Bundle Trust Board (Open Session) 27 November 2025

Agenda attachments

ITEM 00 Open Trust Board Agenda 27 November 2025-en-cy-C
ITEM 0 Open Trust Board Agenda 27 November 2025

0 09:30 - OPENING ITEMS

1 Chair's Welcome, Apologies and Quorum

2 Declarations of Interest

ITEM 02 Board Member Register of Interests - 18 November 2025

3 Minutes of the Previous Meeting
3.1 25 September 2025
3.2 23 October 2025

ITEM 03.1 2025-09-25 Draft Trust Board Minutes
ITEM 03.2 2025-10-23 Draft Trust Board Minutes

4 Action Log & Matters Arising

ITEM 04 Action Log

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

ITEM 05 Chair's and Vice-Chair's Report to Board - November 2025.

6 09:45 - Chief Executive's Report

ITEM 06 CEO Trust Board Report November 2025

7 10:05 - Questions from Members of the public

7.1 FOR APPROVAL, ASSURANCE AND DISCUSSION

8 10:15 - Staff Story:- Rusna Begum, Graduate Management Trainee (Culture Showcase)
Rusna Begum will be giving her experience as a Graduate Management Trainee on placement with the Trust.
8.1 Follow up on previous patient story - Taylor's story (Verbal Update)

9 10:45 - Actions to Mitigate Avoidable Patient Harm

ITEM 09 Patient Harm Mitigations SBARN 20251117
ITEM 09.1 Patient Harm 20251117 v3Final

10 11:05 - Risk Management and Board Assurance Framework

ITEM 10 Executive Summary Risk Management Report Trust Board 271125
ITEM 10.1 Annex 5 - Trending Data - Mar 2023-Nov 2025

10.1 11:15 - COMFORT BREAK

11 11:30 - Monthly Integrated Quality and Performance Report (MIQPR)

ITEM 11 MIQPR SBARN TB September October 2025
ITEM 11.1 MIQPR TB September October 2025

12 11:45 - Integrated Medium Term Plan 25/26 Quarter 2 Assurance Report & Refreshed Approach for 2026/27

ITEM 12 IMTP Q2 Assurance Report + IMTP Development 26.27

13 11:55 - Finance Update Month 7, 2025/26

ITEM 13 Finance Report Month 7 25-26 FinaL
ITEM 13.1 Month 07 2025-26 - Welsh Ambulance Services NHS Trust - Monitoring Return - Final signed

14 12:10 - Partnerships and Stakeholder Engagement: Position Statement, Proposition on Future Approach and Next Steps

ITEM 14 Partnerships and Engagement Position Statement

15 12:25 - Board Committee Reports
15.1 07 October 2025 - Academic Partnership Committee
15.2 04 November 2025 - Quality, Patient Safety and Experience Committee
15.3 13 November 2025 - People and Culture Committee
15.3a Workforce Race Equality Standard (WRES) Report
15.4 18 November 2025 - Finance and Performance Committee

ITEM 15.1 Academic Partnership Committee AAA, 07 October 2025
ITEM 15.2 Quest Committee AAA, 04 November 2025
ITEM 15.3 People and Culture Committee AAA, 13 November 2025
ITEM 15.3a Annex 1 WAST WRES Report 2025 FINAL PDF

ITEM 15.4 FPC AAA November open

15.1 CONSENT ITEMS

16 Governance Report

ITEM 16 Governance Report Nov 2025

17 Minutes of Board Committees
05 August 2025 – Quality, Patient Safety and Experience Committee
12 August 2025 – People and Culture Committee
16 September 2025 – Finance and Performance Committee

ITEM 17.1 2025-08-05 confirmed QUEST Open Minutes

ITEM 17.2 2025-08-12 OPEN confirmed Minutes People & Culture Committee

ITEM 17.3 FPC Confirmed minutes open 16 September 2025

17.1 12:50 - CLOSING ITEMS

18 Reflections and Summary of Decisions/Actions

19 Any Other Business

20 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 & Time of the Next Meeting: 29 January 2026

22 Acronyms

ITEM 22 Acronyms 2025

Hyd y cyfarfod:	03:35	Statws yr agenda:	CYTUNWYD ARNI	BWRDD ADORED YR YMDDIRIEDOLAETH - 27 Tachwedd 2025					Dyddiad cau ar gyfer papurau: 18 Tachwedd 2025	
Amser	**Munudau a neilltuwyd**	**Agendum**	**Wedi'i dderbyn?**	**Teitl**	**Eitem ar gyfer**	**Cais am eitem gan**	**Fformat**	**Papur a baratowyd gan**	**Eitem wedi'i chyflwyno gan**	**Cydweithwyr i'w cynnwys**
				EITEMAU AGOR						
		1	Ddim yn berthnasol	Croeso gan y Cadeirydd, Ymddiheuriadau a Chworwm	Gwybodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol
		2	Ddim yn berthnasol	Datganiadau o Fuddiant	I ddatgan gwrthdaro	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol
09:30	00:05	3	Ddim yn berthnasol	Cofnodion y cyfarfod/cyfarfodydd blaenorol 3.1 25 Medi 2025 3.2 23 Hydref 2025	Cymeradwyaeth	Sefydlog	Papur	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol
		4	Ddim yn berthnasol	Cofnodion Gweithredu a Materion sy'n Codi	Trafodaeth	Sefydlog	Papur	Ddim yn berthnasol	Cadeirydd	Steve Owen
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	Ddim yn berthnasol	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		Stori Staff:- Rusna Begum, Hyfforddai Rheoli Graddedig (Arddangosfa Diwylliant) 8.1 Dilyniant ar stori claf blaenorol - stori Taylor (Diweddariad llafar)	Trafodaeth	Sefydlog	Ar lafar	QPSE	Angie Lewis Liam Williams	Sarah Parry Alison Kelly
10:45	00:20	9		Camau i Liniaru Niwed Cleifion y Gellir ei Osgoi	Sicrwydd	Sefydlog	Papur	SPP	Emma Wood	Rachel Marsh, Hugh Bennett
11:05	00:10	10		Fframwaith Rheoli Risg a Sicrwydd y Bwrdd 10.1 Datganiadau o'r parodrwydd i dderbyn risg	Sicrwydd Cymeradwyaeth	Sefydlog	Papur	CorGov	Trish Mills	Julie Boalch
11:15	00:15			EGWYL						
11:30	00:15	11		Adroddiad Ansawdd a Pherfformiad Integredig Misol (MIQPR)	Sicrwydd	Sefydlog	Papur	SPP	Rachel Marsh	Hugh Bennett, Mark Thomas, Georgia Tizzard, Melanie O'Connor
11:45	00:10	12		Cyflawni/Sicrwydd y Cynllun Tymor Canolig Integredig - Diweddariad I gynnwys diweddariad ar y cynnydd yn erbyn yr iteriad nesaf.	Sicrwydd	CoB	Papur	SPP	Rachel Marsh	James Houston
11:55	00:15	13		Diweddariad Cyllid Mis 7, 2025/26	Sicrwydd	Sefydlog	Papur	FinCor	Ed Roberts	Ed Roberts
12:10	00:15	14		Adroddiad Partneriaethau ac Ymgysylltu	Sicrwydd	Blaengynllun	Papur	Partneriaethau	Estelle Hitchon	
12:25	00:10	15		Adroddiad Llywodraethu 15.1 Dyddiadau'r Bwrdd a'r Pwyllgorau 2026 i 2028	Sicrwydd Cymeradwyaeth	Yn ôl y gofyn.	Papur	CorGov	Trish Mills	Alex Payne, Steve Owen
		16	Ddim yn berthnasol	Adroddiadau Pwyllgorau'r Bwrdd:	Sicrwydd	Sefydlog	Papur	CorGov		
		16.1		07 Hydref 2025 - Y Pwyllgor Partneriaeth Academaidd	Sicrwydd	Sefydlog	Papur	CorGov	Hannah Rowan	Sarah Harland
12:35	00:25	16.2		04 Tachwedd 2025 - Y Pwyllgor Ansawdd, Diogelwch a Phrofiad y Claf	Sicrwydd	Sefydlog	Papur	CorGov	Bethan Evans	Sarah Harland
		16.3		13 Tachwedd 2025 - Y Pwyllgor Pobl a Diwylliant 16.3a Adroddiad Safon Cydraddoldeb Hil y Gweithlu (WRES)	Sicrwydd Cymeradwyaeth	Sefydlog	Papur	CorGov	Ceri Jackson	Sarah Harland
		16.4		18 Tachwedd 2025 - Y Pwyllgor Cyllid a Pherfformiad	Sicrwydd	Sefydlog	Papur	CorGov	Jayne Beeslee	Steve Owen
				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.						
13:00	00:00	17	Ddim yn berthnasol	Cofnodion Pwyllgorau'r Bwrdd: 05 Awst 2025 - Pwyllgor Ansawdd, Diogelwch a Phrofiad y Claf 12 Awst 2025 - Y Pwyllgor Pobl a Diwylliant 16 Medi 2025 - Y Pwyllgor Cyllid a Pherfformiad	Gwybodaeth	Sefydlog	Papur	CorGov	Cadeirydd	CorGov
		18		Cofnodion t Cyd-bwyllgor Comisiynu - Medi 2025	Gwybodaeth	Sefydlog	Papur	CorGov	Cadeirydd	CorGov
				EITEMAU CAU						
		19	Ddim yn berthnasol	Myfyrdodau a Chrynodeb o Benderfyniadau/Camau Gweithredu	Trafodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol
		20	Ddim yn berthnasol	Unrhyw Fater Arall	Trafodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol
13:00	00:05	21	Ddim yn berthnasol	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
		22	Ddim yn berthnasol	Dyddiad ac Amser y Cyfarfod Nesaf: 29 Ionawr 2026	Gwybodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol
		23	Ddim yn berthnasol	Acronymau	Gwybodaeth	Sefydlog	Papur	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol
13:05	**03:35**			**DIWEDD Y CYFARFOD**						

PRIF GYFLWYNWYR

Enw	Swydd
Jayne Beeslee	Cyfarwyddwr Anweithredol; Cadeirydd y Pwyllgor Cyllid a Pherfformiad
Colin Dennis	Cadeirydd Bwrdd yr Ymddiriedolaeth
Lee Brooks	Cyfarwyddwr Gweithredol Gweithrediadau
Emma Wood	Prif Weithredwr
Hannah Rowan	Cyfarwyddwr Anweithredol a Chadeirydd y Pwyllgor Partneriaeth Academaidd
Ceri Jackson	Cyfarwyddwr Anweithredol ac Is-gadeirydd Bwrdd yr Ymddiriedolaeth
Bethan Evans	Cyfarwyddwr Anweithredol, Cadeirydd QuEST
Estelle Hitchon	Cyfarwyddwr Partneriaethau ac Ymgysylltu
Rachel Marsh	Cyfarwyddwr Gweithredol Strategaeth, Cynllunio a Pherfformiad
Trish Mills	Cyfarwyddwr Llywodraethu Corfforaethol/Ysgrifennydd y Bwrdd
Ed Roberts	Cyfarwyddwr Cyllid ac Adnoddau Corfforaethol Dros dro
Liam Williams	Cyfarwyddwr Gweithredol, Ansawdd a Nyrsio

Length of Meeting:	03:25	Agenda Status:	OPEN TRUST BOARD - 27 November 2025						Deadline for papers: 18 November 2025
Time	**Mins allotted**	**Agendum**	**Title**	**Item for**	**Item requested by**	**Format**	**Paper prepared by**	**Item presented by**	**Colleagues to cc**
			OPENING ITEMS						
		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
09:30	00:05	3	Minutes of the Previous Meeting (s): 3.1 25 September 2025 3.2 23 October 2025	Approval	Standing	Paper	n/a	Chair	n/a
		4	Action Log & Matters Arising	Discussion	Standing	Paper	n/a	Chair	Steve Owen
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	Staff Story:- Rusna Begum, Graduate Management Trainee (Culture Showcase) 8.1 Follow up on previous patient story - Taylor's story (Verbal Update)	Discussion	Standing	Verbal	QPSE	Angie Lewis Liam Williams	Sarah Parry Alison Kelly
10:45	00:20	9	Actions to Mitigate Avoidable Patient Harm	Assurance	Standing	Paper	SPP	Emma Wood	Rachel Marsh, Hugh Bennett
11:05	00:10	10	Risk Management and Board Assurance Framework	Assurance	Standing	Paper	CorGov	Trish Mills	Julie Boalch
11:15	00:15		COMFORT BREAK						
11:30	00:15	11	Monthly Integrated Quality and Performance Report (MIQPR)	Assurance	Standing	Paper	SPP	Rachel Marsh	Hugh Bennett, Mark Thomas, Georgia Tizzard, Melanie O'Connor
11:45	00:10	12	Integrated Medium Term Plan 25/26 Quarter 2 Assurance Report & Refreshed Approach for 2026/27	Assurance	CoB	Paper	SPP	Rachel Marsh	James Houston
11:55	00:15	13	Finance Update Month 7, 2025/26	Assurance	Standing	Paper	FinCor	Ed Roberts	Ed Roberts
12:10	00:15	14	Partnerships and Stakeholder Engagement: Position Statement, Proposition on Future Approach and Next Steps	Approval	Forward Planner	Paper	Partnerships	Estelle Hitchon	
		15	Board Committee Reports:	Assurance	Standing	Paper	CorGov		
		15.1	07 October 2025 - Academic Partnership Committee	Assurance	Standing	Paper	CorGov	Hayley Hutchings	Sarah Harland
12:25	00:25	15.2	04 November 2025 - Quality, Patient Safety and Experience Committee	Assurance	Standing	Paper	CorGov	Bethan Evans	Sarah Harland
		15.3	13 November 2025 - People and Culture Committee 15.3a Workforce Race Equality Standard (WRES) Report	Assurance Approval	Standing	Paper	CorGov	Hayley Hutchings	Sarah Harland
		15.4	18 November 2025 - Finance and Performance Committee	Assurance	Standing	Paper	CorGov	Jayne Beeslee	Steve Owen
			CONSENT ITEMS The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so.						
12:50	00:00	16	Governance Report	Assurance	As required.	Paper	CorGov	Trish Mills	Alex Payne, Steve Owen
		17	Minutes of Board Committees: 05 August 2025 - Quality, Patient Safety and Experience Committee 12 August 2025 - People and Culture Committee 16 September 2025 - Finance and Performance Committee	Information	Standing	Paper	CorGov	Chair	CorGov
			CLOSING ITEMS						
		18	Reflections and Summary of Decisions/Actions	Discussion	Standing	Verbal	n/a	Chair	n/a
		19	Any Other Business	Discussion	Standing	Verbal	n/a	Chair	n/a
12:50	00:05	20	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
		21	Date & Time of the Next Meeting: 29 January 2026	Information	Standing	Verbal	n/a	Chair	n/a
		22	Acronyms	Information	Standing	Paper	n/a	Chair	n/a
12:55	**03:25**		**CLOSE**						

LEAD PRESENTERS

Name	Position
Jayne Beeslee	Non-Executive Director, Chair of Finance and Performance Committee
Colin Dennis	Chair of the Trust Board
Emma Wood	Chief Executive
Hayley Hutchings	Non-Executive Director
Bethan Evans	Non-Executive Director, Chair of QuEST
Estelle Hitchon	Director of Partnerships and Engagement
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Director of Corporate Governance/Board Secretary
Ed Roberts	Acting Director of Finance and Corporate resources
Liam Williams	Executive Director, Quality and Nursing

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		
		Company 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		
		Member of Yoga Professional Alliance	Non-Financial Personal	July 2025		
		Sub-Yoga Teacher - Burnham Swim and Leisure Centre	Financial Interest	July 2025		

MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST BOARD, HELD on THURSDAY 25 SEPTEMBER 2025 MEETING HELD AT THE CARDIFF MAKE READY DEPOT AND VIA TEAMS

Meeting started at 09:30

PRESENT:

Ceri Jackson	Vice Chair and Non-Executive Director (Chaired meeting)
Rhiannon Beaumont-Wood	Non-Executive Director
Jayne Beeslee	Non-Executive Director
Lee Brooks	Executive Director of Operations
Peter Curran	Non-Executive Director
Bethan Evans	Non-Executive Director
Catherine Goodwin	Assistant Director Inclusion, Culture and Wellbeing
Estelle Hitchon	Interim Director of Strategy, Planning and Performance and Director of Partnerships and Engagement
Melfyn Hughes	Welsh Language Officer (Joined at Item 97/25)
Professor Hayley Hutchings	Non-Executive Director (Virtual)
Carl Kneeshaw	Director of People
Rachel Marsh	Interim Chief Executive Officer
Trish Mills	Director of Corporate Governance/Board Secretary
Ed Roberts	Acting Director of Finance
Jonny Sammut	Director of Digital Services
Andy Swinburn	Executive Director of Paramedicine
Hugh Parry	Trade Union Partner (Virtual)
Damon Turner	Trade Union Partner (Virtual)
Liam Williams	Executive Director of Quality and Nursing

ATTENDEES:

Angela Mutlow	Director of Operations, Llais
Steve Owen	Corporate Governance Officer (Virtual)
Alex Payne	Corporate Governance Manager

APOLOGIES:

Colin Dennis	Chair of the Trust Board
Angela Lewis	Director of Culture Change
Meshack Ezeadim	Aspiring Board Member
Hannah Rowan	Non-Executive Director
Chris Turley	Executive Director of Finance and Corporate Resources

85/25 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and Apologies:
The Chair welcomed all to the meeting, apologies were received from Colin Dennis Angela Lewis, Meshack Ezeadim, Hannah Rowan and Chris Turley.

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

Minutes
The minutes of the Board meeting held on the 31 July 2025, and the Annual General Meeting (AGM) held on 31 July 2025 were confirmed as correct record.

Action Log
Action 46/25 - Chief Executive's Report - Rachel Marsh to share the personas with Rhiannon Beaumont-Wood for feedback and views. *The details were sent to Rhiannon Beaumont-Wood by e mail from James Houston on 4 September 2025*. Action closed.

Action 75/25 - Monthly Integrated Performance Report - A query arose about the additional capacity required for Phase 2. Rachel Marsh explained that the Trust was considering all options for additional capacity and agreed to provide a more definite answer at the next meeting. *In terms of the data issues Jonny Sammut explained that it concerned identifying an APP, currently the solution has been identified, and the focus was to complete phase 2 and following that the technical work will be undertaken which will take around six weeks.*

Action 76/25 - Integrated Medium Term Plan - Regarding SO5 (Being Quality Driven and Clinically Led), Rhiannon Beaumont-Wood observed that the IMTP objectives listed in this section had low Delivery Confidence and were RAG rated as Red and inquired whether this warranted concern. Rachel Marsh responded that this would be evaluated, with an update to be provided on the timing of any reprofiling and an assessment of the risks associated with not meeting these objectives as originally planned. *The delivery dates have been reprofiled, the following actions will be taken:*
•Directorate planning session with QSPE on 17th September 2025 to look at current and future IMTP priorities
•There is a discussion at ELT away days on 9/10 September about future IMTP focus and priorities to consider delivery confidence in directorate led deliverables
•IMTP planning over next 6 months to re-frame priorities against risks. Action closed.

The Board RESOLVED To:

1. **Note the declarations of interest on the Trust's Register of Interests.**

2. **Note the apologies of Colin Dennis, Angela Lewis, Meshack Ezeadim, Hannah Rowan and Chris Turley.**
3. **Approve the minutes of the Trust Board meeting on 31 July and the AGM on 31 July 2025.**
4. **Note the update on the actions as described.**

86/25 CHAIR AND VICE CHAIR'S REPORT

The Chair presented the report as read.

The Board RESOLVED: To note the update.

87/25 INTERIM CHIEF EXECUTIVE'S REPORT

Rachel Marsh presented the report which provided awareness of the Interim Chief Executive's activities and key service issues since the last Trust Board meeting held on 31 July 2025. She drew attention to the following areas:

The link between the Cleric system and the Hywel Dda PAS was now complete and in operation. This connection facilitates cross checking of systems to identify patients who have transport booked, but were no longer attending their appointment due to cancellation, date/time change or a change in patient circumstances. In a week of operation, the Trust had identified almost 50 journeys where a patient's healthcare appointment has changed, and they no longer require the transport that was booked.

Following Trust Board approval at its last meeting in January 2025, a revised Fleet Procurement Strategy for 2025-30 was formally submitted to Welsh Government on 31st January. The strategy included a Business Justification Case for the vehicle replacement programme for 2025/26.

Recruitment was progressing well in the Digital Directorate with many applications to vacant roles. It was pleasing to have some internal promotion as part of the recent recruitment rounds. In August 2025, colleagues from both People and Culture alongside Digital joined forces to run a Digital Recruitment Workshop with people from Black, Asian, and Minority Ethnic Backgrounds.

