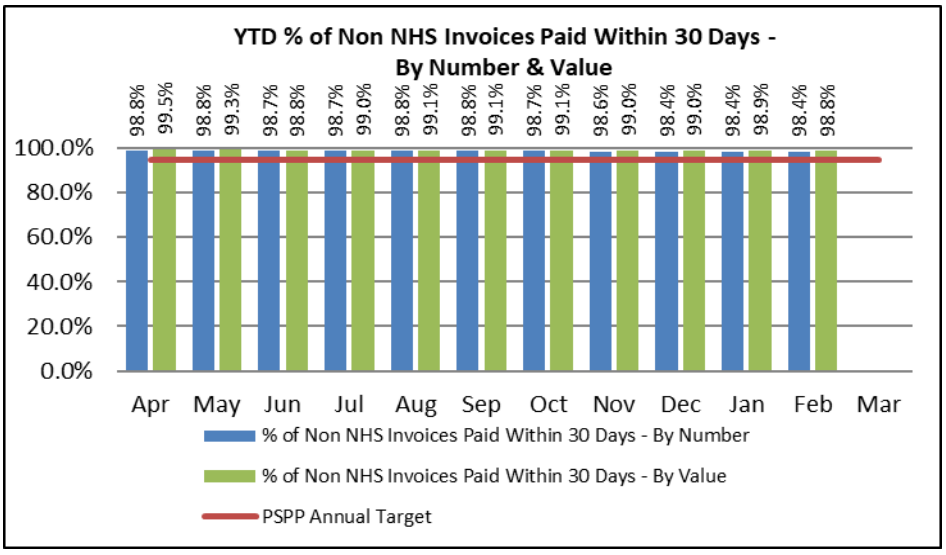
Financial position by Directorate @ 28th February	Annual Budget	Year to date			
		Budget	Actual	Variance	Tolerance 5%
	£000	£000	£000	£000	%
Directorate					
Operations Directorate	222,486	204,417	202,662	-1,755	-0.9%
Chief Executive Directorate	2,263	2,088	2,100	13	0.6%
Board Secretary	731	667	664	-3	-0.5%
Partnerships & Engagement Directorate	656	582	534	-48	-8.3%
Finance and Corporate Resources Directorate	37,703	34,049	34,800	751	2.2%
Planning and Performance Directorate	3,164	2,761	2,615	-146	-5.3%
Quality, Safety and Patient Experience Directorate	7,771	7,078	6,909	-169	-2.4%
Digital Directorate	16,413	14,164	14,030	-134	-0.9%
People and Culture	6,503	5,849	5,481	-368	-6.3%
Medical & Clinical Services Directorate	6,524	5,804	5,779	-25	-0.4%
Trust Reserves	680	416	1,146	730	175.3%
Trust Income (mainly JCC)	-304,894	-277,875	-276,821	1,054	0.4%
Overall Trust Position	**0**	**0**	**-100**	**-100**	

14. A brief commentary on significant key variances above is as follows:

- Most directorates are either underspending or broadly in line with budget plan for Month 11 except for Trust Reserves and Finance and Corporate Resources. It is through these areas that the previously highlighted main drivers of the current YTD position are reported, as follows:
- Core budgets set for Finance and Corporate Resources at the 2025/26 financial year were balanced, following the reversal of the WRP assumptions the non-pay is currently overspent due to the following areas:
  - Interest receivable has been lower in year to date due to a reduction in rate from plan and also lower cash balances during the year.
  - General losses and special payments have been higher than budgeted.
- Trust reserves due to rebasing some balance sheet provisions from 2024/25 for annual leave sold.

PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

15. Public Sector Payment Policy (PSPP) compliance to Month 11 was **98.4%** against the **95%** WG target set for non-NHS invoices by number and **98.8%** by value.



2025-26 CAPITAL PROGRAMME

16. At Month 11, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2025/26 is **£32.326m**. This includes **£26.378m** of All Wales Approved schemes and **£5.948m** for Discretionary schemes.

17. There is no suggestion at this stage of the financial year that this value will not be spent in full, however as experienced in prior years as we approach the end of the financial year, schemes do start reporting movements in their year-end forecast, at the end of month 11 there was circa £0.500m of forecasted slippage or underspend against initially allocated budgets, work is ongoing with scheme managers to understand these. These movements has allowed the Trust to accelerate expenditure against pre-approved schemes i.e. the 26-27 Fleet BJC to allow the Trust to advance purchase items which are funded out of the 26-27 Capital Expenditure Limit and thus be repaid via internal brokerage to the schemes which have experienced delays, this will be managed through the various Committees and teams to ensure governance.

	Actual £'000	Plan £'000
All Wales Capital Programme: Schemes:		
ESMCP - Control Room Solutions	421	421
MDVS	72	72
Special Operational Response Teams (SORT) Enhancement Equipment	12	290
Welsh Ambulance Services NHS Trust – Vehicle Replacement Programme – 2025-26	9,654	22,452
TEF - Infrastructure	80	300
TEF - Decarbonisation	401	707
Replacement PC/Laptops, Server & Switch upgrades - End of Year Digital funding 2025-26	206	550
EA Chassis 26-27 - End of Year funding 2025-26	0	1,290
Voice Conference & Voice Recorders Upgrade - End of Year Digital Funding 2025-26	0	296
Sub Total	**10,845**	**26,378**
Discretionary:		
I.T.	487	1,149
Equipment	177	250
Statutory Compliance	0	0
Estates	1,424	4,350
Other	37	180
Unallocated Discretionary Capital	0	19
Sub Total	**2,125**	**5,948**
Total	**12,970**	**32,326**
Less NBV reinvested		
Total Funding from WG	**12,970**	**32,326**

RISKS AND ASSUMPTIONS

18. The risks have again been reviewed in detail and given the current reported forecasted position and the remaining weeks to the end of the financial year, the previous detailed review has allowed the Trust to remove the risks previously included in month 9. Again, these have been reviewed in month, and no additional risks have been added.

19. As noted in prior months, the risk related to the costs associated with the Manchester Arena Inquiry, and subsequent recommendations, both Capital and Revenue costs have been identified and if this recommendation is to be taken forward additional funding/savings would be required in order to deliver, however the risks to the services are much more than financial.

20. Full consideration and management of all risks will clearly be high on the agenda for the Trust Board and its relevant Committees, including Finance and Quality Committees. Alongside this, the risk of non-delivery of statutory financial duties continues to be included on the Trust's Corporate Risk Register.

RECOMMENDATION(s)

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

NEXT STEPS

22. Monitor the ongoing revenue and capital position over the remaining weeks of the year, linking in with key stakeholders, to ensure delivery to plan.

23. Continue to closely monitor risks and ensure plans are developed to ensure the Trust can meet its statutory duties.

Appendix 1

The first table is the total savings delivery, which is then broken down into that being delivered recurrently and non-recurrently in the subsequent two tables.

Welsh Ambulance Services NHS Trust

Savings Performance by Theme 25-26

Reporting Month 11

	Annual	In Month			Cumulative			Forecast		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Apprentice Income	50	4	4	0	46	46	0	50	50	0
Balance Sheet Flexibility	200	0	0	0	150	50	-100	200	123	-77
Commercialisation Opportunities	100	25	0	-25	75	0	-75	100	0	-100
Disposals	250	35	35	0	215	215	0	250	250	0
End of Shift Overrun	100	7	7	0	92	90	-2	100	98	-2
Fuel	230	19	53	34	215	618	403	230	663	433
Interest Receivable	516	43	27	-16	473	192	-281	516	217	-299
Non Pay Local Schemes - Corporate	914	94	46	-47	820	653	-167	914	705	-209
Non Pay Local Schemes - Operations	650	54	36	-18	591	466	-125	650	521	-128
Pay Cost Management (Variable / Net Vacancies) - Operations	3,140	214	221	7	2,919	2,912	-7	3,140	3,140	0
Pay Vacancy Management - Corporate	2,275	190	161	-28	2,085	2,466	380	2,275	2,656	381
Pay Vacancy Management - Corporate 25-26	75	8	8	0	66	66	0	75	75	0
Totals	**8,500**	**693**	**599**	**-94**	**7,748**	**7,775**	**27**	**8,500**	**8,500**	**0**

Savings Performance by Theme 25-26 - Recurrent

Reporting Month 11

	Annual	In Month			Cumulative			Forecast		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Apprentice Income	50	4	4	0	46	46	0	50	50	0
Balance Sheet Flexibility	200	0	0	0	150	50	-100	200	123	-77
Commercialisation Opportunities	100	25	0	-25	75	0	-75	100	0	-100
Disposals	250	35	35	0	215	215	0	250	250	0
End of Shift Overrun	100	7	7	0	92	90	-2	100	98	-2
Fuel	230	19	53	34	215	618	403	230	663	433
Interest Receivable	516	43	27	-16	473	192	-281	516	217	-299
Non Pay Local Schemes - Corporate	914	94	46	-47	820	653	-167	914	705	-209
Non Pay Local Schemes - Operations	650	54	36	-18	591	466	-125	650	521	-128
Pay Cost Management (Variable / Net Vacancies) - Operations	3,140	214	221	7	2,919	2,912	-7	3,140	3,140	0
Pay Vacancy Management - Corporate	0	0	0	0	0	0	0	0	0	0
Pay Vacancy Management - Corporate 25-26	75	8	8	0	66	66	0	75	75	0
Totals	**6,225**	**503**	**437**	**-66**	**5,663**	**5,309**	**-353**	**6,225**	**5,844**	**-381**

Savings Performance by Theme 25-26 - Non Recurrent

Reporting Month 11

	Annual	In Month			Cumulative			Forecast		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Apprentice Income	0	0	0	0	0	0	0	0	0	0
Balance Sheet Flexibility	0	0	0	0	0	0	0	0	0	0
Commercialisation Opportunities	0	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0	0
End of Shift Overrun	0	0	0	0	0	0	0	0	0	0
Fuel	0	0	0	0	0	0	0	0	0	0
Interest Receivable	0	0	0	0	0	0	0	0	0	0
Non Pay Local Schemes - Corporate	0	0	0	0	0	0	0	0	0	0
Non Pay Local Schemes - Operations	0	0	0	0	0	0	0	0	0	0
Pay Cost Management (Variable / Net Vacancies) - Operations	0	0	0	0	0	0	0	0	0	0
Pay Vacancy Management - Corporate	2,275	190	161	-28	2,085	2,466	380	2,275	2,656	381
Pay Vacancy Management - Corporate 25-26	0	0	0	0	0	0	0	0	0	0
Totals	**2,275**	**190**	**161**	**-28**	**2,085**	**2,466**	**380**	**2,275**	**2,656**	**381**

Please note figures are rounded to the nearest whole number

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

Cadeirydd
Chair: Colin Dennis

Prif Weithredwr
Chief Executive: Emma Wood

Swyddfa Cyllid ac Adnoddau Corfforaethol

Finance and Corporate Resource Office

Mrs A Hughes
Head of NHS Financial Management
Welsh Government
North Wales NHS Financial Management
Sarn Mynach
Llandudno Junction
LL31 9RZ

12th March 2026

Your ref:

Dear Andrea,

Re: FEBRUARY 2026 (MONTH 11 2025/26) MONITORING RETURN

Please find attached the Monitoring Returns for the Welsh Ambulance Services University NHS Trust for February 2026.

All automatic validation rules incorporated in the reporting template have been successfully passed.

In line with our submitted IMTP, our opening budgets and financial plan for the year reflected the level of assumed funding, expenditure plans and savings requirement included and submitted and supported by our Commissioners and approved by the Trust Board in March 2025.

The Trust's performance against financial targets for month 11 2025/26 is as follows: -

1. **Actual Year to Date 2025/26 (Tables A, B & B2)**

Income assumptions reflect those agreed within the IMTP and are used to support cost pressures identified in the Trust's detailed budget setting. The key funding assumptions at the outset of 2025/26 being that the 2024/25 funding is, where applicable, fully recurrent, and the 2025/26 funding will include: -

- The nationally made available 1.77% uplift for core cost growth, which excludes any funding to meet the 2025/26 pay award costs, (which will be subject to a future additional funding allocation);
- Impact of previously agreed developments/other adjustments including income support, in line with support by Commissioners in previous and current IMTPs, along with funding for other nationally delivered projects.

Included within the income assumptions is the full pass through of 2024/25 pay funding and an assumed level of funding for Employers National Insurance contribution increase for 2025/26 funding (see below).

The resulting reported performance at month 11 as per Table B, is an underspend against budget of **£0.100m**

The reported total pay variance against plan as at month 11 is an underspend of **£2.676m**, set against the budgets.

The non-pay position at month 11 is a reported overspend of **£2.605m**.

Income at month 11 shows an underachievement of **£0.029m**.

2. Movement (Table A)

The Movement table has been completed in accordance with the new guidance, incorporating the submitted Annual Plan (AOP) data.

3. Underlying Position (Table A1)

Table A1 has been adjusted to agree with Table A.

The recurrent impact has again in month been assessed and noting the latest intelligence this has been reduced slightly from the previous month 10 return. **(Action Point 9.1)**

4. Risk (Table A2)

The risks have again been reviewed in detail and given the current reported forecasted position and the remaining weeks to the end of the financial year, the previous detailed review allowed the Trust to remove the risks previously included in the month 9 return, again these have been reviewed in month, and no additional risks have been added.

As noted in prior months returns, the risk related to the costs associated with the Manchester Arena Inquiry, and subsequent recommendations, both Capital and Revenue costs have been identified and if this recommendation is to be taken forward additional funding/savings would be required in order to deliver, however the risks to the services are much more than financial.

Full consideration and management of all risks will clearly be high on the agenda for the Trust Board and its relevant Committees, including Finance and Quality Committees. Alongside this, the risk of non-delivery of statutory financial duties has also been included, alongside a more detailed review of this risk on the Trust's Corporate Risk Register.

5. Monthly Profiles (Table B)

This table has now been completed in full, and in accordance with the guidance.

6. SOCNE SOCNI (Table B1)

This table has now been completed in full, and in accordance with the guidance. Please note that the variances that were questioned in last month reply letter relate to following:

- For the JCC between month 9 and month 10, the annual anticipated income reduced by c£0.3m due to FALLS income recovered via WG. The change in phasing is due to receiving the cash payments from JCC and then accruals to bring this back to the planned income figures.

- For WG between month 9 and month 10, this increased by £0.7m due to the £0.3m FALLS income recovered (hence reduction in JCC) and invoices raised in month 10 for CAME dilapidations along with some other depreciation/impairment adjustments, these were all accounted for in Month 10 along with the adjustment to the budget, therefore a reduction in month 11 & month 12 profiles. **(Action Point 10.1)**

7. Expenditure Movement (Table B2)

Table B2 has been completed in accordance with the guidance.

8. Pay and Agency/Locum (premium) Expenditure (Table B3)

Agency costs for month 11 totalled £0.044m. The current percentage of agency costs against the total pay figure remains very small, at 0.2%. This is to cover a small number of vacancies, in areas across the Trust which the Trust is having difficulties recruiting into, however it is hoped that some of these agency staff will be replaced by permanent staff in the near future. Due to the uncertainty that remains around some ICT funding that has been received on a non-recurrent basis, as such we are having to utilise agency staff in these roles to deliver the service, therefore there remains costs going into March, however as mentioned above these have non-recurrent funding and couldn't be appointed on a permanent basis.

9. Saving Plans (Table C, C1, C2 & C3)

Year to date at month 11 the Trust is reporting planned savings (including Income generation) of £7.748m and actual savings of £7.775m.

10. Income/Expenditure Assumptions (Tables D, E and E1)

These are set out in Tables D, E and E1.

11. Statement of Financial Position and Aged Welsh NHS Debtors (Table F & M)

At month 11 there were no invoices over 11 weeks.

12. Cash flow (Table G)

The cash flow has been completed in accordance with the guidance, included below is the details of 'Other' receipts and 'Other' payments as shown within lines 10 and 22 of Table G.

	Apr £,000	May £,000	Jun £,000	Jul £,000	Aug £,000	Sep £,000	Oct £,000	Nov £,000	Dec £,000	Jan £,000	Feb £,000	Mar £,000	Total £,000
RECEIPTS													
other (specify in narrative)													
CRU Income	16	12	15	13	13	10	11	19	13	8	18	10	158
Other Non NHS Income	329	268	293	135	453	213	242	370	207	114	116	270	3,010
Pensions Agency	0	0	0	0	0	0	0	0	0	0	0	0	0
Vat Refund	0	435	384	0	622	381	331	359	841	433	0	561	4,347
Risk Pool Refund	1,519	0	1,020	0	8	0	283	0	388	0	547	0	3,765
Total	1,864	715	1,712	148	1,096	604	867	748	1,449	555	681	841	11,280

13. Public Sector Payment Compliance (Table H)

This table has been completed in accordance with the guidance. The Trust endeavours to ensure that NHS invoices along with Non-NHS invoices are paid within targets.

The quarter 4 update will be presented in next month's return.

14. Capital (Tables I, J and K)

The capital tables have been completed in accordance with the guidance.

Works are progressing well and expenditure is flowing through the ledger as expected, the Trust is still forecasting to achieve its CEL by the 31st March.

15. EFL (Table L)

The EFL figures in the WG column have been amended to align with the latest figures received on the 11th March. **(Action Point 10.2)**

16. Committee to receive Financial Monitoring Return

The Trust confirms that financial information reported in the monitoring return is entirely consistent with financial details reported internally, including details within Trust Board papers and that of its committees.

The month 11 Financial Monitoring Return will be presented to Trust Board on 26th March 2026.

Governance arrangements for formal sign off of the monitoring return narrative in the absence of the Director of Finance or Chief Executive will be delegated to their Deputies but in exceptional circumstances could be signed by a Senior Finance Manager and an Executive Director. Signatures on this return contain Edward Roberts Interim Assistant Director of Finance and Emma Wood, Chief Executive.

17. Other Issues

There are no other matters of major significance to draw to your attention at this stage.

As requested the email will include the Word version of this letter excluding the signatures

If you would like to discuss any matter included in this monitoring return letter or attached tables, please do not hesitate to contact me.

Yours sincerely



Edward Roberts
Interim Assistant Director of Finance



Emma Wood
Chief Executive

Enc cc:
Mr C Dennis, Chairman
Non-Executive Directors Executive Directors

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

Agenda Item No.	13

REPORT TITLE

Integrated Medium Term Plan (IMTP) 2025/26 Delivery Update (Mid-point Q4)

MEETING

Name of meeting	Trust Board
Date of meeting	26 March 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

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

PURPOSE OF REPORT

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

REPORT SUMMARY:

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

1. The purpose of this paper is to provide Trust Board with a progress update and assurance on the 2025/26 quarter 4 (Q4) IMTP deliverables mid-point position. This paper was presented to the Finance & Performance Committee on the 17th March, and progress was noted.

2. The Clinical Model Transformation (CMT) programme continues to deliver strong progress and was awarded 'reasonable assurance' following completion of an internal audit in Q3.

3. A full end of year progress update will be provided on the directorate deliverables following completion of the quarter 4 reporting period. This paper therefore provides the board with a further update and assurance on the deliverables reported as off-track (red) in the Q3 progress, with a mid-point Q4 update following further consideration by the Strategic Transformation Board (STB) in Jan-26.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Board is requested to:

Note progress reported against the 2025/26 IMTP deliverables for the mid-point quarter 4 position (covering CMT & Directorate level reported deliverables)

ADDITIONAL PAPER(S)

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

N/A

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
☒ SO1: Providing the right care or advice, in the right place, every time	☒ SO2: Enabling our people to be the best they can be
☒ SO3: Being at the forefront of innovation and technology	☒ SO4: Developing services in collaboration
☒ SO5: Being quality driven and clinically led	☒ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
N/a

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document here for further details.

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
17 March 2026	Finance & Performance Committee

SITUATION

1. The purpose of this paper is to provide the Board with a progress update on the mid-quarter 4 position to deliver the 2025/26 IMTP deliverables. This paper was presented to the Finance & Performance Committee on the 17 March, and progress was noted.

BACKGROUND

2. The 2025/26 IMTP deliverables are monitored through two internal delivery mechanisms reporting into the Strategic Transformation Board (STB). Implementation of the Trust's Integrated Clinical Services Model is reported via the Clinical Model Transformation (CMT) Board, and the wider organisational deliverables are monitored via the Integrated Strategic Planning & Development Group (ISPDG).

ASSESSMENT

3. This report provides a mid-point Q4 position on progress against our Clinical Model Transformation (CMT) Programme providing key progress reported to the CMT Board on the 23rd February.

Clinical Model Transformation (CMT) Mid-Q4 Progress Report

4. The Clinical Model Transformation (CMT) Programme continues to progress in line with its strategic ambition to transition to an integrated, clinically led Clinical Services Model.

5. Development of the programme's foundational documents is nearing completion following the endorsement of the **CMT Programme Benefits Realisation Plan** at CMT Board in Jan-26. This document was subsequently presented for approval at STB later in the month.

6. Ongoing review and management of the **Benefits Realisation Plan** now falls under the remit of the **Benefits Realisation Steering Group.** The Terms of Reference were presented to CMT and approved pending minor amendments, and the group will be initiated from mid-March onwards.

7. **Progress** continues in demonstrating identified **benefits**, with all five workstream scorecards approved alongside the programme scorecards. Refinement is ongoing and IDS are now tasked with developing the PowerBI dashboards. A **workshop** is due to be held in early April to identify and prioritise key interventions with senior stakeholders.

8. In developing our Programme Vision, work remains ongoing on the development of **Patient Personas**. These personas were presented to Clinical Advisory Group for review and onwards to both CMT Board in Dec-26 and Jan-26 for discussion. Further work is required on the inclusion of additional personas.

9. Work has begun in Jan-26 on **Programme Leadership Behaviours**. This is a collaborative effort with the Change Management team to develop role profiles for each of our programme leads via training and engagement. Change Management training is due to take place in early March 2026.

10. CMT programme deliverables and narrative have been submitted for inclusion in early drafts of the IMTP, including detailed milestones against each agreed deliverable. A prioritisation session at the beginning of the year has seen the number of CMT deliverables cut to ten.

11. The **CMT Audit** was completed and a final report received in mid-January. The CMT Programme received **reasonable assurance**, which considering the scale of the work was a satisfactory outcome. The management actions received are all reasonable and achievable and progress will be reporting via the programme update into CMT Board.

12. The table below provides a high-level summary of **progress against each CMT work stream** and further detail can be provided to the Trust Board on request.

Table 1: Overview of the CMT Q4 Highlight report

Workstream/Enabling Group	RAG	Notes
Digital Front-End	**Yellow**	On Track (cautionary status): Downward trend to note the issue regarding capacity. No impact noted on Digital Front End; however, this is being closely monitored.
Remote Integrated Care	**Yellow**	On Track (cautionary status): Upward trend due to mitigated issues surrounding Go Live of RICS on the 21st April.
Urgent Community Response	**Yellow**	On Track (cautionary status): No change. Status due to requirement of APP Scheduling mitigations.

Emergency Response	*Call Flow and Prioritisation*	**Green**	On Track: No change
	Out of Hospital Cardiac Arrest	**Green**	On Track: No change
Health Transport		**Amber**	Off Track, MIS-Cleric interface issues remain
CMT Metrics		**Closed**	On Track (cautionary status): Upwards trend. Closed and outstanding items transferred to Benefits Realisation Steering Group.
Change Management		**Yellow**	On Track (cautionary status): no change work continuing to review change management approach
Partnerships & Engagement		**Green**	On Track: No change
CMT Benefits Realisation Steering Group		**Not Started**	First meeting March 24, 2026.

Directorate led IMTP Deliverables

13. As part of the planning process for the 2026-29 IMTP, work has continued at pace to develop the IMTP deliverables for next year's plan. This work has been undertaken in collaboration with all directorates to ensure an integrated and co-ordinated approach to agree the organisations key priorities for the next three years. This work has been informed by the organisational principle of 'consolidating' the number of deliverables and has seen a reduction from the 160 deliverables outlined in the current plan (across the three-year planning period) to 47 in next year's plan. Further detail on next year's plan and key IMTP deliverables is included in a separate IMTP paper submitted to the Board.

14. Recognising that the timing the Trust Board falls within the quarter 4 delivery period and papers, work is still continuing to implement the 2025/26 IMTP deliverables up to the end of March. This report therefore does not provide a mid-point progress update against all of the directorate level deliverables as this would have duplicated the end of year (Q4 reporting) planned to take place in April after the full completion of the quarter four reporting period.

15. This paper therefore provides the Board with an update against the six 'red' reported deliverables in the Q3 report, following further discussion in STB on the 26 January.

16. The Board will receive a full end of year (Q4 report) to confirm the final delivery status and progress against all of the 25/26 directorate led deliverables along with a detailed audit track of the prioritisation and decision

making that has informed the refresh of 2026/27 IMTP deliverables that are included in next year's plan.

17. For reference the table overleaf provides a summary of the reported RAG status for all of the directorate led IMTP deliverables (25/26).

Table 2: Overview of all 25/26 directorate level deliverables (Q3 RAG status)

Directorate/Objective	Green	Yellow	Amber	Red	Not Started	Complete
Operations	6		3		3	1
Finance & Corporate Resources	3		1	2		1
People & Culture	11		3		1	2
Partnerships & Engagement	2	1				5
Digital	5		8	1		
Quality, Safety & Patient Experience	4		5	3		1
Corporate Governance	2					3
SO6: Delivering exceptional value (SP&P and non-aligned deliverables)	1		4		2	

18. A total of six IMTP deliverables were reported as 'Red' for the Q3 position, and the table below provides a more detailed assessment of progress and mitigation following further consideration by the Strategic Transformation Board (STB) in Jan-2026.

Table 3: Overview of the Q3 IMTP deliverables (reported RED)

IMTP Deliverables	RAG	Delivery Confidence	Progress Update
EMS & NEPTS CAD replacements – business cases written (Q2 – Q3)	Red	Low	This work has been delayed to capacity and requirement for technical expertise to support the scoping and development of the preferred CAD solution. A cost pressure proposal was submitted as part of IMTP development for 2026/27. This was not formally supported; however, funding is being explored within directorate level budgets. This work has been prioritised as an IMTP deliverable for 2026/27 and will roll forward. 2026/27 IMTP Deliverable ref. 30 – 'Develop key requirements and appraisal of options for the EMS, 111 and NEPTs CAD replacement, including strategic direction').
Updated health inequalities maturity matrix for reducing	Red	Low	The requirement to update the health inequalities maturity matrix has been superseded by the Health Impact Assessment (HIA) regulations passed in Nov-25, with detailed guidance released in Feb-26.

completed by end Q1			Work is now required to develop our response to the regulations to fully understand our role in health inequalities and how the HIA will be delivered and in alignment to other impact assessments (e.g. Quality Impact Assessments). This work will need to be completed by Apr-27 to fully embed and operationalise the HIAs across the organisation. This work will therefore roll over into 2026/27 as a directorate led action.
Draft Population Health Plan approved in Q1	Red	Low	Updated provided to Quest Committee (3rd Feb). Population health remains a key commitment for the trust, however due to capacity challenges (in part aligned to the organisation prioritisation the APF and CMT and loss of specialist resources) the anticipated progress against the population health plan has not been achieved. The Trust has continued to work with Public Health Wales and has revised the placement opportunity for a Public Health Specialist Registrar to join WAST. It is hoped that by creating a joint placement between Public Health Wales or a Health Board and WAST, the opportunity might create greater interest in 2026 and subsequently offer specialist support to exploit the opportunities identified in the Baseline Report completed in 2025. This work will roll over into 2026/27 as part of directorate level plans.
'Always On' and Duty of Quality Reporting will be delivered by end of Q4	Red	Low	Duty of Quality reporting will be completed (as per the annual reporting requirements) by the end of Q4. The 'Always On' reporting aspect remains off track and will roll over into Q1 and picked up as a directorate level deliverable. Two key areas of development in progress: (1) External dashboard and metrics require further development by IDS (this has been delayed due to prioritisation of key priorities aligned to the Ambulance Performance Framework and Clinical Model Transformation (rolled over to Q1 26/27. (2) Work required by quality governance team to develop a more patient friendly 'story telling', delayed due to internal team capacity (rolled over to Q1 26/27)

Estates SOP will be reviewed in context of AWC funding by end Q3 (includes consideration of AWC schemes e.g. Swansea)	Red	Low	Current Estate SOP runs from 2018 – 2028. The capital position from Welsh Government for 2026/27 is challenging with no pipeline for additional funding anticipated. There is therefore no immediate requirement to update the Estates SOP for the 2026/27 period, and this can be re-considered for the next year. Work will continue to complete the 6 Facet survey to provide key intelligence regarding current building conditions and wider considerations to inform future estates schemes. ELT decision to remove this as an IMTP Deliverable for the 2026/27 IMTP.
Resource and support to further enhance the approach to decarbonising our fleet to be explored during 2025/26	Red	Low	Further low carbon vehicles being put into the system this year in support of this action. ELT discussion held in February, further actions generated that are currently being considered. De-carbonisation not prioritised as an IMTP priority for 2026/27; however, this work will continue as a directorate level action with cross-directorate support.