In line with the commitment to amplifying colleague voice, the Trust has delivered the second pulse survey focusing on three priority themes from the 2024 Staff Survey aligned to *Our WAST Way*. Results from the first pulse survey have been shared with directorates to support local review and action planning.

Rhiannon Beaumont-Wood inquired in terms of the video consultations in respect of Information Governance (IG). Jonny Sammut provided assurance that the appropriate IG and Information Security were following the appropriate guidelines and regulations.

Following a query regarding the Covid-19 Inquiry and the governance processes related to statements and evidence from individuals who have since left the Trust, it was noted that the Trust was not expected to be core participants in future modules.

Peter Curran inquired about drones and their deployment adding if it was limited to the Hazardous Area Response Team (HART). Jonny Sammut explained they would go live at the end of this calendar year. The drone will provide visual aid at complex scenes, and the Trust will continue to look at other areas where drones can be used. He added a demonstration will be given at an upcoming Board Development Day.

The Chair noted that the Wish ambulance had completed its 100th patient journey and communicated this milestone to the Board. The Chair also commented on the progress of the cancelled patient journeys and on the positive impact of the video consultation.

The Board RESOLVED: To note the update.

88/95 QUESTIONS FROM MEMBERS OF THE PUBLIC

Estelle Hitchon advised the Board that the following questions had been received prior to the meeting for response from members of the public Alice Whittle and Janet Patterson:

Alice Whittle inquired about recruitment for Newly Qualified Paramedics and Band 6 paramedics in 2026. Carl Kneeshaw explained that, due to ongoing reviews of skill mix, changes in working patterns, retention efforts, and NHS financial considerations, the Trust cannot confirm future vacancies at this time. Any openings will be posted on the website.

Janet Patterson inquired about the specific measures the Trust was implementing to address the challenges of prolonged emergency response times in rural areas, particularly regarding timely and safe care for patients with epilepsy. Andy Swinburn responded that the Trust is enhancing its response by categorising calls through the 999 system, enabling the deployment of the most appropriate operational resources to both rural and urban settings. Further details regarding these changes were available on the Trust's website.

Janet also inquired whether the use of Buccal Midazolam as an alternative to Diazepam had been considered to safeguard patient dignity during emergency treatment. Andy Swinburn acknowledged that Buccal Midazolam could provide additional options for seizure management without affecting patient dignity. At present, Buccal Midazolam was not included on the list of scheduled medicines authorising paramedic administration. Andy noted that the UK government was currently conducting a public consultation regarding the inclusion of buccal midazolam on the list of scheduled medicines.

89/25 PATIENT STORY

The Board were shown a video in which Taylor described how her 74-year-old grandmother, who had multiple health issues, suffered worsening pain and swelling in her leg. After calling 111 and an out-of-hours GP, the family was advised to take her to hospital but had to arrange transport themselves. When moving her proved too painful due to undiagnosed spinal fractures, they called 999 and were told of an 8-hour ambulance wait. A clinical callback resulted in a non-emergency ambulance being arranged, which arrived after three hours, provided pain relief, and transported her to hospital. Her grandmother stayed for two weeks before discharge; leaving the family concerned about future emergency care access.

Taylor outlined the several barriers to accessing timely care for elderly patients, such as extended waiting times, the need to repeatedly provide information, and limited integrated transport options. Taylor reported experiencing challenges with the system, indicating concerns about confidence in the process and feelings of reduced influence as a carer.

Liam Williams reported that the story was presented to the Trust's Quality Management Group, which led to prompt evaluation of internal processes, with particular emphasis on enhancing communication between integrated and met care services. He added that Taylor was offered a meeting to discuss the experience further and help inform service improvements.

The Board noted the issue of addressing non-urgent cases with high levels of distress and highlighted the need for clinical prioritisation, as well as continued efforts to reduce handover delays and enhance integrated care.

The Board recognised that Dr. Smith, the Trust's Assistant Clinical Director was leading a review of healthcare professional calls to improve referral processes and integration with call categorisation and noted the professionalism and compassion of staff, even under pressure, and the importance of getting help to patients sooner.

Update on Previous Patient Story – Dylan's story

The Board noted that this detail was contained in the highlight report from the Quality, Patient Experience and Safety Committee (QuEST) of 2 September 2025 and therefore no separate update was given.

The Board RESOLVED: To Note the patient story given by Taylor and the update on the previous patient story received at the May 2025 Trust Board.

90/25 ACTIONS TO MITIGATE AVOIDABLE PATIENT HARM IN THE CONTEXT OF EXTREME AND SUSTAINED PRESSURE ACROSS URGENT AND EMERGENCY CARE

Rachel Marsh updated the Board on the following areas:

1. There was an increase in the Return of Spontaneous Circulation (ROSC) compliance rate to 27.4% in August 2025.
2. The Trust achieved a 19.1% consult & close figure in August 2025, six percentage points higher than the rate recorded during the same month last year, and consistent with the 2023 EMS Demand & Capacity Review modelling.
3. The Trust went live, as planned, on phase one of the new Ambulance Performance Framework on 01 July 2025. On 17 July 2025 the Cabinet Secretary announced phase two with a back stop delivery date of 01 December 2025.
4. There was a material reduction in hospital handover lost hours in August 2025 to 13,160 compared to 17,540 in the same month last year. This continues a sustained level of month on month improvement evident since May 2025.

Jayne Beeslee updated members on the discussion regarding the implementation of phase two of the Ambulance Performance Framework changes, at the Finance and Performance Committee on 16 September 2025.

Trish Mills confirmed that an extraordinary Trust Board meeting to consider the Quality Impact Assessment and the Equality Impact Assessment, with the changes for phase two had been confirmed for 23 October 2025.

Damon Turner asked with regards to the improvement in shift overruns for July, why it was marked as green with no action required. Rachel noted that the RAG status was generally used and would establish a clearer target for ongoing monitoring.

Rhiannon Beaumont-Wood expressed support for implementing stricter measures, noting that some improvement has been observed in handover delays. Lee Brooks concurred, acknowledging noticeable progress in reducing these delays; however, he emphasised that the current levels remained above acceptable standards.

Peter Curran stated that the Trust was examining the Emergency Ambulance jobs per shift to determine if there was a correlation between the reduction in handover delays and an increase in jobs per shift. Jayne Beeslee added this was being monitored by the FPC, however it was agreed that Hugh Bennet would undertake a Jobs Per Shift Analysis which would be included in the next report.

The Chair inquired about the level of confidence in maintaining improvements throughout the winter months. Rachel Marsh explained that there remained some risk associated with sustaining these improvements, and it was challenging to predict demand during winter.

Angela Mutlow requested the breakdown of data concerning lost hours by Health Board, and Lee Brooks confirmed he would furnish Angela with regular updates on this information and contact her directly to progress.

The Board RESOLVED To:

1. **NOTE the initial impact of the Trust's clinical model evolution.**
2. **NOTE that there has been a material reduction in hospital handover lost hours.**
3. **NOTE the need to continue to carefully monitor patient experience and outcomes.**
4. **NOTE the need for all health boards to further reduce hospital handover lost hours, including reaching the 45-minute target expected by the Cabinet Secretary by October 2025, and for the Trust to support health boards in achieving this by continuing to evolve its clinical model.**

91/25 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

Trish Mills presented the report, with the Board taking assurance that each of the principal risks have been reviewed in line with the agreed schedule detailed at Annex three of the report.

The report outlined the broader discussions across the senior leadership teams and the Committees on the higher rated risks and signposted the Board accordingly. The Risk Owners have an opportunity to further add to the narrative within the report and detail of any assurances or escalations during the meeting and Committee Chairs will also contribute to this as appropriate, drawing from the Alert, Advise, Assure reports (AAA).

The two highest scoring risks Risks 223 (*the Trust's inability to reach patients in the community causing patient harm and death*) and Risk 224 (*Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective*

service for patients) remain at the highest score of 25. These two risks continue to be dynamically reviewed. At this stage there was no to reduce this score.

Members were asked to note the reduction in score for Risk 160 (*high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service)* from 20 (5x4) to 16 (4x4). It was recognised that the rolling annual figures for sickness since March 2022 were reducing year on year and therefore a reduction in the score was appropriate. This will be closely monitored by the People and Culture Directorate and Executive Leadership Team (ELT).

A new Artificial Intelligence (AI) Risk has been developed and approved for inclusion on the Corporate Risk Register, by the ELT, at a score of 16 (4x4) with a target of 8 (2x4). The full detail of the risk will be included in the next Trust Board Risk Report. As Chair of the Audit, Risk and Assurance Committee (ARAC), Peter Curran confirmed ARAC's endorsement of the risk management policy with no material changes. He noted the Committee's satisfaction with efforts to distinguish controllable and uncontrollable risks, and praised the Board Development session on risk appetite, anticipating further work on aligning risks with strategic objectives.

The Risk Management Policy was presented to the Board for approval. The Policy was endorsed by the ARAC on 02 September 2025 and was therefore before the Board for approval. It was indicated that the Policy was presented with the AAA report from the ARAC. There were no material changes made to the Policy, and it was duly approved.

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

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

92/25 MONTHLY INTEGRATED QUALITY & PERFORMANCE REPORT

Estelle Hitchon presented the report as read noting that a detailed discussion on this report had taken place at the FPC meeting on 16 September 2025. For noting, Estelle highlighted the following points:

1. The new Purple Arrest and Red Emergency categories went live, as planned, on 01 July 2025 and data from the first month of reporting was contained within this report.
2. The Return to Spontaneous Circulation (ROSC) compliance rate increased to 27.4% in August 2025 compared to 21.4% in July 2025, which was a positive increase since the implementation of the new clinical response model.

3. Trust sickness absence: the Trust's overall sickness percentage was 7.82% in July 2025, up on the 7.49% recorded in June 2025, which was in line with seasonal factors. Actions within the IMTP concentrated on staff well-being with an aim to reduce this level to the IMTP ambition of 6%.

Jonny Sammut highlighted some positive aspects in terms of data quality metrics. For example, Data warehouse failures remained well below industry failure rates.

In response to an inquiry regarding Ambulance Care transfer and discharge challenges, Lee Brooks explained that late bookings frequently occurred due to delays within the hospital discharge process. He noted that if bookings were submitted earlier, the Trust would be better positioned to plan accordingly and facilitate a more efficient flow of patients from the hospital.

Bethan Evans, as Chair of the Quality, Patient Experience and Safety Committee (QuEST) provided an update from the QuEST Committee on the Putting Things Right (PTR) recovery plan. Key challenges identified included a high volume of concerns, related to recent changes in the clinical model, recruitment difficulties, and unmet expectations regarding audit and investigation capacity.

The Board noted that the Hugh Bennett and his team will review and potentially revise data metrics across reporting, especially in the MIQPR, to ensure they provided the necessary assurance.

Members were advised that the Digital team were undertaking work to resolve data quality issues related to Advanced Paramedic Practitioners (APPs), with technical solutions being developed.

A discussion was held in respect of Jobs Per Shift Analysis: It was agreed that Hugh Bennett would analyse the average number of jobs per shift to distinguish between EA-related tasks and other assignments, and to assess the relationship between decreased handover delays and a higher number of jobs completed per shift.

Bethan noted that some progress has been observed which was anticipated to continue, although there were considerations about the feasibility of the plan due to ongoing pressures within the NHS system outside the Trust's control. Bethan Evans added there has been significant improvement in hours lost to handover delays but at this current level there will continue to be patient harm.

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

93/25 INTEGRATED MEDIUM TERM PLAN (IMTP) DELIVERY/ASSURANCE END OF YEAR REPORT

Estelle Hitchon introduced this report and advised that the Trust's IMTP for 2025-28 was approved by Trust Board on 27 March 2025 and submitted to Welsh Government on 31 March 2025. Welsh Government approved the IMTP on 30 June 2025, with accountability conditions following on 28 July 2025.

Estelle reported that the IMTP update centered on the Clinical Model Transformation programme highlight report and the Cabinet Secretary priorities, with positive feedback recently received from Welsh Government during an internal peer review.

Estelle added that the Executive Leadership Team was currently assessing this year's IMTP actions to determine which were incomplete or behind schedule and will decide whether to include them in next year's plan, continue as business as usual, or discontinue them if they were no longer relevant.

The Trust's Accountability Conditions included but were not limited to:

1. Delivery of the objectives stated in the letter from Cabinet Secretary for Health and Social Care sent on 3rd July 2025.
2. Delivering the priorities and enabling actions set out the in the NHS Wales Planning Framework 2025-28.

Liam informed the Board that the Trust was prioritising its strategy for public and population health through active utilisation of the clinical advisory group and the financial sustainability group, which served as key mechanisms to ensure organisational participation and engagement.

A query arose specifically with the position on population health, which was to be found in section 5.3, but this content was missing. The group agreed to check this issue offline and ensure that, if needed, the missing information would be added and drawn out in the next FPC report.

The Board thanked Alex Crawford, Assistant Director for Planning and Transformation for his work in the Trust over the past six years and wished him success in his new role at the Joint Commissioning Committee.

The Board also thanked Estelle Hitchon for the additional work carried out in her role as Interim Executive Director of Strategy, Planning and Performance. The Board took assurance that the update provided sufficient detail on the current position. Jayne Beeslee added that the FPC were supportive of the current position.

The Board RESOLVED To:

1. Note the CMT programme interim Q2 position.

2. **Note the specific update on Directorate led deliverables for SO5 and ongoing live discussions about delivery confidence across the IMTP portfolio.**
3. **Note the interim Q2 position for the Cabinet Secretary's priorities.**

94/25 FINANCIAL PERFORMANCE MONTH FIVE 2025/26

Ed Roberts presented the update and drew attention to the key points below:

1. The cumulative revenue financial position reported was an overspend against budget of £0.229m, 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 was currently a balanced position.
2. In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of £3.582m have been achieved against a target of £3.486m.
3. Public Sector Payment Policy was on track with performance, against a target of 95%, of 98.8% for the number, and 99.1% of the value of non-NHS invoices paid within 30 days.
4. The Trust's approved Capital Expenditure Limit (CEL) set by and agreed with Welsh Government for 2025/26 is £30.190m. This included £24.242m of All Wales Approved schemes and £5.948m for Discretionary schemes.
5. The forecast spend in relation to the Welsh Risk Pool has increased by £42 million across Wales, over and above the £36 million already included in organisational plans. This has left a balance to be covered across NHS Wales under the risk share agreement.

The Board were assured that the management of the in-year allocation was being effectively maintained. However, they raised concerns regarding the recent trend over the past 12 months of incurring unbudgeted expenses, such as the rise in National Insurance contributions.

Rachel Marsh stated that with the Head of Commercial Development beginning on 6 October, financial sustainability issues will receive increased attention going forward. The Board took assurance that managing the in-year allocation was being achieved and noted the overall financial position.

The Board RESOLVED To:

1. **Note and gain assurance in relation to the Month 5 revenue financial position and performance of the Trust as of 31st August 2025.**
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.Note the Month 5 Welsh Government monitoring returns submission (as required by WG).**

95/25 SPEAKING UP SAFELY UPDATE – SEPTEMBER 2025

Catherine Goodwin drew the Board's attention to the following key highlights from the report:

1. The Trust appointed had a full-time Lead Guardian in June 2024.
2. There has been strong national collaboration with other NHS Wales Guardians.
3. There have been extensive awareness campaigns including CEO roadshows and National Speak Up Month.
4. In terms of concerns 113 have been raised, with 56% directly to the Guardian and 44% via Work in Confidence.
5. The Trust received a reasonable assurance rating from the NHS Wales Shared Services Partnership audit.
6. There has been Increased engagement with People Networks and Culture Champions.

The key themes and trends were shown below:

1. Most concerns related to inappropriate behaviours, bullying, and wellbeing.
2. Concerns raised by a diverse range of staff groups, with operations colleagues most represented.
3. There has been an increased openness post-contact with the Guardian, indicating growing trust.
4. Key barriers include fear of retribution, perceived bias, and confidentiality concerns.
5. A lessons Learned forum has been held to share insights and improve processes.

In future initiatives, the Trust plans to expand the Guardian team and advance leadership development via *Our WAST Way*. Efforts will focus on refining feedback processes, enhancing detriment risk assessments, and reinforcing confidentiality protocols alongside increased support for protected groups. Ongoing collaboration with internal teams will continue to foster a sustained culture of continuous improvement.

The Chair noted the substantial progress achieved in the Speaking Up Safely initiative, emphasising its significant impact and underscoring the importance of recognising it as a key priority for the Board moving forward.

Following a query raised in respect of issues related to the action plan, specifically regarding perceived bias and the protected characteristics, Catherine Goodwin explained there has been progress in this area. Carl Kneeshaw commented that this issue was identified as part of the Equality Diversity and Inclusion (EDI) reporting adding that the Trust was developing a formal mechanism to demonstrate whether

any detriments existed especially with the speaking up safely process as well as other policies. He added that unless people declared their protected characteristics it was challenging to track that through the system.

The Board took assurance from the report, noted its contents and supported the Trust-wide integration of the Speaking Up Safely (SUS) principles.

The Board RESOLVED: To Note the contents of the report and supported the Trust-wide integration of the Speaking Up Safely (SUS) principles into leadership development, confidentiality practices, and equity and inclusion strategies. This unified approach will help normalise speaking up and listening as a leadership behaviour, reduce barriers to raising concerns, and ensure that all staff feel safe, respected, and heard.

96/25 GOVERNANCE REPORT

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

Trish Mills drew out for the Board's attention the amendment to Trust Board Minutes dated 29 May 2025. The resolution in the original Board minutes did not specifically state the Board's approval of the Strategic Quality Plan 2025-27; therefore, the minutes have been updated to record the Board's approval of the Strategic Quality Plan 2025-27.

The Board RESOLVED: To Note the contents of the report.

97/25 BOARD COMMITTEE REPORTS

The following Board Committee reports were presented to the Board:

Trish Mills added that that the Board meeting was part of the overall scrutiny and assurance process with much of the detailed work undertaken in the Committees, that met prior to the Trust Board, and that the Committee AAA highlight reports, together with committee minutes, all added to the overall assurance and scrutiny process.

05 August 2025 - Quality, Patient Safety and Experience Committee AAA

The Chair of the Committee, Bethan Evans, drew the Board's attention to the following:

1. The Committee received a Patient Story from Sophie who is a Learning Disability Lived-Advisor with the Trust and also has a mental health condition.

She lives independently and sits on several groups and panels which represent and advocate for the learning disability community. The Committee extended their gratitude to Sophie for sharing her story so honesty, as this open feedback provided an opportunity to continue to drive forward service improvements.

2. The Committee received an update following the deeply moving patient story from Mr and Mrs Cope concerning their son, Dylan, which was received by the committee and Trust Board in May 2025. An All Wales Sepsis Safety Netting leaflet has been developed by NHS Wales Shared Services through work with Dylan's family and Aneurin Bevan University Health Board.
3. The Committee received an update on the revised Ambulance Performance Framework, highlighting the introduction of new outcome focused metrics for cardiac arrest and high-risk calls, with distinct clinical indicators and response targets.
4. Members received an update on the Ministerial Advisory Group Wait 45 Taskforce, highlighting the focus on system improvement and pathway improvement, with workshops scheduled for each Health Board and a meeting with the Cabinet Secretary on 15th September 2025.
5. The Annual Safeguarding Report 2024/25 was approved. The Committee praised the report's clarity and evidence of strong partnership working and noted the increase in internal safeguarding allegations being reported were indicative of a positive cultural shift within the organisation.
6. Members received a presentation on the Clinical Plan for 2025-2030 redevelopment which included an innovative, interactive format to enhance user engagement. Next steps will be engagement with the ELT considering prioritisation of digital work, consideration of the Welsh Language and alignment with other Trust documents.
7. Internal audits on Start of Shift Procedure Emergency Communication Nurse System Implementation were received.
8. The Trust's two highest scoring risks were discussed, 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 and affects the trust's ability to provide a safe and effective service remain unchanged at a score of 25.
9. A New Risk has been Identified: The significant risk related to the Trust's ability to manage the overdue investigations and audit processes and relating to the need to put more scrutiny on the Putting Things Right recovery plan and the wider organisational impacts was raised, and it was noted that the risk was currently being articulated and navigating governance.

Liam Williams stated that the Trust has appointed a Learning Disability Advanced Clinical Practitioner who was due to start soon. He further stated that efforts have

been made to establish a register of individuals with known disabilities across Wales, and that this data could be instrumental in guiding and informing clinical advisors.

12 August 2025 – People and Culture Committee (PCC) AAA

The Chair of PCC, Ceri Jackson, updated the Board on the following areas:

1. The Committee heard from colleagues in the Operations Directorate, Sonia Thompson, Ferdi Lashari, Ceri Wheeler and Paul Greatorex regarding the facilitation of Quality and Support Days. Staff feedback has been positive, highlighting improved morale, communication, and confidence in raising issues. The initiative has helped break down silos and reinforced the dual role of managers as leaders and sources of support.
2. Members were advised that due to funding and workforce planning constraints, only 21 of 80 newly qualified paramedics (NQPs) were initially offered roles, this later increased to 52 through fixed-term contracts. This placed the Trust among the better-performing organisations in terms of intake who are all in an oversupply of NQPs.
3. The committee received a deep dive into violence and aggression against staff which remained a significant concern, particularly in contact centres, where most incidents were verbal. The Committee reinforced the need for a clear internal zero-tolerance message, initiative-taking support for staff, and equipping managers to recognise and respond to the cumulative effects of repeated incidents.

4. Several reports were presented for approval and one for assurance; all of which had been endorsed/received by the People and Culture Committee. The Board received these reports and duly approved them:

    - Strategic Equality Plan Annual Report 2024/25
    - Annual Gender Pay Gap Report 2024/25
    - Annual Workforce Equality Monitoring Report 2024/25

5. Progress was noted in staff engagement, leadership focus and the impact of staff networks, with continued attention needed on intersectionality, organisational culture and inclusion. The gender pay gap report prompted discussion on data limitations and support for all gender identities, while barriers to senior roles for women were linked to organisational factors.

6. Welsh Language Annual Report 2024/25: This was received by the Committee for endorsement and presented with the AAA to the Board for approval. Melfyn Hughes presented the report bilingually drawing out the following key points:

6.1 There was a significant performance increase in 111 Welsh language call handling 2023/24, with Welsh language call answering rising from 18% to 45%. In 2024/25, performance remained stable at 45.7%, with a slight increase in total Welsh calls answered (8,444 vs. 8,099).

6.2 NEPTS call handling performance declined from 89% in 2023/24 to 77% in 2024/25. This was attributed to a reduction in Welsh-speaking call takers. A plan was in place to prioritise recruitment of Welsh speakers and align with the broader workforce strategy for 2026/27.

6.3 In 2024/25, the Trust implemented a Welsh Language Standards Compliance Baseline focused on four key areas: correspondence, document publication, signage, and reception services. Compliance was assessed through a combination of translation service audits and a Trust-wide self-assessment survey conducted in April 2025.

6.4 Looking ahead, the Trust has several IMTP deliverables for 2025/26 including a focus on Welsh language competencies on the Electronic Staff Register to inform a gap analysis across all service areas. This will guide targeted engagement with frontline teams to assess and improve Welsh language service provision. In line with Standard 110, a Welsh Language Clinical Consultation Plan will be developed to enhance the Trust's capacity to deliver clinical consultations in Welsh.

7. Annual Health and Safety report 2024/25 – Assurance

02 September 2025 - Audit, Risk and Assurance Committee (ARAC) AAA

The Chair of ARAC, Peter Curran, updated the Board on the following areas:

1. A pre-meet was held with Audit Wales, Internal Audit and the Non-Executive Directors of the Committee ahead of the meeting with no matters to escalate.
2. Although oversight of near miss and low harm intelligence reporting sat with the Quality, Patient Experience and Safety Committee (QuEST). ARAC receives annual assurance. The latest assurance report from the Chair of QuEST provided only limited assurance, citing ongoing challenges within the Putting Things Right (PTR) Team to progress cultural work necessary to improve near miss reporting.
3. The committee received annual assurance from the Chair of the People and Culture Committee (PCC) regarding the Trust's Speaking Up Safely framework.
4. Audit Wales confirmed that the main annual accounts audit had been completed and presented at the previous committee meeting, with no issues identified, and the Trust was commended for achieving a balanced financial position and strong fiscal management.
5. The following Internal Audit reports were received: 111 Website – Limited Assurance, Manchester Arena Inquiry – Substantial Assurance and the Organisational Change – Reasonable Assurance.

6. The Trust continues to progress its Integrated Governance Programme, which aims to streamline and unify governance structures and practices from 'floor to board.'
7. The Trust's policy work programme for 2025–26 has been revised from 62 to 55 policies following the deferral of seven items due to team capacity and interdependencies. While the original compliance target was 95% by March 2026, current projections suggest an achievable rate of 85%, with further review planned in Quarter 3.
8. The Standing Financial Instructions changes to Chapter 11 were endorsed by ARAC. They were before the Trust Board for approval and were duly approved.

25 July and 03 September 2025 – Remuneration Committee AAA

The report was received for assurance.

16 September - Finance and Performance Committee (FPC)

The Chair of FPC, Jayne Beeslee, updated the Board as follows:

1. Members received an update on internal arrangements in place to implement and pilot the second phase of changes ahead of the board considering an endorsement of go-live alongside the Quality Impact Assessment (QIA) and Equality Impact Assessment (EqIA) at that October meeting.

2. Members received the Ambulance Service Indicators (ASIs) noting the focus on quality elements of service delivery. The importance of how this data informs planning, resource allocation, population health and prevention strategies was highlighted.
3. The Digital KPIs relating to data and analytics, ICT systems, digital services, projects & programmes, and details on the progress against the Digital Plan were presented.
4. The Information Governance (IG) Report highlighted key updates, which included alerts regarding ongoing review of the data breaches log, a new corporate AI risk and AI steering group in development, and ICO 999 survey advice under review. Members commended the highest ever IG mandatory training rate (89.61%), ongoing cyber improvement work, and a temporary rise in dormant accounts, and the plan to reduce them.
5. The Environmental, Decarbonisation and Sustainability update was received. Welsh Government are reviewing the Strategic Delivery Plan, which will impact our Decarbonisation Action Plan.
6. The estates condition and backlog maintenance update for 2024/25 period was received. The committee noted that there has been a continued reduction in backlog costs due to targeted investment in priority areas, such as roof

replacements and successful capital and Estates Facilities Advisory Board funding bids.

The Board RESOLVED: To Note the updates from the following Committees:

1) **Quality, Patient Safety and Experience Committee dated 05 August 2025.**
2) **People and Culture Committee dated 12 August 2025.**
3) **Audit, Risk and Assurance Committee dated 02 September 2025. Remuneration Committee July, 25 July and 03 September 2025 (Combined).**
4) **Finance and Performance Committee dated16 September 2025.**

To APPROVE the following reports received with the AAAs:

1) **Strategic Equality Plan Annual Report 2024/25.**
2) **Annual Gender Pay Gap Report 2024/25.**
3) **Annual Workforce Equality Monitoring Report 2024/25.**
4) **Welsh Language Annual Report 2024/25.**

To APPROVE: The Standing Financial Instructions changes to chapter 11.

To Note and take assurance from the production of the Annual Health and Safety report 2024/25.

98/25 MINUTES OF BOARD AND OTHER COMMITTEES

The Board received the following minutes:

People and Culture Committee dated 15 May 2025
Quality, Patient Safety and Experience Committee dated 13 June 2025
Audit, Risk and Assurance Committee dated 24 June 2025
Finance and Performance Committee dated 21 July 2025

The Board RESOLVED To Receive the following minutes:

1) **People and Culture Committee dated 15 May 2025.**
2) **Quality, Patient Safety and Experience Committee dated 13 June 2025.**
3) **Audit, Risk and Assurance Committee dated 24 June 2025.**
4) **Finance and Performance Committee dated 21 July 2025.**

99/25 ANY OTHER BUSINESS

There was none.

100/25 EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 25 September 2025

Members of the Press and Public were invited to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).

Date of next meeting: and 27 November 2025

Meeting closed at 12:40

MINUTES OF THE EXTRAORDINARY OPEN MEETING OF THE WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST BOARD, HELD on THURSDAY 23 OCTOBER 2025 MEETING HELD VIA TEAMS TOWNHALL

Meeting started at 12:30

PRESENT:

Colin Dennis	Chair of the Trust Board
Emma Wood	Chief Executive
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
Ceri Jackson	Vice Chair and Non-Executive Director
Carl Kneeshaw	Director of People
Angela Lewis	Director of Culture Change
Rachel Marsh	Executive Director of strategy, Planning and Performance
Trish Mills	Director of Corporate Governance/Board Secretary
Hannah Rowan	Non-Executive Director
Jonny Sammut	Director of Digital Services
Andy Swinburn	Executive Director of Paramedicine
Hugh Parry	Trade Union Partner
Damon Turner	Trade Union Partner
Liam Williams	Executive Director of Quality and Nursing

ATTENDEES:

Julie Boalch	Assistant Director of Corporate Governance and Risk
Meshack Ezeadim	Aspiring Board Member
Sarah Harland	Corporate Governance Officer
Steve Owen	Corporate Governance Officer
Alex Payne	Corporate Governance Manager

APOLOGIES:

Rhiannon Beaumont-Wood	Non-Executive Director
Professor Hayley Hutchings	Non-Executive Director
Angela Mutlow	Corporate Director of Operations, Llais
Ed Roberts	Acting Director of Finance and Corporate Resources
Chris Turley	Executive Director of Finance and Corporate Resources

101/25 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and Apologies:
The Chair extended a welcome to all attendees. Apologies for absence were noted from Rhiannon Beaumont-Wood, Professor Hayley Hutchings, Angela Mutlow, Ed Roberts, and Chris Turley.

Declarations of Interest:
All declarations of interest were documented in the Trust's Register of Interests, and there were no additional declarations.

The Board RESOLVED To:

1. **Note the declarations of interest on the Trust's Register of Interests.**
2. **Note the apologies of Rhiannon Beaumont-Wood, Professor Hayley Hutchings, Ed Roberts, and Chris Turley.**

102/25 PHASE 2 AMBULANCE PERFORMANCE FRAMEWORK GO LIVE AND IMPACT ASSESSMENTS

The Chair commented that the report had received comprehensive review at the Finance and Performance Committee (FPC) meeting on 16 September 2025 Additionally, the extraordinary Quality, Patient Experience and Safety (QuEST) Committee convened on 10 October 2025 to receive and endorse the Quality Impact Assessment (QIA) and Equality Impact Assessment (EqIA), both of which supported the transition into Phase 2 of the Ambulance Performance Framework.

Rachel Marsh stated that the reports had also been reviewed by the Call Categorisation Task and Finish Group, the Clinical Model Transformation Board (CMT), and the Strategic Transformation Board.

Rachel Marsh reported that the purpose of this paper was to provide the Trust Board with an assurance update about the internal processes developed for implementing and piloting the second phase of changes to the Ambulance Performance Framework.

Rachel Marsh added there was a change to the first recommendation as detailed in the paper, and that the Board was asked to endorse the position, as opposed to noting it. The paper also sought approval of the Ambulance Performance Framework Phase 2 QIA and the Emergency Response Workstream EqIA.

Rachel Marsh commented that considerable advancements have been achieved in preparing draft communication materials regarding the changes, which included social media content, videos, and briefing documents; intended for stakeholders both from the Health Boards and members of the public.

One essential dependency for the go-live date was the requirement for the external Computer Aided Dispatch (CAD) supplier to implement the necessary software changes. The risk associated with this dependency has now been mitigated.

Rachel Marsh added that the Trust was transitioning towards an approach focused on clinical outcomes, both in evaluating its services and in the metrics used for assessment, with an increasing emphasis on the development of new clinical outcome measures for patients. An evaluation team from Edge Hill University has been appointed to assess this Phase of the change, along with broader changes associated with the Clinical Model Transformation.

Jayne Beeslee, Chair of FPC, advised the Board about the assurance received by the Committee at its meeting in September. Rachel Marsh stated that the future CMT Programme updates to the FPC would provide continual assurance going forward, which will subsequently be reported to the Trust Board.

The Chair reiterated that this was a pilot programme which will be evaluated in due course by external parties. The Board extended its appreciation to all the teams involved in preparing for the scheduled go-live date of 02 December 2025; and acknowledged that ahead of this milestone, a series of "go/no-go" meetings will be conducted with operational colleagues.

The Chair presented the recommendations as detailed below and reiterated that the Trust Board were asked to endorse the requirement for the Trust to further alter its model of service delivery and reporting to meet the Welsh Government instructions. This approval was given, in addition to the formal approval of the related Ambulance Performance Framework Phase 2 QIA and the Emergency Response Workstream EqIA. There were no further comments or questions.

The Board RESOLVED: To

1. **ENDORSE the requirement for the Trust to further alter its model of service delivery and reporting to meet Welsh Government instructions for the duration of the pilot period.**
2. **NOTE that decisions on the implementation date and risk mitigation will be informed by ongoing governance processes, progress on system changes and operational preparedness as described.**
3. **CONFIRM that the Board is assured that the organisational preparedness plans meet with the appropriate requirements to implement the changes safely and effectively.**

4. **APPROVE the Ambulance Performance Framework Phase 2 Quality Impact Assessment and the Emergency Response Workstream Equality Impact Assessment.**

103/25 QUEST COMMITTEE HIGHLIGHT REPORT – 10 OCTOBER 2025

Bethan Evans, Chair of the QuEST Committee presented the extraordinary QuEST Committee Highlight Report from the meeting held on 10 October 2025, The. Committee received and endorsed the Quality Impact Assessment (QIA) and Equality Impact Assessment (EqIA) which are before the Board for approval.

The Board RESOLVED: To receive assurance from the QuEST Committee highlight report dated 10 October 2025.

104/95 ANY OTHER BUSINESS

There was none.

Date of next meeting: 27 November 2025

Meeting closed at 12:50

ACTION LOG

WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST BOARD

Minute Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
56/25	29 May 2025	Partnerships and Engagement Report May 2025	Estelle Hitchon to include stakeholder mapping and identification of strategic influence gaps in the next report.	Estelle Hitchon	13 November 2025	Update for 25 September meeting Note, this action is entered on the Forward Planner for the November Board meeting Update for 27 November 2025 Item is on the agenda	Complete
90/25	25 September 2025	Actions to Mitigate Patient Harm	Angela Mutlow requested the breakdown of data concerning lost hours by Health Board, and Lee Brooks confirmed he would furnish Angela with regular updates on this information.	Lee Brooks	27 November 2025	Update for 27 November meeting Keith Dorrington has confirmed that updates will be provided to Angela Mutlow on a regular basis.	Complete
92/25	25 September 2025	Monthly Integrated Performance Report	Jobs Per Shift Analysis: Hugh Bennett agreed to analyse the average number of jobs per shift to distinguish between EA-related tasks and other assignments, and to assess the relationship between decreased handover delays and a higher number of jobs completed per shift.	Rachel Marsh Hugh Bennett	27 November 2025	Update for 27 November meeting As handover has reduced, we have seen a definite uptick in jobs per shift for EAs, from 2.50 in October 2023, compared to 3.03 jobs per shift this September, so a 27% increase. We also checked in with ORH on the modelled jobs per shift in the EMS Demand & Capacity Review and the 3.03 jobs is exceeding their modelling. W45 needs to be achieved and then sustained through the winter if we are to continue to see a level like this and further improvement. Handover is going up as we move into winter. This information is contained in the MIQPR, slide 29 in the pack.	Complete
93/25	25 September 2025	Integrated Medium Term Plan	Further details of the Financial Sustainability Programme was to be included in the next report at the FPC meeting on 18 November 2025. Specifically, the IMTP paper referenced a position on population health to be found in section 5.3, but this content was missing. The group agreed to check this issue offline and ensure that, if needed, the missing information would be added and drawn out in the next FPC report, with a focus on making it accessible in the public domain.	Rachel Marsh Hugh Bennett	10 November 2025	Update for 27 November meeting Details are contained within the IMTP update report	Complete

Agenda Item No. 05

REPORT TITLE

Chair and Vice-Chair's Report – November 2025

MEETING

Name of meeting	Trust Board
Date of meeting	27 November 2025
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. It is with deep sadness that I inform the Board of the passing of Paul Hollard, former non-executive director and esteemed colleague, who made a significant and lasting contribution to the Welsh Ambulance Service and NHS Wales over his distinguished 50-year career. Paul began his journey as a registered nurse, progressing through roles in nurse education, general management, and international healthcare support in Lesotho, before serving as Chief Executive at North Glamorgan NHS Trust and Acting Chief Executive at Cardiff and Vale University Health Board. He was instrumental in leading the South Wales Programme and establishing the NHS Wales Health Collaborative prior to his retirement in 2015. Paul joined our Board as a non-executive director in 2016, where his wisdom, insight, and good humour were greatly valued until his retirement in March 2024. Even after receiving his cancer diagnosis, Paul continued to support others by raising awareness about early detection. We published Paul's story here. Our thoughts are with his family at this difficult time. Paul will be remembered with great affection and respect for his compassion, humility, and unwavering dedication.

2. We held an extraordinary meeting of the Trust Board on the 23 October 2025. This meeting was to receive and endorse the Phase 2 Ambulance Performance Framework prior to 'go-live' in December and also receive the related Equality and Quality Impact Assessments. The Trust Board endorsed the requirement for the Trust to further alter its model of service delivery and reporting to meet the Welsh Government instructions for the duration of the pilot period. The impact assessments in relation to this activity were approved. The papers and a recording of the meeting are available on the Trust website.

3. The Board met for its bi-monthly Board Development activity on the 30 October 2025. During this development session the board held a full day workshop focusing on the Trust's strategy, with a focus on the relationship with the Well-being of Future Generations Act 2015. The agenda included horizon scanning, future trends regarding the population of Wales, the approach to refreshing the Trust's long-term strategy, and the next iteration of the Trust's Integrated Medium-Term Plan (IMTP).

4. Since our last meeting I have been busy, with the following activity: -
   - Regular meetings and briefings Emma Wood, Chief Executive, and other executives;
   - Attended the Long Service Awards on 06 October;
   - Observed the Academic Partnership Committee on the 07 October;
   - Held half-yearly meetings with the non-executive directors;
   - Routine meetings with the Cabinet Secretary for Health and Social Care;

- Attended the extraordinary Quality, Patient Safety and Experience (QuEST) Committee on 10 October;
- Attended the CEO Roadshows in Cwmbran and Cardiff on the 15 October;
- Attended a Serious Case Incident Forum on the 23 October;
- Attended a meeting of the NHS Wales body Chairs Peer Group on the 28 October'
- Visited colleagues in the training suite at Matrix House, Swansea, on 29 October;
- Visited colleagues for the Emergency Ambulance Practitioner transition course at the Cardiff MRD on the 31 October;
- Attended the NHS Wales Confederation Annual Expo Conference on 06 November;
- Visited colleagues at The Grange emergency department on the 06 November;
- Attended a meeting held by the NHS Confederation with all NHS Wales body Chairs on 11 November;
- Attended the Welsh Government Public Leaders Forum on the 12 November;
- Attended the People and Culture Committee meeting on the 13 November;
- Attended a webinar facilitated by Welsh Government regarding health inequalities on 19 November;
- Panel membership of the WAST Live meeting on the 19 November;
- Attended the Welsh Government Anti-Racism Wales conference on 26 November;
- Regular communication with Ceri Jackson, Vice-Chair;
- Routine meetings with Trade Union Partners;
- Routine meetings with Internal Audit;
- Routine meetings with Audit 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 the meeting of the Charity Committee on the 02 October;
   - Attended the Long Service Awards in Gwbert on 06 October;
   - Attended the Vice-Chair's Peer Group on the 08 October;
   - Attended the CEO Roadshows in Swansea and Bridgend on the 13 October;
   - Attended the Ministerial Summit on Primary Care on 14 October;
   - Rideout with Mental Health Response Vehicle and visited Operational Delivery Unit 19 October;
   - Attended the extraordinary Trust Board meeting on the 23 October;
   - Met with Emma Wood, Chief Executive;
   - Attended the Board Development Day on the 30 October;
   - Attended QuEST Committee meeting on the 04 November;
   - Attended the Operations Management event on the 05 November;
   - Attended the NHS Confederation conference dinner on the 5 November;
   - Visited Wrexham Maelor Emergency Department, met with crews, managers and patients;
   - Visited Dobshill Ambulance Station on 12 November;

- Attended the Vice-Chair's Peer Group on the 12 November;
- Chaired a meeting of the People and Culture Committee on the 13 November;
- 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 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
27 November 2025	Trust Board

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

Agenda Item No. 06

REPORT TITLE

Chief Executive's Report: November 2025

MEETING

Name of meeting	Trust Board
Date of meeting	27 November 2025
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

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

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 25 of September 2025. It is intended that this report will provide a strategic update as linked to our strategic objectives and risks.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Trust Board is requested to:

1. Discuss and note the contents 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 seek to mitigate 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
27 November 2025	Trust Board

SITUATION

1. This report provides an update to the Trust Board on key activities, national updates, matters of interest and material issues since the last report dated 25 September 2025.