RECOMMENDATION

19. The Recommendation is set out in the front cover above.

NEXT STEPS

20. The next steps are as follows:

- Complete and report the full end of year (Quarter 4 report) to confirm the final delivery status and progress against all of the 25/26 directorate led deliverables and present at the next Trust Board meeting.
- Provide the end of year update against the 'what good looks like statements'
- Complete a detailed audit tracking report outlining the prioritisation and decision making that has informed the refresh of 2026/27 IMTP deliverables that are included in next year's plan.
- Identify opportunities to improve IMTP monitoring and reporting process for the 2026/27 planning cycle including reporting by strategic objective.

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Welsh Ambulance Services
University NHS Trust

Agenda Item No.	14

REPORT TITLE

2025 NHS Wales Staff Survey

MEETING

Name of meeting	Trust Board
Date of meeting	26 March 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Angela Lewis, Director of Culture Change
Author(s) of report	Sarah Davies, Head of Change and People Insights

PURPOSE OF REPORT

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

REPORT SUMMARY:

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

The purpose of this report is to:

1. Present a high level summary of the results of the recent NHS Wales Staff Survey; *and*
2. Summarise our approach to reporting findings to and engaging with a variety of stakeholders.

Quantitative data is now available; summary contained in **Annex 1.** Qualitative data (free text responses) due to be released end of March – upon receipt, thematic analysis will be undertaken.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

Trust Board is requested to:

1. **NOTE** the contents of the report;
2. **COMMENT ON** insights shared; *and*
3. **SUPPORT** utilisation of the results to meaningfully inform decision-making and action.

ADDITIONAL PAPER(S)

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

Annex 1 2025 Staff Survey Results – High Level Analysis

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
☐ SO1: Providing the right care or advice, in the right place, every time	☒ SO2: Enabling our people to be the best they can be
☐ SO3: Being at the forefront of innovation and technology	☒ SO4: Developing services in collaboration
☒ SO5: Being quality driven and clinically led	☒ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
Deteriorating Employee Experience and Workforce Capacity due to underinvestment in people and organisational culture

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document here for further details.

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
9 March 2026	Angela Lewis – Director of Culture Change

SITUATION

1. The purpose of this report is to:

    - present a high level summary of the results of the recent NHS Wales Staff Survey; *and*
    - summarise our approach to reporting findings to and engaging with a variety of stakeholders.

BACKGROUND

2. Following closure of the Survey on 1st December 2025, access to response data was provided to WAST on 23rd February 2026.

3. A high-level overview of key findings and insights is contained within **Annex 1**.

4. Qualitative (free-text response) data will be shared with the organisation at the end of March; following this, thematic analysis will be undertaken and further insight shared with the organisation.

ASSESSMENT

5. The continued increase in response rate is a positive indicator, suggesting greater colleague engagement with the value of the survey, a stronger voice across the organisation and potentially growing trust in how feedback is used. This year's figure equates to a 22.7% increase on the 2024 figure and 81.5% increase compared with 2023.

6. WAST's engagement index score has increased (from 65.8% to 67.3%) which is particularly positive given the increase in participation; higher response rates can lead to a reduction in positivity scores as a broader range of experiences are captured. Whilst it is not possible to directly attribute the rise in engagement to any single factor, the data suggests that WAST's ongoing work in relation to the People and Culture agenda is supporting a more engaged workforce.

7. Increases in positivity scores are evident across all survey themes, with the greatest increases associated with Patient Safety and Speaking Up themes.

8. Comparing the top ten positivity scores from 2024 and 2025, several encouraging patterns emerge. Consistently, colleagues feel that effective action is taken to help patients and service users in distress, reflecting a strong and shared commitment to patient care. Trust in being able to do one's job and team support remain highly valued and there is an increased emphasis in 2025 on colleagues feeling able to ask for help, enjoyment of working with teammates and shared objectives, suggesting growing recognition of peer support, collaboration and clarity within teams. Positivity around compassion (towards both patients and fellow colleagues) remains prominent, reflecting a resilient and caring workforce.

9. With regard to the top ten highest negativity scores, workload, fatigue and wellbeing related pressures dominate across both datasets, with frustration, emotional exhaustion, burnout and unrealistic time pressures appearing consistently. Overall, the pattern highlights a dual reality whereby colleagues are resilient, compassionate, supportive of each other and maintaining strong patient focus, however, systemic pressures, workload demands and limited influence over change continue to challenge wellbeing and engagement.

10. Positively, quantitative data aligns closely with our People and Culture IMTP priorities (which include embedding an Anti-Sexual Harassment Policy, enhancing colleague wellbeing, further building capability and capacity in relation to change management and leadership and continuation of Our WAST Way behaviours and leadership development framework), reinforcing that we are focusing on the right areas. Scrutiny of qualitative data will enable further analysis and identification of any additional priority areas, which can be considered at the workshop planned to take place in April with the Executive Leadership Team and Trade Union Partners, seeking to agree three focus areas for the organisation, based on the survey data.

11. The following table summarises our reporting plan and timescales for the 2025 Staff Survey Results:

Audience	**Details**	**Date**
ELT	High level results (organisational level data)	4 March 2026
All Staff	High Level Results (infographic)	13 March 2026
All Staff	High level results summary shared via WAST Live	23 March 2026
Trust Board	High level results (this item)	26 March 2026
ELT & TUPs	Workshop to explore data in more detail	TBC (April)
PCC Chair	Briefing re: high level organisational results	TBC (April)
Individual Directorates	Directorate level data packs	30 April 2026
PCC	Organisational level results and overview of next steps	5 May 2026

12. To evaluate progress and impact, we will continue to facilitate quarterly pulse surveys, thus providing a clearer picture of the degree to which actions taken at a local level are driving meaningful change.

13. The increase in both participation rates and the engagement index provides a stronger and more representative picture of colleague experience across the organisation; this is positive progress and reflects the sustained focus placed on listening to colleagues and encouraging people to share their views. The true value of this data, however, now lies in how it is used. Staff survey results provide important organisational intelligence about the conditions in which our people are working and the factors that enable them to provide safe, compassionate care. As such, the findings represent an opportunity for visible, meaningful, collective leadership action. The focus for the coming year must therefore shift to systematically using this evidence to inform decision-making, prioritisation and organisational improvement, ensuring that colleague voice meaningfully influences how we shape services, support our workforce and deliver our strategic objectives.

RECOMMENDATION

14. The Recommendation(s) are set out in the front cover above.

NEXT STEPS

15. Facilitate collaborative workshop with ELT and Trade Union Partners, to agree priority focus areas for the organisation;

16. Provide directorate-level data to enable local ownership and action planning; and

17. Explore ways to systematically use this rich data to inform decision-making, prioritisation and organisational improvement.

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Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
University NHS Trust

2025 NHS Wales Staff Survey

High Level Results: Initial Analysis

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Welsh Ambulance Services University NHS Trust

High Level Summary: Infographic

Section 1: Notes to Accompany Dataset

Section 2: Response Rate

Section 3: Staff Engagement Index

Section 4: Themes

Section 5: Top 10s - 2023 vs 2024

Section 6: Spotlight - Workplace Safety

Section 7: Spotlight - Speaking Up

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Welsh Ambulance Services University NHS Trust

2025 NHS Wales Staff Survey

High Level Results

1937
completed surveys



43.2%
response rate

80% (up from 78.8%)
understand their work responsibilties



79%
enjoy working with colleagues in their team
(up from 75.9%)



44.4%
(down from 46%)
reported having personally experienced abuse at work from patients / service users, their relatives or other members of the public in the last 12 months



82.3%
(up from 79.3%)
feel that people here take effective action to help patients/service users in distress



82% (up from 78%)
feel trusted to do their job

67%
(down from 71%)
of respondents came to work in the last 3 months, **despite not feeling well enough** to do their duties





45%
(down from 46.9%)
do not feel **involved** in deciding on changes introduced that affect their work area / team / department

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Welsh Ambulance Services University NHS Trust

67.3%

Staff Engagement Index

(up from 65.8%)

42%

(up from 41%)

reported that their team does not often meet to discuss effectiveness

38% (down from 41%)

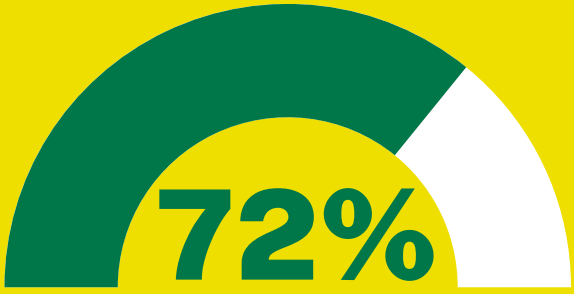
report not having enough energy for family and friends during leisure time

44%

reported feeling unwell in the last 12 months as a result of **work-related stress**

(down from 48%)

0 20 40 60 80 100



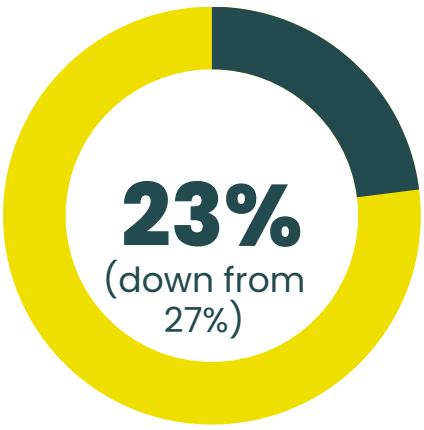
are happy to go the extra mile at work, when required (up from 71%)



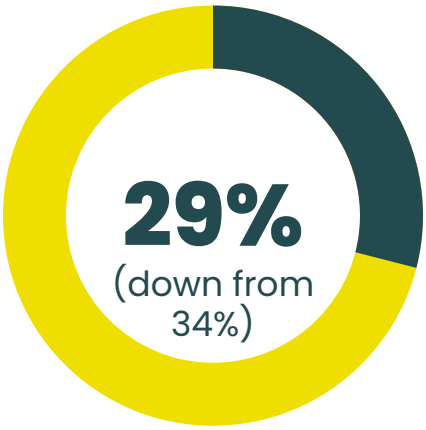
79%

(up from 73.7%)

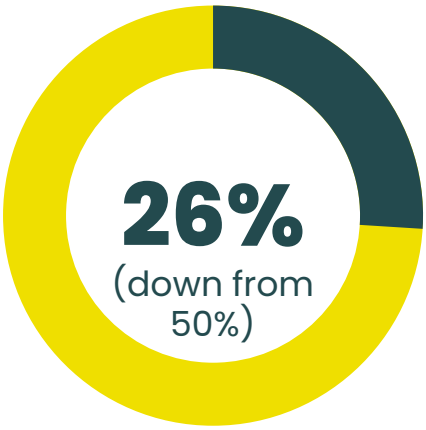
of respondents report feeling that WAST encourages us to report errors, near misses or incidents



of respondents do not feel safe to speak up about anything that concerns them in WAST



indicated that if they spoke up about something that concerns them, they would not feel confident that WAST would address their concern



stated that the last time they experienced harassment / bullying at work, neither they nor a colleague reported it

Section 1

Notes to Accompany Dataset

Benchmarking

For the purpose of benchmarking, organisations have been grouped and a separate NHS Wales organisational average has been calculated for 'Health Board' organisations and 'Trust/Authority' organisations. The NHS Wales organisational average reported in this document and the accompanying paginated report therefore relates to Trust/Authority organisations. The organisations included in this benchmark group are DHCW, HEIW, NHS Executive, NWSSP, PHW, Velindre University NHS Trust and WAST. All-Wales data has been requested for benchmarking purposes and will be shared on receipt.

Positivity Scores

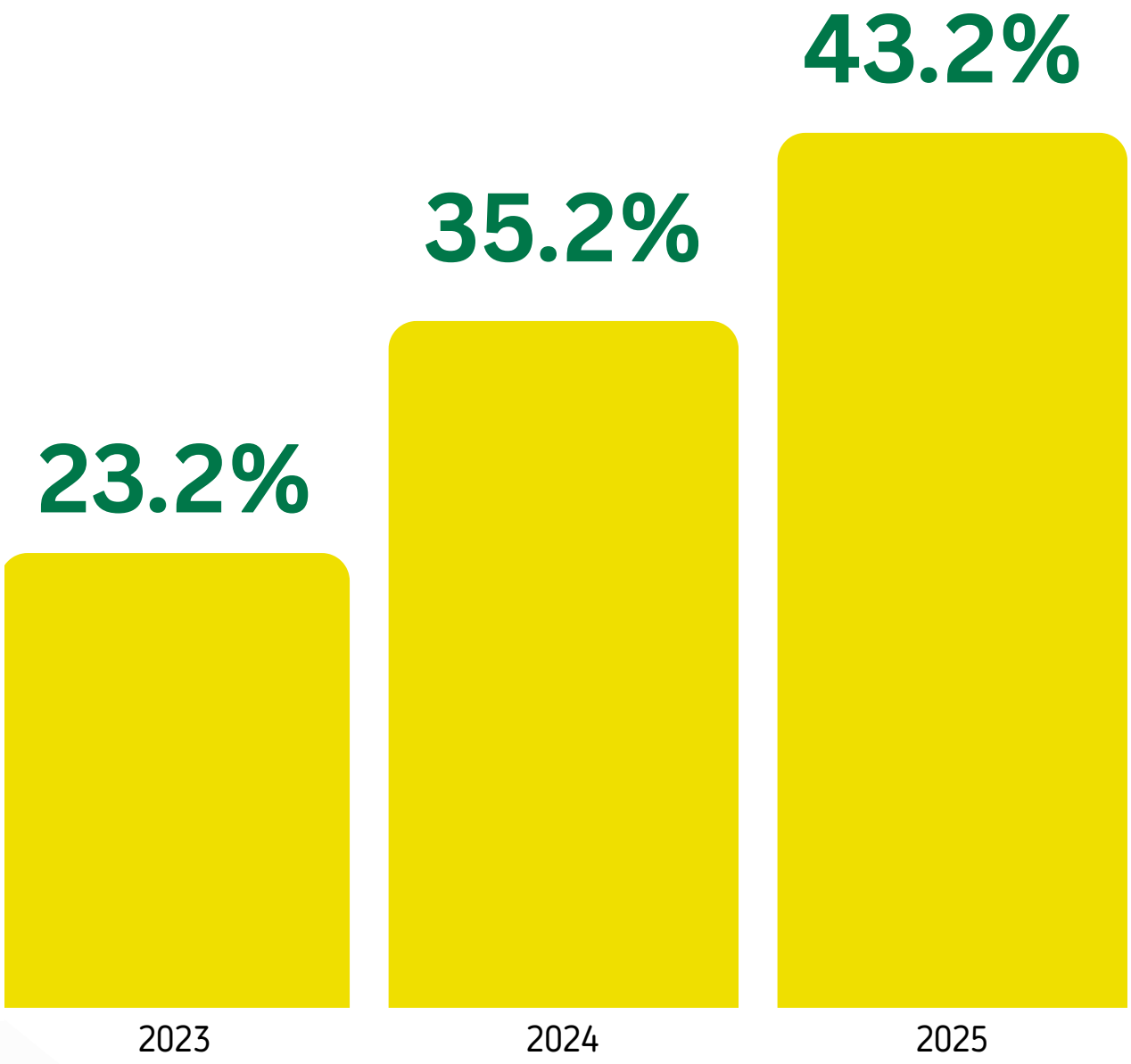
Positivity scores have been calculated for each theme and sub-theme and are based on the percentage of people that responded positively to each question included in each theme and sub-theme.

Staff Engagement Index

To calculate the Staff Engagement Index score, responses to the 7 relevant questions were weighted based on their scale position from 1 to 5 (on a scale of strongly disagree to strongly agree, or Never to Always). The index score was then calculated as the average of: (i) the weighted percentage score for questions 22a, 22b, and 22c, (ii) the weighted percentage score for questions 23a and 23d, and (iii) the weighted percentage score for questions 23b and 23c. The higher the staff engagement index score, the higher the proportion of people that responded positively to the questions.

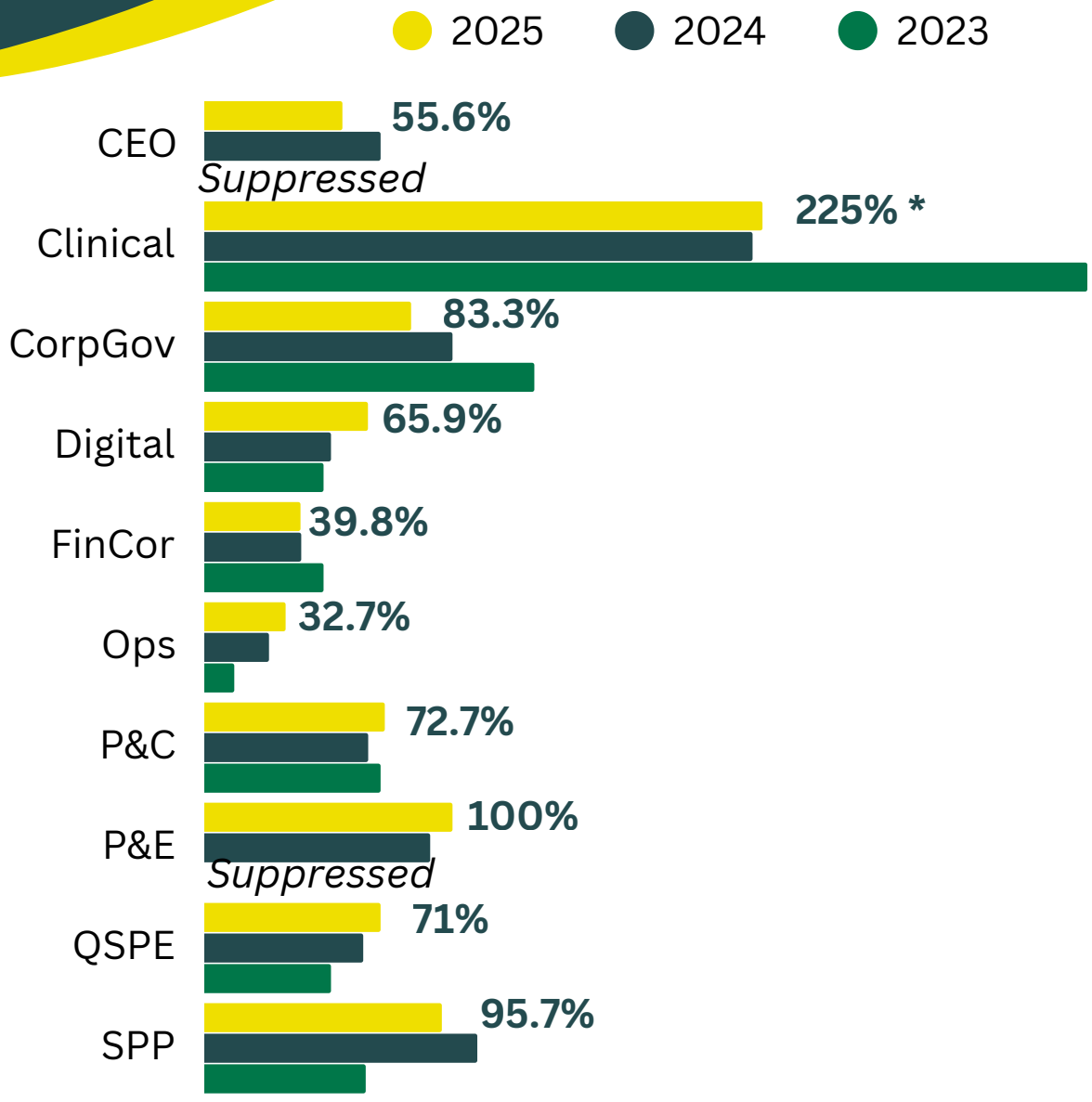
Section 2
Response Rate

WAST Response Rate



Section 2

Response Rate



* Whilst some colleagues are still selecting the wrong Directorate, our focused efforts to mitigate this risk have resulted in a significant reduction and we will continue to work on this for the next survey

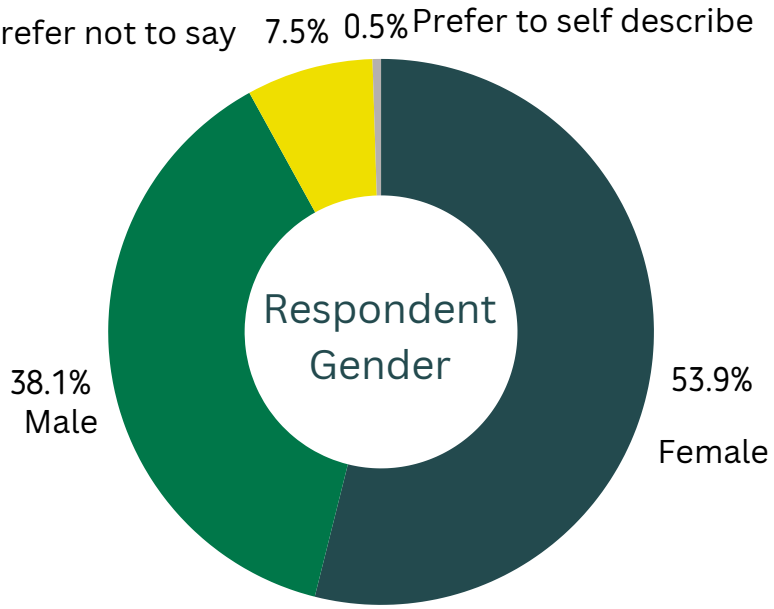
Section 2

Response Rate

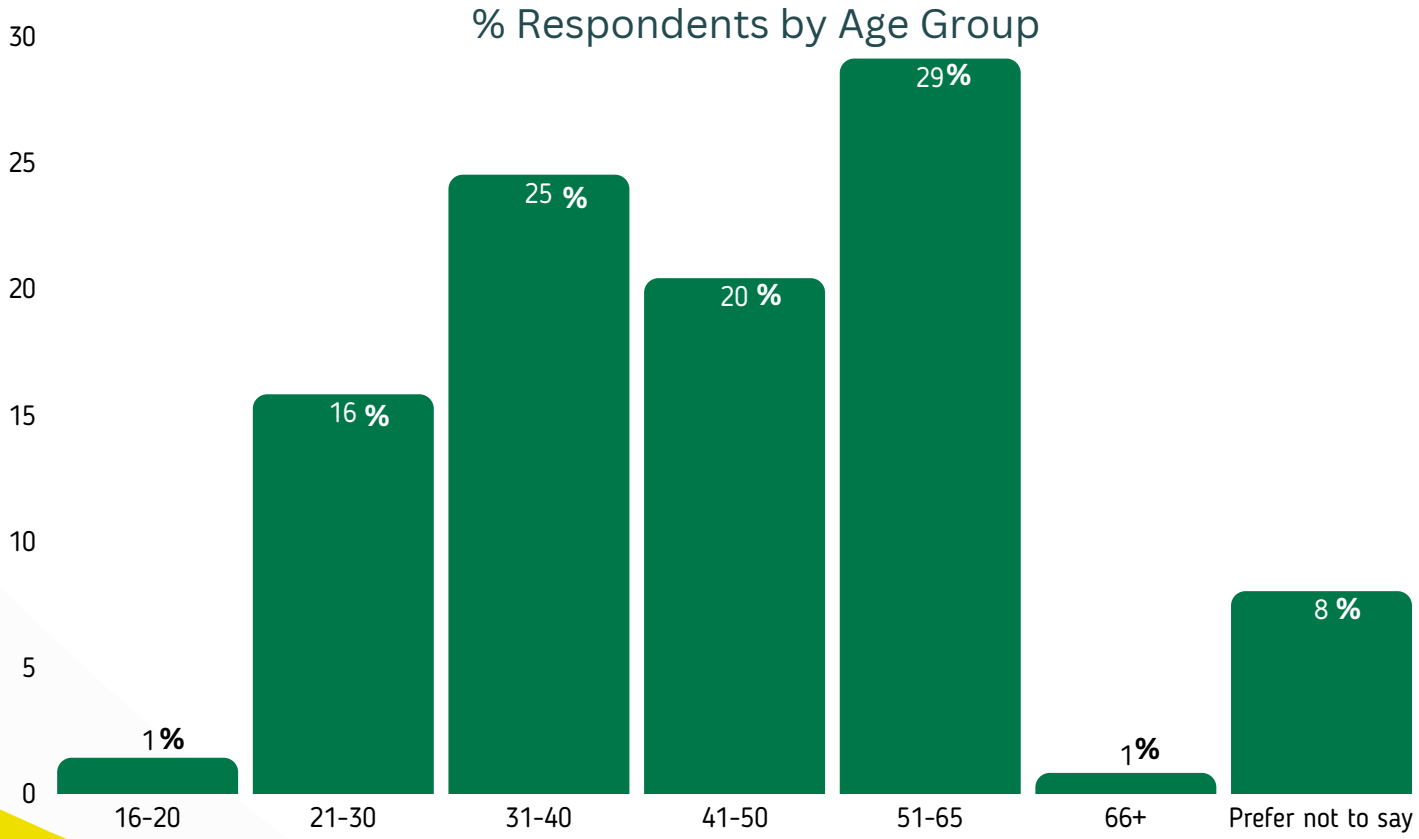
17.6% (331) of respondents consider themselves **neurodivergent** or **neurodiverse**



8.2% prefer not to say

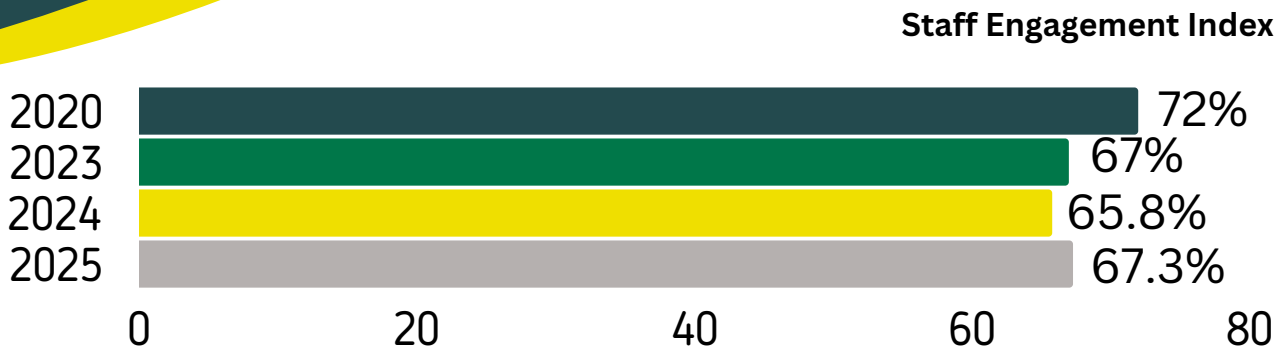


(Non-Binary < 10 responses therefore suppressed)



Section 3

Staff Engagement Index



Staff Engagement Index Score has increased from **65.8%** in 2024 to **67.3%** in 2025. Whilst this year's increase from last year is relatively small, it is a positive signal, especially given the increased participation rate.