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

Induction and Orientation

3. These past 6 weeks have seen me hold and attend a range of meetings and engagements with external partners from Health Boards, NHS Wales, Welsh Government, Blue Light partners, Higher Education Institutes, Commissioners, Elected representatives and Trade Union partners. These have provided early opportunities to discuss WAST's strategic ambitions and goals and understand the needs of our partners.

4. Engagement activities across WAST have included attending control rooms, operational stations, and training facilities, connecting with colleagues and volunteers from each region. These interactions have provided valuable insight into operational pressures and opportunities for improvement. A highlight was the CEO Roadshows, which served as an essential platform for sharing strategic priorities and for hearing directly from staff across the organisation.

5. I have also engaged with a number of media outlets to discuss winter planning, WAST's ambitions, my priorities, handovers and sexual safety.

6. I have agreed to chair the Ambulance Association of Chief Executives Ambulance Women's Network Group which aims to improve the experience of women working within the ambulance service, as well as patients, and ensure women are better represented across the sector.

Strategic Update

Performance

Ambulance Performance Framework and Clinical Model Transformation

7. Work continues to embed phase 1 of the Ambulance Performance Framework and prepare for phase 2, to launch on 2 December 2025. Aligned to this our Clinical Model Transformations (CMT) continue at pace with improved clinical assessment and triage for both 999 and NHS 111 Wales calls as part of our remote integrated care plan. Online digital advice is improving with more users opting to seek advice via the virtual agent on the NHS 111 Wales website. To date there have been 18,000 conversations with ALBOT since go-live in August.

8. We are pleased to report that since moving to phase 1 of the Ambulance Performance Framework we have seen return of spontaneous circulation (ROSC) rates of over 20% (Purple Arrest).

9. Work is underway to drive the renewed focus on Out-of-Hospital Cardiac Arrest with Save a Life Cymru being integral to this.

10. To support the Red Emergency category new clinically focused metrics have been developed, and the first draft metrics have been shared with the Joint Commissioning Committee (JCC). These metrics aim to measure clinical outcomes, such as preventing deterioration, oxygenation, levels of consciousness, and pain score, across the care episode.

11. We are closely monitoring our performance as we head into winter. We continue to consult and close nearly 20% of our 999 calls, with a further 10% treated within their community setting once we have seen them on scene. We convey around 12,000 patients a month to an Emergency Department. To be the most effective partner, WAST continues to work with its partners to ensure that only patients who need diagnostics or specialist treatment are taken to hospital. The Director of Paramedicine has commissioned a review to determine if conveyancing is consistent across Health Boards and to understand any variances.

Handover Delays

12. Handover delays have reduced to their lowest level in 4 years, and we are grateful to our Health Boards for their work in this endeavour. As a consequence of an earlier release, we are able to respond to more 999 calls. Whilst a 45-minute handover is welcomed, the standard is 15 minutes. Reducing delays improves patient safety and experience and provides an opportunity for WAST to

reconsider our longstanding risks (223 and 224) given the improvements. Consistent and sustained delivery of the 45-minute release protocol is essential for patients and to manage winter pressures. The importance of this was highlighted by the Cabinet Secretary for Health and Social Care at the NHS Confederation conference and the CEO of NHS Wales in recent media interviews. Both outlined the importance of this standard to protect patients against harm, ensure patient safety requirements and improve ambulance availability, in a consistent, accountable way across NHS Wales.

13. We recognise that there is a correlation with shift overruns and handovers, with colleagues often unable to leave at the end of their shift. This can build time off in lieu hours which need to be scheduled in future rosters or paid as overtime. Work has commenced under the programme #GETMEHOME to address operational overruns, with a focus on improving patient care, staff wellbeing, and organisational efficiency. These, alongside other programmes of work aim to mitigate risk 558.

Winter Planning

14. Our winter resourcing plans are robust and seek to offer the necessary resilience across our System. We recognise this is a challenging time of the year for patients with seasonal illnesses and increased trips and falls. We intend to support as many patients as we can, and where clinically safe to do so, keep people at home. Our advanced clinical advice, support for timely discharges, urgent community response and a recently commissioned falls desk will assist in managing patient demand. We have actively encouraged our staff and population to have the flu and COVID-19 vaccine where eligible.

15. We recognise there may be some additional pressures over winter with some Trade Unions balloting members for action short of a strike or strike action as a consequence of the pay dispute with the Welsh Government. WAST has experience in managing industrial action, and this is being factored into our planning.

Annual planning and commissioning

16. The Joint Commissioning Committee (JCC) have outlined draft ambulance service and NHS 111 Wales commissioning intentions for 2026/2027. Early sight of our draft cost pressures, risks and emerging priorities are due for submission on 30 November 2025. These have been informed through our work with the Board, the Senior Leadership Community and wider engagement with colleagues. The Executive Team continue to engage widely on WAST priorities to inform the Integrated Medium Term Plan (IMTP) and conduct financial modelling for what

will be a more challenging financial year. The Board will be engaged in future draft iterations of these ahead of final approval in March 2025.

17. In the next few months, a strategic review of our services will be conducted by the JCC with a view providing commissioners with assurances on our productivity and effectiveness and agreeing future direction. We welcome this review to highlight our comprehensive offer, recent innovations and work towards improved standardisation to eliminate unwanted variation.

18. Linked to our strategy and our new ambulance performance framework, work is underway to review the Monthly Integrated Quality and Performance Report (MIQPR). The intention is to ensure appropriate assurance that our new categories and CMT transformations will drive improved clinical outcomes, mitigate risk and deliver effective use of resources.

Finance and Capital Planning

19. Despite the year-to-date financial position being one of a small deficit of £135k at month 7, the finance team continues to play a key part in the delivery and recovery of the 2025/26 financial plan to a forecast year-end balanced position. Focus has commenced on the delivery of the 2026/27 financial plan as noted above, and the provision of finance support to the wider development of the IMTP.

20. Several new and ongoing capital projects are progressing as planned. These include the new Dolgellau and Monmouth Ambulance Stations, the Bangor Fleet Workshop, and the relocation of Thanet House to Matrix One in Swansea. Work continues on expanding electric vehicle infrastructure across the Trust estate.

Digital Innovation

21. Progress continues across several key digital programmes which aim to enhance clinical care and operational resilience, such as the revised ePCR and Pre-Hospital Video Triage. Additionally, WAST is partnering with the Welsh Government and others to develop a once for Wales Directory of Service (DOS), ensuring consistency and interoperability across the nation.

22. The development of online symptom checkers and phase two of the virtual assistant for NHS 111 Wales is progressing.

Our People

23. The Operations Directorate recently marked two significant engagement milestones. The annual Volunteer Conference and Volunteer Awards Ceremony and inaugural Ambulance Care Roadshows. Feedback was overwhelmingly positive.

24. We continue to strengthen our culture and partnership working with the launch of the All-Wales Anti-Sexual Harassment Policy and delivery plan for the Anti-racist Wales Action Plan (ARWAP). At the October ARWAP Conference, WAST highlighted our best practices and Meshack Ezeadim, Aspiring Board Member, shared the success of our inclusive recruitment work and leadership development pathways.

25. Developing 'Our WAST Way' further to ensure we drive quality, compassionate and inclusive leadership and cultures will remain a key focus for WAST into the new financial year.

26. We are proud to announce a series of national achievements, with Angie Lewis, Director of Culture Change, receiving the People Leader Award at the Culture Pioneers Awards 2025 for her leadership in Cultural Transformation at WAST. Our People Services Team has also been shortlisted for a Healthcare People Management Association (HPMA) Awards. Our Education and Training Team has been awarded the Employer Apprenticeship Provider of the Year by Skills Academy Wales, and Carwyn Lewis, an Advanced Paramedic Practitioner, was recently named Healthcare Professional of the Year at the South Wales Community Awards 2025.

27. It is with deep sadness that the Welsh Ambulance Services University NHS Trust announces the death of Richard Durcan, aged 47, who joined the organisation in 2022 as part of the Urgent Care Service in Wrexham and recently qualified as a Trainee Emergency Medical Technician. Richard Durcan was widely recognised for his compassion, dedication, and positive spirit, consistently going above and beyond for patients and colleagues. He was described by teammates and his trainer as a true team player, bringing warmth, humour, and kindness to every shift, and was regarded as part of the team's 'family'. Outside of work, Richard was a devoted father, deeply proud of his two children. His loss is felt profoundly by his partner, children, family, friends, and the wider WAST community, and the Trust extends its heartfelt condolences to all affected by his passing.

28. It is with deep sadness that the Welsh Ambulance Services University NHS Trust announces the death of Natasha Harper, a Volunteer Community Welfare Responder who joined the Trust in July 2025. Natasha was highly regarded by colleagues for her kindness, enthusiasm, and willingness to help others, and she had recently applied for her C1 driving licence with aspirations to join the Trust full-time. She is survived by her mother and two children. The Trust extends its heartfelt condolences to all affected by her passing.

Look Ahead

29. WAST will appear before the Isle of Anglesey Council's Partnership and Regeneration Committee in late November to provide an update to members on issues of note in relation to performance and patient experience. This follows our initial presentation last year.

30. WAST will provide evidence to the Public Accounts and Public Administration Committee on 10 December 2025. This session forms part of the Committee's ongoing work, which continues the responsibilities previously undertaken by the Special Purpose Committee established to review Wales' response to the Covid-19 pandemic. The focus of this evidence session will be on progress made since the publication of Baroness Hallett's UK Covid Inquiry Module 1 report and its recommendations.

31. We continue to await a formal outcome following our August 2024 submission on the Manchester Arena Inquiry recommendations which will help to mitigate the risks in 641. We have continued to engage with Commissioners and completed a fifth scrutiny session in September 2025 with Health Board colleagues and JCC to answer the outstanding queries on our submission. The timeline advised is to anticipate an outcome in December 2025.

RECOMMENDATION

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

NEXT STEPS

33. The Trust Board are invited to discuss and note the contents of this report.

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

Agenda Item No.	09

REPORT TITLE

Actions to mitigate avoidable patient harm in the context of extreme and sustained pressure across the urgent and emergency care system

MEETING

Name of meeting	Trust Board
Date of meeting	27 November 2025
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

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. At its July 2022 meeting Trust Board received and discussed a report relating to avoidable patient harm. The original report was accompanied by a supporting action plan designed to mitigate patient harm. Updates have been provided at every subsequent Board meeting.
2. At its September 2024 meeting Trust Board received a closure report for the patient mitigations action plan and agreed to receive just the patient harm scorecard going forward.
3. The Trust continues to take many actions to mitigate patient harm, at a strategic, tactical and operational level, which are reported through to committees and Trust Board in a variety of reports e.g. IMTP Assurance Report, Monthly Integrated Quality & Performance Report, QuEST committee agendas.
4. The Trust went live, as planned, on phase one of the new Ambulance Performance Framework on the 01 July 2025. On the 17 July 2025 the Cabinet Secretary announced phase two, with the Trust on target to achieve this, planning to go live on 02 December 2025.
5. *Appendix 1* contains the patient harm mitigations one page scorecard. This is the fourth scorecard that contains the impact of clinical model transformation changes which started to be switched on from winter 2024/25.
6. Key headline patient harm mitigation metrics to 31 October 2025 include:-
    - Patient cancellations have reduced since the start of rapid clinical screening (RCS);
    - The Trust is exceeding the Welsh Government 17% target for consult & close, achieving 19.1%, 18.7% and 18.9% respectively in the last three months. This is a material increase on the previous pre-rapid clinical screening high of 15%;
    - As a result of the reduction in patient cancellations and handover lost hours reduction, the Trust is responding to more Amber 1 incidents;
    - There has been an increase in 999 patients conveyed to emergency departments; this is because the Trust is reaching more high acuity patients who need conveying to hospital i.e. this is improving patient safety;
    - There was a material reduction in hospital handover lost hours, with the last three months to October 2025 averaging 12,640 compared to the two-year average of 20,341;
    - Whilst there has been a material reduction, handover lost hours increased in November. It is estimated that W45 expressed as handover lost hours would be less than 7,000 hours;
    - The Welsh Government requirement is that there will be no patient handovers of more than 45 minutes;
    - Levels of avoidable patient harm in the 999-emergency ambulance care pathway, whilst improved, remain unacceptably high, making further clinical model transformation by the Trust and further handover lost hour reduction by health boards strategic imperatives;

and

- Finally, in addition to its strategic clinical transformation programme, the Trust has strong tactical planning arrangements in place for winter, which have been supplied to Welsh Government.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

Trust Board is asked to:

i. **NOTE** that the Trust's clinical model transformation is beginning to take effect.
ii. **NOTE** that has been a material reduction in hospital handover lost hours, but levels are rising in November and are much higher than a pan-Wales application of W45.
iii. **NOTE** that whilst these are positives, the continued level of avoidable patient harm in the 999-emergency care pathway it too high.
iv. **NOTE** the strategic imperative remains for health boards to further reduce hospital handover lost hours and for the Trust to support health boards by evolving its clinical model.
v. **NOTE** the Trust has strong tactical planning arrangements in place for Winter.

ADDITIONAL PAPER(S)

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

1. Annex 1 – Patient Harm Mitigations 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 558 - Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences.

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 November 2025	Rachel Marsh – Executive Director Strategy, Planning & Performance

SITUATION

1. Sustained and extreme pressure across the Welsh NHS urgent and emergency care system is negatively impacting on patient flow leading to avoidable patient harm and death.
2. This report provides Trust Board with a patient harm mitigations dashboard.

BACKGROUND

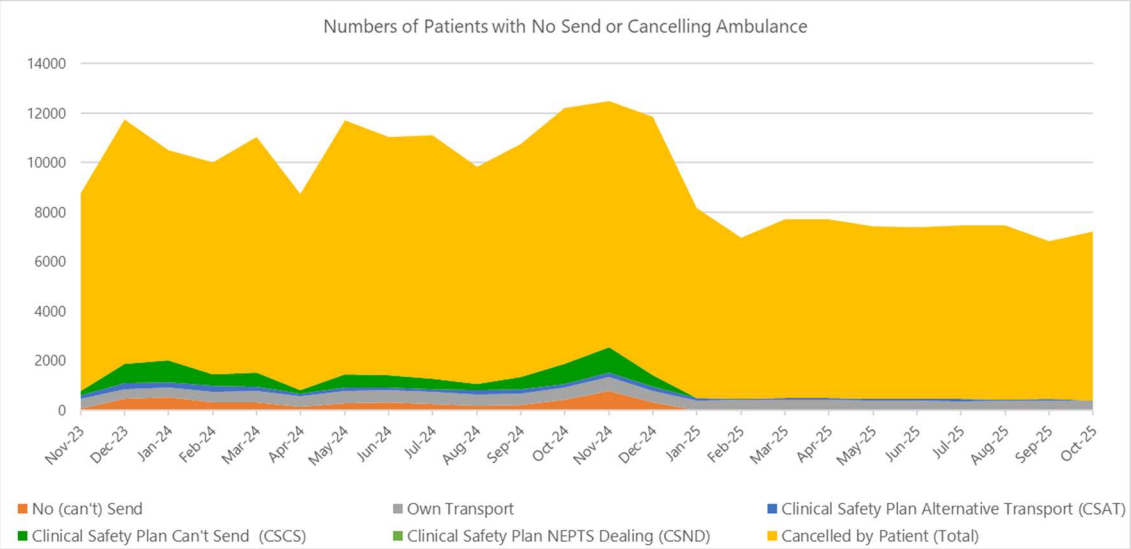
3. The 28 July 2022 Trust Board received the first iteration of a report and actions to mitigate real time avoidable patient harm which has then been updated for every Board meeting.
4. At its September 2024 meeting Trust Board received a closure report for the patient mitigations action plan and agreed to receive just the patient harm scorecard going forward.
5. The Trust continues to take many actions to mitigate patient harm, at a strategic, tactical and operational level, which are reported through to committees and Trust Board in a variety of reports e.g. IMTP Assurance Report, Monthly Integrated Quality & Performance Report, QuEST committee agendas etc.
6. The Trust went live, as planned, on phase one of the new Ambulance Performance Framework on the 01 July 2025. On the 17 July 2025 the Cabinet Secretary announced phase two with a back stop date of delivery of 01 December 2025, with the Trust on target to achieve this, but planning to go live on the 02 December 2025 for operational reasons

ASSESSMENT

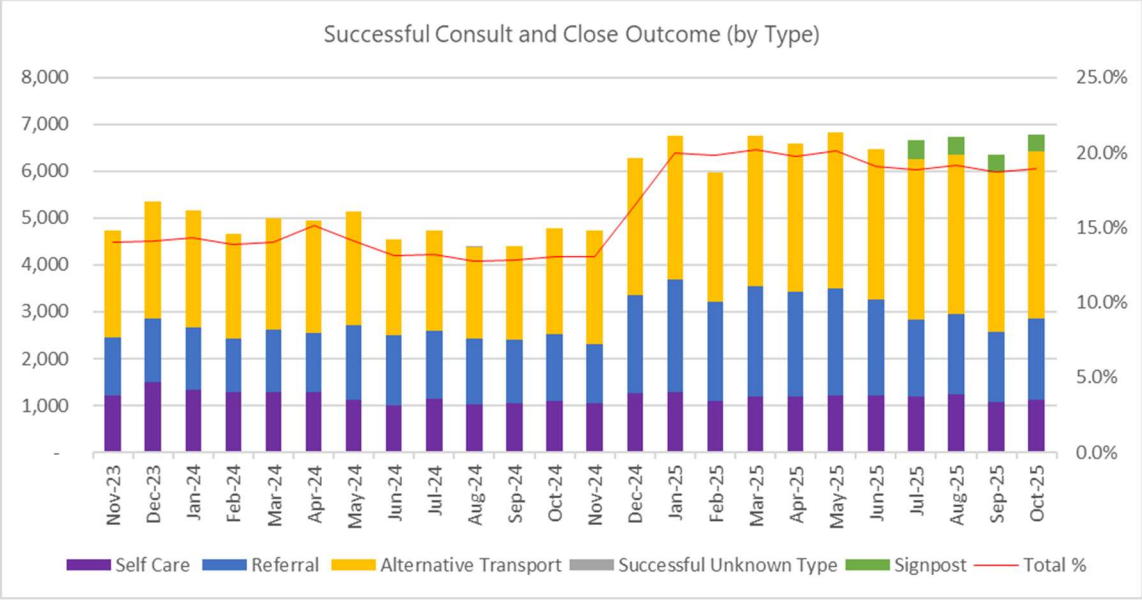
7. *Appendix 1* contains a simplified patient harm mitigations dashboard. These metrics indicate a reduction in, but continuing levels of unacceptable patient harm, for example:
    - 355 (542), 312 (513) and 324 (416) patients were estimated to have come to severe harm outside EDs in August, September and October 2025 respectively due to extended handover times. The figures in brackets are the previously reported patient harm figures.

8. There are a number of positives connected to the Clinical Model Transformation Programme-
    - There were zero Clinical Safety Plan "can't sends" in the last three months, as a result of the introduction of RCS and a change in the plan from the automatic deployment of "can't sends" at higher levels of the plan to a last resort at the discretion of the strategic commander.