Engagement index is calculated from responses to the following 7 questions:

22a) I look forward to going to work.
22b) I am enthusiastic about my job.
22c) I am happy to go the extra mile at work when required.
23a) I am able to make improvements in my area of work.
23b) I would recommend my organisation as a place to work.
23c) I am proud to tell people I work for my organisation.
23d) I am involved in deciding on changes introduced that affect my work / area / team / department.

Initial analysis regarding which specific aspects of engagement have driven this increase show that growing enthusiasm and pride among respondents have had the biggest impact on positivity scores.

Building on this momentum, a key focus must remain on ensuring that enthusiasm and pride are translated into meaningful involvement, giving colleagues real opportunities to be heard, contribute to decisions and feel valued in shaping the changes affecting their work.

Section 4

Themes

Positivity scores have been calculated for each theme and sub-theme and are based on the percentage of people that responded positively to each question included in each theme and sub-theme. Positivity scores across all themes increased in 2025. The greatest increases in positivity scores are within the following themes: **Patient safety** (**up 4.06%**); **We are all able to speak up** (**up 3.33%)**.

Theme	Year	Positivity Score	Annual Trend
Morale	2023	45.8%	
	2024	48.7%	▲ 2.93 pp
	2025	51.5%	▲ 2.79 pp
Patient safety	2023	47.4%	
	2024	52.3%	▲ 4.95 pp
	2025	56.4%	▲ 4.06 pp
Staff engagement	2023	50.4%	
	2024	50.9%	▲ 0.52 pp
	2025	52.5%	▲ 1.67 pp
We are all able to speak up	2023	55.1%	
	2024	55.8%	▲ 0.72 pp
	2025	59.1%	▲ 3.33 pp
We are compassionate and inclusive	2023	62.9%	
	2024	65.3%	▲ 2.44 pp
	2025	68.5%	▲ 3.15 pp
We are continuously learning and improving	2023	55.9%	
	2024	57.8%	▲ 1.94 pp
	2025	59.9%	▲ 2.04 pp
We are stronger together	2023	60.2%	
	2024	62.6%	▲ 2.39 pp
	2025	65.2%	▲ 2.54 pp
We champion flexible working	2023	47.8%	
	2024	52.7%	▲ 4.90 pp
	2025	54.6%	▲ 1.95 pp
We nurture healthy working environments	2023	50.5%	
	2024	52.3%	▲ 1.83 pp
	2025	53.5%	▲ 1.15 pp
We recognise everyone's contribution	2023	50.6%	
	2024	52.9%	▲ 2.38 pp
	2025	56.0%	▲ 3.03 pp

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Welsh Ambulance Services University NHS Trust

Section 5

Top 10s: 2024 vs 2025

		2025: Top Ten Positivity Scores
1	16d	People here take effective action to help patients/service users in distress.
2	14b	I am trusted to do my job.
3	1i	I feel able to ask other members of this team for help when I need it.
4	14a	I always know what my work responsibilities are.
5	1g	I enjoy working with the colleagues in my team.
6	16b	People here give good support to colleagues who are distressed.
7	16c	People here are compassionate in the way they behave towards patients/ service users.
8	13c	My organisation encourages us to report errors, near misses or incidents.
9	16a	People here are compassionate towards colleagues when they face problems.
10	1a	The team I work in has a set of shared objectives.

		2024: Top Ten Positivity Scores
1	16d	People here take effective action to help patients/service users in distress.
2	14a	I always know what my work responsibilities
3	14b	I am trusted to do my job.
4	1i	I feel able to ask other members of this team for help when I need it.
5	16c	People here are compassionate in the way they behave towards patients/ service users.
6	16b	People here give good support to colleagues who are distressed.
7	1g	I enjoy working with the colleagues in my team.
8	16a	People here are compassionate towards colleagues when they face problems.
9	13c	My organisation encourages us to report errors, near misses or incidents.
10	22c	I am happy to go the extra mile at work when required

		2025: Top Ten Negativity Scores
1	20c	How often, if at all, does your work frustrate you?
2	20e	How often, if at all, do you feel worn out at the end of your working day/shift?
3	19b	My PADR helped me to improve how I do my job.
4	23d	I am involved in deciding on changes introduced that affect my
5	20a	How often, if at all, do you find your work emotionally exhausting?
6	1b	The team I work in often meets to discuss the team's effectiveness.
7	20b	How often, if at all, do you feel burnt out because of your work?
8	20g	How often, if at all, do you not have enough energy for family and friends during leisure
9	2a	I have unrealistic time pressures.
10	20d	How often, if at all, are you exhausted at the thought of another day/shift at work?

		2024: Top Ten Negativity Scores
1	21d	In the last three months have you ever come to work despite not feeling well enough to perform your duties?
2	20c	How often, if at all, does your work frustrate you?
3	20e	How often, if at all, do you feel worn out at the end of your working day/shift?
4	21c	During the last 12 months have you felt unwell as a result of work-related stress?
5	23d	I am involved in deciding on changes introduced that affect my
6	11a	In the last 12 months how many times have you personally experienced abuse at work from patients / service users, their relatives, or other members of the public?
7	20a	How often, if at all, do you find your work emotionally exhausting?
8	20b	How often, if at all, do you feel burnt out because of your work?
9	1b	The team I work in often meets to discuss the team's effectiveness.
10	20g	How often, if at all, do you not have enough energy for family and friends during leisure

Section 5

Top 10s: 2024 vs 2025

Headlines:

- Respondents consistently feel that colleagues at WAST are compassionate towards patients and each other
- There remains a strong perception that the Trust encourages reporting of errors, near misses and incidents
- Colleagues feel trusted to do their jobs
- Work is increasingly impacting colleague wellbeing

Of the 10 questions with the highest negativity, six relate directly to wellbeing, indicating that workload, fatigue and work-life balance continue to present significant challenges for colleagues. Conversely, among the 10 questions with the highest positivity, four relate to compassion and three to team dynamics, reflecting that, despite ongoing pressures, colleagues continue to support one another and demonstrate care for patients and each other. Together, these findings paint a dual picture: our workforce remains resilient and collaborative, yet systemic pressures are continuing to impact wellbeing and highlight areas for ongoing focus.

Section 6

Spotlight: Workplace Safety

Results indicate a combination of encouraging progress and areas requiring continued focus regarding harassment, abuse and violence in the workplace. Overall, responses indicate improvements across most measures, however, there are two areas where scores have deteriorated: questions 10a and 10b, relating to unwanted behaviour of a sexual nature from both patients and colleagues. While overall trends show progress, these findings highlight that sexual safety remains a priority and that continued attention is required to ensure all colleagues feel safe and supported at work; our focus on fear of detriment may address this in conjunction with the work we're doing to embed the anti-sexual harassment policy.

Question	Year	Positive responses (%)	Annual trend	Negative responses (%)	2025 position
09a) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Patients / service users, their relatives, or other members of the public	2023	60.1%		37.5%	
	2024	61.8%	▲1.69 pp	36.8%	
	2025	62.5%	▲0.72 pp	36.1%	Improved
09b) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Managers / Team leaders	2023	69.7%		24.7%	
	2024	74.4%	▲4.67 pp	22.9%	
	2025	77.6%	▲3.22 pp	19.4%	Improved
09c) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Other colleagues	2023	70.8%		25.4%	
	2024	74.0%	▲3.24 pp	24.1%	
	2025	75.8%	▲1.77 pp	21.8%	Improved
10a) In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From patients / service users	2023	82.4%		16.7%	
	2024	83.4%	▲1.03 pp	15.6%	
	2025	81.4%	▼-2.07 pp	17.9%	Deteriorated
10b) In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From staff / colleagues	2023	88.1%		10.1%	
	2024	89.6%	▲1.57 pp	8.9%	
	2025	89.2%	▼-0.48 pp	9.6%	Deteriorated
11a) In the last 12 months how many times have you personally experienced abuse at work from patients / service users, their relatives, or other members of the public?	2023	68.9%		29.1%	
	2024	52.7%	▼-16.18 pp	46.0%	
	2025	54.3%	▲1.62 pp	44.4%	Improved
12a) In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives, or other members of the public	2023	83.4%		15.7%	
	2024	87.5%	▲4.10 pp	12.0%	
	2025	87.8%	▲0.28 pp	12.0%	Improved
12b) In the last 12 months how many times have you personally experienced physical violence at work from...? Managers / Team leaders	2023	98.3%		0.8%	
	2024	99.1%	▲0.76 pp	0.5%	
	2025	99.4%	▲0.36 pp	0.3%	Improved
12c) In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues	2023	98.5%		0.7%	
	2024	98.1%	▼-0.36 pp	1.4%	
	2025	98.8%	▲0.66 pp	0.9%	Improved

Section 7

Spotlight: Speaking Up

Positivity scores across all questions in the Speaking Up theme have increased, suggesting that initiatives such as Speaking Up Safely, alongside wider efforts to amplify colleague voice, increase involvement and create psychologically safe environments, are having a positive impact.

Question	Year	Positive responses (%)	Annual trend	Negative responses (%)	2025 position
14a) I always know what my work responsibilities are.	2023	77.5%		12.1%	
	2024	78.8%	▲ 1.30 pp	11.9%	
	2025	80.0%	▲ 1.17 pp	10.5%	Improved
14b) I am trusted to do my job.	2023	79.2%		10.7%	
	2024	78.2%	▼ -0.99 pp	11.7%	
	2025	81.7%	▲ 3.52 pp	8.9%	Improved
14c) There are frequent opportunities for me to show initiative in my role.	2023	59.3%		21.0%	
	2024	55.1%	▼ -4.15 pp	25.0%	
	2025	58.8%	▲ 3.73 pp	21.0%	Improved
14d) I have a choice in deciding how to do my work.	2023	47.6%		32.4%	
	2024	47.0%	▼ -0.65 pp	33.5%	
	2025	51.5%	▲ 4.52 pp	28.0%	Improved
14i) I would feel secure raising concerns about unsafe clinical practice.	2023	62.6%		16.4%	
	2024	66.7%	▲ 4.02 pp	15.5%	
	2025	70.2%	▲ 3.58 pp	13.0%	Improved
14j) I would feel secure raising concerns about unethical behaviour.	2023	66.6%		18.0%	
	2024	68.5%	▲ 1.82 pp	17.4%	
	2025	71.1%	▲ 2.69 pp	15.7%	Improved
14k) I am confident my organisation would address my concern.	2023	41.7%		28.2%	
	2024	46.1%	▲ 4.33 pp	27.9%	
	2025	49.2%	▲ 3.18 pp	25.8%	Improved
17d) I feel safe to speak up about anything that concerns me in this organisation.	2023	47.8%		31.2%	
	2024	50.1%	▲ 2.32 pp	27.4%	
	2025	55.7%	▲ 5.53 pp	22.7%	Improved
17e) If I spoke up about something that concerned me, I am confident my organisation would address my concern.	2023	34.9%		34.6%	
	2024	37.4%	▲ 2.51 pp	34.0%	
	2025	42.6%	▲ 5.18 pp	29.0%	Improved
23d) I am involved in deciding on changes introduced that affect my work/area/team/department.	2023	33.5%		45.7%	
	2024	30.0%	▼ -3.46 pp	46.9%	
	2025	30.2%	▲ 0.22 pp	45.0%	Improved





GIG CYMRU NHS WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services
University NHS Trust

Agenda Item No.	15

REPORT TITLE

Governance Report – March 2026

MEETING

Name of meeting	Trust Board
Date of meeting	26 March 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Trish Mills, Director of Corporate Governance/Board Secretary
Author(s) of report	Alex Payne, Corporate Governance Manager

PURPOSE OF REPORT

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

REPORT SUMMARY:

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

1. This report sets out where applicable the **Chair's Action's** taken since the last Board meeting and corresponding ratifications required**, use of the Trust Seal**, **decisions made in private session and any other governance matters**. There have been no decisions made by Chair's Action since the last meeting of the Trust Board nor are there decisions made in private to report. There are a series of requests to apply the Trust Seal for approval listed in paragraph two.

2. **Trust Seal approval requests:**

2.1 The Trust Board is asked to approve the application of the Trust Seal on each of the documents relating to the following transactions. It is noted that the Trust Board is asked to approve the application of the Trust Seal *only* for the following seven transaction requests. It is noted that paragraph 2.1.7 details one transaction where two Seal applications are required:

2.1.1 *Application of the Trust Seal* on the Lease Agreement for the lease of premises at the Grange Hospital and Nevill Hall Hospital, between Aneurin Bevin University Local Health Board and the Welsh Ambulance Services University NHS Trust for the accommodation of an Omnicell automated dispensing cabinet.

2.1.2 *Application of the Trust Seal* on the Lease Agreement for the lease of premises at Wrexham Maelor Hospital, Ysbyty Gwynedd Hospital, and Ysbyty Glan Clwyd Hospital, between Betsi Cadwaladr University Local Health Board and the Welsh Ambulance Services University NHS Trust for the accommodation of an Omnicell automated dispensing cabinet.

2.1.3 *Application of the Trust Seal* on the Lease Agreement for the lease of premises at University Hospital Llandough, and the University Hospital of Wales between Cardiff and Vale University Local Health Board and the Welsh Ambulance Services University NHS Trust for the accommodation of an Omnicell automated dispensing cabinet.

2.1.4 *Application of the Trust Seal* on the Lease Agreement for the lease of premises at Prince Charles Hospital, Royal Glamorgan Hospital and Princess of Wales Hospital, between Cwm Taf University Local Health Board and the Welsh Ambulance Services University NHS Trust for the accommodation of an Omnicell automated dispensing cabinet.

2.1.5 *Application of the Trust Seal* on the Lease Agreement for the lease of premises at Prince Phillip Hospital, Glangwili General Hospital, Withybush Hospital and Bronglais Hospital between Hywel Dda University Local Health Board and the Welsh Ambulance Services University NHS Trust for the accommodation of an Omnicell automated dispensing cabinet.

2.1.6 *Application of the Trust Seal* on the Lease Agreement for the lease of premises at Morriston Hospital between Swansea Bay University Local Health Board the Welsh Ambulance Services University NHS Trust for the accommodation of an Omnicell automated dispensing cabinet.

2.1.7 *Application of the Trust Seal* on the licence to underlet **AND** the Underlease relating to the Part first floor, Natural Resources Wales offices, Maes Newydd, Llandarcy, Neath Port Talbot, between parties Neil John Humphries Trading as Bron Yr Aur Properties, Natural Resources Body for Wales and the Welsh Ambulance Services University NHS Trust.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Board is requested to:

1. Receive and note the report;
2. Approve the application of the Trust Seal for the seven transactions detailed above.

ADDITIONAL PAPER(S)

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

n/a

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
☐ SO1: Providing the right care or advice, in the right place, every time	☐ SO2: Enabling our people to be the best they can be
☐ SO3: Being at the forefront of innovation and technology	☐ SO4: Developing services in collaboration
☒ SO5: Being quality driven and clinically led	☒ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
n/a

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document here for further details.

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
n/a	

QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE
HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

The papers for this meeting can be found by following this link to the Committee page on the Trust website.

Trust Board Meeting Date	26 March 2026
Committee Meeting Date	3 February 2026
Chair	Bethan Evans

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. The **Q3 Putting Things Right (PTR)** report was received at this meeting noting that despite significant additional resources, improvement has not been achieved, and performance has deteriorated for some indicators. The board received some of these metrics in the MIQPR at the board meeting on 29 January and acknowledged that changes to the clinical model had increased complexity for some investigations. The significant levels of absence in the PTR team was recognised which has a knock on effect to performance. The committee highlighted the importance of supporting staff wellbeing, particularly in light of high absence rates and the impact of stress and moral injury associated with current workloads and operational pressures. Ongoing work with People Services and Occupational Health was noted.

2. Members expressed disappointment that the **PTR and Legal Services Performance Organisational Recovery Plan** was not available for review and were not assured that formal trajectories for improvement have been identified. The committee requested that, once the plan is reviewed by the Executive Leadership Team (ELT) on 18 February, that the recovery plan be circulated to members, rather than waiting for the next scheduled meeting.

3. Notwithstanding the limited assurance the committee received on PTR recovery, they did acknowledge that where concerns were investigated and closed that learning was being applied and that the team's support for families affected was very much evident. Members also noted that there had been a further increase in new complaints and incidents resulting from increased delays in responding. Members thanked the teams for continuing to do this in difficult circumstances.

4. The committee discussed the upcoming implementation of new **Listening to People Regulations**, which will require an offer of face-to-face meetings for complainants and provision of bereavement support. There is concern about the feasibility of meeting these requirements given the absence of

final guidance from Welsh Government and current resource constraints. The lack of clarity on timing and operational details is creating uncertainty for planning and impact assessment. The Committee will receive feedback after ELT discussion on preparedness for new regulations and resource implications.

ADVISE

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

5. The committee received an account from **Roy Davies** of a prolonged ambulance delay during a cardiac emergency, which resulted in his neighbour transporting him to hospital. Members heard that Roy felt there was a lack of empathy from call handlers, highlighting the challenge of balancing speed and compassion under operational pressure and the necessity for accurate information gathering. The categorisation of Roy's call as amber, led to discussion about the specificity of the prioritisation process and the public's understanding of call categorisation. Operational context was provided, noting high call volumes for chest pain and the difficulty in identifying those, like Roy requiring an immediate response, as well as the significant impact of hospital handover delays on response times. It was noted that chest pain is an Orange Now in the new Ambulance Performance Framework. Roy's feedback is being used to inform quality monitoring, service improvements, and the development of more empathetic complaint responses, with a commitment to continued learning and system-wide collaboration.

6. Members welcomed the new **Healthcare Inspectorate Wales (HIW)** engagement process, noted the upcoming local review by HIW, and the completion of a self-assessment and evidence request. The committee will receive an update on the review as it progresses.

7. **The Ministerial Advisory Group Wait 45 Taskforce** has continued its work to reduce handover delays through clinically led, multi-agency collaboration. This has included a series of design events and focused improvement sprints. There were some concerns about how widely the output from the events were shared. While some early gains were achieved, sustaining progress has remained difficult, particularly given the scale and complexity of system pressures. Challenges within NEPTS also persist however roster reviews and commissioner engagement are under way to support an increase in patient journeys, although these actions alone are unlikely to fully resolve the wider operational constraints. Social care involvement remains critical, as health services cannot address handover delays in isolation. Work is progressing to strengthen integration with local authority and community services. However, there are still gaps in community based options for frail and elderly patients, which often leads to avoidable conveyance to emergency departments. Concerns were raised about whether Release to Respond will be fully delivered at Health Board level, particularly if accountability shifts from central oversight to local implementation. The committee agreed that regular updates on taskforce progress will be essential, since this work underpins its core agenda and supports ongoing system improvements.

8. The Committee received the **Operational Update for Q3 2025/26,** and members discussed:
   - Phase 2 of the ambulance performance framework has been implemented, and operational pressures remain high.
   - Handover delays persist, and to provide context at the time of the meeting the longest exceeded 18 hours.
   - Rural and urban equity issues were discussed, with initiatives underway to improve resource allocation.

- Alternative dispatch framework is under review, with focus on patient safety and staff wellbeing.
- Incident reporting backlog (Datix) is being addressed, however real-time learning other than of critical incidents remains a challenge.

9. Members **reflected** positively on the quality and candour of discussions, noting that the meeting provided valuable shared insight into the significant operational and strategic challenges facing the organisation. The patient story was highlighted as a powerful reminder of the real world impact of system pressures and the importance of ongoing improvement. Members expressed appreciation for the openness of contributors and the strength of scrutiny applied throughout. Members also expressed appreciation for the openness of contributors and the strength of scrutiny applied throughout. The committee recorded thanks to Rhiannon Beaumont-Wood for her contribution as she attended her final committee meeting before leaving the board.

10. The committee **met briefly in private** to receive a confidential risk report with nothing to escalate to the board at this stage.

ASSURE

(Detail here any areas of assurance the Committee has received)

11. Members received an update on the development and refinement of the **EMERG clinical indicators used to measure the effectiveness of care** within this new category of the ambulance performance framework. The indicators are designed to provide both generic and condition-specific insight, supporting assessment of overall clinical effectiveness while also tracking outcomes for high-priority conditions including sepsis, maternal emergencies, neonatal care, anaphylaxis and convulsions. The indicators now provide automated, quality-assured insight into both overall clinical effectiveness and outcomes for key conditions such, sepsis, maternal and neonatal emergencies, anaphylaxis and convulsions. The committee also noted the inclusion of nationally adopted measures, as well as work to align stroke data with the Sentinel Stroke National Audit Programme which would form part of the Orange Now Category. While recognising that wider system constraints continue to affect some indicators, the committee was assured by the progress made and agreed that the enhanced indicator suite will meaningfully support ongoing improvement within the Clinical Model Transformation Programme.

12. The **Monthly Integrated Performance Report (MIQPR)** was received, setting out the metrics for November and December 2025. January handover hours rose sharply (19,000), reversing recent improvements. The clinical model transformation programme is developing a benefits realisation workstream to analyse emerging process data and identify opportunities to improve end to end patient times for key groups, including stroke, STEMI and fallers. The committee will see this as part of its cycle of business in 2026/27. Members noted the need for further metrics for orange and amber categories, while receiving assurance that call to door times for stroke and STEMI are being monitored and that additional indicators are under review. The committee also considered how delays affect access to specialist services such as thrombectomy for stroke, agreeing to progress a joint quality improvement programme with Health Board partners. Differences in purple and red response times were explored, with call volume and travel time identified as key drivers. The committee agreed to continue monitoring the impact of phase two of the clinical model transformation, with the expectation that performance indicators will demonstrate improvement over time.

13. Partial assurance was provided on the **Strategic Quality Plan Implementation Update**, with concerns expressed on deferring activity toward the latter stages of the plan and the delivery risk that poses. Areas being reassessed for approach and delivery include population health, care experienced young people, and value-based healthcare objectives. Challenges with implementation were attributed to ongoing capability and capacity issues resulting from the significant clinical model changes adopted across the organisation over the last year. Members noted that resourcing and prioritisation of the digital and data plan remains a challenge given the team's current focus on the CMT programme. Positively, the plan highlighted progress on a range of indicators and it was noted is now being reshaped to embed quality and improvement within core business, with a midpoint review scheduled to confirm deliverability. Engagement activity continues through multiple channels, with Siren now acting as the central access point for resources. The committee endorsed continued quarterly assurance reporting and welcomed a move toward outcome based measures as the plan matures.

14. The committee received the **Infection Prevention and Control** (IPC) Annual Report 2024/25 as well as an update outlining recent progress and future plans. This including the move to a specialist IPC team and improved collaboration across IPC, fleet, estates and operations, which was welcomed. Key work continues on strengthening training, revising cleaning standards, and ensuring all emergency vehicles are equipped with appropriate PPE and respiratory protective equipment. The committee requested clearer comparative data in future reports, including audit coverage and fleet context, and sought assurance on preparedness for future infectious disease outbreaks. It was confirmed that guidance reviews are under way and that all vehicles are now fully equipped for IPC requirements. The committee raised concern about the high level of non-submission of hand hygiene action plans and asked for strengthened escalation and governance arrangements. Members agreed that further assurance will be provided through the annual quality report and a future update once national guidance and assurance frameworks are issued. The Chair noted specifically that she is looking for clear evidence that the organisation is now seeing the impact of actions that have been recognised as necessary for some time.

15. The **Clinical Audit Plan 2026/27** was approved, and the tracker update for Q3 2025/26 was received with no escalations.

16. The **Clinical Equipment Internal Audit** was received. This was a reasonable assurance rated audit that had been scrutinised by the Audit, Risk and Assurance Committee in December. Members will continue to track progress of actions to mitigate risks identified in the audit.

17. The committee approved its **Annual Report and cycle of business** aligned to refreshed terms of reference for 2026/27, noting that assurance reporting for value based healthcare, IPC, mental health and dementia is to be determined.

18. An update was received on the **Audit tracker (internal audit, external audit/reports)**. Whilst there were actions that has revised dates, there was good closure of both internal and external audit risks. The committee will continue to monitor progress, particularly on the Welsh Risk Pool Concerns Assessment actions.

RISKS

Risks Discussed:

This committee has oversight of two of the Trust's high scoring risks – those being **risks 223:** the Trust's inability to reach patients in the community causing patient harm and death and **risk 224:** significant handover delays outside A&E departments impacts on access to definitive care being delayed.

The board discussed these risks at its meeting the week before this committee meeting, and in particular the rationale for risk 223 reducing to a score of 20 but not risk 224. Members at board noted, as did committee members, that the reduction in handover delays – albeit not consistent across the country – has a fairly immediate effect on risk 223, whereas the patient safety knock-on effect of risk 224 will take more time to take effect and for the Trust to see any resulting reduction in patient harm. Notwithstanding this, both risks are reviewed monthly and further changes will continue to be reviewed closely by this committee and the board.

New Risks Identified:

- Staff capacity and immense pressures directly affecting the ability to deliver on some key areas of this committee's remit ran through much of this meeting.
- A risk related to PTR is in development, with the committee discussing the incorporation of compliance with regulations to that or to a separate risk.

COMMITTEE AGENDA FOR MEETING		
Patient experience	Ministerial Advisory Group W45 Taskforce update	Operations directorate Q3 report
PTR report Q3 and Recovery Plan update	MIQPR	IPC report 2024/25 and improvement plan
EMERG Clinical Indicators	Clinical equipment internal audit	Strategic Quality Plan implementation plan progress
Clinical audit plan 2026/27 and Q3 tracker	HIW new NHS Wales engagement process	Risk management and BAF
Audit tracker Q3	Committee annual report and cycle of business 2026/27	Cycle of business and monitoring report

COMMITTEE ATTENDANCE						
NAME	**9 MAY 2025**	**13 JUN 2025[1]**	**5 AUG 2025**	**10 OCT 2025[2]**	**4 NOV 2025**	**3 FEB 2026**
Bethan Evans (Chair)						
Ceri Jackson						
Rhiannon Beaumont-Wood						
Liam Williams						
Andy Swinburn			Jonathan Chippendale			

[1] Extraordinary meeting
[2] Extraordinary meeting

COMMITTEE ATTENDANCE						
NAME	**9 MAY 2025**	**13 JUN 2025[1]**	**5 AUG 2025**	**10 OCT 2025[2]**	**4 NOV 2025**	**3 FEB 2026**
Lee Brooks	Peter Brown				Mark Harris	
Rachel Marsh			Hugh Bennett		Hugh Bennett	
Jonny Sammut	Keith Williams					
Trish Mills		Julie Boalch		Julie Boalch		
Mark Marsden						
Hugh Parry					From item 6.1	
Henry Garrard						

	Attended
	Deputy attended
	Apologies received
	No longer member

PEOPLE AND CULTURE COMMITTEE
HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

The papers for this meeting can be found by following this link to the Committee page on the Trust website.

Trust Board Meeting Date	26 March 2026
Committee Meeting Date	10 February 2026
Chair	Ceri Jackson

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. There are no alerts to raise from this meeting.