- Similarly, there was a 42% reduction in patient cancellations (pre-arrival) (see graph), which the Trust believes is attributable to the implementation of RCS;



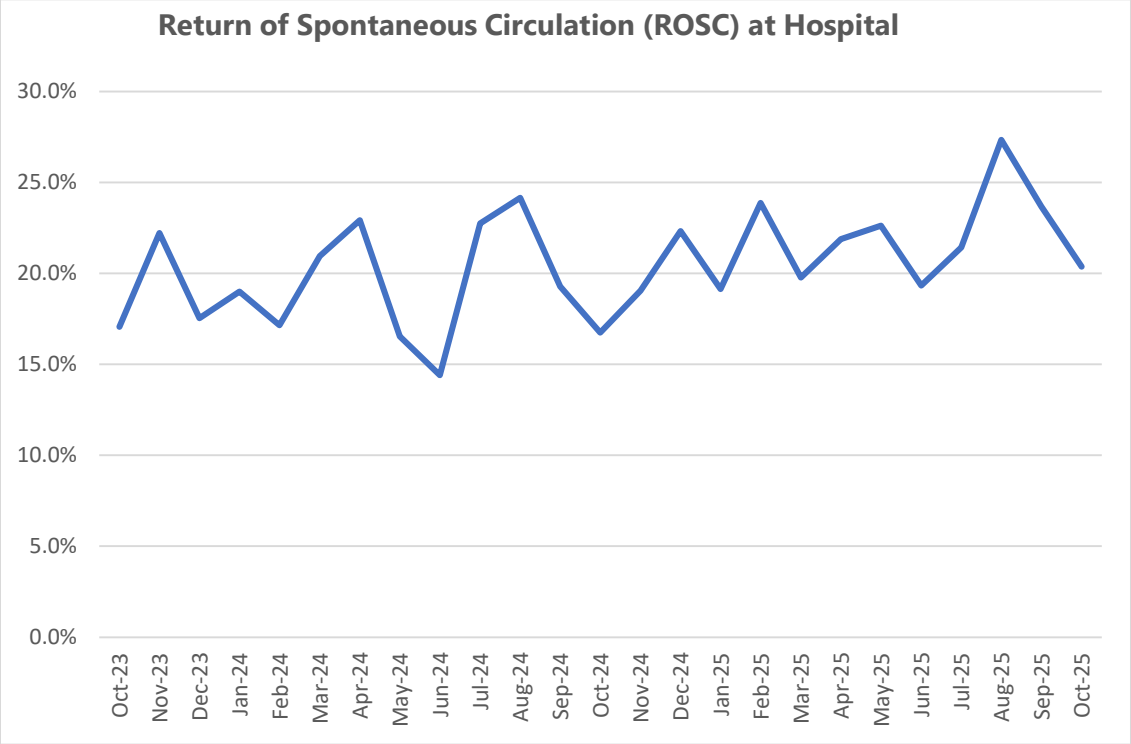
9. As previously reported the switching on of RCS has driven more patient flow into Integrated Care i.e. remote telephony triage, which in turn is leading to a higher consult & close rate, as illustrated the following graph:-



10. The Trust achieved an 18%-19% consult & close range in the three months to October 2025, three to four percentage points higher than the highest rate the Trust has previously achieved, and consistent with the 2023 EMS Demand & Capacity Review modelling. The switching on of rapid clinical screening and the

increased patient flow into Integrated Care marks a "cultural shift" for the Trust away from traditional dispatch to remote care and community care.

11. The final stage of rapid clinical screening, RCS0, was switched on as part of the Arrest and Emerg go live on the 01 July 2025. This final stage focused on screening part of the old red category calls. The main outcome measure for Arrest is the ROSC rate, which is showing an upward trend:-



12. From October a range of new clinical indicators for the Emerg category went live with a further indicator, a NEWS score, due to go live in quarter four. It is too early to report performance on these indicators here.

13. The Trust was also anticipating a reduction in Emergency demand, as more of this demand was clinically screened and deflected from response for a fuller remote clinical assessment. The Executive Director of Operations has identified that the current deflection rate is lower than anticipated. This is currently under review.

14. On the 17 July 2025 the Cabinet Secretary announced phase two of the Ambulance Performance Framework with a back stop date of delivery of 01 December 2025, potentially earlier. Phase two will involve the introduction of three new categories:-

    - **'Orange: time sensitive'**– for conditions needing a fast response and care from ambulance clinicians before transport to hospital for specialist care, such as a stroke;

- **'Yellow: assess and respond'**– for conditions which require further clinical assessment to determine the best pathway of care, such as a person suffering from abdominal pain who may be suitable to stay at home or may need further investigations; and
- '**Green: planned response'**– for conditions such as a blocked catheter which may require community care or planned transport to urgent care services.

15. Phase two will be more complex/transformative that phase one, moving away from the final disposition/outcome being an MPDS code to one determined through the remote clinical assessment process i.e. by a clinician, rather than computer aided dispatch, a further cultural shift. The Trust is on target for the 01 December go live but has agreed with the Director of Ambulance & 111 Commissioning and Welsh Government to go live for go live on the 02 December.
16. There was a material (-37%) year on year reduction in hospital handover lost hours in the last three months. This welcome reduction is connected to early work by a number of health boards on moving towards the 45-minute patient handover.
17. However, the data for November is indicating an uptick in handover lost hours, with 7,691 hours being lost in the first 16 days of the month with an estimated figure for all of November of 14,420. Winter months are traditionally worse and there may therefore be further increases if additional action is not taken. The application of W45 pan-Wales would equate to less than 7,000 hours being lost per month.
18. One of things being observed is that whilst there is progress on W45 the higher level of response to Amber 1 incidents is increasing conveyance, which is therefore increasing the number of lost hours as a result of more activity.
19. Finally, the Trust submitted its plans for winter to Welsh Government back in August. The Trust received positive feedback on these. The Trust has further submitted its plans for the festive period which include the following points and actions:-

    i. Planned over-production of 111 call handler and clinician capacity, connected to forecasted patient demand;

    ii. The front-line response (Ambulance Care and EMS) estimated staff in post to establishment for December and January are 92.0% and 93.4% respectively. Staff in post means operationally available and excludes those in training;

    iii. WAST will further supplement emergency ambulance production on Christmas Eve and Boxing Day through the procurement of private

ambulance provision, a total of 25 shifts, subject to the procurement process;

iv. Forecasting and modelling has also been undertaken for 999 patient demand for Emergency Medical Services Co-ordination (EMSC) i.e. 999 call-taking;

v. The Clinical Safety Plan will be updated to reflect the anticipated go live (02 December 2025) of phase 2 of the Ambulance Performance Framework (Orange, Yellow and Green);

vi. Similarly, the Resource Escalation Action Plan (REAP) will also be updated to reflect the new categories;

vii. The Trust will be operating a Senior Planning Team for the period 10/11/25 to 31/01/26 and will stand up further command arrangements for the phase 2 go live;

viii. The Trust will have in place specific operational orders for key dates through the festive period;

ix. The Trust will continue to work with health boards to enable the go live of SPOAs across all health boards, 7 days a week, with consistent opening times. This is dependent on health boards, with three (HD, CTM and SB) currently live;

x. The Severe Weather Plan is up to date and in the event of any specific weather warnings e.g. a red weather warning, specific planning arrangements will be enacted;

xi. Advanced Paramedic Practitioners (APP) scheduling is expected to go live in December (exact date to be confirmed), which will enable APPs to improve their utilisation (time, purpose, skill) and focus on the demand they are designed for, with the aim of reducing conveyance, where it is clinically safe and appropriate to do so;

xii. A specific WAST Winter Communications Plan has been drafted and approved by the Director of Partnerships & Engagement, starting with pre-Halloween communications and running through to the 23/02/26; and

xiii. Finally, funding has been received from Welsh Government for a dedicated Falls Desk which went live this month. Recurrent funding may be made available subject to satisfactory evaluation and realisation of benefits.

20. In conclusion, there are some positive indicators in the Patient Harm Mitigations Dashboard, in particular, reduced patient cancellations, an increased consult & close rate and hospital handover reduction, but the Trust is now heading into the most difficult months of the year. The Trust will need to continue to monitor the effect of these changes through the scorecard and whether they are sustained.

RECOMMENDATION

21. The recommendations are as set out in the front cover above.

NEXT STEPS

22. Continue to monitor the impact of patient harm mitigations through future iterations of this scorecard and whether the improvements are sustained through the winter.

Patient Harm Mitigation Indicators Dashboard

Top Monthly Indicators	Target 2025/26	Aug-25	Sep-25	Oct-25	2 Year Average	RAG
Our Patients						
Volume of Amber 1 Responded Incidents	↑	11,653	11,418	12,339	10,885	A
Can't Send & Cancelled by Patient Volumes	↓	5,822	5,312	5,651	8,071	A
Our People						
Sickness Absence *(all staff)*	6.0%	7.91%	7.77%	N/A	7.93%	R
Number of Shift Overruns	↓	3,501	3,292	3,583	3,821	A
Total EMS Resource (all types) UHP	95%	94%	94%	95%	96.48%	G
Value						
% of Conveying Production Lost Due to Handover Lost Hours	7.81%	13.4%	12.9%	12.6%	21.0%	R
% of 111 Demand Referred to ED	↓	15.59%	16.60%	16.85%	14.98%	R
% of EMS Demand Conveyed to ED	↓	37.34%	38.16%	38.13%	35.93%	R
Average Jobs per Shift (All Vehicles)	·	2.36	2.39	2.88	2.42	

Top Monthly Indicators	Target 2025/26	Aug-25	Sep-25	Oct-25	2 Year Average	RAG
Partnerships / System Contribution						
Successful Consult & Close Outcome	17.0%	19.10%	18.70%	18.90%	16.19%	G
% of EMS Verified Demand Accessing SDECs	4.0%	0.4%	0.5%	0.6%	0.51%	G
Number of Handover Lost Hours	7,500	13,160	12,284	12,477	20,341	R
Number of Patient Handovers > 45 mins	0	4,874	4,239	4,270	6,610	R
Number of Patient Handovers > 1 hour	0	3,945	3,484	3,604	5,573	R
Immediate Released (Arrest) Declined	0	0	0	0		G
Immediate Released (EMERG) Declined	0	1	4	0		G
Immediate Released (Amber 1) Declined	0	236	234	255	321	R
Patients Estimated to be coming to Severe Harm (from long ED wait)	0	355	312	324	502	R
Joint Investigation Framework Incidents Referred to Health Boards		6	2	11	13	

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/Decreasing Trend is over the last 3-month period

Agenda Item No.	10

REPORT TITLE

Risk Management and Board Assurance Framework Report

MEETING

Name of meeting	Trust Board
Date of meeting	27 November 2025
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Trish Mills, Director of Governance / Board Secretary
Author(s) of report	Julie Boalch, Assistant Director of Corporate Governance & Risk

PURPOSE OF REPORT

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

REPORT SUMMARY:

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

1. The Board is asked to approve the Risk Appetite Statements (RAs) which set out the amount and type of risk the Board is willing to take in pursuit of its strategic objectives which are described in the Trust's Long Term Strategy: Delivering Excellence 2030.

2. The suite of seven RAs has been developed throughout 2025, and approval today formalises the work undertaken at Board Development sessions and through internal committee review.

3. The Board will set the Trust's Risk Appetite annually, or sooner if required by material change. The Audit, Risk and Assurance Committee (ARAC) will oversee the next steps in relation to communication, implementation and assurance, as part of the 2026/27 work programme.

4. The report also provides an update against the management of the Trust's principal risks, and the Board can take assurance that each of these have been reviewed in line with the agreed schedule detailed at Annex 3 and that the ELT approved the principal risk activity on 29 October 2025 undertaken by Risk Owners.

5. The report outlines the broader discussions across the senior leadership teams and the Committees on the higher rated risks and signposts the Board accordingly. The Risk Owners have an opportunity to further add to the narrative within the report and detail of any assurances or escalations during the meeting and Committee Chairs will also contribute to this as appropriate, drawing from the Alert, Advise, Assure reports (AAA).

6. Members are asked to note the work undertaken on the Trust's reputation Risk 201 which has been disaggregated into two separate risks following a reframing exercise. These are Risks 201a *Relationships with Stakeholders* and 201b *Poor Patient Experience Affecting Reputation* both scoring 16 (4x4) with targets of 12 (3x4).

7. The full detail of both these reputational risks will be included in future Trust Board Risk Reports and members are asked to agree that oversight will sit with the Trust Board rather than the People & Culture Committee moving forward as the scope of these risks extends beyond staff engagement. In the meantime, the Board Assurance Framework (BAF) entry for Risk 201 has been removed from this report.

8. Risk 100 *Failure to persuade JCC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience* will be considered as part of this work as to whether it could be amalgamated into the new Stakeholder Reputation risk.

9. Whilst there have been no other material changes to the principal risks during this period the report foreshadows the development of a new risk which articulates the financial position for the next financial year and the consequence of this in relation to patient safety, digital programmes and may see the amalgamation of a several current corporate risks.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Trust Board is requested to:

1. Consider and discuss the contents of the report.

2. Approve the suite of seven Risk Appetite Statements.

3. Note that the Audit, Risk and Assurance Committee will oversee the next steps for implementation and monitoring of the Risk Appetite Statements, as part of the 2026/27 work programme.

4. Receive assurance on the review and attention to the principal risks and their review at the Executive Leadership Team and at relevant Committees.

5. Agree that the reframed Reputational Risks 201a and 201b are overseen by the Board rather than the People & Culture Committee in future.

6. Note the ratings, mitigating actions and scoring trends for each principal risk.

ADDITIONAL PAPER(S)

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

1. The Trust Board is requested to receive the following:
   a. Annex 1 - Summary table describing the Trust's Principal Risks.
   b. Annex 2 – Scoring Matrix
   c. Annex 3 – Frequency of Risk Review
   d. Annex 4 – Board Assurance Framework (Ibabs Reading Room and separate file on Trust website)
   e. Annex 5 – Principal Risk Trending Data (separate document)

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
See Annex 1.

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
29 October 2025	Executive Leadership Team
04 November 2025	Quality, Patient Experience & Safety Committee
13 November 2025	People & Culture Committee
18 November 2025	Finance & Performance Committee
27 November 2025	Trust Board

SITUATION

1. The purpose of the report is twofold; firstly, to provide details of the work undertaken to develop a suite of Risk Appetite Statements which are presented to the Board for approval today; and, secondly to provide a progress update on the management of the Trust's principal risks.

BACKGROUND

2. The Risk Management programme, overseen by the Audit, Risk & Assurance Committee (ARAC) and monitored through the Corporate Governance Directorate Plan, has included the development of a suite of Risk Appetite Statements (RAs) during 2025/26. The outcome of this work is presented in this paper, recognising that the Board should annually agree and set the risk appetite against each of its strategic objectives.

3. The Trust's principal risks, as outlined in this paper, are allocated to Directors who lead reviews and mitigating actions. In addition to directorate reviews, formal risk review discussions are held by the Executive Leadership Team (ELT) concerning risk escalation, changes in ratings, and new risks for inclusion on the Corporate Risk Register (CRR).

4. This report demonstrates the sustained focus on risk management, not only through risk discussions in various forums but also through broader attention to planned mitigations across the system.

ASSESSMENT

Risk Appetite Statements

5. The Board began developing the suite of RAs in February 2025, which concluded at the Board Development Day held on 19 September 2025 following prior consideration by internal committees.

6. The RAs define the level and type of risk that the Trust is willing to take or accept in pursuit of its strategic objectives, supporting better outcomes for our patients, our people and communities and in working with our partners and stakeholders.

7. Seven RAs have been developed and aligned to the Trust six strategic objectives as outlined in the Long Term Strategy: Delivering Excellence 2030. Their development involved articulating risk appetite definitions, agreeing narrative, as well as the level of appetite against each strategic objective.

8. Overall, the Trust is open to embracing greater risk and opportunities to enhance our service delivery, improve our people's capabilities, advance innovation and technology, collaborate with partners, adopt new clinical practices and quality initiatives and enhance our service offerings and overall value.

9. Once implemented, the RAs are intended to guide decision making by the Board and ELT in the future supported by the narrative within each statement.

Risk Appetite Statement Definitions

10. The risk appetite is articulated across five levels, each guiding the Trust's approach to risk in pursuit of its strategic objectives. The definitions of these five levels are 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:** Willing 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.

11. The table below describes the level of risk appetite for each of the six objectives. Strategic Objective six has been separated into two parts to reflect differences in appetite – the first covers financial probity, performance, and sustainability, value-based healthcare, and value for money; the second covers commercial innovation, foundation economy, and environmental sustainability.

Risk Appetite Statements by Strategic Objective

Strategic Objective	Appetite Level	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.

12. The ARAC will oversee the next steps for the Risk Appetite Statements which will be included in the 2026/27 programme of work. This will include guidance on the effective use of risk appetite, monitoring and reporting.

Risk Management Policy

13. Members are asked to note that the Risk Management Policy and guidance will be updated to reflect the Board's position on risk appetite and its operationalisation through the BAF/CRR and committee structures. This will be considered by the ARAC and brought back to the March 2026 meeting for approval.

Principal Risks

14. The ELT approved the principal risk activity on 29 October 2025 having considered the review of each risk undertaken throughout the period by Risk Owners.

15. A summary table of these risks is set out in Annex 1 with a detailed description of each contained within the Board Assurance Framework (BAF) at Annex 4. All updates are highlighted in blue on the BAF.

16. The more detailed description contained within the BAF provides the Board with an opportunity to review the controls in place against each principal risk and the assurance provided against those controls where applicable. This will assist Members in evaluating current risk ratings supported by the scoring matrix in Annex 2.

17. Each of the risks have been reviewed during this reporting period in line with the agreed schedule detailed at Annex 3 with continual and dynamic focus on the highest rated risks scoring 15-25. Attention has been given to the risk ratings of each principal risk and the mitigating actions identified and taken to ensure that risks achieve their target score. This is in addition to the standard and regular review of all controls, assurances, and any gaps.

18. The Trust's highest rated **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 and affects*

the trust's ability to provide a safe and effective service, remain static at the highest score of 25.

19. While the Trust continues to demonstrate high levels of internal assurance, recent national focus on care standards and system performance provides a welcome opportunity to strengthen consistency and improve the effectiveness of wider system responses. Historic variation in adherence to national handover standards and the delivery of improvement plans has limited the extent to which the Trust can mitigate this risk through internal controls alone. However, increasing national scrutiny, greater transparency, and a shift toward more integrated, system-based accountability present a clear opportunity to improve consistency and collective impact across organisational boundaries.

20. The introduction of W45 from 1 October 2025 and the efforts made by the majority of Health Boards in the preceding months, is a welcome step toward reducing avoidable patient harm by supporting more timely transfers of care and improving the overall experience for patients awaiting treatment. A clinically led Handover-45 taskforce has been formed and workshops hosted by the NHS Wales Performance and Improvement are ongoing to support local improvement plans.

21. The Audit Wales report, published in June 2025, regarding the effectiveness of unscheduled care arrangements across NHS Wales provides a critical external perspective on whole-system performance and identifies further levers to drive national consistency and accountability. Achieving the target risk score will ultimately rely on sustained partnership working, improved operational alignment across organisations, and the embedding of nationally agreed standards into routine delivery at every level of the system.

22. Phase one of the Trust's Clinical Transformation Model - specifically the introduction of Code Changes for response was successfully implemented on 1 July 2025, representing a key milestone in the delivery of an enhanced clinical model aligned to patient acuity, workforce capability, and risk reduction. Work towards the go live of Phase two is underway.

23. Strategic mitigation remains focused on both internal transformation and system-wide influence. The Trust continues to engage proactively with national and regional programmes - including the Six Goals for Urgent and Emergency Care - to support shared learning, alignment of expectations, and strengthened collective ownership of outcomes.

24. The risk data is being presented in themes and categories and supports the identification of any gaps and escalations required. A more detailed action plan that supports these risks will be held at an operational level.

25. The risks continue to be reported to the Trust Board, with a focus on the actions to mitigate these two risks that are within its control, and these are highlighted in the avoidable harm dashboard that is presented at each Board meeting. Further mitigations

and transformative actions are described in the Integrated Medium Term Plan (IMTP) and are presented to committees and Trust Board in a variety of reports e.g. IMTP Assurance Report and described in the Monthly Integrated Quality & Performance Report to address these risks.

26. Most of the Trust's actions in the avoidable harm dashboard have been completed and several efficiencies and improvements implemented that have stabilised performance; however, the Trust is unable to completely mitigate the scale of handover lost hours due to the environment which it is operating in.

27. The Quality, Patient Experience and Safety Committee (QuEST) reviewed both risks at its meeting in November 2025 with the Agenda items reflecting the controls and mitigations discussed at this meeting. These risks continue to be escalated to the Board via the meeting's Alert, Assure and Advise (AAA) report.

28. Members are asked to note that **Risk 201** *A loss of stakeholder confidence that damages the Trust's reputation*, has been reframed during this reporting period and disaggregated into two separate risks which are described in sections 8.1 and 8.2 below. The BAF extract for Risk 201 has not been included in the report before the Board today.

28.1. **Risk 201a** *Relationships with Stakeholders*

IF *the organisation fails to engage key stakeholders (e.g. WG, Audit Wales, Internal Audit, HIW, HBs, LAs, JCC) in a meaningful and transparent way*

THEN *there will be a lack of stakeholder confidence in our ability to deliver our strategic objectives and system wide goals*

RESULTING IN *a weakened strategic influence, impact on funding streams, or escalation arrangements*

28.2. **201b** *Poor Patient Experience Affecting Reputation*

IF *a patient receives a poor experience from the Trust and it receives negative regulatory reports or media scrutiny*

THEN *public trust in the organisation may decline, and scrutiny from regulators and oversight bodies may intensify*

RESULTING IN *reputational damage that undermines confidence in the Trust's ability to deliver safe, high-quality care*

29. This approach aims to address the different aspects of reputation and ensure that the Trust's risks are accurately profiled.

30. The ELT approved the inclusion of **Risks 201a** and **201b** on the Corporate Risk Register both at score of 16 (4x4) with a target score of 12 (3x4). The full detail of these risks including controls, assurances, gaps and mitigating actions will be included in future reports.