ADVISE

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

2. The committee heard from **Ben Collins, Interim Head of Service for EPRR,** who presented a detailed account of his leadership journey and the cultural transformation he has delivered in the Emergency Medical Service for South Central. Within his story he emphasised the value of visible, grounded, approachable, adaptable leadership, reflection, and balancing compassion with accountability as a leader. He described implementing monthly one-to-one welfare check-ins, biannual culture days, and collaborative local delivery plans; which fostered team cohesion and reduced negative culture scores. Ben noted challenges in maintaining regular contact with his teams due to the mobile nature of the workforce and limited management capacity but found culture days to be particularly effective for engagement. Committee members praised Ben's approach, highlighting his ability to empower others and create sustainable change. The impact Ben has made across the Trust in developing other leaders within his team was acknowledged. The committee acknowledged the positive impact on staff well-being and patient care, recognised the difficulties in replicating such engagement across all areas, and recommended further efforts to embed these practices more widely throughout the organisation.

3. The priorities relevant to the remit of this committee for the **IMTP for 2026-29** were endorsed and members were assured they are aligned to the 3 C's of the People and Culture Plan.

4. The **report from the Director of Culture Change** and the **Director of People** was received with a focus on the Health and Wellbeing Passport (designed to facilitate supportive conversations between staff and managers about workplace adjustments) and the WAST Welcome Digital Handbook, designed to improve onboarding for new staff (covering organisational structure, support resources, benefits, safety, learning, and engagement). Both were welcome additions. Strong engagement across the organisation was highlighted, with over 1,000 colleagues now involved in People Networks supported by Executive sponsors, alongside external recognition of progress through a national award win and a further award nomination, reflecting the positive impact of the Trust's People and Culture work.

5. The **Q3 Operational Update** highlighted the following people and culture related issues:

   - Smooth implementation of the December go-live of the Ambulance Performance Framework supported by significant change management efforts. Staff will be surveyed after phase two to assess their experience of the change. Members formally thanked all staff for their achievement on this.
   - E-Timesheets aim to reduce payroll errors and management workload. Moving to GRS cloud is a dependency, scheduled for May 2026. Technical specification to meet organisational nuances are expected to be submitted in Q4 with some concern that the degree of change could make the solution cost prohibitive.
   - Ongoing work to further reduce overruns and improve staff experience will need some development of informing dispatch decisions, with Trade Union Partners forming part of the working group. Reduction in shift overruns was evident and welcomed in the MIQPR reviewed at this meeting, notwithstanding an uptick in December.
   - The NEPTS roster review aims to balance work life with operational efficiency by achieving an additional 3-400 journeys a week.

6. The committee received an update on the ongoing work to achieve an **optimal skills mix within Emergency Medical Services, Emergency Ambulances**. Members noted that the introduction of new roles and crewing models has increased the complexity of workforce planning, which remains heavily influenced by clinical model, changing demand, financial constraints, and wider system factors. It was recognised that the shift towards a futureproofed and affordable model that supports improved patient outcomes will take several years and will rely largely on natural turnover rather than immediate structural change. This approach creates a degree of uncertainty for staff and makes it difficult to provide firm timelines at this stage. The committee was assured by the strong partnership working between management and trade union representatives, with mature dialogue helping to address challenges and support staff throughout the transition. Trade union partners were reported to be actively working through issues with management and acting in the best interests of their members. Key risks discussed included workforce anxiety, potential retention challenges, reputational considerations, and the need to safeguard the credibility and sustainability of professional pathways and education pipelines. The committee emphasised the importance of clear and consistent communication and unified messaging to staff during what is expected to be a prolonged period of

change, acknowledging that the situation will continue to evolve and will require ongoing collaboration and adaptability.-proofed and affordable model that supports improved patient outcomes will take several years and will rely largely on natural turnover rather than immediate structural change. This approach creates a degree of uncertainty for staff and makes it difficult to provide firm timelines at this stage.

7. The following **policies were approved**:
   - Transfer Policy
   - People Development Policy
   - All Wales Reserved Forces Training and Mobilisation Policy

8. Members **reflected** positively on the meeting, noting clear progress across a range of initiatives and expressing confidence in the constructive plans presented. They acknowledged ongoing challenges but felt assured by the quality of the discussions and papers, as well as the strong engagement from colleagues. Overall, reflections highlighted a sense of optimism and assurance, with recognition of both achievements to date and areas where continued focus is needed, particularly around culture and organisational connectivity.

ASSURE

(Detail here any areas of assurance the Committee has received)

9. The Committee scrutinises performance across several metrics within its remit. Whilst the Board receives the **Monthly Integrated Quality and Performance Report** (MIQPR), there are a range of additional metrics this committee receives, including wider **People and Culture Plan Metrics** (focusing on qualitative measures this quarter), and **Cultural Themes and Trends**. Given this, the following areas of assurance will be of interest to the Board:
   - Between July and December 2025, 74 new disciplinary cases were opened. It is noted that this is the highest total for this period in three years. During the period there were two dismissals. Less than 12% of cases are related to sexual safety concerns. 14% of current disciplinary cases feature a sexual safety element.
   - In the last period January to July 2025, 88% of the new Respect and Resolution cases submitted in the period remained open however this has reduced to 13% in this period, demonstrating more cases are being closed quicker and ensuring staff and managers are supported.
   - Turnover fell from 8.36% to 7.98% (0.38%), which demonstrates a stable position. EMSC and IC roles show higher turnover despite some improvement.
   - Currently, the response rate for Moving on Conversations is one-third of leavers, but there is a goal to raise this to 50% in the next reporting period. Insights and trends identified from these conversations are being used to drive further improvements for our people.
   - Speaking Up Safely concerns have been raised during the period. 45% of those concerns have come through via the Working in Confidence platform. 74% of concerns are linked to incivility, around 10% include sexual safety issues. 7 of the 13 cases open are linked to HR processes. 75% of cases are closed, which demonstrates that we are listening and acting to concerns raised.

- With PADR compliance currently 76.48% (in December 2025) members were updated on a new process that is linked to our WAST Way and essential conversation skills. A pilot will take place in Q1 following staff engagement on a simplified form and process.

10. The reasonable assurance **Mandatory In-Service Training (MIST) Internal Audit Report** was received as was the feedback from the Audit, Risk and Assurance Committee. Members will ensure ongoing oversight of actions to mitigate risks via the audit tracker.

11. The **HEIW commissioning report** was noted which outlined the annual education commissioning process with a focus on future workforce requirements and pre-registration requirements. Members discussed key points in relation to paramedic numbers and skill mix, advanced practice pipeline, funding and external dependencies, university viability and delivery as well as ongoing collaboration with HEIW and universities to adapt to changing workforce requirements and funding realities. Members were assured that the Trust is making decisions based on current information.

12. The Welsh Ambulance Services Partnership Team (WASPT) is the Board's local partnership advisory forum. The **WASPT highlight report** sets out the ongoing projects, upcoming challenges, and the steps being taken to address them in partnership. Discussions at the 20 November WASPT meeting included issues reviewed at this committee meeting, including shift overruns and the future skill mix for emergency ambulances.

13. The annual report on **HCPC registration and NMC registration and revalidation 2025** with no escalations to the board.

14. The Committee held the second part of its **Quality Governance Review** (formerly effectiveness review) for 2025/26 and approved its annual report and cycle of business.

15. The **Q3 Audit Tracker** was reviewed and the Committee noted excellent progress on closing internal audit actions, with no escalations to board.

16. In the **private session** the committee reviewed progress against suspensions over four months, and Employment Tribunal cases. Members were assured of actions in place to manage these cases. An update was also provided on the programme of work that will take place over the next four years for all NHS organisations in England and Wales to move to the Future Workforce Solution, creating a single, connected platform for the NHS workforce. This was taken in private session due to commercially sensitive information. Members noted a significant cost pressures from years 3 and 4 of the programme for the Trust and a risk with respect to colleagues' capacity for implementation, however updates will be provided in the lead-up to that, which is expected from 2028/29 for WAST.

17. The committee received the **cycle of business monitoring and committee priority report**.

RISKS

Risks Discussed:

Members acknowledged the risks associated with the skills mix changes, specifically regarding workforce anxiety, retention and reputational risks; the detail is captured within that item above.

Committee noted the work undertaken to streamline and align Risk 160 (high absence rates) and Risk 558 (wellbeing) into one holistic risk. The new risk, which will be presented at the next meeting, relates to deteriorating employee experience and workforce capacity because of potential underinvestment in people and culture.

Members were pleased to hear of the work undertaken to date to articulate a new strategic risk aligned to Strategic Objective 2 as part of the new Strategic Board Assurance Framework.

New Risks Identified: No new risks identified at this meeting for the register.

COMMITTEE AGENDA FOR MEETING		
Directors' update	Operations quarterly report Q3	Staff story and staff story update
Skills mix on emergency ambulances	Staff story update – essential skills tutors	Cultural themes and trends report PADR process review update
People and culture plan metrics; people and culture plan IMTP objectives and priorities 2026-29	MIST internal audit	MIQPR
2025/26 quality and governance review – annual report and cycle of business	WASPT highlight report	HEIW commissioning report
HCPC registration and NMC registration and revalidation 2025	Risk management and BAF	Audit tracker
Policies for approval		

COMMITTEE ATTENDANCE				
Name	**15 May 2025**	**12 August 2025**	**13 November 2025**	**10 February 2026**
Ceri Jackson				
Bethan Evans				
Hayley Hutchings				
Hannah Rowan				
Angela Lewis				
Carl Kneeshaw				
Chris Turley				
Lee Brooks	From item 6	Sonia Thompson	From item 5	
Penny Durrant				
Estelle Hitchon				
Andy Swinburn		Greg Lloyd		
Alex Crawford		James Houston	Hugh Bennett	
Trish Mills				
Lizzie O'Shea				
Damon Turner				
Marcus Viggers			Left for items 9-13	
Christian Fox			Hugh Parry	
Tim Cahalane				

	Attended
	Deputy attended
	Apologies received
	No longer member

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

Agenda Item No.	16

REPORT TITLE

Education Commissioning 2027-2028

MEETING

Name of meeting	People & Culture Committee
Date of meeting	10 February 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Carl Kneeshaw, Director of People
Author(s) of report	Jo Kelso, Head of Workforce Education & Development

PURPOSE OF REPORT

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

REPORT SUMMARY:

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

1. Annual activity related to Education Commissioning currently in progress. This exercise incorporates pre-registration commissioning for commencement of studies in FY 2027/2028 and all other commissioning for commencement of studies in FY 2025/26.

2. Target submission date for draft WAST education commissioning numbers to HEIW is by 31 January 2026.

3. A meeting has been scheduled for 3 February 2026 to discuss our Paramedic Science Pre-Registration request for this year given the significant scaling back on Full Time numbers – please note that the commissioning process allows for the Trust to make any alterations required up until Final, Board Approved education commissioning numbers which are expected to be received by HEIW by 31 March 2026.

4. The ongoing Skills Mix work related to our Clinical Model Transformation and Ambulance Performance Framework has been taken into consideration regarding the impact on Education Commissioning requirements alongside the financial settlement and budget pressures.

5. Close cross Trust working ensures inclusion of all clinical roles currently within or planned to be within our service lines.

6. The subsequent final plan requires Chief Executive Officer endorsement. This SBARN will proceed through People and Culture Committee prior to final sign off and endorsement.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The People & Culture Committee is requested to:

1. Note and support the content of the report

ADDITIONAL PAPER(S)

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

The People & Culture Committee is requested to receive the following:

Annex 1 Copy of letter from HEIW

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
☒ SO1: Providing the right care or advice, in the right place, every time	☒ SO2: Enabling our people to be the best they can be
☐ SO3: Being at the forefront of innovation and technology	☒ SO4: Developing services in collaboration
☒ SO5: Being quality driven and clinically led	☐ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
N/A

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document here for further details.

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
21 January 2026	People & Culture Business Meeting
27 January 2026	Executive Leadership Team
10 February 2026	People & Culture Committee

SITUATION

1. HEIW require each NHS Wales organisation to provide an annual Education Commissioning return. This enables HEIW to take into account WAST future workforce requirements. It will also assist preparation and planning requirements for Higher Education Institutes commissioned to deliver such related training and Welsh Government in allocating funding.

BACKGROUND

2. This Educational Commissioning exercise is aimed at clinical and related roles within the NHS.

3. Professions/roles within scope:

    - Pre-registrant Paramedic Science
    - Enhanced practice – Paramedicine; Nursing; Midwifery; Clinical related Education & other Allied Health Professions
    - Advanced practice – Paramedicine; Nursing; Midwifery; Clinical related Education & other Allied Health Professions
    - Consultant roles

ASSESSMENT

4. Annual activity related to Education Commissioning for commencement of studies in FY 2027-2028 is currently in progress. The letter from HEIW triggering related activity including guidance sessions provided by HEIW was delayed due to the knock on effect of delayed correspondence received from Welsh Government – deadlines have not been revised to take account of this. Target submission date for draft WAST education commissioning numbers to HEIW is by 31.01.2026. Final, Board Approved education commissioning numbers to HEIW by 31.03.2026

5. Pre-registration – Commencement of studies FY 2027/2028

    It is highly likely that our full-time education commissioning numbers will be decreased. As an organisation, we are undertaking a piece of work on our EA skills mix, which will lead to a decreased Paramedic establishment. This is in addition to our clinical model transformation work and strengthening of the Remote Integrated Care Service (RICS), where new ways of working will likely lead to a decrease in conveyancing of patients, and an increase in remote care. Considering the number of current Paramedic SIP and our historical turnover rates, we are unlikely to require graduate paramedics for a number of years. We

are awaiting an Executive decision regarding our NQP intake for 2026, and this will inform our future commissioning decisions.

Paramedicine – request to build on the request for 2026/2027 – copy of rationale below for ease of reference.

> *a **combined reduction** by 15 on the 139 commissioned for 2025/26 (ie total commissioned for 2026/27 is 124) **and a rebalancing of Full time/Part time modes of study.** This approach will enable the Trust to increase the number of EAPs the Trust develops for 60 Part-time places via Swansea University. The residual balance of 64 Full Time places will be split between the 2 universities with HEIW contracts (ie Swansea University and Wrexham University) to deliver Full Time BSc Paramedic Science. These Full Time places will be to meet projected geographical demand for 2029/30.*
>
> Therefore, the commissioning request for 2027/2028 is as follows:
>
> - Paramedicine - Full Time – 20
> - Paramedicine - Part Time – 60 drawn from Level 4 qualified EMTs/EAPs, Pan-Wales
> - Adult Nursing – Full Time – 25 – compensatory number based on expected recruitment into WAST from qualified workforce across NHS Wales, as follows:
>   - South West / Central Region (Swansea Bay University, Powys Teaching and Hywel Dda University Health Boards) – 8
>   - South East (Cardiff and Vale, Aneurin Bevan, Cwm Taf Morgannwg Health Boards) – 8
>   - North (Betsi Cadwallader University Health Board) – 9

6. Enhanced Practice
   - Paramedicine – 25 bridging modules
   - Nursing/Midwifery/other AHPs – 5 bridging modules
   - Integrated Care - 40 Remote Clinical Decision-Making modules
   - Professional Advocate – 3 places on courses

7. Advanced Practice
   - Paramedicine – 20 MSc for Trainee APP roles (both FT & PT); 15 Prescribing modules
   - Nursing/Midwifery/other AHPs – 8 MSc
   - Clinical Education - Learning & Development Managers – 3 MSc
   - Clinical Education – Integrated Care – 2 MSc
   - Integrated Care Remote Clinical Care/other AHPS – 10 MSc

8. Consultant Level Practice
    - Paramedicine - 1
    - Nursing/Midwifery/other AHPs – 2

RECOMMENDATION

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

NEXT STEPS

10. A letter is sent to HEIW.Planning&Performance@wales.nhs.uk Confirming Chief Executive endorsement following approval by the People & Culture Committee and Trust endorsement by 31 March 2026.

Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)
Tŷ Dysgu, Cefn Coed,
Nantgarw CF15 7QQ
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Ebost | Email: heiw@wales.nhs.uk
Gwefan | Web: aagic.gig.cymru / heiw.nhs.wales

Our Ref: AH/lb

Date: 17 December 2025

Sent by email
NHS Wales Chief Executives

Dear Colleague

Education Commissioning Process for 2027-28

As you know Health Education and Improvement Wales (HEIW) undertakes an annual education commissioning process for all healthcare professions, which culminates in recommendations for Welsh Government on education and training places for NHS Wales and the associated investment.

We recognise that with the workforce data and modelling capacity that now exists we can move to a more future focused approach to workforce supply planning, reflecting regional perspectives, new models of care and population-based methodologies. Our intention is to work with you and your teams over the next year to transition to this new approach and we will do this via the new Workforce Supply Oversight Group that CEMT endorsed earlier this month.

In the meantime, we will need to develop recommendations for 2027/28 based on the existing process and to support this process, we are requesting that all Health Boards and Trusts complete annual education commissioning returns.

The commissioning return is your opportunity as an organisation to provide HEIW with the system-wide workforce intelligence that informs future workforce requirements. This enables us to balance training capacity, workforce needs, employment opportunities and the financial context in order to commission a robust workforce pipeline.

The context for this year's planning process was discussed at a workshop last month with your workforce planning leads. Updates were provided on the supply data dashboard, changes to education courses and the nursing, pharmacy, primary care and perinatal workforce plans to help inform local IMTP development and identification of workforce requirements Colleagues at the session were reminded that colleagues at HEIW are available to support your completion of the Education and Training Commissioning process and would welcome early and ongoing engagement to ensure our plans reflect your workforce needs now and in the future.

For 2027-28, HEIW has developed a SharePoint site to help submission of returns and to provide a range of data to support you identify your education commissioning requirements. These data include:

- Historical trend data for training places
- New supply and demand modelling (limited professions)
- Sense making resources and data dashboards via the Workforce Observatory

Cadeirydd | Chairman: Dr Chris Jones
Prif Weithredwr | Chief Executive: Alex Howells
Pencadlys HEIW | HEIW Headquarters, Tŷ Dysgu, Cefn Coed, Nantgarw CF15 7QQ
Ffôn | Tel: 03300 585 005

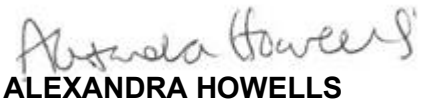
Given the direct link to investment in education and training and future employment opportunities, I would be grateful if you could endorse your return prior to submission.

Similar to last year we kindly request that your organisation submits:

- Draft education commissioning numbers by **31 January 2026** via the SharePoint Site
- Final board approved education commissioning numbers by **31 March 2026** via the SharePoint Site

If you have any questions or need any support, please contact: HEIW.Planning&Performance@wales.nhs.uk

Yours sincerely



ALEXANDRA HOWELLS
CHIEF EXECUTIVE

c.c. NHS Wales Directors of Workforce and Organisational Development

AUDIT, RISK AND ASSURANCE COMMITTEE
HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report. The papers for these meetings can be found by following this link to the Committee page on the Trust website.

Trust Board Meeting Date	26 March 2026
Committee Meeting Date	2 March 2026
Chair	Peter Curran

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. The Committee noted that several corporate functions continue to experience significant pressure. While there remains a strong ambition to progress transformation activity and to build on solid progress achieved to date, the **challenging financial environment** anticipated for 2026–27 means that a 'best endeavours within available resources' approach will be required across several areas. Members recognised that, although high-risk assurance activities will be prioritised, it may not be possible to sustain gold- or platinum-level maturity across some areas of corporate services. The Committee highlighted the importance of ongoing oversight of these pressures and agreed to escalate this to the board to set realistic expectations and signal that the organisation is entering a period that will require careful prioritisation and balanced risk management. This is an issue for Trust Board and all Committees (including ARAC) to be cognisant of.

ADVISE

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

2. A **pre-meeting** was held with Audit Wales, Internal Audit and the committee Chair ahead of the meeting.
3. The **2026/27 Internal Audit Plan** was approved by the committee. The plan is linked to the Trust's principal risks and is set out below. The plan does not include a capital management audit given the scope of the capital programme with the fleet replacement programme being by far the biggest element and this being subject to a current audit ongoing. The position will be kept under review if new or significant capital schemes emerge. The plan includes:

    - Risk Management & Board Assurance
    - Follow up Report
    - Savings Planning and Monitoring Arrangements
    - Integrated Medium-Term Plan Delivery

- Commercial Development & Income Generation
- Family Complaints – Putting Things Right & Legal Services Recovery Plan
- Medical Examiner System & Mortality Reviews
- Clinical Navigator Role – Effectiveness and Integration
- Shift Overruns
- Time off in Lieu
- Medical Gases
- Cyber Security
- Shadow IT
- Service Management
- Secondary Employment: Disclosure and Control Arrangements
- Anti-Sexual Harassment Policy & Implementation Plan
- Stress Management
- Estates Assurance: Control of Contractors

4. Members **reflected** positively on the quality of discussion and flow of the meeting. It was noted that the agenda had been well-structured, the discussion had been constructive and appropriately detailed, and the level of assurance received across items was strong, albeit showing some challenges. Members commented that the papers were clear and helpful, and that the meeting supported effective scrutiny and understanding of key risks and governance matters. Those newer to the committee also reflected that the discussions provided valuable insight into the committee's role and the wider assurance framework.
5. The **Risk Management Policy** and the **Standards of Business Conduct Policy** were endorsed by committee. Changes to the Risk Management Policy include the addition of the Trust's risk appetite statements, and there were minor adjustments to the Standards of Business Policy. Both are recommended for approval.

ASSURE

(Detail here any areas of assurance the Committee has received)

6. **Audit** Wales updated the committee on progress and provided their annual audit summary for 2025, including:

   - The fees under the 2026-27 fee scheme include an average increase of 5.3% in the audit of financial statements and performance audit work, which was noted to be above inflation and the Trust's revenue uplift.
   - Part three of the Review of Unscheduled Care (national arrangements and leadership structures) will take the form of an article published by Audit Wales rather than a report and will be provided at the earliest opportunity.
   - The Review of Digital Transformation has been delayed and will now be presented to the April 2026 meeting. Should it be available prior to the March Finance and Performance Committee it will be presented there first.

- The review of Non-Emergency Patient Transport (with a particular focus on arrangements for transfer and discharge) is in progress and will be presented to the April 2026 meeting.

- An initial meeting of Audit Wales and Trust colleagues was held at the end of last week to start the review of Estates, which is due to be presented to the September 2026 meeting.

7. **Internal Audit** reported steady progress against the 2025/26 plan noting a slight delay in audits reported over planned (11 out of 13) and management responses within 15 days (5 out of 7), however there is confidence that the audit plan will be completed by June. Members emphasised the importance of balancing delivery of audit recommendations with competing priorities, recognising that delays often reflect workforce constraints rather than lack of progress. Internal audit and management confirmed that improved realism in timelines and regular monitoring are helping to strengthen grip despite these pressures.

8. The following **Internal Audit** reviews were completed during the quarter and presented to the Committee. Members reviewed the action plans that accompanied the audits and were assured they were appropriate and timely.

   - **Budget Setting – Reasonable Assurance**. This audit reviewed how the Trust allocates resources to meet its agreed budget. As the review is being undertaken across five NHS Wales organisations, it will enable comparison of financial planning and budget setting arrangements and the identification of common themes and good practice.

     Members supported the conclusions of the audit and noted the strength of the organisation's financial management, including the consistent delivery of balanced budgets and stable performance in the year. The Committee highlighted the disciplined approach to budgeting, the close alignment between budgets and actuals, and the positive findings from the thematic review across NHS bodies. Members sought clarification on the proximity to achieving substantial assurance and noted internal audit's confirmation that the Trust was at the upper end of reasonable assurance, with three medium priority findings preventing a higher rating.

     The Finance and Performance Committee will review this alongside the usual financial reporting at its March meeting.

   - **Clinical Model Transformation Programme – Reasonable Assurance**. This audit was a high-level review of the governance arrangements established for the Clinical Model Transformation Programme to ensure that each identified workstream is managed effectively as a formal strategic change initiative. This included assessing whether appropriate assurance and reporting mechanisms are in place to support oversight, accountability, and informed decision-making.

     The committee noted the scale and complexity of the Clinical Model Transformation Programme and was assured that strong governance arrangements, clear programme structures and effective oversight were in place. It was confirmed that actions arising from the audit were being monitored through the Programme Board, with the majority progressing as planned.

The committee welcomed the positive audit findings, recognising the clear ambition of the programme and the early benefits emerging through staff engagement and improved patient outcomes. The committee further acknowledged that the reasonable assurance rating reflected the ongoing and evolving nature of the programme rather than any concerns regarding robustness or management.

The Finance and Performance Committee will review this alongside the usual IMTP reporting at its March meeting.

- **Cymru High Acuity Response Unit (CHARU) – Reasonable Assurance**. This audit reviewed the effectiveness of CHARU in delivering improvements to patient care.

  The committee welcomed the audit findings and noted agreement with the recommendations, recognising that the report provided a clear direction for strengthening training oversight, governance representation and benefits realisation.

  Members discussed the wider challenge of evaluating benefits within fast-moving change programmes, acknowledging the importance of maintaining discipline in measuring impact. It was noted that this is a common issue across NHS Wales, with new clinical indicators beginning to offer improved intelligence to support evaluation.

  The committee sought clarification on the data improvements underpinning higher ROSC (return of spontaneous circulation) rates and noted that the key factor related to clinicians' exposure to relevant cases rather than differences in patient outcomes, highlighting the need for tailored support in rural areas.

  The Quality, Patient Experience and Safety Committee will review this alongside a review of the Return of Spontaneous Circulation (ROSC) clinical indicator at its March meeting.

9. Members were assured of arrangements for the development of the **2025-26 audit of the financial accounts and the 2025-26 annual report**.

10. The **Integrated Governance Programme** is progressing well; however, completion of the accountability and assurance handbook has slowed and will pick up again in Q1 2026/27. Several initiatives were noted for improving efficiency and effectiveness at board and internal governance forums.

11. The Committee received an update on progress with the trust's **policy programme** and noted that 56% of policies are currently in date. Concerns were raised as to the risks this poses as it is outside the trajectory set for 2025/26 of c.85%. While several policies have been deferred into 2026/27 the majority of them were extant policies, with delays primarily due to capacity constraints and interdependencies. Members were assured that governance arrangements around policy oversight remain strong. Work is underway to establish a policy transformation programme in response to the structured assessment recommendation, focusing initially on simplifying the policy template, improving the end to end process and refining approval routes.

12. The **losses and special payments** were reviewed for the period from 01 April – 31 January 2026 and noted as being -£1.797 million. This relates to actual payments made, less the reimbursements received from the Welsh Risk Pool and does not relate to any adjustments made to the provision and the resulting full in year costs charged and accrued.

13. The committee reviewed the **Q3 2025/26 Audit Tracker** and were assured that a positive audit culture is developing, with more audits closed on their original date, reflecting more realistic timelines. Directors and deputies confirmed that audit actions on their final deadlines are achievable and that associated risks are not increasing.

14. The committee's **cycle of business** monitoring report was reviewed with no matters to escalate.

15. **In private session** the Committee received the local counter fraud update, tender update and single tender awards, and two risks and associated audit actions. There are no escalations to the board.

RISKS

16. A revised approach to board level risk reporting was endorsed to strengthen alignment with the current Board Assurance Framework (BAF) and the board's Avoidable Harm Report during the interim period. Assurance and escalation relating to principal risks will continue to be provided through committee AAAs, supported by an appended dashboard highlighting any material changes. This approach will remain in place while the new strategic BAF is developed, embedded and incorporating reporting on the effective management and delivery of the Trust's strategic objectives.