31. Oversight will now sit with the Trust Board rather than the People & Culture Committee as the scope of these risks extends beyond staff engagement.

32. **Risk 260** *A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems* remains static at a score of 20 (4x5) due to the escalated world conflicts and recent increase in targeted cyber-attacks. The risk is reviewed in closed sessions of committees and Trust Board given that the specific detail and planned mitigations of this risk are of a sensitive and security based nature. The high level detail of the risk and its rating is included in open session; however, the full detail is not included in Annex 4. The risk will be discussed in closed session of Trust Board today and by the closed meeting of the Finance & Performance Committee (FPC) on 18 November 2025.

33. **Risk 641** *The Trust's inability to implement the learning from all relevant Manchester Arena Inquiry (MAI) recommendations impacting its response to a major incident/mass casualty incident* remains static at a score of 20 (4x5). This risk is taken in open session of the Board in full transparency. However, members will note that the actions to address individual recommendations are not included in detail in the BAF extract. This is for reasons of sensitivity and security.

34. **Risk 160** *High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service*, remains static at a score of 16 (4x4) during this review period, reflecting that the rolling annual figures for sickness since March 2022 are reducing year on year and therefore a reduction in the score is appropriate. This will be closely monitored by the People & Culture team and Executive Leadership Team.

35. **Risk 542** *Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan* remains static at a score of 16 (4x4). Work is underway to reposition the risk utilising the new approach to separate controls, assurances and gaps into internal and external themes and categories; those that the Trust manages and those that it monitors. Each of the assurances against the controls will be described over three lines of assurance in readiness for the Finance & Performance Committee meeting in January 2026.

36. **Risk 671** *Unauthorised or Inappropriate use of AI technologies* was developed and approved for inclusion on the Corporate Risk Register, by the ELT in September 2025, at a score of 16 (4x4) with a target of 8 (2x4). The high level detail of the risk was included in the previous report; however, the full detail of the risk is now included in the BAF at Annex 4.

37. **Risk 558** *Deterioration of staff health and wellbeing as a consequence of both internal and external system pressures,* currently remains unchanged at a score of 15 (3x5); however, work is underway to consider the current actions and mitigations against this risk and to articulate the work that will support this risk to target.

38. **Risk 594** *The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death* and **Risk 623** *Failure to comply with Data Protection Legislation* remain unchanged this period and static at a score of 15 (3x5).

39. **Risk 100** *Failure to persuade JCC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience* remains static at a score of 12 (3x4) during this period; however, this risk will be considered more closely to determine whether it can be factored into the new relationships with stakeholders reputation risk which is before the Trust Board at its next meeting on 27 November 2025.

40. **Risk 163** *Maintaining Effective & Strong Trade Union Partnerships* remain unchanged at a score of 12 (3x4) in this review period.

41. **Risk 139** *Failure to Deliver our Statutory Financial Duties* remains unchanged at a score of 8 (2x4) during this period; however, this risk will be considered in close detail in the next round in line with the financial position for 2026/27.

Risk Trending Data

42. A dashboard describing principal risk score trends from March 2023 and their movement over time has been produced and is attached at Annex 5. A heat map of these risks will be developed once work commences to map these risks to the overarching strategic risks in development; those that will prevent the Trust from achieving its strategic objectives.

43. The trend data demonstrates where a risk has achieved target score, been fully mitigated or closed and which has then either been removed from the corporate risk register and de-escalated to a directorate risk register for ongoing monitoring or closed from all registers.

44. The use of risk appetite going forward will support a more prescribed interrogation of the risk data as it informs risk scoring, target setting, escalation and assurance mapping of each of the risks.

45. Earlier in the year, Directors each received a dashboard showing the number of mitigating actions against each of the principal risks, their completion dates and the anticipated impact on the target scores. Building on this work, Directors and their teams are asked to discuss risk mitigation with a closer focus on the actions required to achieve target scores and to test whether the risks are well controlled despite scores remaining static as well as the level of risk being carried.

RECOMMENDATION

46. The recommendations are as set out in the front cover above.

NEXT STEPS

47. The Audit, Risk and Assurance Committee (ARAC) will oversee the next steps for implementation and monitoring of the Risk Appetite Statements, as part of the 2026/27 work programme.

48. A detailed review of each principal risk is underway with the outcome reported to the ELT on 31 December 2025 for discussion and approval of the activity.

Annex 1 – Corporate Risk Register Summary

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
223 QuEST	The Trust's inability to reach patients in the community causing patient harm and death.	**IF** significant internal and external system pressures continue **THEN** there is a risk of an inability and/or a delay in ambulances reaching patients in the community **RESULTING IN** patient harm and death	Executive Director of Operations	**25 (5x5)** →
224 QuEST	Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service.	**IF** patients are significantly delayed in ambulances outside A&E departments **THEN** there is a risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised **RESULTING IN** patients potentially coming to harm and a poor patient experience	Executive Director of Quality & Nursing	**25 (5x5)** →
201 PCC	A loss of stakeholder confidence that damages the Trust's reputation.	**IF** there is an inability of the Trust to deliver its core services because of system or organisational pressures **THEN** there will be a loss of stakeholder confidence in the Trust **RESULTING IN** a lack of stakeholder support for the Trust's long term strategic vision, a failure to deliver its strategic ambition, damage to reputation and increased external scrutiny	Director of Partnerships & Engagement	**20 (4x5)** →
260 FPC	A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems.	**IF** there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place	Director of Digital Services	**20 (4x5)** →

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
		THEN there is a risk of a significant information security incident **RESULTING IN** a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		
641 FPC	The Trust's inability to implement the learning from all relevant Manchester Arena Inquiry (MAI) recommendations impacting its response to a major incident/mass casualty incident	**IF** the Trust has not fully implemented the MAI recommendations AND a major incident or mass casualty incident is declared **THEN** there is a RISK that the Trust's Incident Response will be suboptimal **RESULTING IN** avoidable patient harm and/or death, detriment to staff wellbeing, reputational damage and potentially expose the Trust to legal liability	Executive Director of Operations	**20 (4x5)** ➡
671 FPC	Unauthorised or Inappropriate use of AI technologies	**IF** staff use Gen-AI tools such as ChatGPT, Co-Pilot or other AI enable platforms outside of approved organisational channels or without appropriate governance **THEN** information passed into, accessed by, or returned by the AI tools may breach information security and data protection controls, and use of the output may breach transparency, medical device, equality, Welsh Language and ethical requirements **RESULTING IN** potential breach of confidentiality and data protection law, data, damage to Trust, and non-	Director of Digital	**16 (4x4)**

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
		compliance with other legislation, regulation and standards.		
160 PCC	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service.	**IF** there are high levels of absence **THEN** there is a risk that there is a reduced resource capacity **RESULTING IN** an inability to deliver services which adversely impacts on quality, safety and patient/staff experience	Director of People & Culture	**16 (4x4)** →
542 FPC	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan	**IF** there is a lack of resources and available technology and infrastructure **THEN** there will be a failure to deliver the commitments outlined in the action plan and within the Welsh Government timelines **RESULTING IN** negative environmental and social impacts causing and reputational damage	Executive Director of Finance & Corporate Resources	**16 (4x4)** →
558 PCC	Deterioration of staff health and wellbeing in as a consequence of both internal and external system pressures	**IF** significant internal and external system pressures continue **THEN** there is a risk of a significant deterioration in staff health and wellbeing within WAST **RESULTING IN** increased sickness levels, staff burnout, poor staff and patient experience and patient harm	Director of People & Culture	**15 (3x5)** →
594 FPC	The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death.	**IF** a major incident or mass casualty incident is declared **THEN** there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients	Executive Director of Operations	**15 (3x5)** →

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
		RESULTING IN catastrophic harm (death) and a breach of the Trust's legal obligation as a Category 1 responder under the Civil Contingency Act 2004.		
623 FPC	Failure to comply with Data Protection Legislation	**IF** the Trust fails to comply with and demonstrate it is meeting the accountability requirements under the Data Protection Act, the UK General Data Protection Regulation (GDPR) and the Common Law Duty of Confidentiality **THEN** the Trust will breach its legal obligations and potentially cause the personal or sensitive data to be compromised, lost, or inappropriately used **RESULTING IN** unauthorised data breaches/loss, financial or compensatory penalties, an increased regulatory scrutiny or enforcement as well as stakeholder mistrust and reputational damage.	Director of Digital Services	**15 (3x5)** →
100 FPC	Failure to persuade JCC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience.	**IF** WAST fails to persuade JCC/Health Boards about WAST ambitions **THEN** there is a risk of a delay or failure to receive funding and support **RESULTING IN** a catastrophic impact on services to patients and staff and key outcomes within the IMTP not being delivered	Executive Director of Strategy Planning & Performance	**12 (3x4)** →
163 PCC	Maintaining Effective & Strong Trade Union Partnerships	**IF** the response to tensions and challenges in the relationships with Trade Union partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained	Director of People & Culture	**12 (3x4)** →

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
		THEN there is a risk that Trade Union partnership relationships increase in fragility and the ability to effectively deliver change is compromised **RESULTING IN** a negative impact on colleague experience and/or services to patients.		
139 FPC	Failure to Deliver our Statutory Financial Duties in accordance with legislation.	**IF** the Trust does: • not achieve financial breakeven and/or • does not meet the planning framework requirements and/or • does not work within the EFL and/or • fails to meet the 95% PSPP target and/or • does not receive an agreement with commissioners on funding (linked to 458) **THEN** there is a risk that the Trust will fail to achieve all its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs) **RESULTING IN** potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage	Executive Director of Finance & Corporate Resources	**8 (2x4)** →

Annex 2 - Risk Scoring Matrix

Consequence:	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Safety & Well-being - Patients/ Staff/Public	Minimal injury requiring no/minimal intervention or treatment. No time off work. Physical injury to self/others that requires no treatment or first aid. Minimum psychological impact requiring no support. Low vulnerability to abuse or exploitation - needs no intervention. Category 1 pressure ulcer.	Minor injury or illness, requiring minor intervention. Requires time off work for >3 days Increased hospital stay 1-3 days. Slight physical injury to self/others that may require first aid. Emotional distress requiring minimal intervention. Increased vulnerability to abuse or exploitation, low level intervention. Category 2 pressure ulcer.	Moderate injury/professional intervention. Requires time off work 4-14 days. Increased hospital stay 4-15 days. RIDDOR/Agency reportable incident. Impacts on a small number of patients. Physical injury to self/others requiring medical treatment. Psychological distress requiring formal intervention by MH professionals. Vulnerability to abuse or exploitation requiring increased intervention. Category 3 pressure ulcer.	Major injury leading to long-term disability. Requires time off work >14 days. Increased hospital stay >15 days. RIDDOR Reportable. Regulation 4 Specified Injuries to Workers. Patient mismanagement, long-term effects. Significant physical harm to self or others. Significant psychological distress needing specialist intervention. Vulnerability to abuse or exploitation requiring high levels of intervention. Category 4 pressure ulcer.	Incident leading to death. RIDDOR Reportable. Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients.
Quality/ Complaints/ Assurance/ Patient Outcomes	Peripheral element of treatment or service suboptimal. Informal complaint/inquiry.	Overall treatment/service suboptimal. Formal complaint (Stage 1). Local resolution. Single failure of internal standards. Minor implications for patient safety. Reduced performance.	Treatment/service has significantly reduced effectiveness. Formal complaint (Stage 2). Escalation. Local resolution (poss. independent review). Repeated failure of internal standards. Major patient safety implications.	Non-compliance with national standards with significant risk to patients. Multiple complaints/independent review. Low achievement of performance/delivery requirements. Critical report.	Totally unacceptable level or quality of treatment/service. Gross failure of patient safety. Inquest/ombudsman/inquiry. Gross failure to meet national standards/requirements.
Workforce/ Organisational Development/ Staffing/ Competence	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/service due to lack of staff. Unsafe staffing level (>1 day)/competence. Low staff morale. Poor staff attendance for mandatory/key professional training.	Uncertain delivery of key objective/ service due to lack/loss of staff. Unsafe staffing level (>5 days)/competence. Very low staff morale. Significant numbers of staff not attending mandatory/key professional training.	Non-delivery of key objective/service due to loss of several key staff. Ongoing unsafe staffing levels or competence/skill mix. No staff attending mandatory/professional training.
Statutory Duty, Regulation, Mandatory Requirements	No or minimal impact or breach of guidance/statutory duty.	Breach of statutory legislation. Reduced performance levels if unresolved.	Single breach in statutory duty. Challenging external recommendations/improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low achievement of performance/ delivery requirements. Critical report.	Multiple breaches in statutory duty. Zero performance rating. Prosecution. Severely critical report. Total system change needed.
Adverse Publicity or Reputation	Rumours. Low level negative social media. Potential for public concern.	ocal media coverage - short-term reduction in public confidence/trust. Short-term negative social media. Public expectations not met.	Local media coverage - long-term reduction in public confidence & trust. Prolonged negative social media. Reported in local media.	National media coverage <3 days, service well below reasonable public expectation. Prolonged negative social media, reported in national media, long-term reduction in public confidence & trust. Increased scrutiny: inspectorates, regulatory bodies and WG.	National/social media coverage >3 days, service well below reasonable public expectation. Extensive, prolonged social media. MP/MS questions in House/Senedd. Total loss of public confidence/trust. Escalation of scrutiny status by WG.
Business Objectives or Projects	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national targets.10-25 per cent over project budget. Schedule slippage. Key objectives not met.	>25 per cent over project budget. Schedule slippage. Key objectives not met.
Financial Stability & Impact of Litigation	Small loss. Risk of claim remote.	Loss of 0.1–0.25% of budget Claim less than £10,000.	Loss of 0.25–0.5% of budget. Claim(s) between £10,000 and £100,000.	Uncertain delivery of key objective. Loss of 0.5-1.0% of budget. Claim(s) between £100,000 and £1 million. Purchasers failing to pay on time.	Non-delivery of key objective. Loss of >1 per cent of budget. Failure to meet specification. Claim(s) >£1 million. Loss of contract/payment by results.
Service/ Business Interruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours. Some disruption manageable by altered operational routine.	Loss/interruption of >1 day. Disruption to a number of operational areas in a location, possible flow to other locations.	Loss/interruption of >1 week. All operational areas of a location compromised, other locations may be affected.	Permanent loss of service or facility. Total shutdown of operations.
Environment/Estate/ Infrastructure	Minimal or no impact on environment/service/property.	Minor impact on environment/ service/property.	Moderate impact on environment/ service/property.	Major impact on environment/ service/property.	Catastrophic impact on environment/service/property.
Health Inequalities/ Equity	Minimal or no impact on attempts to reduce health inequalities/improve health equity.	Minor impact on attempts to reduce health inequalities or lack of clarity on the impact on health equity.	Lack of sufficient information to demonstrate reducing equity gap, no positive impact on health improvement or health equity.	Validated data suggests no improvement in the health of the most disadvantaged, whilst supporting the least disadvantaged, no impact on health improvement and/or equity.	Validated data demonstrates a disproportionate widening of health inequalities, or negative impact on health improvement and/or equity.

Risk Scoring Matrix (Likelihood x Consequence = Risk Score)		Consequence:				
Likelihood:	Frequency:	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
1 Highly Unlikely: Will probably never happen/recur	Not for years	1	2	3	4	5
2 Unlikely: Do not expect it to happen/recur but it is possible	At least annually	2	4	6	8	10
3 Likely: It might happen/recur occasionally	At least monthly	3	6	9	12	15
4 Highly Likely: Will probably happen/recur, but not a persisting issue	At least weekly	4	8	12	16	20
5 Almost Certain: Will undoubtedly happen/recur, maybe frequently	At least daily	5	10	15	20	25

Annex 3 - Frequency of Risk Review

Risk Score	Review Frequency	Risk Rating
15 – 25 Red	Review monthly	High
8 – 12 Amber	Review quarterly	Medium
1 – 6 Green	Review every 6 months	Low

RISK TRENDING DATA																
			Period													
Directorate	Risk ID	Risk Title	Mar-23	Jul-23	Sep-23	Nov-23	Mar-24	Jun-24	Sep-24	Nov-24	Mar-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Digital Services	260	A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems	15	15	15	15	15	15	15	15	20	20	20	20	20	20
	623	Failure to comply with Data Protection Legislation						15	15	15	15	15	15	15	15	15
	543	Major disruptive incident resulting in a loss of critical IT systems	15	15	15	15	15	10								
	671	Unauthorised or inappropriate use of AI technologies												16	16	16
	620	Symptom Checkers									20	15	15	15	15	15
Finance and Corporate Resources	139	Failure to Deliver our Statutory Financial Duties in accordance with legislation	16	16	16	16	8	8	8	8	8	8	8	8	8	8
	542	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Plan						16	16	16	16	16	16	16	16	16
	458	A confirmed commitment from JCC and/or Welsh Government is required in relation to funding for recurrent costs of commissioning	16	16	16	16	16									
Operations	223	Trust's inability to reach patients in the community causing patient harm and death	25	25	25	25	25	25	25	25	25	25	25	25	25	25
	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	15	15	15	15	20	20	15	15	15	15	15	15	15
	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									20	20	20	20	20	20
	245	Failure to have sufficient capacity at an alternative site for EMS Clinical Contact Centres (CCCs) which could cause a breach of Statutory Business Continuity regulations	16	8												
	244	Estates accommodation capacity limitations impacting on EMS Clinical Contact Centre's (CCC) ability to provide a safe and effective service	12													
Partnership and Engagement	201	Damage to Trust reputation following a loss of stakeholder confidence	20	20	20	20	20	20	20	20	20	20	20	20	20	
	201a	Relationships with Stakeholders														16
	201b	Poor Patient Experience Affecting Reputation														16
People & Culture	160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	20	20	20	20	20	20	20	20	20	20	20	16	16	16
	163	Maintaining Effective & Strong Trade Union Partnerships	12	16	16	16	20	16	16	12	12	12	12	12	12	12
	558	Deterioration of staff health and wellbeing as a consequence of both internal and external system pressures	15	15	15	15	15	15	15	15	15	15	15	15	15	15
	557	Potential impact on services as a result of Industrial Action	16	16												
Quality & Nursing	224	Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service	25	25	25	25	25	25	25	25	25	25	25	25	25	25

	199	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation	15	15	15	10												
	637	Diesel Fumes																
	538	Digital System Implementation			16													
Strategy, Planning & Performance	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	12	12	12	12	12	12	12	12	12	12	12	12	12	12		
	424	Prioritisation or Availability of Resources to Deliver the Trust's IMTP	12	16	16	16	16	12	8									
	283	Failure to implement the EMS Operational Transformation Programme	12	12	12	12	12											

	Risk achieved target score and de-escalated to directorate level for ongoing monitoring
	Risk closed from all registers
	Risk not in existence

Agenda Item No.	11

REPORT TITLE

Monthly Integrated Quality Performance Report –September/October 2025

MEETING

Name of meeting	Trust Board
Date of meeting	27 November 2025
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

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

PURPOSE OF REPORT

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

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 **September/October 2025.**

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. Whilst giving an integrated overview, each slide contains an icon denoting the lead committee for each set of indicators.

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 planned to go live next month. 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.

4. The new Purple Arrest and Red Emergency categories went live, as planned, on 01 July 2025 and data from the first three months of reporting is contained within this report.

5. The Trust saw 12,477 hours lost to handover during October 2025, compared to 21,880 lost hours in October 2024. This follows on from significant month-on-month reductions seen during June to September 2025 pan-Wales. Whilst this reduction is very welcome, it is 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 October 2025 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.

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:

1. **Consider the September/October 2025** Integrated Quality and Performance Report and actions being taken and determine whether:
    a. The report provides sufficient assurance.
    b. Whether further information, scrutiny or assurance are required, or
    c. Further remedial actions are to be undertaken through Executives.

ADDITIONAL PAPER(S)

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

1. Annex 1 - Monthly Integrated Quality and Performance Dashboard

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
18th November 2025	Hugh Bennett – Assistant Director Commissioning & Performance
20th November 2025	Rachel Marsh – Executive Director Strategy, Planning & Performance
26th November 2025	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 **September/October 2025.**

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. Whilst giving an integrated overview, each slide contains an icon denoting the lead committee for each set of indicators:-

3. **BACKGROUND**

   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.

4. As previously agreed, the metrics which form part of this committee report are updated on an annual basis, to ensure that they continue to represent the best way of tracking progress against the Trust's plans (IMTP) and strategies. A Board Development session was held in April 2025 at which the annual review was undertaken. It was noted that there will be some changes to metrics during 2025/26, aligned to the new performance framework announced by the Cabinet Secretary. No other specific changes were requested, but the Board did discuss a number of areas where it was felt development and progress could be made in terms of the MIQPR and 'what good looks like' reporting. At other levels of the Trust, work continues in terms of developing appropriate metrics which can be used to measure quality and performance against our four domains.