17. Members were assured in respect of the Trust's principal risk activity noting the reduction in Risk 223, reflecting the strength of internal controls, and the ongoing management of Risk 623 at a directorate level given this reached its target score of 10. In private session, Members received assurance on the details of Risk 620 and Risk 260 noting that there were no material changes during this period.

18. Members welcomed the progress of the risk management work programme to date and supported the direction of travel for 2026/27.

COMMITTEE AGENDA FOR MEETING IN DECEMBER 2025		
Internal Audit: - 2026/27 internal audit plan - Progress report - Budget setting audit report - CMT audit report - CHARU audit report	Audit Wales: - Update report - Annual audit summary 2025 - 2026 Outline audit plan	ARAC quality governance reviews 2025/26
Risk Management and BAF	Integrated governance programme progress update	Audit tracker Q3
Policy report Standards of Business Conduct Policy	Losses and special payments report	Standing orders compliance report – publication of late papers.
Cycle of business and committee priorities		

COMMITTEE ATTENDANCE					
Name	**1 May 2025[1]**	**24 Jun 2025[2]**	**2 Sep 2025**	**2 Dec 2025[3]**	**2 Mar 2026**
Peter Curran					
Ceri Jackson					
Rhiannon Beaumont-Wood					Hayley Hutchings
Chris Turley			Ed Roberts	Ed Roberts	
Audit Wales	Fflur Jones	Fflur Jones	Fflur Jones	Fflur Jones	Fflur Jones
Julie Boalch					
Judith Bryce	Jon Sweet		Pete Brown		
Christian Fox				Hugh Parry	
Carl Kneeshaw					Liz Rogers
Osian Lloyd					
Trish Mills					
Liam Williams		Wendy Herbert		Wendy Herbert	
Carl Window					
Damon Turner					

	Attended
	Deputy attended
	Apologies received
	No longer member

[1] The chairs of the Finance and Performance Committee (Jayne Beeslee) and QUEST (Bethan Evans) were in attendance for the committee effectiveness reviews
[2] Jason Killens, CEO, joined for the presentation and endorsement of the annual report and audited accounts
[3] Emma Wood, CEO joined this meeting

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

Standards of Business Conduct Policy

Policy Number:	035	**Version No:**	3.6	**Supersedes:**	3.0 (Published 23/07/2023)
Date of Approval:	Tbc	**Review Date:**	3 years following approval	**Impact Assessments Completed:**	Yes
Classification of Document:	Corporate	**Type of Document:**	Policy	**Approved by:**	ARAC and Trust Board
Brief Summary of Document:	The Standards of Business Conduct policy describes the standards and public service values which underpin the work of the Welsh Ambulance Services University NHS Trust. In particular it sets out the specific arrangements for the appropriate declarations of interest, and the acceptance/refusal of offers of gifts, hospitality, and sponsorship.				
Scope:	This policy applies to WAST Non-Executive Directors and employees. For the purpose of this policy the term 'employees' encompasses individuals who are not direct employees of WAST and includes consultants, agency workers, specialist contractors, those who have an honorary contract with WAST, secondees who carry out work for WAST but are not directly employed by it, NHS Wales trainees on placement with WAST, jointly appointed staff and volunteers.				
To be read in conjunction with:	Nolan Principles Code of Conduct for NHS Managers UK Corporate Governance Code Standards for members of NHS boards and CCG governing bodies in England Working Time Policy Families Working Together Policy Working Time Regulations Policy				
Owning Committee	Audit, Risk and Assurance Committee				
Policy Lead: **Trade Union Lead:**	Lisa Trounce Damon Turner	**Job Title:**	Head of Compliance and Assurance Trade Union Partner		
Executive Director:	Trish Mills	**Job Title:**	Director of Corporate Governance / Board Secretary		

Version Control Sheet

Version	Date	Author	Summary of Changes
2.0	31/10/2017	Carl Window	Updated counter fraud legislation references
2.0	19/11/2017	Julie Boalch	Transposed to new template
2.0	13/02/2018	Keith Cox	Updated narrative
2.1	08/03/2018	Julie Boalch	Formatting
2.2	17/04/2018	Keith Cox	Comments post consultation
3.0	Mar 23	Trish Mills	This is a wholesale review of the current policy therefore this version does not have tracked changes. Changes include: • Includes 'decision makers' category. • Centrally held and published 'decision makers' interests. • Breaches and publication section added. • Included patents and IP. • Defined who is in scope. • Publication and reporting schedule. • Included sponsored posts. • Range of conduct inclusions such as political activity, social media, confidentiality, gambling, lending, borrowing, trading on WAST premises, insolvency/CCJs, arrest or conviction. • Clarity on interest categories and examples. • Options where gifts have been received and cannot be refused or donor found. • More particularity around hospitality including from contractors or suppliers. • Included family member connections in policy (previously was in form).

Version	Date	Author	Summary of Changes
			• Clear indication that all staff must provide declaration, even if nil declaration. • Detail on how to manage conflicts. • Crossover to standing orders and terms and conditions clearer. • Clarity on legacies. • Provides for gifts to be channelled to charity.
3.1	05/02/2025	Lisa Trounce	Contents of approved policy 3.0 (dated 23/07/2023) transferred to new WAST policy template in readiness for review.
3.2	16/07/2025	Lisa Trounce	Policy updated to: • Reflect the Trust's university status • Reflect appointment of Head of Compliance and Assurance and transfer of some Director of Corporate Governance/Board Secretary responsibilities • Incorporate suggested changes regarding donations to the WAST Charity • All references to the 'Audit Committee' amended to read 'Audit, Risk and Assurance Committee' • Clarification on some elements also sought from key stakeholders.
3.3	10/11/2025	Lisa Trounce	Amendments following clarification: • 10.4 - Removed as comments referenced DHSC not NHS in Wales. It can be dealt with in the Intellectual Property Policy on an All Wales basis. • 10.5 - Removed as part of usual rules re: secondary employment/declarations of interest. The NHS All Wales Intellectual Property Policy will address nuances.

Version	Date	Author	Summary of Changes
3.4	25/11/2025	Lisa Trounce	Updated policy prepared for Policy Group
3.5	03/12/2025	Lisa Trounce	Policy prepared for ELT endorsement
3.6	19/01/2025	Lisa Trounce	Policy prepared for presentation to ARAC and Trust Board for approval

Keywords	Declaration of interest, Gifts, Hospitality, Sponsorship, Conflict of interest

Impact Assessment Reviews

Area	Date of Review	Name of Reviewer
Data Protection	19/08/2025	Kelly Holding
EqIA / Welsh Language	17/07/2025	Kathryn Cobley / Melfyn Hughes
Environment	15/08/2025	Chris Davies
Quality	21/08/2025	Kate Blackmore

Policy Approval Route

Meeting Title	Meeting Date	Purpose/Outcome
Policy Group	25 April 2023 20 June 2023	Initial review Final review after consultation
Executive Management Team	14 June 2023	Reviewed
Audit Committee	25 July 2023	Endorsed
Trust Board	27 July 2023	Approved
Policy Group	28/11/2025	Approval Recommended
Executive Leadership Team	14/01/2026	Endorsed
Audit, Risk & Assurance Committee	02/03/2026	For Endorsement
Trust Board	26/03/2026	For Approval

Disclaimer
If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Amb_policies@wales.nhs.uk

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1. INTRODUCTION AND AIM

1.1 The Standards of Business Conduct policy describes the standards and public service values which underpin the work of the Welsh Ambulance Services University NHS Trust (WAST / 'the Trust').

1.2 It is a long and well-established principle that public-sector organisations must be impartial and honest in their business and that their staff must act with integrity. As a publicly funded organisation, we have a duty to set and maintain the highest standards of conduct and integrity. We expect the highest standards of corporate behaviour and responsibility from Board members and all employees in accordance with our WAST behaviours.

1.3 The "Seven Principles of Public Life", or the "Nolan Principles" form the basis of the Standards of Behaviour requirements for WAST staff and Board Members. These are:

Selflessness – Individuals should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or friends.

Integrity – Individuals should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

Objectivity – In carrying out public business, including making public appointments, awarding contracts, recommending individuals for rewards and benefits, choices should be made on merit.

Accountability – Individuals are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate for their position.

Openness – Individuals should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands it.

Honesty – Individuals have a duty to declare any private interests relating to their duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership – Individuals should promote and support these principles by leadership and example.

2. POLICY STATEMENT

2.1 The Trust is committed to ensuring that its staff practice the highest standards of conduct and behaviour. This policy sets out those expectations and provides supporting guidance so that all staff are informed and supported in delivering that aim.

2.2 This Policy re-states and builds on the provisions of the Trust's Standing Orders. It reemphasises the commitment of the Trust to ensure that it operates to the highest standards, sets out key roles and responsibilities and the arrangements for ensuring that declarations can be made.

3. SCOPE

3.1 This policy applies to WAST Non-Executive Directors, employees and workers. For the purpose of this policy this encompasses individuals who are not direct employees of WAST and includes consultants, bank workers, agency workers, specialist contractors, those who have an honorary contract with WAST, secondees who carry out work for WAST but are not directly employed by the Trust, NHS Wales trainees on placement with WAST, jointly appointed staff and volunteers. This policy is relevant to all those persons and for ease of reference they are called 'staff' or 'staff member' in this policy.

Decision Making Officers

3.2 Some staff are more likely than others to have a decision-making role or influence on the use of public money because of the requirements of their role. In the context of this policy, the officers listed below are referred to as 'decision making officers', however additions may be made to this list from time to time:

(a) Board members (including Non-Executive Directors and Executive Directors);
(b) Executive Leadership Team (ELT);
(c) Assistant Directors Leadership Team (ADLT);
(d) Board and Committee attendees (per Committee terms of reference); and
(e) Staff on Band 8 and above not in the above.

3.3 Declarations made by decision making officers are published on the Trust's website in accordance with paragraph 9.21.

4. AIM

4.1 The aim of this policy is to ensure that arrangements are in place to support staff to act in a manner that upholds WAST's standards of behaviour as well as setting out specific arrangements for the appropriate declarations of interest and dealings with gifts, hospitality, and sponsorship.

5. OBJECTIVES

5.1 As well as promoting the standards of business conduct expected of public bodies, this policy aims to protect our organisation and staff from any suggestion of corruption, partiality, or dishonesty. It does this by providing a clear framework through which WAST can give guidance and assurance that staff conduct themselves with honesty, integrity, and probity, aligning to the Culture Health and Care Quality Standard 2023. The policy should be read in conjunction with that Standard and all relevant organisational policies, terms and conditions of employment/engagement, and related documents which are set out in the cover sheet.

6. FAILURE TO COMPLY WITH THE POLICY

6.1 Failure to comply with the requirements set out in this policy and any accompanying procedures may result in action being taken in accordance with the Trust's Disciplinary Policy and Procedure.

6.2 Where the failure to comply relates to an individual that is not a direct employee of the Trust, action may be taken in accordance with the relevant engagement procedures (e.g. termination of a secondment agreement).

6.3 Any financial or other irregularities or impropriety which involve evidence or suspicion of fraud, bribery, or corruption by any staff, will be reported to NHS Counter Fraud Authority or the Trust's Local Counter Fraud Specialists in accordance with its Standing Financial Instructions and the Counter Fraud and Corruption Policy, with a view to an appropriate investigation being conducted and potential prosecution being sought if deemed appropriate.

7. RAISING CONCERNS AND REPORTING BREACHES

7.1 This policy may be breached innocently, accidentally, or because of deliberate actions. Staff should speak up about any genuine concerns they have in relation to compliance with this policy. These can be raised directly with their own line manager, another senior manager or with the Head of Compliance and Assurance. Alternatively, staff can use the Trust's confidential third party platform for raising concerns known as Work In Confidence, further details of which can be found here.

7.2 All reported concerns will be treated with the appropriate confidentiality and investigated in line with WAST policies and procedures.

7.3 The Director of Corporate Governance/ Board Secretary will take a report on breaches and responses to the Audit, Risk and Assurance Committee and the Board on an annual basis.

8. WHAT ARE CONFLICTS OF INTEREST?

8.1 A conflict of interest is a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of carrying out their role is, or could be, impaired or influenced by another interest they hold.

8.2 A conflict of interest may be:

(a) Actual: there is a relevant and material conflict *now* between one or more interests of the member of staff; or

(b) Potential: there is the possibility of a material conflict *in the future* between one or more interests of a staff member.

8.3 Staff are expected to act at all times with the utmost integrity and objectivity and in the best interests of the organisation in performing their duties, and to avoid situations where there may be a potential conflict of interest. Staff must not use their position for personal advantage or seek to gain preferential treatment.

8.4 Staff are required to declare any actual or potential interests which may be perceived as conflicting with that overriding requirement.

9. DECLARATIONS OF INTERESTS

9.1 Staff are required to declare interests to ensure that, should they be involved in discussions or decisions that bring that interest into conflict with their role at the Trust, that can be managed appropriately. It also promotes transparency and the highest standards of business conduct. The fact that a staff member has declared an interest, whether that is ownership of a consultancy, a directorship, or a position of authority in a charity, does not assume it will in fact cause a conflict to arise at any stage.

9.2 Where a staff member does not hold any interests as set out in this policy, they must in any event return a 'nil declaration'. The form for declaring interests is at Annex 1 and enables staff to make this declaration simply and quickly.

9.3 Conflicts can occur because of interests held by the staff member, as well as interests held by a close family member, business partner, close friend, or associate. If staff are aware of material interests (or could reasonably be expected to know about these) then these should be declared. In this context, close family members are defined as:

(a) spouse or civil partner;

(b) any other person with whom the individual cohabits;

(c) children or stepchildren;

(d) spouse/partners' children or stepchildren;

(e) parents;

(f) grandparents; and

(g) siblings.

9.4 Staff may hold interests for which they cannot see any potential conflict. However, caution is always advisable because others may see it differently and may *perceive* an interest. It is important to exercise judgement and to declare such interests where there is otherwise a risk of suggestion of improper conduct. Where there is potential for interests to be relevant and material to the organisation, the interest must be declared. If in doubt, declare and/or seek advice from the Director of Corporate Governance / Board Secretary on the materiality of the interest you hold.

Categories of Interests Which Could Cause a Conflict

9.5 Interests can arise in a number of different contexts. A material interest is one which a reasonable person would take into account when making a decision regarding the use of taxpayers' money because the interest has relevance to that decision and may attract a benefit to the staff member. In this context, a benefit may be a financial gain or avoidance of a loss.

9.6 Interests can generally be considered in the following categories, although the examples are not exhaustive:

a) <u>Financial Interests</u>

This is where an individual may get direct financial benefit from the consequences of a decision they are involved in making. Some examples of financial interests you should therefore declare are as follows:

(i) Directorships, including Non-Executive Directorships held in private companies or public limited companies;

(ii) Ownership or part-ownership of private companies, businesses, or consultancies likely or possibly seeking to do business with the NHS;

(iii) Shareholdings and ownership interests in any publicly listed, private or not for profit company, business, partnership, or consultancy which are doing or might reasonably be expected to do business with the NHS. This includes shareholdings, debentures, or rights where the total nominal value is £5,000 or one hundredth of the total nominal value of the issued share capital of the company or body, whichever is the less;

(iv) Secondary employment (or in the case of a Non-Executive Director who is in employment, the details of that employment);

(v) Other commercial interests relating to a decision to be taken by the Trust;

(vi) Being in receipt of a grant or sponsored research;

(vii) Being in receipt of an honoraria.

b) Non-financial Professional Interests

This is where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or status or promoting their professional career. Some examples of what you should therefore declare are set out below:

(i) An advocate for a particular group of patients;

(ii) A clinician with a special interest;

(iii) An active member of a particular specialist body;

(iv) An advisor for a WAST regulator (e.g., HIW).

c) Non-financial Personal Interests

This is where an individual may benefit personally in ways that are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions that they are involved in making in their professional career. Some examples of what you should therefore declare are set out below:

(i) A position of authority in another NHS organisation, commercial, charity trustee, voluntary, professional, statutory, or other body which could be seen to influence their role;

(ii) A position on an advisory group or other paid or unpaid decision-making forum that could influence how the NHS spends taxpayers' money;

(iii) Any connection with a private, public, voluntary, or other organisation contracting or likely to contract for NHS services;

(iv) Membership of a lobbying or pressure group with an interest in health and care;

(v) Membership of an organisation which might lead to conflict or might be perceived to do so.

(d) Indirect Interests

This is where an individual has a close association (see paragraph 9.3) with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision the staff is involved in making. It could also include a staff member's involvement in the recruitment or management of close family members and relatives and family members who work together.

(e) Loyalty Interests

As part of their role, staff may need to build strong relationships with colleagues across the NHS and in other sectors. These relationships can be hard to define. They are unlikely to be directed by any formal process or managed via any contractual means, however these 'loyalty' interests can influence decision making.

Declaring Interests

9.7 Staff must declare any relevant and material interests on the form at Annex 1. Declarations should be made as soon as is reasonably practicable, and within 28 days after the interest arises.

9.8 Staff are required to make their declarations interests as follows:

Officer Category	Frequency of Mode of Declaration
(a) Members of the Trust Board	• On appointment • Annually in March • In formal meetings where an interest is material • In relation to individual procurement exercises or contracts • When potential conflicts are identified Declarations will be held centrally by the Head of Compliance and Assurance (on behalf of the Director of Corporate Governance / Board Secretary) and placed on a register of declarations of interest.

Officer Category	Frequency of Mode of Declaration
(b) Decision-Making Officers	• On appointment • Annually in March • In formal meetings where an interest is material • In relation to individual procurement exercises or contracts • When potential conflicts are identified • When moving to a new role Declarations will be held centrally by the Head of Compliance and Assurance (on behalf of the Board Secretary) and placed on a register of declarations of interest. The Head of Compliance and Assurance will provide line managers of decision makers with copies of centrally held declarations.
(c) All Other Staff	• On appointment • Annually (even if a nil declaration is made) • When potential conflicts are identified • When moving to a new role Declarations are held by line managers and will be made available for inspection on request by the Head of Compliance and Assurance, Director of Corporate Governance / Board Secretary, Internal Audit and Audit Wales

9.9 If staff are in any doubt as to whether they have an interest or whether it is declarable, they should consult their line manager or the Head of Compliance and Assurance who can seek advice from the Director of Corporate Governance/Board Secretary.

Register of Declared Interests

9.10 The register of interests is maintained by the Director of Corporate Governance / Board Secretary who will formally record the declared interests of all staff. Interests will remain on the register for six months after they have expired at which point it will be removed from the register. Records will be kept in line with the Trust's Retention Policy. There may be occasions when a staff member declares an interest which the Board Secretary later agrees is not material. In such an instance the declaration will be recorded but not published.

Publication of Declarations

9.21 The register of interests of decision making officers will be published on the WAST website and updated where new interests arise. The register of interests of Board members and those attending Committees will be published on the WAST website and with the Board and Committee papers at each meeting.

9.22 In exceptional circumstances, where the public disclosure of information could give rise to a real risk of harm or is prohibited by law, an individual's name and/or other information may be redacted from the publicly available register. Where a staff member believes that substantial damage or distress may be caused to them or somebody else by the publication of information about them, they may make a request in writing to the Board Secretary. A confidential, un-redacted version of the register will be held securely by Head of Compliance and Assurance (on behalf of the Director of Corporate Governance / Board Secretary).

9.23 Staff should be aware that external organisations, e.g. Association of British Pharmaceutical Industries (ABPI), may also publish information relating to commercial sponsorship or other payments. The Trust will review such publications to ensure that appropriate internal declarations have been made in accordance with this policy and will take appropriate action where they have not.

Managing Conflicts of Interest - General

9.24 All declarations of interest must be reviewed by the appropriate line manager, and in the case of decision makers by the Head of Compliance and Assurance in conjunction with the Director of Corporate Governance/Board Secretary, with consideration given to any actions required to mitigate the conflict in the individual circumstances. However, it is not always possible to identify mitigations at the time of declaration.

These are often more appropriately made where the staff member's interests conflict with their role, for example where they are required to make or be involved in a decision. In such cases it may be necessary for the line manager to consider a range of possible actions which may include:

(a) Deciding that no action is warranted;

(b) Restricting the staff member's involvement in discussions and excluding them from decision making;

(c) Removing the staff member from the whole decision-making process;

(d) Removing the staff member's responsibility for an entire area of work; or

(e) Removing the staff member from their role altogether if the conflict is so significant that they are unable to operate effectively in the role.

9.25 An audit trail of the actions taken must be maintained by the line manager. The Board Secretary can provide advice on mitigations.

Managing Conflicts of Interest – In Meetings

9.26 All formal meetings, including of the Board and its Committees, must have a standing agenda item at the beginning of each meeting to determine whether there are any conflict of interest to declare in relation to the business to be transacted at the meeting. The Standing Orders and all Committee terms of reference will incorporate this requirement. Any new interests declared at the meeting should be included in the relevant register of interest by the Head of Compliance and Assurance as soon as practicable after the meeting.

9.27 In the event that the chair of the meeting has a conflict of interest, the vice chair is responsible for deciding the appropriate course of action to manage conflicts of interests. If the vice chair is also conflicted, then the remaining non-conflicted voting members of the meeting should unanimously agree how to manage the conflict(s).

9.28 When a member of the meeting (including the chair or vice chair) has a conflict of interest in relation to one or more items of business to be transacted at the meeting, the chair (or vice chair or remaining non-conflicted members where relevant as described above) must decide how to manage the conflict. The appropriate course of action will depend on the particular circumstances, but could include one or more of the following:

(a) Where the chair has a conflict of interest, deciding that the vice chair (or another non-conflicted member of the meeting if the vice chair is also conflicted) should chair all or part of the meeting;

(b) Requiring the individual who has a conflict of interest (including the chair or vice chair if necessary) not to attend the meeting;

(c) Ensuring that the individual does not receive the supporting papers or minutes of the meeting which relate to the matter(s) which give rise to the conflict;

(d) Requiring the individual to leave the discussion while the relevant matter(s) are being discussed and when any decisions are being taken in relation to those matter(s);

(e) Allowing the individual to participate in some or all of the discussion when the relevant matter(s) are being discussed but requiring them to leave the meeting when any decisions are being taken in relation to those matter(s);

(f) Noting the interest and ensuring that all attendees are aware of the nature and extent of the interest but allowing the individual to remain and participate in both the discussion and in any decisions. This is only likely to be an appropriate course of action where it is decided that the declared interest in either not material or not relevant to the matter(s) under discussion;

(g) Conflicts of interest arising at a Board meeting must be managed in accordance with the requirements of the Standing Orders.

9.29 In all cases a quorum must be present for the discussion and decision.

9.30 All decisions under a conflict of interest must be recorded by the meeting secretariat and clearly reported in the minutes of the meeting. The minutes will include:

(a) Who has the interest;
(b) The nature and extent of the conflict;
(c) An outline of the discussion;
(d) The actions taken to manage the conflict; and
(e) Evidence that the conflict was managed as intended.

9.31 To support chairs in their role, the secretariat will provide access to details of any conflicts which have already been made by members of the group.

10. PATENTS AND INTELLECTUAL PROPERTY

10.1 An All Wales Policy on Intellectual Property is in development and will be the primary policy statement for this area once approved. In the meantime, however, staff are to be guided by the following:

10.2 Staff should declare patents and other intellectual property rights they hold (either individually or by virtue of their association with a commercial or other organisation) relating to goods and services which are, or might reasonably be expected to be, procured, or used by the NHS.

10.3 Any patents, designs, trademarks or copyright resulting from the work (e.g. research) of a staff member carried out as part of their employment shall be the Intellectual Property of WAST.

10.4 Where holding of patents and other intellectual property rights give rise to a conflict of interest, then this must be declared.

11. PROCUREMENT

11.1 Conflicts of interest need to be managed appropriately through the whole procurement process. At the outset of any process, the relevant interests of individuals involved should be identified and clear arrangements put in place to manage any conflicts. This includes consideration as to which stages of the process a conflicted individual should not participate in, and in some circumstances, whether the individual should be involved in the process at all.

11.2 The Procurement Department (provided by the NHS Wales Shared Services Partnership) will seek to have staff working on a project with the Procurement Department complete a declaration of interest to ensure that there is no opportunity for conflicts to arise.

12. GIFTS

12.1 A gift is an item of personal value, given by a third party e.g., a patient or a supplier. This includes prizes in draws and raffles at sponsored events/conferences.

12.2 All staff must ensure that they are not placed in a position that risks, or appears to risk, compromising their role or the organisation's public and statutory duties or reputation. Staff should always refuse gifts or other benefits which might reasonably be seen to compromise their personal judgement or integrity.

12.3 The Bribery Act 2010 makes it a criminal offence to give or offer a bribe, or to request, offer to receive, or accept a bribe. The Act reformed the criminal law of bribery, making it easier to tackle this offence proactively in both the public and private sectors. It introduced a corporate offence which means that commercial organisations, including NHS bodies, will be exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery.

12.4 Staff should not ask for or accept gifts, gratuities, or honoraria from any individual or organisation that may be capable of being construed as being able to influence any decision or cast doubt on the integrity of such decisions. Staff are reminded that it may be considered to be a breach of the organisation Disciplinary Policy to solicit gifts. It may also be illegal, under the Bribery Act 2010, and staff that are found to have done so may face disciplinary action and prosecution.

12.5 Individuals offering gifts must be advised by the intended recipient that there is a requirement to declare and report such offers.

Gifts of Cash or Cash Equivalents

12.6 Under no circumstances should staff accept a personal gift of cash or cash equivalents (e.g., tokens, vouchers, gift cards, lottery tickets or betting slips) regardless of the value.

12.7 Such personal gifts are not acceptable and should be politely refused. However, the donor may be informed that should they wish to, they may make a donation to the Welsh Ambulance Service Charity ("the WAST Charity"):

Where cash is left by an unknown donor, and it is not possible to determine who the donor is, the cash should be donated to the WAST Charity.

(a) Where possible, potential donors should be directed to the Charity's online giving page (https://ambulance.nhs.wales/charity).

(b) If this is not feasible, the donor should be directed to the Charity Team (amb_charity@wales.nhs.uk) to make a donation via cheque or bank transfer.

(c) In the event that none of the above payment methods are viable, cash donations to the Charity may be accepted but must be stored securely and declared immediately to the Charity Team by emailing amb_charity@wales.nhs.uk. The Charity Team will then advise on local arrangements for how to securely deposit cash donations, in accordance with the Code of Fundraising Practice. Cash donations must be paid in as soon as practically possible, within a maximum timeframe of 10 working days.

Gifts (whether from patients, families, service users, foreign dignitaries, etc., but not suppliers or contractors – see further below)

12.9 Personal gifts of cash may not be accepted. However, as set out in paragraph 12.7 the donor may be directed to the WAST Charity.

12.10 The acceptance and declaration of gifts is dependent upon their value. A common sense approach should be applied to the valuing of gifts, using the actual amount if known, or an estimate that a reasonable person would make as to its value.

12.11 Gifts valued **up to £25**:

(a) Staff may accept gifts up to the value of £25 from patients/service users/relatives as a mark of their appreciation for the care that has been provided. This can include items such as chocolates, flowers, cards.

(b) There is no requirement to declare such gifts, however multiple gifts from the same source over a 12 month period should be declared where the cumulative value exceeds £25.

12.12 Gifts valued at **over £25**:

(a) Where a gift is offered that is likely to be over £25 in value it should be politely declined.

(b) In some cases, the gift may have been delivered and it may be difficult to return it or it may be felt that the bearer may be offended by the refusal. Under such circumstances the gift can be accepted, with the options for its use being agreed with the line manager and communicated to the donor:

- Share the gift with all staff;
- Donate the gift to the WAST Charity, where the Charity may raffle, auction or sell the gift to raise funds for the Charity; or
- Make a personal donation to the WAST Charity and keep the gift. In those circumstances the value of the gift will be agreed with the Director of Corporate Governance/Board Secretary.

(c) The gift must be declared via the form at Annex 2 and instructions set out on that form followed. A clear reason should be recorded as to why it was considered permissible to accept the gift, alongside the way it was used, actual or estimated value and include line manager approval.

12.13 If there is any doubt about the appropriateness of accepting a gift, staff should either politely decline or consult their line manager or the Director of Corporate Governance / Board Secretary.

Gifts from suppliers, contractors, customers etc.

12.14 Gifts from suppliers or contractors the NHS does business with, or is likely to do business with, or customers, should be declined, whatever the value. An exception to this is low cost branded promotional aids (such as calendars and pens) which may be accepted where they are valued at under £6 in total.

12.15 Gifts to a team or directorate of low value such as confectionary (up to £25) intended to be shared by the team or directorate may also be accepted. Gifts accepted from suppliers in accordance with this provision must be declared via the form at Annex 2 and instructions set out on that form followed. A clear reason should be recorded as to why it was considered permissible to accept the gift, alongside the actual or estimated value and include line manager approval.

12.16 Gifts from suppliers, contractors or customers that have been declined in line with this policy should be declared via the form at Annex 2 and instructions set out on that form followed. This will allow WAST to monitor when such organisations are inappropriately offering gifts or potential inducements.

Legacy in a Will

12.17 On occasions staff are left bequests in a service user's will which they become aware of before the service user is deceased or because they have been informed by the deceased service user's legal representative. In such circumstances the member of staff must immediately inform their manager. It should be borne in mind that staff cannot benefit from a bequest by virtue of their position as a Trust staff, undertaking their duties. If a member of staff receives a bequest they should contact the Director of Corporate Governance / Board Secretary.

Gifts from Dignitaries/Overseas Organisations

12.18 There may be occasions when visits are made by dignitaries or overseas organisations who consider it cultural custom and practice to exchange gifts. In such cases staff should seek guidance from the Board Secretary and declare these gifts. A decision will then be jointly made as to the most appropriate way to manage the gift. This will depend on the nature of the gift culture and may include decisions to keep and display in public, donate to an internal user group, auction for charity, etc.

Publication

12.19 The register of gifts, hospitality and sponsorship will be published on the WAST website following its presentation to the Audit, Risk and Assurance Committee annually.

13. HOSPITALITY

13.1 Hospitality is where there is an offer of food, non-alcoholic drink, accommodation, entertainment or entry into an event or function by a third party, regardless of whether provided during or outside normal working hours.

13.2 Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.

13.3 Staff should exercise discretion in accepting offers of hospitality in case it would, or might appear to place them under any obligation to the individual or organisation making the offer; compromise their professional judgement and impartiality; or otherwise, be improper.

13.4 Hospitality should only be accepted on a one-off basis and should not take the form of regular events. It is very important that receiving hospitality does not influence, or is perceived to potentially influence, any decision making or behaviours.

13.5 Hospitality might be offered during working visits but may also be offered where:

(a) There is a genuine need to impart information, or represent WAST at stakeholder or community events which have an association with WAST;

(b) Staff are being invited to receive an award or prize in connection with the work of the organisation or their role within it;

(c) Staff are invited to a Society or Institute dinner or function which is to be funded by a commercial organisation and where there is a genuine benefit to the professional standing of the individual or WAST.

These types of hospitality must be authorised prior to their acceptance by the Director by completing the form at Annex 2 and instructions set out on that form followed.

13.6 Individual offering hospitality must be advised by the intended recipient that there is a requirement to declare and report such offers.

Hospitality from Suppliers or Contractors

13.7 Staff in contact with current or potential suppliers or contractors should be particularly mindful of accepting any hospitality that might later be misconstrued as impacting on strict independence and impartiality.

13.8 Offers can be accepted if modest and reasonable but must be declared and approved by the line manager.

Meals and Refreshments

13.9 Meals and refreshments (food and non-alcoholic drinks) which are equivalent to that offered in similar circumstances by NHS Wales can be accepted and need not be reported (unless it is offered by a supplier or contract – see paragraph 13.8).

13.10 Meals and refreshments offered of a value between £15 and £50 may be accepted and must be declared, indicating whether it has been accepted or declined, via the form at Annex 2 and instructions set out on that form followed.

13.11 Offers over a value of £50 should be refused unless (in exceptional circumstances) Director approval is given in advance of acceptance. A clear reason should be recorded on the declaration as to why it was permissible to accept hospitality of this value.

13.12 A common sense approach should be applied to the valuing of meals and refreshments, using an actual amount, if known, or an estimate.

Travel and Accommodation

13.13 Modest offers to pay some or all the travel and accommodation costs related to attendance at events may be accepted but must be declared. Offers which go beyond the type which would be funded by WAST must have Director approval in advance. A clear reason should be recorded on the declaration as to why it was permissible to accept travel and accommodation of this type.

13.14 Examples of travel and accommodation which would not normally be funded might include:

(a) offers of business or first-class travel and accommodation (including domestic travel);

(b) offers of foreign travel and accommodation;

(c) A holiday or weekend/overnight break;

(d) Offers of hotel accommodation when this is not associated with a sponsored source or conference;

(e) Use of a company flat or hotel suite.

13.15 Where a meeting is funded by the pharmaceutical industry, this must be disclosed in the papers relating to the meeting and in any published minutes or actions. The Department or Directorate organising or hosting the event must ensure that the funding has been approved in line with the requirements set out in the Commercial Sponsorship section of this policy.

Register of Gifts and Hospitality

13.16 The register of gifts and hospitality is maintained by the Head of Compliance and Assurance (on behalf of the Board Secretary) who will formally record the declarations of all staff. The register is reported to the Audit, Risk and Assurance Committee annually and available for public inspection.

14. SPONSORSHIP

Sponsored Posts

14.1 Staff who are considering entering into an agreement regarding the external sponsorship of a post within NHS Wales must seek formal approval. Staff will be required to demonstrate acceptance of a sponsored post is transparent and does not stifle competition.

14.2 Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and confirm the appropriateness of the arrangements continuing.

14.3 There should be written confirmation that the sponsorship arrangements will have no effect on any commissioning or other management decisions over the duration of the sponsorship and auditing arrangements should be established to ensure that this is the case. These written arrangements should set out the circumstances under which we may exit the sponsorship arrangements if conflicts of interest arise which cannot be mitigated.

14.4 Holders of sponsored posts must not promote or favour the sponsor's specific products or organisation and information about alternative suppliers must be provided.

14.5 Sponsors must not have any influence over the duties of the post or have any preferential access to services, materials or intellectual property related to or developed in connection with the sponsored post.

Sponsored Events

14.6 Sponsorship of events, including courses, conferences, and meetings, by external bodies should only be approved if it can be demonstrated that the event will result in

clear benefits for WAST. Sponsored events require the approval of the relevant Director in advance.

14.7 Sponsorship should not in any way compromise decisions or be dependent on the purchase or supply of goods or services.

14.8 Sponsors should not have any influence over the content of an event, meeting, seminar, publication, or training event.

14.9 WAST will not endorse individual companies or their products or services because of the sponsorship.

14.10 During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection (or other) legislation. As a general rule, information which is not in the public domain should not be supplied and no information should be supplied to a company for its commercial gain.

14.11 At WAST's discretion, sponsors or their representatives may attend or take part in the event, but they should not have a dominant influence over the content or the main purpose of the event.

14.12 The involvement of a sponsor in an event should always be clearly identified in the interests of transparency.

14.13 All pharmaceutical companies entering into sponsorship agreements must comply with the Code of Practice for the Pharmaceutical Industry.

Sponsored Research

14.14 Funding sources for research purposes must be transparent. Any proposed research must go through the relevant approvals process.

14.15 There must be a written protocol and written contract and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services. Where the contract includes provision of people this, and accompanying arrangements, must be clearly articulated.

14.16 The study must not constitute an inducement to commission any service.

Declaring Sponsorship

14.17 Should there be any doubt about the appropriateness of accepting sponsorship, staff should seek advice from their line manager, Head of Compliance and Assurance or Board Secretary.

14.18 Declarations should include the value of the sponsorship. A common-sense approach should be applied to valuing the sponsorship if there is not a contractual value specified, for example a room and refreshments being provided for an event.

14.19 Sponsorship secured through, contracted by, paid directly to, or managed through a third party, such as exhibitors at our events sold through a third party or a sponsor paying for catering directly to an event venue should be declared.

14.20 Declarations should be made via the form at Annex 2 within 28 day of when the sponsorship was agreed rather than the date or the event. In exceptional circumstances where there are multiple sponsorship arrangements, the sponsorship may be declared within 28 days of the event taking place provided that this is agreed in advance by the relevant Director.

14.21 Declarations made in accordance with the policy will be published on the WAST website. In exceptional circumstances the value of the sponsorship may be published in bands where there are multiple sponsors of an event. A complete register will be held by the Head of Compliance and Assurance (on behalf of the Board Secretary).

14.22 The register of sponsorship is maintained by the Head of Compliance and Assurance, (on behalf of the Board Secretary) who will formally record the declarations of all staff.

15. MISCELLANEOUS PAYMENTS AND HONORARIA

15.1 Staff may be invited to give presentations at conferences, provide responses to surveys or attend professional meetings where a one off payment or honoraria is offered. The activity should be reported using a Gifts, Hospitality, Sponsorship and Honoraria Form and it should be authorised by the appropriate Director.

Honoraria Received for work undertaken during working hours

15.2 When appropriate authorisation has been granted to permit a staff member to be involved in activity outside their normal contract during working hours, any honoraria paid must be received back to the Trust revenue budget to reimburse the Trust for the staff member's time.

15.3 To avoid personal tax implications, staff are urged to request the Honoraria is paid directly to the Trust. This is then seen as reimbursement to the Trust to cover the loss of the staff member's time, and not honoraria. This money will then be transferred into the Trust revenue budget. The staff member who has undertaken the work must not be the budget holder for the budget receiving the funds in lieu of the honorarium due to a conflict of interest.

15.4 If the staff member receives the honoraria directly and then reimburses the Trust, the staff member remains liable for the payment of both tax and National Insurance Contributions (NIC), regardless of the final destination of the honoraria.

Honoraria received for work undertaken in an individual's own time (out of normal working hours or on authorised annual leave)

15.5 Staff are personally liable for the payment of both tax and NICs on any honoraria payments received. Following their first honoraria declaration staff will be asked to sign a declaration statement confirming that they understand their responsibilities and this will be held on file by the Head of Compliance and Assurance (on behalf of the Director of Corporate Governance/Board Secretary).

15.6 If the staff member wishes to suggest a donation may be made to the Trust's Charitable Funds in lieu of an honoraria, this must be received into the Charity's general fund and it is then for the Charity to determine how the donated funds should be used. The basic principle being that the staff member giving their own time should have no influence over how the donation is then used and therefore lessens the risk of this being interpreted as being of any benefit to them as 'income' in any sense.

15.7 In cases of doubt, staff should seek advice from the Director of Corporate Governance/Board Secretary and should report any case where an offer of sponsorship or honoraria is pressed which might be open to objection. Instances where honoraria

has been offered and declined should still be declared on the Gifts, Hospitality, Honoraria and Sponsorship Declaration Form.

16. SECONDARY EMPLOYMENT (AND CLINICAL PRIVATE PRACTICE)

16.1 All staff (depending on the details of their contract as regards secondary employment and private practice) are required to seek approval from their line manager if they are engaged in or wish to engage in secondary employment in addition to their work with WAST. This approval should be sought even if the staff member is temporarily absent from work e.g., through sickness, maternity leave, or secondment.

16.2 Secondary employment or private practice must neither conflict with nor be detrimental to the WAST work of the staff member in question. Examples of secondary employment or private practice which may give rise to a conflict of interest includes, but is not limited to:

(a) employment with another NHS body;

(b) working two roles internally for WAST;

(c) employment with another organisation which might be in a position to supply goods/services to the NHS in Wales; and

(d) self-employment, including private practice, in a capacity which might conflict with the work of the NHS in Wales or which might be in a position to supply goods/services to NHS in Wales.

16.3 Where a risk of conflict of interest is identified, these should be managed in accordance with the guidance provided at paragraph 9.24. WAST reserves the right to refuse permission where it reasonably believes a conflict will arise or that approval would be detrimental to the work of the staff member in question.

16.4 In undertaking any secondary employment, staff should have regard to section 'Trading on Official NHS Premises' at paragraph 19.12.

16.5 WAST may have legitimate reasons within employment law for knowing about secondary employment of staff, even where this does not give rise to the risk of a conflict of interest. Nothing in this policy prevents such enquiries being made.

Declaring secondary employment and private practice

16.6 All staff must declare any relevant secondary employment or private practice on appointment, and when any new employment arises, in accordance with the guidance above. Declarations should be made by via the form at Annex 1 and instructions set out on that form followed.

16.7 The register of secondary employment and private practice is maintained by the Head of Compliance and Assurance (on behalf of the Director of Corporate Governance/Board Secretary) who will formally record the declarations of all staff for the public record.

16.8 Managers will hold declarations submitted by staff on local personal files as per the guidance published on Siren.

17. CHARITABLE COLLECTIONS

Charitable Collections Individual

17.1 Whilst WAST supports staff who wish to undertake charitable collections amongst immediate colleagues, no reference or implication should be drawn to suggest that WAST is supporting the charity. Permission is not required for informal collections amongst immediate colleagues on an occasion like retirement, marriage, birthday or a new job.

Charitable Collections - Organisational

17.2 The Welsh Ambulance Service Charity is WAST's only official charity. If it is proposed to use the WAST brand as part of fundraising for any other charitable cause, this must be authorised and documented by the appropriate Director in advance and reported to the Director of Partnerships and Engagement.

18. POLITICAL ACTIVITY

18.1 Any political activity should not identify an individual as a staff member of WAST. Conferences or functions run by a party-political organisation should not be attended in an official capacity, except with prior written permission from the Director of Partnerships and Engagement.

19. PERSONAL CONDUCT

Corporate Responsibility

19.1 All staff have a responsibility to respect and promote the corporate or collective decision of WAST, even though this may conflict with their personal views. Staff may comment as they wish as individuals however, if they decide to do so, they should make it clear that they are expressing their personal view and not the view of WAST.

19.2 When speaking as a staff member of WAST, whether to the media, in a public forum or in a private or informal discussion, staff should ensure that they reflect the current policies or view of the organisation.

19.3 For any public forum or media interview, approval should be sought in advance. In the case of the Board, approval is from the Chairman and/or Chief Executive with advice from the Head of Communications. In the case of all other staff, the Head of Communications will provide the approval. Where this is not practicable, they should report their action to the Chairman (for Board members) and Head of Communications for all others as soon as possible.

19.4 All staff must ensure their comments are well considered, sensible, well informed, made in good faith, in the public interest and without malice and that they enhance the reputation and status of WAST.

19.5 Staff must follow the guidance for communication with the media; disciplinary action may be taken if this is not followed.

Use of Social Media

19.6 As at the date of revision of this policy an All Wales Social Media Policy is in development. When that policy is adopted by WAST it will take precedence should any element of this policy contradict that All Wales position.

19.7 Staff should be aware that social networking websites are public forums and should not assume that their entries will remain private. Staff communicating via social media must comply with the relevant organisational social media and associated policies. Staff must not conduct themselves in a way that brings WAST into disrepute, or disclose information that is confidential to WAST, its staff or patients. Only Trust authorised

applications (including social media and communication applications) may be used to process Trust information.

Confidentiality

19.7 Staff must, at all times, operate in accordance with the UK General Data Protection Regulation, the Data Protection Act 2018, and all internal Information Governance (IG) policies, procedures and guidance. They are required to maintain the confidentiality, integrity and security of all information, including but not limited to patient information, personal information relating to staff, and commercially sensitive data. This duty of confidence is absolute and continues indefinitely, even after staff (however employed) leave WAST. Any breach of this duty may result in disciplinary, regulatory or legal action.

19.8 For the avoidance of doubt, this does not prevent the disclosure or information where there is a lawful basis for doing so (e.g., consent). Staff should refer to the suite of WAST Information Governance and Corporate Information Technology policies for detailed information.

Gambling

19.9 No staff member may bet or gamble when on duty or on WAST premises, with the exception of small lottery syndicates or sweepstakes related to national events such as the World Cup or Grand National among immediate colleagues within the same offices where no profits are made or the lottery is wholly for purposes that are not for private or commercial gain.

Lending and Borrowing

19.10 The lending or borrowing of money between staff should be avoided, whether informally or as a business, particularly where the amounts are significant.

19.11 It is a particularly serious breach of discipline for any staff member to use their position to place pressure on someone in a lower pay band, a business contact, or a member of the public to loan them money.

Trading on WAST Premises

19.12 Trading on official premises is prohibited, whether for personal gain or on behalf of others. This includes but is not limited to flyers advertising services/products in common areas, or catalogues in common areas.

19.13 Canvassing within the office by, or on behalf of, outside bodies or firms (including non-WAST interests of staff or their relatives) is also prohibited.

19.14 Trading does not include small tea or refreshment arrangements solely for staff.

Individual Voluntary Arrangements, County Court Judgment (CCJ), Bankruptcy / Insolvency

19.15 Any staff member who becomes bankrupt, insolvent, has active County or High Court Judgment, or has made an individual voluntary arrangement with an organisation must inform their line manager and the People and Culture Directorate as soon as possible. Staff who are bankrupt or insolvent cannot be employed, or otherwise engaged, in posts that involve duties which might permit the misappropriation of public funds or involve the approval of orders or handling of money.

Arrest or Conviction

19.16 A staff member who is arrested, subject to continuing criminal proceedings, or convicted of any criminal offence must inform their line manager and the People and Culture Directorate as soon as is practicably possible.

20. ANNUAL ELIGIBILITY REVIEWS

20.1 Board Members will, on appointment and annually, declare that they are eligible to hold the office of Board Member. These declarations extend to members of the Executive Leadership Team who are not voting members of the Board and to Trade Union Representatives on the Board.

20.2 All Board members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements, so far as they are applicable, as specified in the Membership Regulations. Any member must inform the Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The Chair will advise the Minister of Health and Social Services in writing of any such cases immediately.

20.3 The Director of Corporate Governance/Board Secretary will undertake annual due diligence checks at the same time as receiving the eligibility declarations. These will include disqualified director and trustee searches, and bankruptcy and insolvency searches. In addition, the Director of Corporate Governance/Board Secretary will ensure that all members have had a DBS and have had or are undergoing their annual appraisal.

20.4 Completion of annual eligibility reviews will be reported to the Remuneration Committee.

21. ROLES AND RESPONSIBILITIES

21.1 The **Chief Executive** is the Accountable Officer with overall responsibility for ensuring that the Trust operates efficiently, economically and with probity. The Chief Executive will ensure a policy framework is set and that arrangements are in place to support the delivery of that framework.

21.2 The **Chair** will:

(a) Ensure that Non-Executive Directors Board are aware of the requirements contained within this Policy;

(b) Lead by example and ensure that they personally declare any relevant interest or the offer of gifts, hospitality, or sponsorship;

(c) Approve (or not) the acceptance of gifts, hospitality and sponsorship that have been offered to Non-Executive Directors prior to the event.

21.3 The **Executive Director of Finance and Corporate Resources** is responsible for ensuring appropriate monitoring arrangements are established to ensure that purchasing decisions are not being influenced by a sponsorship agreement.

21.4 The **Director of Corporate Governance/Board Secretary** will:

(a) Review the content of declarations of interest made by decision makers on receipt;

(b) Review the contents of declarations of gifts, hospitality and sponsorship made and the advice subsequently provided by Line Managers to ensure that the recommended action is compliant with Trust policy. The Board Secretary will liaise directly with the relevant Line Manager in instances where this is not considered to be the case;

(c) Advise staff on all aspects of this policy;

(d) Ensure arrangements are in place to prompt staff to complete a Declaration of Interest Form on initial employment with WAST and at periodic intervals thereafter;

(e) Ensure that a Register of Interests and a Register of Gifts, Hospitality and Sponsorship is established and maintained as a formal record of interests declared by staff;

(f) Report the content of those registers and the effectiveness of the arrangements in place to the Audit, Risk and Assurance Committee at agreed intervals, including any breaches of this policy.

21.5 The **Head of Compliance and Assurance** will:

(a) Ensure that the appropriate forms and paperwork for declaring an interest are available on the intranet;

(b) On behalf of the Director of Corporate Governance/Board Secretary ensure arrangements are in place to prompt staff to complete a Declaration of Interest Form on initial employment with WAST and at periodic intervals thereafter;

(c) On behalf of the Director of Corporate Governance/Board Secretary, ensure that a Register of Interests and a Register of Gifts, Hospitality and Sponsorship is established and maintained as a formal record of interests declared by staff;

(d) Published those registers on the WAST Website in accordance with the requirements of the organisation's Freedom of Information Publication Scheme;

(e) Report the content of those registers and the effectiveness of the arrangements in place to the Audit, Risk and Assurance Committee at agreed intervals, including any breaches of this policy.

21.6 **Directors** will:

(a) Lead by example and ensure that they personally declare any interests the subject of this policy;

(b) Approve (or not) the acceptance of gifts, hospitality and sponsorship that have been offered within their Directorate prior to the event;

(c) Ensure that they review the contents of the Register of Declarations on an annual basis to assist with the verification of the information contained within it.

21.7 **Line Managers** will:

(a) Ensure that staff are aware of the requirements of this policy and the implications for their work, particularly at annual PADR discussions;

(b) Support individuals in their declaration applications, seeking advice from other managers or from the Head of Compliance and Assurance or Board Secretary if required;

(c) Ensure any declarations of interest are managed in accordance with this policy.

21.8 **All staff** will:

(a) Ensure they are aware of and are compliant with the requirements of this policy, consulting their line manager or appropriate senior manager if they require clarification;

(b) Declare to WAST any relevant interests, gifts, hospitality, and sponsorship;

(c) Obtain permission from their line manager/Director before accepting gifts, hospitality, or sponsorship;

(d) Verbally declare any relevant interest when a potential for conflict arises e.g., at Board and Committee meetings, during procurement process etc;

(e) Observe the Standing Orders, Standing Financial Instructions and procurement policies and procedures of the Trust.

21.9 An annual training package to raise awareness and understanding of this policy will be included in the WAST training for all staff. All decision making officers will be required to submit an annual attestation that all appropriate declarations required by the policy have been submitted.

22. IMPACT ASSESSMENTS

22.1 Equality Impact Assessment

An Equality Impact Assessment initial screening was undertaken on this policy and it was assessed not to be significant from the perspective of the application of the Equality Act 2010, and that no negative impact on the protected characteristics within the legislation were identified. A full Equality Impact Assessment was not required.

22.2 Welsh Language Assessment

The Welsh Language (Wales) Measure 2011 has given the Welsh language official status in Wales by introducing Welsh Language Standards for organisations. The duties deriving from the standards mean that the Trust and all of its employees should not treat the Welsh language less favourably than the English language together with promoting and facilitating the use of the Welsh language. The Equality Impact Assessment took account of Welsh Language, and it was found to be neutral/no impact.

22.3 Environmental Impact Assessment

This policy will put the relevant requirements in place (such as waste management plan, reduction of CO2 emissions & reduction of carbon footprint) in order to ensure that the Welsh Ambulance Services University NHS Trust's ongoing commitment to reduce its impact on the environment is maintained and to become a more sustainable organisation in line with Trust policy and ISO14001 Environmental Governance System.

23. COUNTER FRAUD

The Welsh Ambulance Services University NHS Trust is committed to taking all necessary steps to counter fraud, bribery, and corruption within the Trust. Staff should report suspected incidents of fraud and corruption to the Trust Local Counter Fraud Specialist, who will be happy to discuss any issues or concerns. Alternatively, staff may contact the confidential NHS Counter Fraud Authority, Fraud and Corruption Reporting line on 0800 028 40 60; or via the online reporting facility https://cfa.nhs.uk/reportfraud Fraud investigations may lead to disciplinary action and / or prosecution and civil recovery procedures.

24. RECORDS MANAGEMENT

The Welsh Ambulance Services University NHS Trust recognises the importance of sound records management arrangements for both clinical and corporate records. The Trust's records are its corporate memory, providing evidence of actions and decisions and representing a vital asset to support daily functions and operations. Records support policy formation and managerial decision-making, protect the interests of the Trust and the rights of patients, staff and members of the public.

25. INFORMATION GOVERNANCE

Information Governance (IG) is an overarching term used to describe all aspects of information management.

The Trust and its staff shall ensure that they provide satisfactory assurance to stakeholders as to how the organisation fulfils its statutory and organisational responsibilities in relation to the management of information. It will enable management and staff to make correct decisions, work effectively and comply with relevant legislation and the organisations aims and objectives.

The IG framework ensures that it sets out the high level principles for confidentiality, integrity and availability of information to promote and build a level of consistency across the Trust.

26. HEALTH AND SAFETY

The health, safety and well-being of staff, volunteers and contractors who work for the Trust is of paramount importance.

The Management of Health and Safety at Work Regulations 1999 require the Trust to make a suitable and sufficient assessment of the risks to the health and safety of its employees to which they are exposed whilst they are at work and the risks to the health and safety of anyone else affected by the activities of the Trust.

27. AUDIT AND MONITORING

Monitoring for compliance with this policy will be by way of:

(a) Register of Interests publicly available on the Trust website
(b) Register of Interests reported to the Audit, Risk and Assurance Committee annually
(c) Register of Gifts, Hospitality and Sponsorship reported to the Audit, Risk and Assurance Committee annually

28. REFERENCES

Not Applicable

29. APPENDICES

Appendix 1	Declarations of Interests Form
Appendix 2	Declarations of Gifts, Hospitality and Sponsorship Form

APPENDIX 1 - This form should be downloaded separately from the Trust's Intranet here.

DECLARATION OF INTERESTS FORM

Please review the Standards of Business Conduct Policy for details of interests which may be relevant and material and therefore subject to declaration. The policy can be found on the Trust's Intranet here.

All staff should make a declaration - even where it is a 'nil' declaration i.e., you do not have any interests to declare.

For 'decision making officers' as defined in the policy, this form is reviewed by the Head of Compliance and Assurance (on behalf of the Board Secretary) and provided to your line manager for their review. It is placed on the Register of Interests which is maintained by the Head of Compliance and Assurance (on behalf of the Board Secretary), provided to the Audit Committee annually, and published on the Trust's website.

Full Name	
Position	
Directorate	
Employee Number	
Line Manager's Name and Position	

Section A: Nil Declaration:

I do not hold any of the interests set out below, and have nothing to declare:	☐

If you have completed Section A go straight to sign off section C

Section B: Interests to Declare:

Refer to the policy for full details but note that you will not automatically be conflicted just because you hold some of the interests set out below. A conflict may arise where you interests do not align to decisions you are making, or where there is a perception that they do not align. In those circumstances a mitigation plan will be put in place.