5. Following more recent discussions with the Chair of this committee, and with others, a session will be convened later in the autumn (now arranged) to discuss with committee chairs the format of the MIQPR for the next financial year, as the Trust and its metrics evolve.

ASSESSMENT

Our Patients – Quality, Safety and Patient Experience

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

7. **999** call answering times during October 2025 saw the 95th percentile decreasing to 10 seconds, compared to 18 seconds in September 2025. However, the 65th percentile and median performance times remained consistently good. Work is currently being undertaken on demand and capacity analysis of 999 call demand.

8. **111 call answering performance has minimally increased over recent weeks,** with the call abandonment rate for October 2025 being 12%, and therefore not achieving the 5% target. 111 demand in October 2025 did see an 8.48% increase compared to October 2024. 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.

9. **111 Clinical response:** clinical ring back times for patients with the highest priority remained above target at 97.9%. Response times for lower priority calls showed a decrease , reducing to 50.5% and 42.8% for P2CT and P3CT respectively.

10. **Ambulance Response** (safety / patient experience): on 1 July 2025, the Trust's new ambulance response model 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 October 2025, there were 885 purple calls to the ambulance service, around 2.46% of all calls, and 4,515 (Emerg) red calls, around 12.56% of all calls. The main measure for Purple Arrest calls is the Return to Spontaneous Circulation (ROSC) rate which was 20.4% in October compared to 23.7% in September 2025. The median response times for purple and red calls were 7 minutes 29 seconds and 8 minutes 49 seconds respectively, with the required range being 6- 8 minutes.

11. The Amber 1 median in October 2025 was 1 hour and 27 minutes and the Amber 1 95th percentile was 5 hours 3 minutes. The Clinical Safety Plan will protect Arrest and Emergency demand, but Amber is where the impact of handover lost hours is most felt i.e. there is a strong correlation. Amber 1 response times have seen a significant improvement in recent months, in line with the fall in the number of hours lost to handover. However, these response times still remain too high and have a known impact on avoidable patient harm. Amber will be replaced by the Orange (Now) and Yellow (Soon) categories in quarter three of this year. The changes are designed to improve patient safety and patient outcomes by better stratifying patient demand.

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 91% in October, and handover lost hours have significantly improved; with this improvement particularly feeding through into the Amber category's performance. Health Boards are implementing new actions in order to further reduce handover lost hours. 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. 12,477 hours were lost during October 2025; a 42.9% reduction compared to October 2024 and is the second lowest monthly figure since July 2021. This follows on from significant month-on-month reductions seen during June to September 2025 pan-Wales. Whilst this reduction is very welcome, there is variation across Wales, with Betsi Cadwaladr health board remaining high, with 7,750 hours being lost within the health board during October 2025. 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 September 2025 was 81.1%, achieving the 70% target. Renal performance increased slightly to above target, achieving 73.3% and advanced discharge and transfer journey performance also increased to 82% (95% target), with this primarily being an issue with capacity. Same day discharge and transfer journey performance achieved 95.4% hitting the 95% target. Overall demand for NEPTS continues to increase and is now above pre-pandemic levels. The Trust has a comprehensive health transport transformation workstream in place, which includes delivering a range of efficiencies and improvements. The Trust is currently re-rostering NEPTS transport which will better align available capacity with changing demand patterns (on target). This is proving complex and difficult but will be delivered.

15. **National Reportable Incidents (NRIs) / Concerns Response**: the Trust reported three NRIs to NHS Wales Performance & Improvement in October 2025, remaining the same as the previous two months, and eleven serious patient safety incidents were referred to health boards under the Joint Investigation Framework. In October 2025 complaint response times increased to 62%, compared to the 56% recorded in September 2025, 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 86.7% in October 2025, decreasing from the previous month (88.5%), 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 October 2025, the Trust saw call to hospital door times of two hours and 21 minutes for stroke patients and two hours and thirty-four minutes for STEMI. Clearly these times remain too long and are representative of the longer Amber response times, because of the pressures and issues outlined earlier within this report, notwithstanding recent improvements in hours lost to handover.

18. In October 2025, 5,279 patients **cancelled** their ambulance (this figure excludes patients who refused treatment), which is a significant reduction on previous

levels but a slight increase from September 2025 (4,849). 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 121,194 Ambulance Response unit hours during October 2025 and delivered an emergency ambulance unit hours production (UHP) of 91%, remaining below the 95% target (This will be a product of abstractions being above benchmark and the current vacancy factor).

20. **Response Abstractions:** EMS abstraction levels decreased minimally to 31.78% during October 2025 and are close the 30% benchmark figure. Response sickness abstractions stood at 7.60% (benchmark 5.99%).

21. **Trust sickness absence:** the Trust's overall sickness percentage was 7.77% in September 2025, minimally down on the 7.91% recorded in August 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 October 2025 however increased slightly to 76.32%. Compliance for Statutory and Mandatory training also increased slightly to 86.56% 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

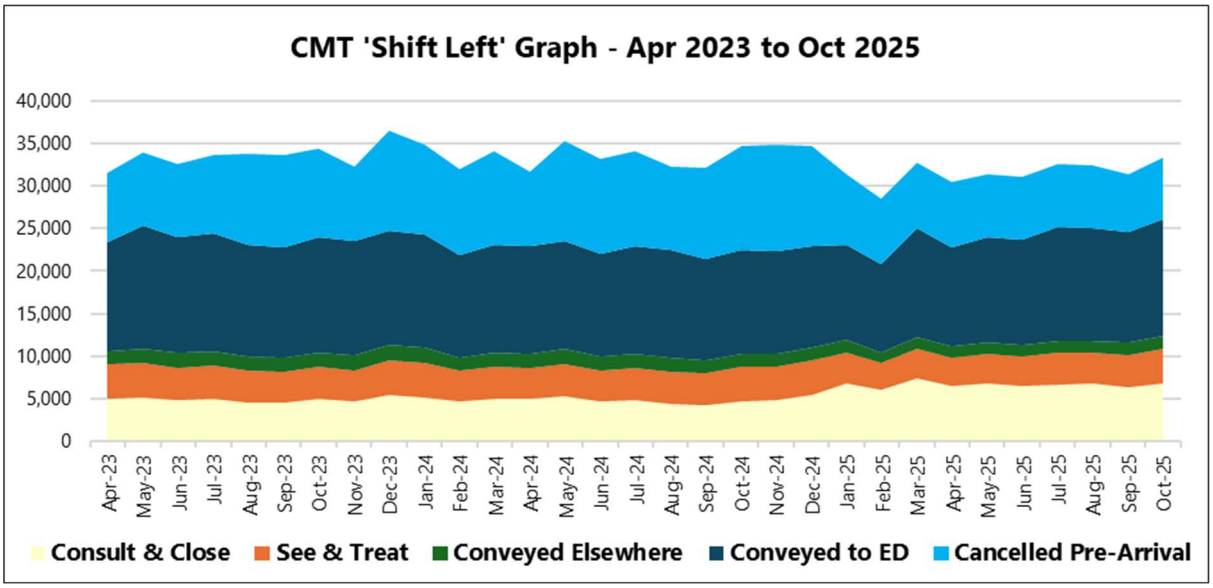
24. **Financial Balance**: the reported outturn performance at Month 7 is a deficit of £0.135m with a forecast to the year-end of breakeven. The Trust is forecasting the achievement of both its External Financing Limit and its Capital Expenditure Limit.

Partnerships & System Contribution

25. The consult & close rate was 18.9% in October 2025, a slight increase from the previous month but continuing to achieve the IMTP ambition (and Welsh Government target) of 17%.

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

27.



RECOMMENDATION

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

NEXT STEPS

For 111, key next steps include preparing for winter (forecasting, recruitment/production, respiratory offer, digital offer) and acting on the findings from the roster practice review.

For the 999-emergency care pathway, similarly, the focus is now on winter, which will include the usual business as usual preparations, but also the planned major transformation change of moving to the new Orange (Now), Yellow (Soon) and Green (Planned) categories.

For Ambulance Care, the focus will be on ensuring sufficient capacity is available for the predicted increase in planned care i.e. supporting health boards with the required transport on this, the NEPTS re-roster and options for how the Trust can reduce cancellations as a result of the Capacity Management Plan.

Welsh Ambulance Services University NHS Trust

Monthly Integrated Quality & Performance Report

September/October 2025

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: November 2025

by Commissioning & Performance Team

Section 1: Monthly Indicators / Top Indicator Dashboard

Top Monthly Indicators	Target 2025/26	Sep-25	Oct-25	2 Year Average	RAG
Our Patients					
Timeliness Indicators					
NHS111 Call Handling Abandonment Rates	< 5%	10.5%	12.0%	10.1%	R
111 Clinical Triage Call Back Time (P1)	90%	99.1%	97.9%	97.6%	G
999 Call Answer Times 95th Percentile	00:06	00:18	00:10	00:21	R
Arrest (Purple) Median	6-8 Minutes	07:15	07:29	N/A	G
Emerg. (Red) Median	6-8 Minutes	08:36	08:49	N/A	A
999 Amber 1 Median	00:18	01:21	01:27	01:36	R
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	70%	77.8%	81.1%	75.1%	G
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	80.6%	82.1%	80.0%	R
Clinical Outcomes / Quality Indicators					
Return of Spontaneous Circulation (ROSC)	Increasing Trend	23.7%	20.4%	20.3%	R
Stroke Patients with Appropriate Care	95%	88.5%	86.7%	85.6%	A
Stroke Call to Hospital Door Times	Reduction Trend	02:09	02:21	02:24	A
ST-Elevation Myocardial Infarction (STEMI) with Appropriate Care	95%	67.5%	75.9%	61.5%	R
National Reportable Incidents reports (NRI)		3	3	4	
Can't Send & Cancelled by Patient Volumes	Reduction Trend	5,314	5,651	8,071	A
Concerns Response within 30 Days	75%	56%	62%	58%	R
Enactment of the Duty of Candour Total		4	5	5	
Our People					
Capacity					
Hours Produced for Emergency Ambulances	95-100%	89%	91%	93%	A

Top Monthly Indicators	Target 2025/26	Sep-25	Oct-25	2 Year Average	RAG
Health & Well-being					
Sickness Absence *(all staff)*	6.0%	7.77%	N/A	7.97%	R
Mental Health Absence Rates	Reduction Trend	2.96%	N/A	2.49%	R
Staff Turnover Rate	Reduction Trend	8.02%	7.99%	8.43%	G
Statutory & Mandatory Training	>85%	84.61%	85.56%	84.03%	G
PADR/Medical Appraisal	>85%	75.35%	76.32%	74.68%	R
Number of Shift Overruns	Reduction Trend	3,292	3,583	3,821	A
Inclusion & Engagement / Culture					
NEPTS % of Total Calls Answered in Welsh	Increasing Trend	1.50%	1.40%	1.9%	R
Value					
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100%	100%	G
EMS Utilisation Metric (CHARU)	Increasing Trend	26.4%	27.3%	28%	G
Average Jobs per Shift (All Vehicles)	Increasing Trend	2.39	2.88	2.42	G
NEPTS on the Day Cancellations	Reduction Trend	14.3%	15.2%	13%	A
Partnerships / System Contribution					
Inverting the Triangle					
Successful Consult & Close Outcome	17.0%	18.7%	18.9%	16.2%	G
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Increasing Trend	10.20%	10.30%	11.0%	G
Number of Handover Lost Hours	7,500	12,284	12,477	20,340	R
NHS111					
NHS111 Dental Calls	Increasing Trend	8,852	9,016	8,168	A
Consult & Close Volumes by NHS111	Increasing Trend	1,940	2,035	1,499	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

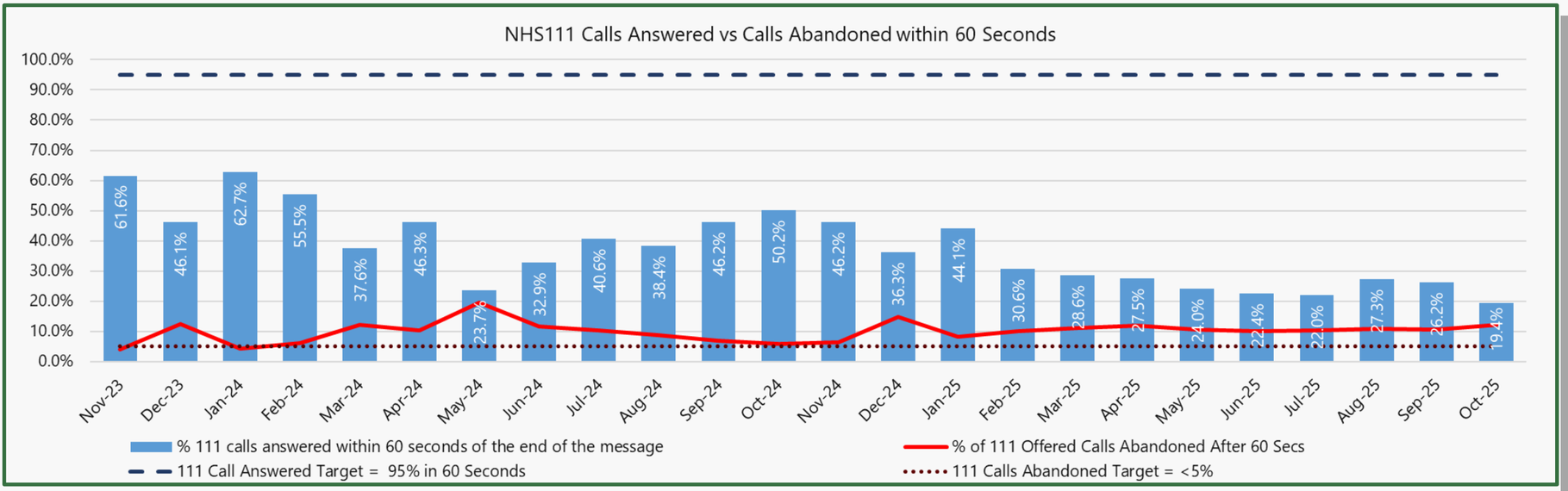
Our Patients: Quality, Patient Safety & Experience
111 Call Answering/Abandoned Performance Indicators

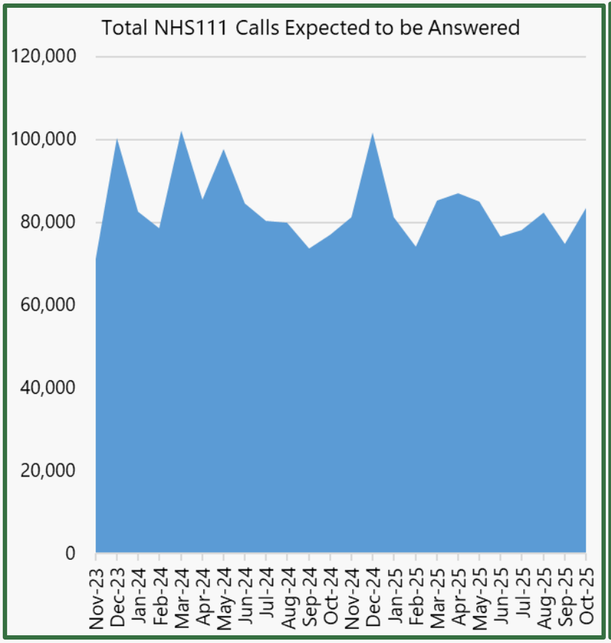
(Responsible Officer: Lee Brooks)

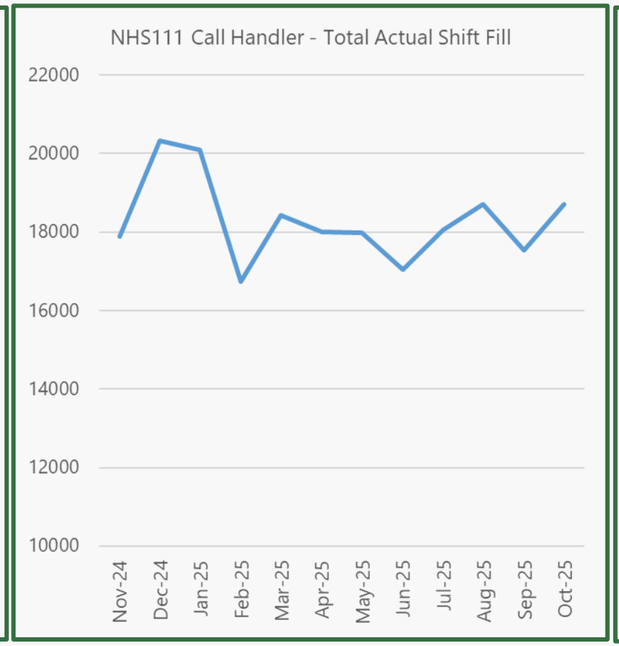
Abandonment Rate R

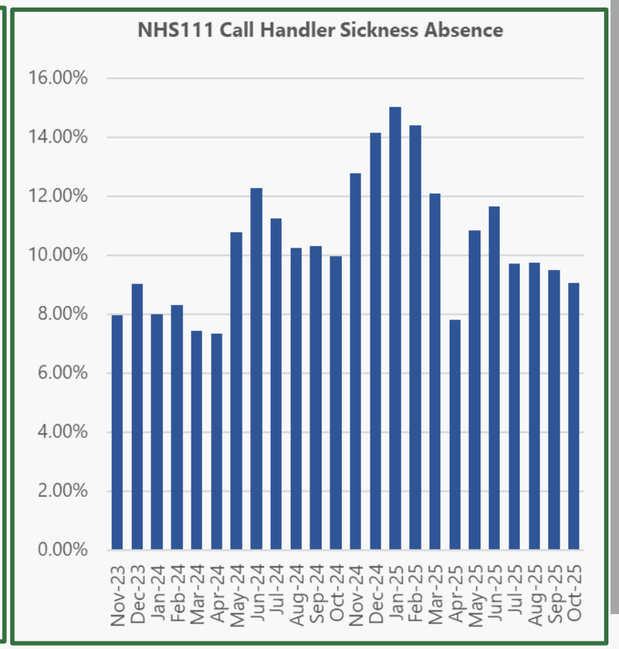
FPC

Influencing Factors – Demand and Call Handling Hours Produced









Analysis

The 111-call abandonment rate increased slightly to 12% in October 2025 from 10.4% in September 2025. The percentage of 111 calls answered within 60 seconds decreased from 26.2% in September 2025 to 19.4% in October 2025 and continues to remain significantly below the 95% target and the levels seen during 2024.

This call answer rate of 19.4% in October 2025 is the second lowest seen in the past two years and is significantly below the 67.6% recorded in October 2023. This is at a time when UHP capacity for call handlers has increased slightly and is higher than the levels produced in September 2024.

However, the external rostering review 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 have been undertaken to try and improve the call handling resourcing position through the summer; this includes an active recruitment plan.

A 111-re-roster review, is underway, that takes account of the increased demand the Trust is seeing; what levels of performance commissioners want and the mix of capacity and efficiencies to achieve this.

The 111-re-roster project is also considered a key response to improving sickness levels i.e. more workable patterns.

Actions are underway to increase the utilisation of virtual queuing and review the way patients who are re-accessing for the same care episode could be managed differently.

Expected Performance Trajectory

We would expect to see performance levels improve slightly during the autumn if abstraction levels continue to fall.