Interest Declared that relate to you	Details of Interest including the full name of any organisations/companies/directorships	Date Interest Commenced
Financial Interest This is where you may get direct financial benefit from the consequences of a decision you are involved in making. This may include but is not limited to: • Directorships, including Non-Executive Directorships held in private companies or public limited companies; • Ownership or part-ownership of private companies, businesses, or consultancies likely or possibly seeking to do business with the NHS • Shareholdings and ownership interests in any publicly listed, private or not for profit company, business, partnership, or consultancy which are doing or might reasonably be expected to do business with the NHS Secondary employment (or in the case of a Non- Executive Director who is in employment, the details of that employment)		

Interest Declared that relate to you	Details of Interest including the full name of any organisations/companies/directorships	Date When Interest Commenced
• Other commercial interests relating to a decision to be taken by the Trust • Being in receipt of a grant or sponsored research • Being in receipt of an honoraria		
Non-Financial Professional Interest This is where you may obtain a non-financial professional benefit from the consequences of a decision you are involved in making, such as increasing your professional reputation or status or promoting your professional career. This may include but is not limited to where you are: • An advocate for a particular group of patients • A clinician with a special interest • An active member of a particular specialist body • An advisor for a WAST regulator (e.g., HIW)		
Non-financial personal interests This is where you may benefit personally because of decisions that you are involved in making. This may include but is not limited to where you are in:		

Interest Declared that relate to you	Details of Interest including the full name of any organisations/companies/directorships	Date When Interest Commenced
A position of authority in another NHS organisation, commercial, charity, voluntary, professional, statutory, or other body which could be seen to influence your role A position on an advisory group or other paid or unpaid decision-making forum that could influence how the NHS spends taxpayers' money Any connection with a private, public, voluntary, or other organisation contracting or likely to contract for NHS services Membership of a lobbying or pressure group with an interest in health and care Membership of an organisation which might lead to conflict, or might be perceived to do so		

Indirect interests This is where you have a close association with an individual (relative/friend/business associate) who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision the officers is involved in making. If you are aware of material interests, or could reasonably be expected to know about these, then they should be declared.	*Include here the details of the interest of the individual(s) with whom you have a close association and their relevant interests.*	
Interest Declared that relate to you	**Details of Interest including the full name of any organisations/companies/directorships**	**Date When Interest Commenced**
Loyalty interests As part of you role you may need to build strong relationships with colleagues across the NHS and in other sectors. These relationships can be hard to define. They are unlikely to be directed by any formal process or managed via any contractual means, however these 'loyalty' interests can influence decision making.		

Section C: Declaration

I declare that the information I have given on this form is correct and complete and that I will not create a conflict of interest between my NHS employment and an external body/organisation or my personal interests. I understand that if I knowingly provide false information or fail to disclose relevant information, this may result in disciplinary action and I may be liable to prosecution and/or civil proceedings. I f acknowledge that the information on this form may be disclosed to the Trust's Auditors for review, and understand the form may be reviewed for the purpose of fraud prevention and detection by NHS Counter Fraud Specialists. I agree to submit further notices in order to bring up to date information given in this notice and will declare any interest I acquire after the date of this notice. I agree to publication of my interests on the public record on the
Trust website.

Signature of person making this declaration	
Date of Signature	

As line manager of the person making this declaration I confirm that I have reviewed the declaration. I do not consider that the interests declared (if any) present an immediate conflict and will manage any conflicts that may arise from time to time in accordance with the Standards of Business Conduct Policy

Signature of line manager	
Date of Signature	

The Line Manager is required to retain these declarations for inspection on request by members of the Executive Team, Internal/ External Audit or the Counter Fraud Officer.

APPENDIX 2 - This form should be downloaded separately from the Trust's Intranet here

DECLARATION OF GIFTS, HOSPITALITY, AND SPONSORSHIP

Extracts of the gifts, hospitality, and sponsorship section of the Standards of Business Conduct Policy are set out below for context and ease of reference, however staff are requested to review the Policy before completing this form. The policy can be found on the Trust's Intranet here.

Complete the relevant section of this form for declaration of receipt or offer of a gift, hospitality (including travel and accommodation) or sponsorship.

This form must be authorised by your line manager or Director and reviewed and held centrally by the Board Secretary. Your declaration will be placed on the Register of Interests which is maintained by the Board Secretary, provided to the Audit Committee annually, and published on the Trust's website. The Board Secretary can be contacted for advice on the Policy and this form directly or via amb_corporategovernance@wales.nhs.uk.

Full Name	
Position	
Directorate	
Employee Number	
Signature	
Date	

A declaration must be made even where a gift or hospitality has been declined.

1. GIFTS

Staff must not be placed in a position that risks, or appears to risk, compromising their role or the organisation's public and statutory duties or reputation. Staff should always refuse gifts or other benefits which might reasonably be seen to compromise their personal judgement or integrity.

Staff may accept gifts up to the value of £25 from patients/service users/relatives as a mark of their appreciation for the care that has been provided. These may be items such as chocolates, flowers etc. **There is no requirement to declare these gifts unless** the gift is from a supplier, or multiple gifts from the same source over 12 months have a cumulative value over £25.

Cash or cash equivalents (tokens, gift cards, vouchers etc) **of any value must not be accepted**. Where cash has been left by a donor who cannot be traced it may be deposited to the WAST Charity.

Gifts over £25 should be declined, but where that is not possible the gift **must be declared on this form.** In some cases, the gift may have been delivered and it may be difficult to return it or it may be felt that the bearer may be offended by the refusal. Under such circumstances the gift can be accepted, with the options for its use being agreed with the line manager in line with section 12 of the Policy.

Gifts from suppliers or contracts should be declined whatever the value, other than low cost branded promotional items such as calendars and pens. Any gifts from suppliers, regardless of the

value **must be declared on this form**. Likewise, any offers of gifts *declined* from suppliers or contracts must be declared.

Where a gift is required to be declared in line with the Policy, the following information is required. Your line manager or the Board Secretary can provide advice.

Details of gift including date it was offered	
Estimated value of gift	
Name of donor if known	
Was the gift refused?	
Where gift could not be refused, why it was considered suitable to accept the gift	
How the gift was used	

2. HOSPITALITY

Hospitality is where there is an offer of food, non-alcoholic drink, accommodation, entertainment, travel or entry into an event or function by a third party, regardless of whether provided during or outside normal working hours.

Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.

Staff should exercise discretion in accepting offers of hospitality in case it would or might appear to place them under any obligation to the individual or organisation making the offer; compromise their professional judgement and impartiality; or otherwise, be improper. This is particularly important when it is offered by current or potential suppliers or contractors.

Meals and refreshments which are equivalent to that offered in similar circumstances by NHS Wales can be accepted and need not be declared. This may arise for example as part of a conference.

Meals and refreshments offered of a value between £15 and £50 may be accepted and must be declared. This may be signed off by your line manager.

Offers over a value of £50 should be refused unless (in exceptional circumstances) **Director approval** is given in advance of acceptance. A clear reason should be recorded on the declaration as to why it was permissible to accept hospitality of this value.

Modest offers to pay some or all the **travel and accommodation** costs related to attendance at events may be accepted but must be declared.

Details of hospitality including date	
Estimated total value of hospitality (including a breakdown of costs). **NB: Where the value is over £50 provide reason why accepted.**	
Name of provider of hospitality	
Is the provider of the hospitality a current or potential supplier or contract	**Yes** ☐ **No** ☐ **Not known** ☐

3. SPONSORSHIP

Sponsorship of events, including courses, conferences, and meetings, by external bodies should only be approved if it can be demonstrated that the event will result in clear benefits for WAST. Sponsored events require the approval of the relevant Director in advance.

Sponsorship of a post and of research are dealt with in more detail in the Policy at section 14.

Details of sponsorship including date	
Estimated value of sponsorship	

4. LINE MANAGER/DIRECTOR DECLARATIONS

a. I have reviewed this declaration and consider the action taken by the individual are appropriate.

Full Name	
Position	
Signature	
Date	

or

b. I have reviewed this declaration and consider the action taken by the individual is not appropriate and I have advised the individual accordingly as set out below.

Reasons for considering offer not appropriate	
Full Name	
Position	
Signature	
Date	

Once completed and signed this form must be sent to the Head of Compliance and Assurance directly or via amb_corporategovernance@wales.nhs.uk.

NB: Please ensure that you have recorded the dates when declared interests commenced. Thank you

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

Risk Management Policy

Policy Number:	107	**Version No:**	V2.1 (2026)	**Supersedes:**	V2.0 (25/09/2025)
Date of Approval:		**Review Date:**	Annually from date of approval	**Impact Assessments Completed:**	Yes
Classification of Document:	Corporate	**Type of Document:**	Policy	**Approved by:**	Trust Board
Brief Summary of Document:	The Risk Management Policy sets out the roles and responsibilities for risk management and the Board Assurance Framework				
Scope:	This Policy applies to all staff that are directly employed by WAST and encompasses Non-Executive Directors, bank staff, volunteers, contractors, and all those that it has legal responsibility for such as students and trainees.				
To be read in conjunction with:	Risk Management Guidelines (October 2023) Board Assurance Framework Guidance (April 2023)				
Owned By	Trust Board				
Policy Lead: **Trade Union Lead:**	Julie Boalch Hugh Parry	**Job Title:**	Assistant Director of Corporate Governance & Risk Trade Union Partner		
Director:	Trish Mills	**Job Title:**	Director of Corporate Governance / Board Secretary		

Version Control Sheet

Version	Date	Author	Summary of Changes
0.1	31/07/22	Julie Boalch	New Policy
0.2	08/09/22	Julie Boalch	Minor amendments following Policy Group discussion
0.3	08/01/23	Julie Boalch	Review and amendment of whole Policy following consultation period
0.4	10/01/23	Julie Boalch	Further redrafting based on comments received in consultation.
0.5	23/10/23	M Stoicheci	Review of sections
0.6	31/10/23	Julie Boalch	Prepare draft 2.5 for onward review and governance
0.7	17/11/23	Trish Mills	Review of sections
0.8	15/12/23	Julie Boalch	Formatting, enhancing three lines of defence model, risk appetite and statements section, the BAF section and adding Duty of Quality to introduction and BAF section. Updated auditing and monitoring section.
0.9	19/12/23	Julie Boalch	Front cover, who policy applies to, to be read in conjunction with, 3.4 included monitoring, treatment and acceptance of risk, updated 3rd line of defence definition
0.10	04/01/24	Julie Boalch	Minor update following Policy Group i.e. Trist instead of Trust. No material changes
0.11	13/02/24	Julie Boalch	Version control updated to reflect new policy. Section on strategic objectives strengthened to align to LTS.
0.12	21/02/24	Julie Boalch	Separated out the Risk reporting structure from the Roles and Responsibilities section 6. Created a new section 7.
0.13	18/03/24	Julie Boalch	Addition of volunteers to scope
1.0	28/03/24	Julie Boalch	Finalise front cover post approval at Trust Board and inclusion of University to WAST name and new logos
2.0	30/06/25	Lisa Trounce / Julie Boalch	No material changes other than updates to the name of the Audit, Risk & Assurance Committee and Director and Assistant Director of Corporate Governance titles.
2.1	15/02/26	Julie Boalch	Update to Risk Appetite sections 3.4 to 3.10

Version	Date	Author	Summary of Changes
Keywords	Risk, Risk Appetite, Risk Management, Risk Assessment		

Impact Assessment Reviews

Area	Date of Review	Name of Reviewer
EqIA / Welsh Language	30/08/22	Julie Boalch, Melfyn Hughes, Hugh Parry
EqIA / Welsh Language	02/12/23	Julie Boalch, Hugh Parry, Kathryn Cobley

Policy Approval Route

Meeting Title	Meeting Date	Purpose/Outcome
Policy Group	08/09/22	Review prior to consultation
Policy Group	23/01/23	Review post consultation
Policy Group	04/01/24	Review following further update
Trade Union Partners Team	TBC	Recommend for approval
Assistant Directors Leadership Team	TBC	Recommend for approval
Executive Leadership Team	TBC	Recommend for approval
Audit Committee	01/03/24	Recommend for approval
Trust Board	28/03/24	Approval
Policy Group	30/06/25	Recommend for approval
Assistant Directors Leadership Team	10/07/25	Recommend for approval
Audit, Risk & Assurance Committee	02/09/25	For Endorsement
Trust Board	25/09/25	Approved
Policy Group	26/01/26	Recommend for approval
Audit, Risk & Assurance Committee	02/03/26	For Endorsement
Trust Board		

Disclaimer
If the review date of this document has passed, please ensure that the version you are using is the most up to date either by contacting the document author or by emailing AMB_Policies@wales.nhs.uk

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1. INTRODUCTION AND AIM

Risk is inherent in everything we do to deliver high quality services. Effective and meaningful risk management remains as important as ever in taking a balanced view to managing opportunity and risk (HM Government, Orange Book, 2020).

The Welsh Ambulance Services NHS University Trust (WAST) governing documents, the Standing Orders, set out the requirements that the Board shall set out explicitly, within a Risk and Assurance Framework, how it will be assured on the conduct of Trust business, its governance, and the effective management of the organisation's risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.

The Trust is also guided by its legal responsibility outlined in the Health and Social Care (Quality and Engagement) (Wales) Act 2020 to ensure that there is an effective quality management system embedded across all areas of the Trust.

Risk is a vital component of this quality management system, and, in line with the Health and Care Quality standards 2023, the Trust has a responsibility to prioritise and implement a Risk Management Framework that enables the identification and monitoring of risks, and where possible, reduces or prevents risks to safety and ensuring it delivers a safe and high quality service.

The Trust is fully committed to fulfilling its obligations under the Duty of Quality by setting the highest standard of quality in everything it does, by embedding quality in its decision making and in managing the risks associated in the delivery of its services.

The purpose of this policy is to set out the roles and responsibilities for risk management and internal control at WAST and to maintain a robust risk management framework that ensures risks are effectively addressed.

It will:

- Set out the approach to risk management within the Risk Management Framework.
- Set out respective responsibilities for strategic and operational risk management for the Board and staff throughout the organisation.
- Ensure that risk management is an integral and positive part of the Trust's culture.
- Ensure that the Trust meets its legal obligations in respect of risk management.

- Minimise the impact of risks, adverse incidents, and complaints by effective risk identification, prioritisation, treatment, and management.
- Maintain a risk management framework, which provides assurance to the Board that strategic and operational risks are being managed effectively.

2. SCOPE

This Risk Management Policy applies to all staff that are directly employed by WAST and encompasses Non-Executive Directors, bank staff, volunteers and contractors and all those that it has legal responsibility for.

It is intended to cover all the potential risks that the organisation could be exposed to and must be read in conjunction with the Risk Management Guidelines (October 2023) Procedure and the Board Assurance Framework Guidance (April 2023) that have been produced as subordinate adjuncts to this Policy.

3. RISK MANAGEMENT

3.1. What is Risk Management

Risk Management improves performance, encourages innovation, and supports the achievement of the Trust strategic objectives.

It consists of a defined series of steps which help us understand risks and their impact. It is the process of assessment, analysis, and management taken to minimise the likelihood of a risk materialising and reducing the potential impact it may have if it does.

Good risk management awareness and practice at all levels is a critical success factor for the Trust and needs to be seen as integral in every function, service, and area.

3.2. Types of Risk

Strategic Risks are those risks that could impact upon the delivery of the Trust's strategic objectives as outlined in its long-term strategy, Delivering Excellence 2030, and which need to be raised and monitored by the Executive Leadership Team (ELT) and the Board.

Principal (Corporate) Risks are risks that are escalated to the Corporate Risk Register (CRR) from the Directorate Risk Register (DRR) dependent on scoring or whether they are cross directorate risks Plan and require a corporate response. These are reviewed and monitored by the Assistant Directors Leadership Team (ADLT), the ELT, Board Committees, and the Board.

Operational (Service and Directorate) Risks are key risks that could affect the quality, safety or delivery of services and are managed by individual Directorates and their local teams. If necessary, these can be escalated through the risk reporting structure for inclusion on the CRR.

Project risks are risks that could cause doubt about the ability to deliver a project on time, within budget and to quality. These are monitored and reported through the Project and Programme Boards.

3.3. Recording and Reporting

The purpose of risk recording and reporting is to enable the Trust to manage risk and mitigating actions as well as communicate risk management activities and outcomes across the organisation, provide information for decision making, meet governance requirements and support the Board in meeting its responsibilities.

It is important that risks are included on a register in order that they can be escalated if necessary and managed at higher level.

3.4. Risk Appetite

The Trust recognises, as a healthcare provider, that risk is inherent in delivering timely, safe and effective care to patients. Additionally, risk arises in enabling and empowering our people, managing finances and resources, and striving to remain a quality driven and innovative organisation.

Risk appetite is defined as the amount and type of risk that the Trust is willing to accept in pursuit of its strategic objectives. It provides a framework for balancing opportunity and innovation with the threats and uncertainties that are an inevitable part of delivering healthcare services.

The Board has approved a suite of seven Risk Appetite statements which form essential components of the Trust's risk management framework. These statements describe the level of risk that the Trust is willing to tolerate to achieve better outcomes for our patients, local communities as well as for our people and in working with our partners and stakeholders.

Each Risk Appetite statement has been developed and aligned to the Trust six strategic objectives as outlined in the Long Term Strategy: Delivering Excellence 2030.

3.5. Risk Appetite Levels

The Trust's risk appetite is articulated across five levels, which guide decision making and risk management in pursuit of its strategic objectives. The five levels are defined as follows:

1) **Averse:** Low tolerance to risk and preference for conservative risk taking. The priority is organisational preservation with lower but stable returns.
2) **Minimal:** Willingness to accept a limited level of risk in pursuit of modest returns. Prioritisation and focus on low-risk investments.
3) **Cautious:** Cautious view to taking risks. Seeking balance between risk and reward, aiming for reasonable returns while considering risk. Careful evaluation of potential risk related to strategic decisions.
4) **Open:** Keen to embrace higher risks in pursuit of achieving higher returns. Actively seeking opportunities and open to exploring innovative solutions. Robust risk management practices in place to mitigate potential risks.
5) **Keen:** High risk appetite, actively seeking high-reward opportunities. Prioritising decisions for maximum returns and willing to accept significant levels of risk to achieve financial and operational goals.

3.6. Application of Risk Appetite to Strategic Objectives

Details of the Trust's Risk Appetite Statements are included in Annex 1 of this Policy and will remain a standalone document.

The document describes the level of risk appetite associated with each of the six objectives. Strategic Objective six has been separated into two components to reflect differing levels of risk appetite:

SO6a relates to financial probity, performance, and sustainability, value-based healthcare, and value for money.

SO6b relates to commercial innovation, the foundation economy, and environmental sustainability.

3.7. Embedding Risk Appetite

The Trust will deliver this approach by considering the external and internal environments in which it operates in, fostering a positive and open risk culture, and maintaining a robust risk management framework to monitor, manage and mitigate risk.

This provides managers at all levels of the organisation with a clear framework within which to operate, supporting a risk-based approach to decision making that is aligned to the Trust's strategic objectives.

3.8. Accepting Risk

Decisions to accept risk may be influenced by the following considerations:

- The likelihood of occurrence is low and/or the potential consequences are insignificant.
- A higher level of risk is outweighed by the potential for significantly greater benefit where the risk is appropriately managed.
- The cost of mitigating the risk is disproportionate to the potential impact should the risk materialise.
- Treating the risk would introduce further unacceptable risks elsewhere.
- Accepting the risk is reasonable where all other options, including taking no action, present a greater level of risk.

3.9. Review of Risk Appetite Levels

The Board will set the Trust's Risk Appetite annually, or sooner if required by material change.

3.10. Board Assurance Framework

The Board Assurance Framework (BAF) is an integral part of the system of internal control and contains the strategic risks It summarises the controls and assurances that are in place, any gaps in these and the actions to mitigate them. The BAF provide a basis upon which the Board will identify, monitor, and evaluate risks which impact up its strategic objectives.

The BAF is a key source of evidence that links the Trust's strategic objectives to risk and assurance, and one of the tools that the Board will use in discharging its overall responsibility for internal control.

It will be developed through the following key steps:

- The Board agrees its strategic objectives, as set out in the Long Term Strategy, which are delivered through the Integrated Medium Term Plan (IMTP process) and aligned to the BAF.

- The ELT, with the support of the Head of Risk/Deputy Board Secretary, will identify the principal risks that may threaten the achievement of the Trust's objectives; these risks will then be discussed and approved by the Board.

- Once agreed by the ELT the completed BAF will be presented to the Trust Board for scrutiny and approval at all regular meetings.

The Trust is embarking on a maturity journey of the BAF which relies on risk appetite statements being aligned to it to inform decisions about its strategic direction and objectives and will have due regard for the requirements of the Duty of Quality.

3.11. The Trust's Strategic Objectives

The Trust's six strategic objectives as described in the long-term strategy are detailed below:



3.12. Risk Management Procedure

The full risk management process is articulated in the Risk Management Guidance (aligned to ISO31000) which supports this Risk Management Policy by explaining in detail how to manage risk in particular:

- Types of Risk (Strategic, Principal and Directorate)
- Risk Assessment
- Risk Identification
- Articulation of Risk (Title, summary description, controls, assurances, gaps, actions)
- Risk Analysis and Assessment
- Risk Treatment

- Monitoring and Review
- Recording and Reporting (Datix, BAF)
- Escalation/De-escalation of Risks
- Review of Risks
- Risk Scoring
- Risk Training
- Definitions

4. STATUTORY AND REGULATORY REQUIREMENTS

The Trust's governing documents, the Standing Orders, require the Trust to have a Risk Management Framework in place. The Chief Executive Officer, as Accountable Officer, has overall responsibility for ensuring that the Trust has an effective risk management framework and system of internal control; however, Directors have a responsibility for the ownership and management of principal and operational risks within their own portfolios.

This Policy is the overarching document for implementing the Risk Management requirements and is intended to meet all legal and internal requirements.

5. RISK MANAGEMENT ORGANISATIONAL STRUCTURE

5.1. The Three Lines of Defence in Effective Risk Management and Control

Apart from internal and external audit, the Trust has the freedom to decide on where it receives its assurance from. The Board, Audit, Risk & Assurance Committee (ARAC) and ELT will determine the source of assurance it needs and from a wide range of sources.

The three lines of defence model is a risk management framework that is designed to create a system of checks and balances, promote transparency, accountability, and ensure the Trust takes a structured and effective approach to risk management. By clearly setting responsibilities and oversight functions, this model will help the Trust to prevent and detect risks early.

Each line of defence has a distinct role in creating a positive environment for risk management and control across the Trust. The three lines are described below:

First line: This is operational management assurance where day to day operations take place.

Second line: This is where the oversight of management activity takes place and is separate from those responsible for delivery. It provides guidance, monitoring, and independent assessment of risk management processes but it is not independent of the Trust's management chain.

Third line: This relates to independent and external bodies that are separate and detached from the Trust that operate autonomously which ensures transparency, credibility, and impartiality. These are mandated and commissioned. The principal aim of this type of assurance activity, such as internal audit, Audit Wales, and Health Inspectorate Wales (HIW) is not only to assure the Board, but also to provide assurance to the public and other stakeholders.

Whilst there is a wide range of assurance activities within the Trust, in determining its programme of assurance, the Board will need to ensure that they are making the best use of the information they have available to them.

The table below describes the types of assurance the Trust will receive in each of the three lines of defence.

First line of defence	Second line of defence	Third line of defence
• Evidence of delegation of responsibility through line management arrangements • Compliance with PADRs • Compliance with policies, procedures, strategies, and frameworks • Incident reporting and thematic reviews • Performance reports • Finance reports • Compliance with risk management processes and systems	• Quality, Performance Management Framework • Strategic Transformation Board • Local Delivery Plans • Key metrics • Audit Tracker • Clinical audit • Speaking Up Safely Guardians • Risk management • Local counter fraud • Quality standards self-assessment • Pulse surveys • NIS Toolkit • Annual report • Equality impact assessments • Welsh language standards compliance	• NHS Staff satisfaction survey • Patient feedback • Audit Wales Structured Assessment • Auditing of accounts Trust and Charity • WG monitoring status. • Commissioned/peer review reports. • HIW inspection report • WG reviews • Regulator visits • Accreditation schemes • Llais • Various Commissioners • Public service ombudsman • HSE

	• Governance codes • PIRs • Systems of integrated governance	

6. ROLES AND RESPONSIBILITIES

The section below describes the respective risk management duties for individual staff members.

6.1. Chief Executive

The Chief Executive is the Accountable Officer of WAST and has overall accountability and responsibility for ensuring it meets its statutory and legal requirements and adheres to guidance issued by the Welsh Government in respect of Governance. This responsibility encompasses risk management, health and safety, quality, financial and organisational controls, and governance.

The Chief Executive has overall accountability and responsibility for ensuring that the Trust maintains an up-to-date Risk Management and Board Assurance Framework that is endorsed by the Board.

In addition, the Chief Executive will:

- Ensure that there is a framework in place which provides assurance to the Board in relation to the management of risk and internal control.
- Ensure that risk issues are considered at each level of business planning from the corporate process to the setting of staff objectives.
- Have in place an effective system of risk management and internal control.
- Set out the Trust's commitment to the risk management principles, which is a legal requirement under the Health and Safety at Work Act 1974 and the National Health Service (Wales) Act 2006.

6.2. Director of Corporate Governance / Board Secretary

The Director of Corporate Governance is responsible for the effective management of, and compliance with, this Policy. This includes:

- Work closely with the Chair, Chief Executive, Chair of the Audit, Risk & Assurance Committee and Executive Directors to implement and maintain the Risk Management Policy and BAF and related processes, ensuring that effective governance systems are in place.

- Work with the Board to develop a shared understanding of the risks to the Trust's strategic objectives.

- Develop and communicate the Board's risk awareness, appetite, and tolerance.

- Lead and participate in risk management oversight at the highest level, covering all risks across the organisation, on a Trust basis.

- Work closely with the Chief Executive and Directors to support the development and maintenance of Corporate and Directorate level risk registers.

- Develop and oversee the effective execution of the BAF and ensure effective processes are embedded to rigorously manage the risks therein.

- Monitor the action plans and the processes for risk reporting to the Board and relevant Committees.

- Develop and implement the Trust's Risk Management Policy and BAF.

- Ensure the Policy is approved as part of the Governance framework by the Trust Board.

- Ensure that the document is accessible to all relevant staff, cascaded appropriately across the Trust and is reviewed in a timely manner.

6.3. Directors

The Directors are responsible for the effective management of and compliance with this policy within their Directorate.

Each Director is accountable for the delivery of their area of responsibility and will therefore ensure that the systems, policies, and people are in place to manage, eliminate or transfer the key risks related to the Trust's strategic objectives.

Specifically, they will:

- Communicate to their directorate the Board's strategic objectives and ensure that directorate, service and individual objectives and risk reporting are aligned to these.

- Ensure that a forum for discussing risk and risk management is maintained within their area which will encourage integration of risk management.

- Co-ordinate risk management processes to encompass risk assessments, incident reporting, the investigation of incidents/near misses and the management of the risk register.

- Ensure there is a system for monitoring the application of risk management within their area and that risks are treated in accordance with the risk grading guidance contained in this document.

- Provide reports to the appropriate committee of the Board that will contribute to the monitoring and auditing of risk.

- Assess and communicate the risk related training needs of their staff and ensure staff attend relevant mandatory and local training programmes.

- Ensure a system is maintained to facilitate feedback to staff on risk management issues and the outcome of incident reporting.

- Ensure the specific responsibilities of managers and staff in relation to risk management are identified within the job description for the post and those key objectives are reflected in the individual performance review/staff appraisal process.

Executive Directors are also responsible for ensuring that the BAF and the risk management reporting timetable are delivered to the Board.

6.4. Assistant Director of Corporate Governance & Risk and Risk Team

The Assistant Director of Corporate Governance & Risk will act as the Trust's operational gatekeeper with the responsibility for providing guidance, advice, and support for the process of risk management on behalf of the Trust.

The Risk Team are responsible for co-ordinating the Trust's operational and strategic risks, including the Corporate Risk Register and the BAF. The team has a remit to work with Executives and Managers to co-ordinate, integrate, oversee, and support the risk management agenda, ensuring that risk management principles are embedded across the Trust.

The team will also coordinate the Risk Management Internal Audit process.

On a quarterly basis they will receive from the ADLT risks for potential inclusion on the Corporate Risk Register, as well as updates on those risks already being managed on the Corporate Risk Register. The team also provides training and support for WASTs individuals and teams engaged in Risk Management.

6.5. Head of Service/ Service Managers/ Locality Managers/ Duty Operations Managers

Each Directorate operates within the First Line of Defence. They are responsible for risks within their areas of operation and providing assurance to the Executive Leadership Team on the operational management and any support required in relation to the management of risk.

The identification and management of risk requires the active engagement and involvement of staff at all levels. This First Line of Defence recognises that staff are best placed to understand the risks relevant to their areas of responsibility and that the identification and management of risk requires the active engagement and involvement of operational teams.

Therefore, staff must be supported and enabled to manage these risks, within a structured risk management framework, and Managers are expected to take an active lead to ensure that risk management is embedded into the way their service or team operates.

They will update existing risks, consider new risks for inclusion, and escalate any extreme risks, utilising, where required, specialist input from individuals/teams within the first line of defence. These are presented to the ADLT and ELT for review and decision respectively.

6.6. Line Managers

Managers must ensure that their staff understand and implement this Policy and supporting processes, ensuring that staff are provided with the education and training to enable them to do so, thus reducing the risk of misinterpretation.

In addition, ensuring that new members of staff that join the Trust are made aware of the policy process and associated documents at local induction, and how to access the Policy.

Managers must be fully conversant with the Trust's approach to risk management and governance. They will support the application of this Policy and its related processes and participate in the monitoring and auditing process.

6.7. All Staff

All members of staff are accountable for maintaining risk awareness, identifying, and reporting risks as appropriate to their line manager. More specifically they will:

- Accept personal responsibility for maintaining a safe environment, which includes being aware of their duty under legislation to take reasonable care of their own safety and all others that may be affected by the Trust's business.
- Report all incidents/accidents and near misses and comply with the Trust's incident and near miss reporting procedures.
- Be responsible for attending mandatory and relevant education and training events.
- Participate in the risk management system, including the risk assessments within their area of work and the notification to their line manager of any perceived risk which may not have been assessed.
- Be aware of and comply with the Trust's Risk Management Policy, processes, and associated procedures.

6.8. Central Corporate Functions

Central Corporate Functions such as Corporate Governance, Patient Safety and Putting Things Right, Health and Safety, Capital Estates and Facilities, Finance Directorate, People Services Directorate, Occupational Health etc all operate within the First Line of Defence. They will assist clinicians and managers by providing risk related advice and support specific to their area of responsibility.

6.9. Local Counter Fraud Services.

The Trust's Local Counter Fraud Specialist (LCFS) provides assurance to the Audit Committee regarding risks relating to fraud and/or corruption. The Trust's Annual

Counter Fraud Work Plan, as agreed by the Audit Committee, identifies the arrangements for managing and mitigating risks because of fraud and/or corruption. Where such issues are identified they are investigated by the LCFS and then reported to the Audit Committee as appropriate. The LCFS works with the Head of Risk/Deputy Board Secretary to review any fraud or corruption risks. Such risks are referred to the relevant risk register for the Finance Directorate and are then escalated through the Trust's escalation process**.**

6.10. Health and Safety Team

The Health and Safety Team will be responsible for providing advice where a risk is related to Health and Safety. These types of issues are closely linked with risk management and specialist Health & Safety advisers can assist with the conduct of specific and/or specialist assessments.

7. RISK MANAGEMENT REPORTING STRUCTURE

7.1. The Board

Executive Directors and Non-Executive Directors share responsibility for the success of WAST, including the effective management of risk, and compliance with relevant legislation. In relation to risk management, the Board is responsible for:

- Articulating the Strategic Objectives for the organisation.
- Protecting the reputation of the organisation.
- Providing leadership on the management of risk.
- Approving the risk appetite for the organisation.
- Ensuring the approach to risk management is consistently applied.
- Ensuring that assurances demonstrate that risk has been identified, assessed and all reasonable steps taken to manage it effectively and appropriately.
- Reviewing the BAF (strategic risks) and the high scored corporate risks (scored 15 and above) at each meeting.
- Endorsing risk related disclosure documents.
- Approving the Risk Management Policy on an annual basis.

7.2. Audit, Risk & Assurance Committee

The Audit, Risk & Assurance Committee has a specific role in relation to reviewing the effectiveness of the Risk Management Policy and the Board Assurance Framework by reviewing the adequacy and effectiveness of:

- A system of internal control and risk management.

- All risk and control related disclosure statements (particularly the Annual Governance Statement), prior to endorsement by the Board.
- The structures, processes, and responsibilities for identifying and managing clinical and non-clinical risks facing the organisation.
- The Trust's Corporate Risk Register and the adequacy of the scrutiny of risks by assigned Committees.
- The underlying assurance processes that indicate the degree of achievement of strategic objectives
- the systems and processes for the identification, management, escalation, and monitoring of risks.
- BAF and the appropriateness of disclosure documents.

7.3. Board Committees

The Committees of the Board all have a role to play in ensuring effective risk management. They will, through the scrutiny inherent in their committee activity, provide onwards assurance to the Board in relation to their elements of the BAF.

They will:

- Receive and scrutinise corporate risks and provide onward assurance to the Board in relation to risks assigned to them for oversight and scrutiny.
- Receive updates on actions taken to mitigate the risks and provide feedback and challenge to risk owners on these and any further actions required.

7.4. Executive Leadership Team

The Executive Leadership Team undertake the following duties:

- Promote a culture within the Trust which encourages open and honest reporting of risk with local responsibility and accountability.
- Provide a forum for the discussion of key risk management issues within the Trust.
- Ensure appropriate actions are applied to both clinical and non-clinical risks Trust wide.
- Enable risks which cannot be dealt with locally to be escalated, discussed, and prioritised.
- Ensure Directorate Risk Registers are appropriately rated and agreeing action plans to control them.
- Review the risks on the CRR to determine whether any of them will impact on the Trust's Strategic Objectives, and if so, adding the risk to the BAF.
- Review the BAF before presenting it to the Board.

- Advise the Board of exceptional risks to the Trust and any financial implications of these risks.
- Review and monitor the implementation of the Risk Management Policy.
- Ensure that all appropriate and relevant requirements are met to enable the Chief Executive to sign the Annual Governance Statement.
- Approve documentation relevant to the implementation of the Risk Management Policy.

These duties have the aim of providing assurance to the Board that there is an effective system of risk management across the organisation.

7.5. Assistant Directors Leadership Team

The Assistant Directors Leadership Team (ADLT) are responsible for risks within their areas of operation and providing assurance to the ELT on the operational management and any support required in relation to the management of risk.

The ADLT will review updates to existing risks, consider new risks for inclusion and escalate any extreme risks to the relevant Executive Director with responsibility for that risk and the ELT, utilising, where required, specialist input from the Risk Owner and individuals/teams. This framework is managed by the Risk Team for presentation by Directors throughout the governance structure.

7.6. Internal Auditors

Internal Auditors operate as the 3rd Line of Defence. Internal Audit Services, provided by NHS Wales Shared Services Partnership, through a risk-based programme of work, will provide the Trust with independent assurance in respect of the adequacy of the systems of internal control across a range of financial and business areas in accordance with the standards of good practice contained within the NHS Internal Audit Manual. They will also review the effectiveness of risk management arrangements as part of their programme of audits and reviews, reporting findings to the Audit Committee as appropriate.

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EqIA) was carried out to ensure this policy maintained the Trust's equality standards. The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on the grounds of any protected characteristic (Equality Act 2010), Human Rights

and the Welsh Language. Evidence gathered by undertaking an initial screening has indicated that a full EqIA is not required.

9. TRAINING

The effectiveness of managing risk within the Trust relies upon the knowledge of staff, patients and public regarding risk identification and reporting.

It is important that all staff are aware of their responsibilities regarding risk management and the identification and management of risk must be a core competency of the personal appraisal and development review.

A range of training and education relating to risk management will be available aimed at the specific needs of staff members and will follow a tiered approach to enable personnel to meet their Risk Management responsibilities outlined in this policy.

Level One – Risk Management Awareness. This will be provided to all staff on induction, as part of Core Mandatory Training, and will be repeated on ESR every 2 years. The intended learning outcomes are to understand what risk is, what risk management is, how a risk is reported and how the organisation's risk culture operates.

Level Two – Practical Risk Management. This level of training is targeted for any employee undertaking risk management as part of their primary or secondary roles, and for Team Leaders/Managers/Departmental Heads. Line Managers and Directors have a specific role to play in identifying candidates for this training, ideally in prelude to assuming a risk facing role, but if not then as soon as practicable after taking up a role. Level Two training does not require repetition, though this does not mean that additional risk related training and education should not be identified through PADRs. This training will be in two parts:

- Part 1. To understand the risk management framework including the risk management policy, the associated procedures, the BAF, the corporate risk register, risk appetite, risk culture, and roles and responsibilities.

- Part 2. To understand the risk management process including context, risk versus issue and incidents. Risk assessment, risk tolerance, risk scoring, risk treatments, escalation, communication, monitoring, and review.

Level Three – Board Level Risk Management Awareness. This level of training is designed for Board Members. It will be provided on induction and, to meet governance requirements, it must be repeated every two years thereafter. Level Three training will be sourced by the Board Secretary and scheduled within the rhythm of board meetings.

The training aim is to provide Members with an understanding of the risk management framework, with specific emphasis on the operational risk management approach; the risk management policy; 'setting the tone' and risk culture; risk appetite; the CRR and the BAF.

Non-Specific Training and Support. It is recognised that, in addition to these three levels of specified training, there may emerge a need for non-specific risk management training and support. Where this is applicable the Risk team can discuss the training need and either signpost to external sources of training/education or provide a bespoke training event for individuals, directorates, or small groups.

Where required the education and training programmes can also be extended to our independent contractor colleagues to support their responsibilities in the management of risk and safety.

Risk management training or awareness will be provided to all staff and further details are included in the associated Risk Management and Board Assurance Framework Procedure.

All Managers must ensure:

- That all members of staff receive sufficient training to fulfil their individual duties, to ensure compliance with this policy, and to understand the importance of identifying and controlling risks.
- That adequate risk assessment training is given to appropriate members of staff in their specific duties as defined within the Risk Management and BAF Procedure.
- It is essential that risk assessments are completed by competent members of staff, who have sufficient experience of the working procedures and have received the appropriate training.

10. AUDIT AND MONITORING

There is a requirement of all staff to comply with the provisions of this Policy and, where requested, to demonstrate such compliance.

Monitoring, compliance, and the effective implementation of this Policy will be considered through the ADLT, ELT and from feedback from the Risk Owners and Executive Directors which will ultimately support the risk maturity of the Trust.

All Risk Leads/Heads of Service will regularly monitor to ensure that measures to control risks are being fully implemented and remain effective. This includes the regular and continual review of risk assessments and risk registers, in accordance with the frequency set out in the Risk Assessment Procedure.

The regular review of the CRR and BAF will be undertaken and reported to each meeting of the Trust Board.

Internal Audit will undertake an annual review of the Risk Management within the Trust as part of its annual audit plan.

Audit Wales will consider the effectiveness of the Trust's Risk Management Framework within its annual Structured Assessment.

This Policy will be formally reviewed every year, or sooner should there be any service or legislative changes that require an earlier review to be undertaken.

11. HELP AND SUPPORT

Risk Management support and guidance is available from the Risk Team within the Corporate Governance Directorate.

ANNEX 1 – RISK APPETITE STATEMENTS 2025/26

Strategic Objective	Appetite Level	Risk Appetite Context
SO1: Providing the right care or advice, in the right place, every time	Open	Willingness to innovate and change current processes to improve our ability to provide the right care or advice, in the right place, every time. Open to taking risks regarding changes to processes impacting the right care or advice. We understand that innovation and improvement may involve some risk, and we are prepared to embrace opportunities to enhance service delivery.
SO2: Enabling our people to be the best they can be	Open	Fostering a positive culture to promote, develop, and motivate our people through providing support for upskilling, comprehensive training, and personal development. We are willing to embrace more risk to achieve significant improvements in people's capabilities and culture to thrive. We understand that fostering innovation and personal growth may involve some risk, and we are prepared to embrace these opportunities to enhance our team's capabilities and performance.
SO3: Being at the forefront of innovation and technology	Keen	Driving change through innovation and developing technological capabilities and championing this in the sector. We are keen to lead in innovation and technology, actively seeking and embracing new opportunities. We will take calculated risks to be at the cutting edge, always prioritising the potential benefits for our service and the communities we serve.
SO4: Developing services in collaboration	Open	Willingness to collaborate with other partners to achieve strategic objectives and comply with statutory requirements. We are open to risk when developing services in collaboration with other partners to enhance service delivery and community impact. We are prepared to embrace these opportunities while managing any associated risks.
SO5: Being quality driven and clinically led	Open	Prioritises adherence to clinical standards and continuous improvement in quality. Acknowledges that some risk is inherent in healthcare but commits to minimising harm through governance and learning. We are open to taking measured risks to advance our commitment to being quality driven and clinically led recognising that some degree of patient harm is inherent

		within complex healthcare systems. We are open to taking measured risks that support continuous improvement, innovation and the adoption of new clinical practices. While we accept that not all harm can be eliminated, we will actively minimise and mitigate it through robust governance, evidence-based decision-making and a culture of learning and accountability.
SO6a: Financial Sustainability	Cautious	Encompasses financial probity, performance, and sustainability, value-based healthcare, and value for money. Seeks to maximise value for service users and stakeholders We balance risk and reward to implement measured financial improvements. This includes prudent budgeting, targeted savings, and robust oversight of financial performance and planning. Improvements are implemented in a controlled and measured manner.
SO6b: Commercial/Foundation Economy, Value-Based Healthcare & Environmental Sustainability	Open	Encompasses commercial innovation, foundation economy, and environmental sustainability. Seeks to maximise value for service users and stakeholders. We are willing to embrace higher risks to achieve significant improvements in delivering exceptional value. We actively seek opportunities and are open to exploring innovative solutions, with robust risk management practices in place to mitigate potential risks. We are prepared to take calculated risks to enhance our service offerings and overall value and to seek a higher reward and ROI.

FINANCE AND PERFORMANCE COMMITTEE
HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report. The papers for these meetings can be found by following this link to the Committee page on the Trust website.

Trust Board Meeting Date	26 March 2026
Committee Meeting Date	17 March 2026
Chair	Jayne Beeslee

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

IMTP 2026-29 (including financial plan 2026/27) and Initial Revenue Budget for 2026/27

1. Members considered the draft IMTP against key questions, including alignment with the Trust's long-term strategy, balance between ambition and deliverability, and the robustness of the supporting financial plan. Members also reflected on impacts on patients and workforce wellbeing, the identification and mitigation of risks, and the strength of engagement with leaders, staff and partners during development.

2. The Committee received assurance that the IMTP has been streamlined to 47 focused priorities, representing a deliberate shift towards a more realistic and deliverable plan aligned to organisational capacity and Welsh Government expectations. Members discussed areas not being progressed in 2026/27, noting the need for clear rationale, appropriate impact assessments and careful communication, and sought further clarity on risks, mitigations and stakeholder messaging.

3. Members were assured that engagement had been strong throughout development, supported by two Board development sessions that enabled appropriate shaping of the plan. The JCC is currently content with the IMTP assumptions and financial plan, with no changes required at this stage, although increased scrutiny of priorities, financial choices and efficiencies is anticipated over the coming year.

4. The Committee discussed refining the plan-on-a-page to ensure it is a concise, high-level reference focused on strategic objectives, key deliverables and critical dependencies, alongside more detailed versions required for Welsh Government assurance.

5. Members discussed rising non-pay inflation, particularly fuel and energy costs, noting that pressures are already being felt in-year. It was confirmed that no additional Welsh Government funding is expected and that inflation risk will need to be managed through contingency, efficiencies and tight financial control.

6. Following consideration of the above, the IMTP 2026–29, including the 2026/27 financial plan and initial revenue budget, was endorsed and is recommended to the Board for approval.

ADVISE

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

7. The **CCTV and Surveillance Systems Policy** was approved.

8. Members **reflected** positively on the quality of scrutiny and engagement, noting that thorough preparation strengthened assurance and decision-making. There was support for moving towards more streamlined, strategic reporting and a review of committee cadence to reduce duplication, with feedback to continue being shared with the Chair to support ongoing improvement.

ASSURE

(Detail here assurance items the Committee receives)

Financial Position and Financial Sustainability

9. The committee received the detailed financial position for month 10, and a presentation on month 11 2025/26 given the timing for the close of month 11 and this meeting. The detail of the paper is not included here as it will be with the board papers, but board may wish to note:

    - Welsh Government grip and control guidance will initially be taken through the financial sustainability programme to review the checklist, with confirmation of the most appropriate committee to provide board assurance reported back to this meeting. Members were confident that many of the issues raised in that guidance are already in place in the Trust.
    - assurance was provided on projected year end spend on capital
    - while the 2025 to 2026 savings target had been met, delivery was heavily reliant on non-recurrent measures, with recurrent savings underachieving, reinforcing the need to strengthen recurrent savings in light of the significant financial challenge anticipated in 2026 to 2027
    - members discussed emerging geopolitical impacts on non-pay inflation, particularly fuel costs, which had already increased in-year and were identified as a material risk for 2026 to 2027, requiring close monitoring through financial planning and in-year oversight

10. The Committee received and took assurance from the Internal Audit Report on Budget Setting that provided a reasonable assurance rating.

11. The Committee noted progress in the Financial Sustainability Programme, with momentum temporarily focused on the substantial organisational effort required to develop and agree the 2026/27 savings targets. Significant engagement had taken place across directorates, supported by finance, and work was underway to assess the quality, and equality impacts of savings schemes. The service review had progressed, with proposals refined into a smaller number of meaningful actions aligned to IMTP priorities, and non-viable items closed.

12. The Committee noted significant progress in the development of the commercial plan which is scheduled to be brought to the May committee for endorsement. Members welcomed the pace of development, the strengthening of supporting infrastructure, and the intention to use the May meeting to provide deeper assurance on delivery and arrangements.

Integrated Medium Term Plan 2025/26 Delivery Assurance

13. The Committee received and took assurance from the Integrated Medium Term Plan (IMTP) mid-point Q4 Assurance Report that will also be reported to board. Future reporting will align to strategic objectives rather than directorate deliverables. The Committee discussed whether rolling forward IMTP deliverables into the next planning cycle would be acceptable to Welsh Government and manageable within organisational capacity. It was confirmed that roll-overs are expected within three-year rolling IMTPs and are aligned with Welsh Government expectations, particularly given the emphasis on reprioritisation in a no-investment year. Members were assured that the significant reduction in planned deliverables and ongoing prioritisation means the revised plan is deliverable within available capacity.

14. The Committee received the reasonable assurance Internal Audit Report on the Clinical Model Transformation Programme Management which demonstrated the strength of the programme governance applied to what is a complex and wide ranging programme.

Performance Metrics

15. The MIQPR for January/February 2026 was reviewed and will also be presented to the board. Members noted progress to refresh the MIQPR following Board feedback, with a revised report expected at the next Trust Board and intended to form the basis of reporting from Q1. In parallel, committee-specific performance reports are being developed to provide focused, relevant indicators aligned to each committee's remit, supported by bespoke digital and information governance packs. Members agreed that future reporting should be predominantly strategic, with concise regulatory and compliance assurance, to improve clarity, focus and effectiveness of Board and Committee scrutiny.

16. The Digital KPIs relating to data and analytics, ICT systems, digital services, projects & programmes, and details on the progress against the Digital Plan were noted. Members discussed ongoing capacity pressures within IDS, particularly due to work supporting clinical model transformation and CAD (computer aided dispatch) priorities. Members discussed the paused 111 digital front end, recognising its linkage to the 2026/27 budget position and the current assumption of no further investment. The Committee emphasised the need for a clear impact assessment of not progressing this work, to support evidence-based decisions and inform forthcoming budget consideration (see the alert section above).

17. The Information Governance report included strong overall compliance and evidence of key risks being actively managed. A significant electronic patient care record data loss incident was discussed, with containment measures in place. Members were assured by the minimal patient risk, and recovery work underway with the supplier. Members noted improving progress on previously delayed areas, including CCTV DPIA completion and EPCR compliance following resourcing improvements, and were assured that lessons learned and FOI performance continue to be monitored.

Governance Reports

18. The committee suggested some revisions to the draft 2025/26 annual report and the 2026/27 cycle of business to enable subsequent approval. The audit tracker for Q3 was received with no escalations to the board. The committee's cycle of business monitoring report was received with no escalations to board.

RISKS

The committee received the **Risk and Board Assurance Framework report** noting that this was a similar paper as it received in January given the cadence of formal quarterly updates to the risks. Assurance was provided that risks had been reviewed by owners, and the committee could expect closed actions moving into controls in the next reporting period.

Members noted that progress to reframe the decarbonisation risk into a manage and monitor approach has been slower than intended, and there was a shared view that the current scoring does not feel proportionate when considered alongside other principal risks. In the context of the Trust's challenging financial position and constrained resourcing, it was agreed that further consideration is needed as to whether the risk should be retained, reframed or consolidated. The May paper will therefore take a broader view of how decarbonisation sits within the overall risk landscape, recognising that it is one of a number of areas where financial and workforce capacity may increase the Trust's exposure to statutory and regulatory compliance risks, and that a more coherent and proportionate approach is required within the BAF.

COMMITTEE AGENDA FOR MEETING		
IMTP 2026-29 including financial plan 2026/27	WAST initial revenue budget 2026/27	Financial position M10 and M11 2025/26
Financial sustainability report	Internal audit – budget setting	IMTP Delivery/assurance update
Internal audit - CMT programme management	MIQPR	Digital reporting March 2026
Information Governance	Committee annual report 2025/26	Risk management report
Audit tracker Q3	CCTV and surveillance policy	

COMMITTEE ATTENDANCE						
Name	**20 May 2025**	**21 Jul 2025**	**16 Sep 2025**	**18 Nov 2025[1]**	**20 Jan 2026**	**17 Mar 2026**
Jayne Beeslee (Chair)						
Bethan Evans					Colin Dennis	
Peter Curran			[2]			
Chris Turley			Ed Roberts	Ed Roberts		Ed Roberts
Rachel Marsh	Hugh Bennett	Hugh Bennett	Estelle Hitchon	Hugh Bennett	Hugh Bennett	From 10.30[3]
Lee Brooks				Judith Bryce		Sonia Thompson
Liam Williams	Wendy Herbert	Wendy Herbert				
Carl Kneeshaw						
Jonny Sammut			From 1022			Keith Dorrington
Trish Mills						
Hugh Parry				[4]		
Damon Turner						
Matt Dugdale						

	Attended
	Deputy attended
	Apologies received
	No longer member

[1] Emma Wood, Chief Executive Officer joined for this meeting.
[2] Peter Curran left the meeting at 10.25. Rhiannon Beaumon-Wood joined at 10.30 and was counted towards quorum.
[3] James Houston deputising until 10.30
[4] Left for items 6 and 7

ACRONYMS BUSTER

ABBREVIATION	TERM
AAA	Alert, Assure, Advise Report
ACA1/2	Ambulance Care Assistant
ADLT	Assistant Directors' Leadership Team
AfC	Agenda for Change
AGM	Annual General Meeting
AMR	Antimicrobial Resistance
APC	Academic Partnership Committee
APPs	Advanced Paramedic Practitioners
AQIs	Ambulance Quality Indicators
ARAC	Audit, Risk and Assurance Committee
ARWAP	Anti Racist Wales Action Plan
BAF	Board Assurance Framework
BI	Business Intelligence
CVUHB	Cardiff and Vale University Health Board
CAS	Clinical Assessment System
CASC	Chief Ambulance Services Commissioner
CC	Charity Committee
CCC	Clinical Contact Centres
CFRs	Community First Responders
CHARU	Cymru High Acuity Response Unit
CIAT	Clinical Intelligence and Assurance Team
COPI	Control of Patient Information Regulations
COSHH	Control of Substances Hazardous to Health
CPD	Continual Professional Development
CPR	Child Practice Reviews
CardioPR	Cardiopulmonary Resuscitation
CRM	Clinical response Model
CRR	Corporate Risk Register
CQGG	Clinical Quality Governance Group
CSD	Clinical Support Desk
CTP	Clinical Transformation Programme
DAP	Decarbonisation Action Plan

ACRONYMS BUSTER

ABBREVIATION	TERM
DEEE	Diesel Engine Exhaust Emissions
DPIA	Data Protection Impact Assessment
EAP	Emergency Ambulance Practitioner
EASC	Emergency Ambulance Services Committee
EDs	Emergency Departments
EMS	Emergency Medical Service
EMT	Emergency Medical Technician
ELT	Executive Leadership Team
ePCR	Electronic Patient Care Record
EPRR	Emergency Preparedness Resilience and Response
ESR	Electronic Staff Record
GRS	Global Rostering System
HART	Hazardous Area Response Team
HEIW	Health Education and Improvement Wales
HIW	Health Inspectorate Wales
FPC	Finance and Performance Committee
FReM	Government Financial Reporting Manual
FTE	Full-time Equivalent
HSE	Health and Safety Executive
ICAP	Integrated Commissioning Action Plan
ICO	Information Commissioner's Office
IMTP	Integrated Medium-Term Plan
IPC	Infection Prevention Control
IRP	Incident Response Plan
JCC	Joint Commissioning Committee
JESIP	Joint Emergency Services Interoperability Principles
JIF	Joint Investigations Framework
JOL	Joint Organisational Learning
LCFS	Local Counter Fraud Service
LRF	Local Resilience Forum/Fora
MACA	Military Aid to Civil Authorities
MAI	Manchester Arena Inquiry

ACRONYMS BUSTER

ABBREVIATION	TERM
MDS	Minimum Data Set
MHRV	Mental health response vehicle
MIQPR	Monthly Integrated Quality and Performance Report
NEPTS	Non-Emergency Patient Transport Service
NHSDW	NHS Direct Wales
NQP	Newly Qualified Paramedic
NRIs	National Reportable Incidents
NWSSP	NHS Wales Shared Services Partnership
PADRs	Performance and Development Reviews
PCC	People and Culture Committee
PENNA	Patient Experience National Network Awards
PECI	Patient Experience and Community Involvement
PPE	Personal Protective Equipment
PSOW	Public Service Ombudsman for Wales
QIA	Quality Impact Assessment
QMG	Quality Management Group
QPMF	Quality and Performance Management Framework
QuEST	Quality, Patient Experience and Safety Committee
Q1, Q2, Q3, Q4	Quarter (of the financial year)
RemCom	Remuneration Committee
RCRP	Right Care Right Person
RCS	Rapid Clinical Screening
REAP	Resource Escalation Action Plan
RICS	Remote Integrated Care Service
RPE	Respiratory Protective Equipment
RPB	Regional Partnership Boards
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
RIF	Regional Integration Fund
ROSC	Return of spontaneous circulation from cardiac arrest
SCIF	Significant Clinical Incident Forum
SDECs	Same Day Emergency Care Centres

ACRONYMS BUSTER

ABBREVIATION	TERM
SI	Statutory Instrument
SOP	Standard Operating Procedure
SORT	Specialist Operational Response Team
STB	Strategic Transformation Board
STEMI	ST segment elevation myocardial infarction
SUS	Speaking Up Safely
The Trust	Welsh Ambulance Services University NHS Trust
TRiM	Trauma and Risk Management
TU	Trade Union
UCRS	Urgent Community Response Service
UCS	Urgent Care Service
UHP	Unit Hour Production
UTS	University Trust Status
WASPT	Welsh Ambulance Services Partnership Team
WHSCC	Welsh Health Specialised Services Committee
WRP	Welsh Risk Pool
WTEs	Whole-time equivalents