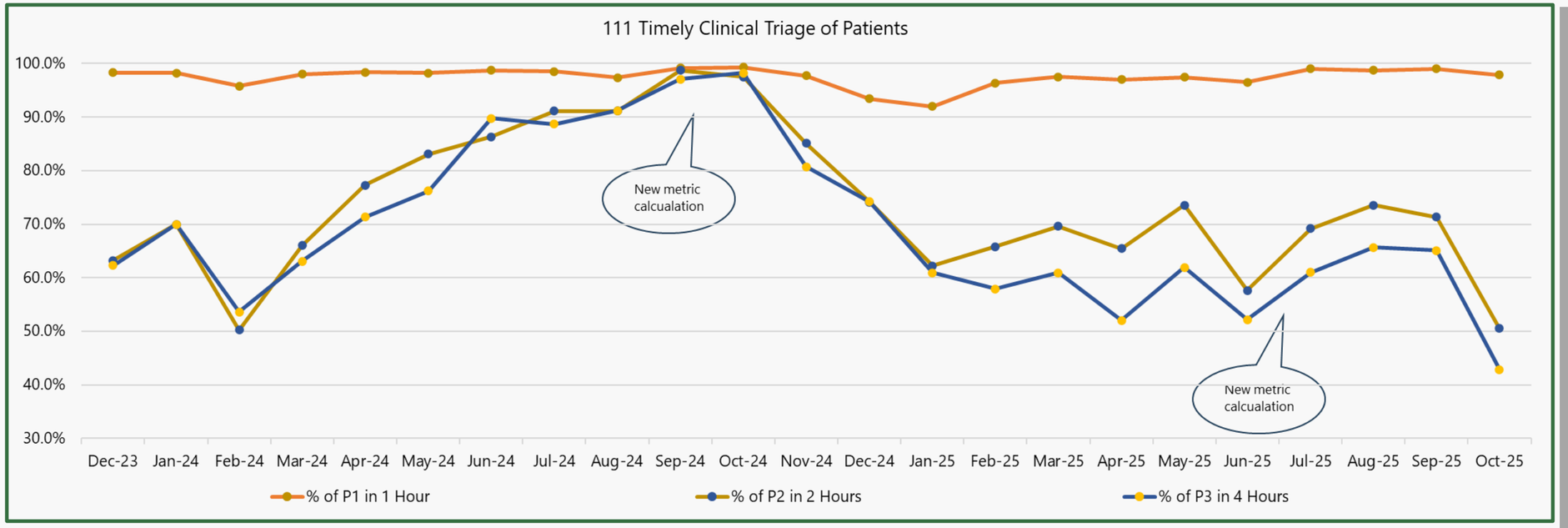
Our Patients: Quality, Safety & Patient Experience
111 Clinical Assessment Start Time Performance Indicators

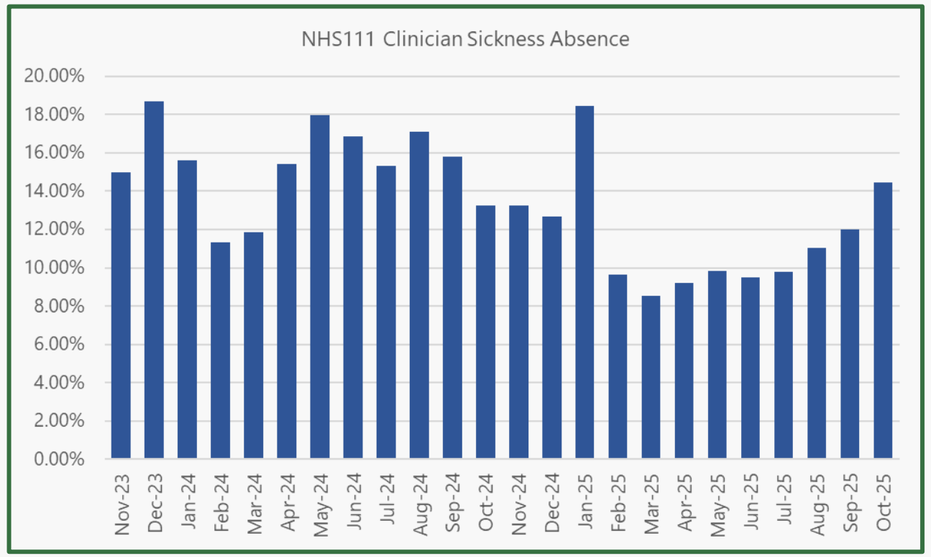
(Responsible Officer: Lee Brooks)

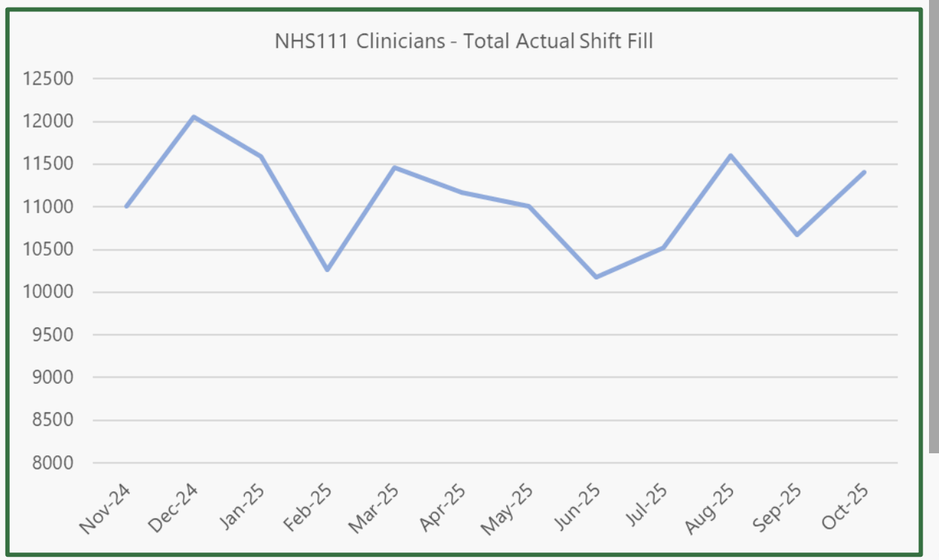
P1CT G

FPC

Influencing Factors – Demand and Clinical Hours Produced







Analysis

The highest priority calls, P1CT, achieved the 90% target, recording 97.9% in October 2025.

Ring back times for lower category calls decreased during October 2025, with P2CT calls at 50.5% and P3CT at 42.8%.

Number of clinician hours produced increased during October 2025, rising from 10,670 hours in September 2025 to 11,410 hours in October 2025. This is against one more day in the month and they remain consistent with the figure produced for October 2024 (11,328).

Remedial Plans and Actions

The key actions include:

A focus on delivering the benefits of the new 111CAS. A review to determine appropriate levels of capacity to meet increasing demand, including rostering practice (review now live).

This review also considered key to improving clinician sickness absence along with exploring rotation, as part of the Strategic Workforce Plan.

The P1-P3 metric calculation has changed. Previously it was when the Trust called back, now it is when the patient answers.

Expected Performance Trajectory

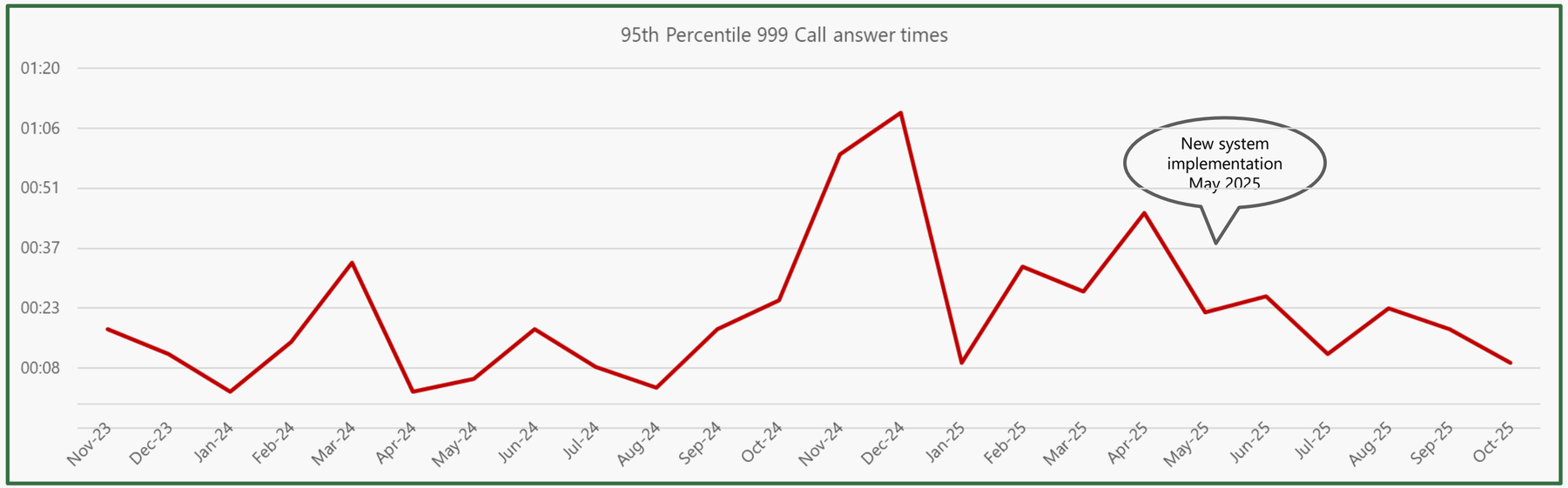
It is likely we will see performance levels improve slightly during the autumn however the external rostering review suggests there is a demand and capacity gap within the current funded establishment, and the Trust is therefore unlikely to reach performance without an increased workforce.

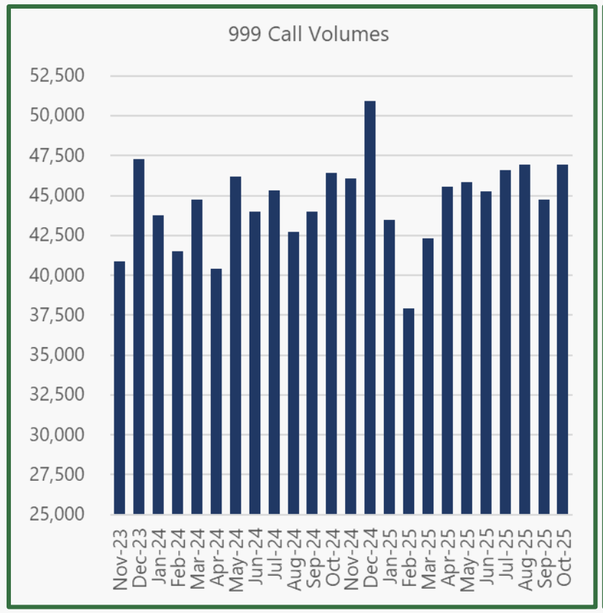
Our Patients: Quality, Safety & Patient Experience
999 Call Performance Indicators

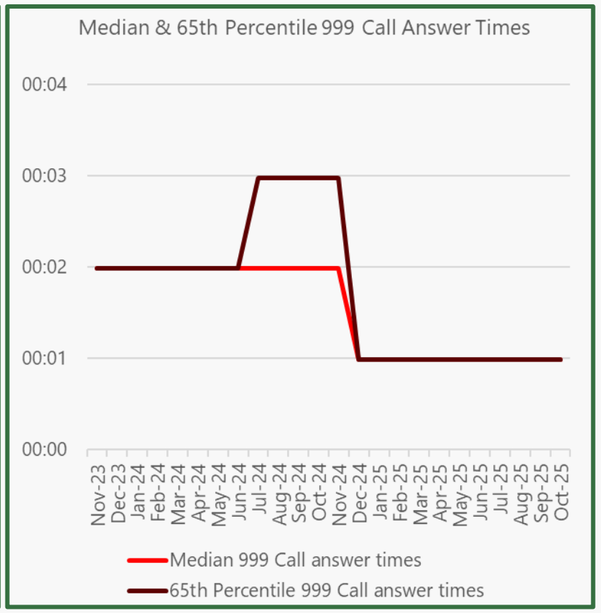
(Responsible Officer: Lee Brooks)

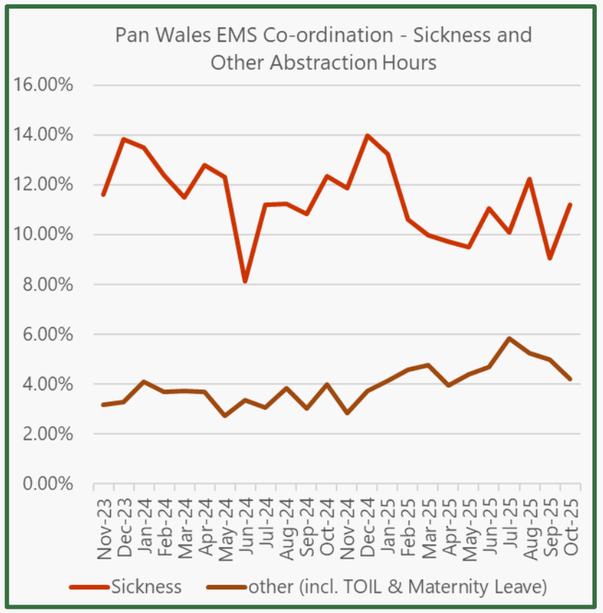
R FPC CI

Influencing Factors – Demand and Hours Produced









Analysis

The 95th percentile 999 call answering performance decreased to 10 seconds in October 2025 but remained 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 October 2025 to 46,933 calls from 44,720 in September 2025.

Call taker UHP for the month of October was at 94% and all EMSC sickness level saw an increase, from 9.07% in September 2025 to 11.2% in October 2025.

Remedial Plans and Actions

- Currently 7.53 above establishment with EMDs and Call Handlers at 91.86 WTE, including the November cohort, and with two further courses in January and March.
- Work is ongoing to identify what is contributing to high sickness via the Managing Attendance at Work Policy and attrition via the recruitment and selection processes.

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 region. Further analysis of this issue is currently being undertaken.
- The Executive Director of Operations has asked for some additional modelling on EMD capacity. Capacity was not increased through the transformation programme but is an area of interest.
- 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

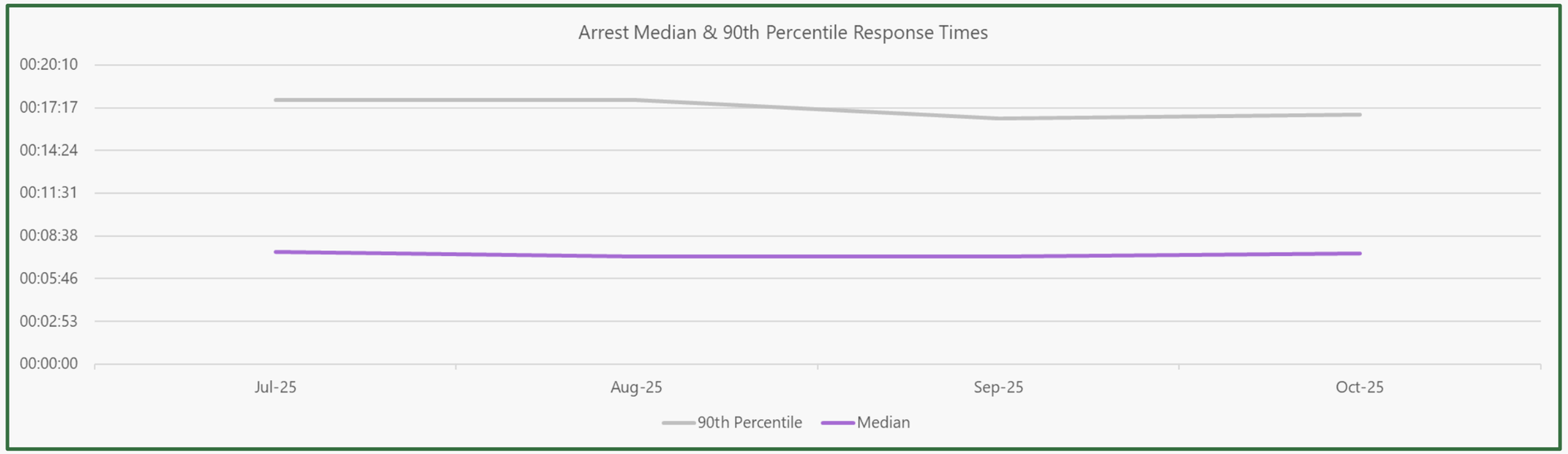
The median and 65th percentile are performing very well and are stable. Paper currently to be drafted on future resilience of EMSC i.e. winter demand v capacity (with efficiencies).

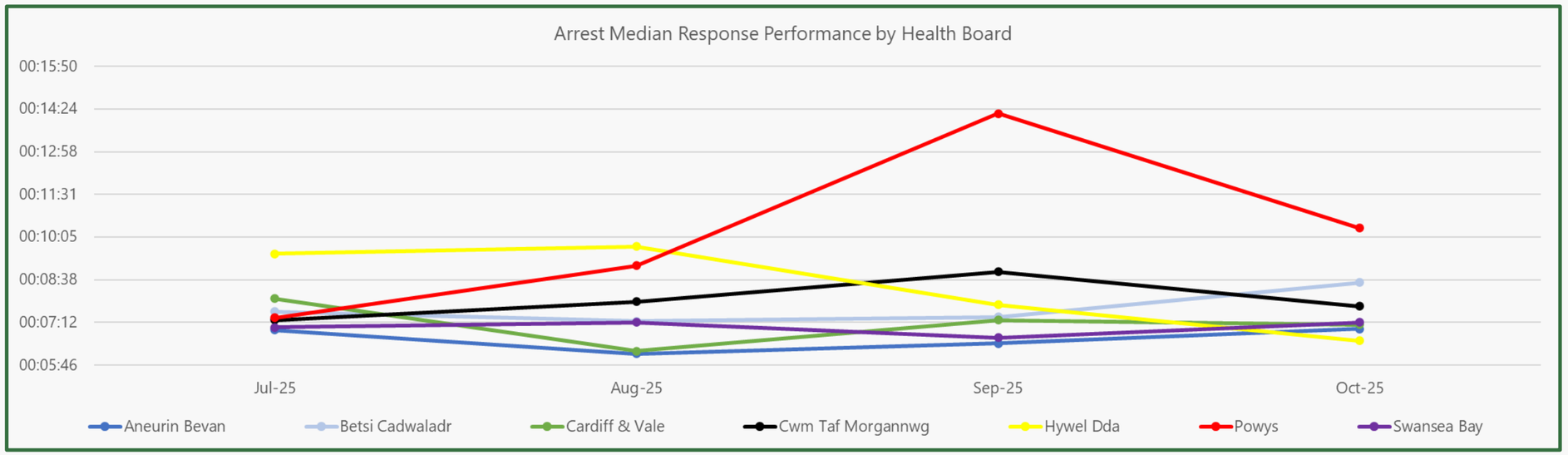
Our Patients: Quality, Safety & Patient Experience
Arrest Purple Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

G CI QUEST FPC

(Responsible Officer: Lee Brooks)





Analysis

On 1 July, our new ambulance response model 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 October there were 885 Arrest calls received, making up 2.46% of all calls.

The median response times for Arrest increased to 7 minutes 29 seconds. Hywel Dda had the lowest median time of 6 minutes and 35 seconds, and Powys had the highest at 10 minutes and 23 seconds, although this is against relatively low numbers and in quite rural locations.

The 90th percentile response time for Arrest calls was 16 minutes 50 seconds. Swansea Bay had the lowest time of 14 minutes, and Powys had the highest at 22 minutes and 51 seconds.

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

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

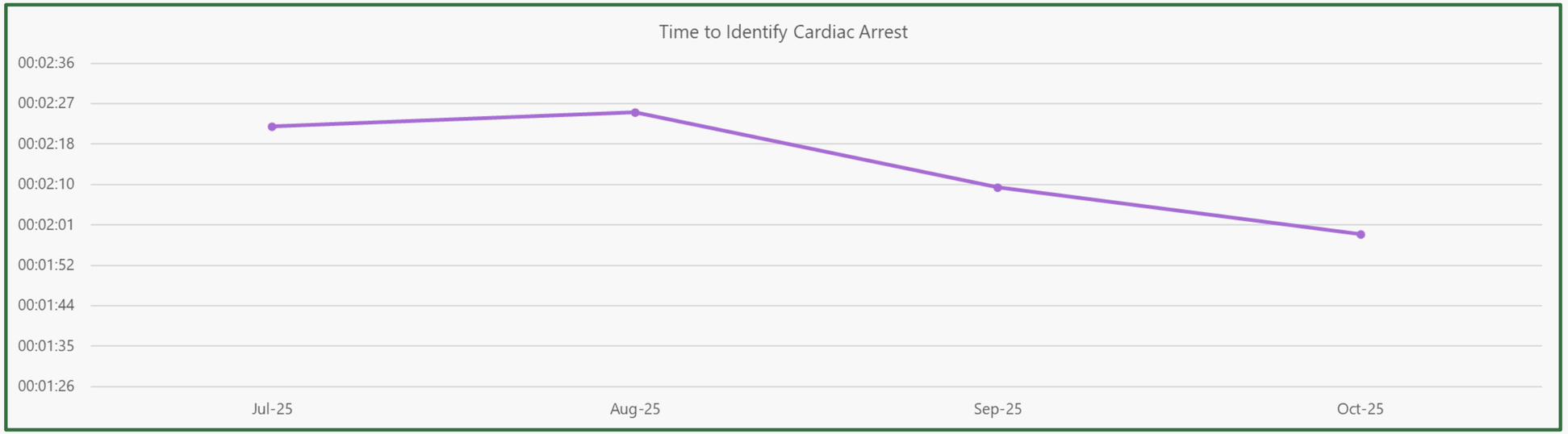
Influencing Factors – Demand, Hours Produced and Hours Lost

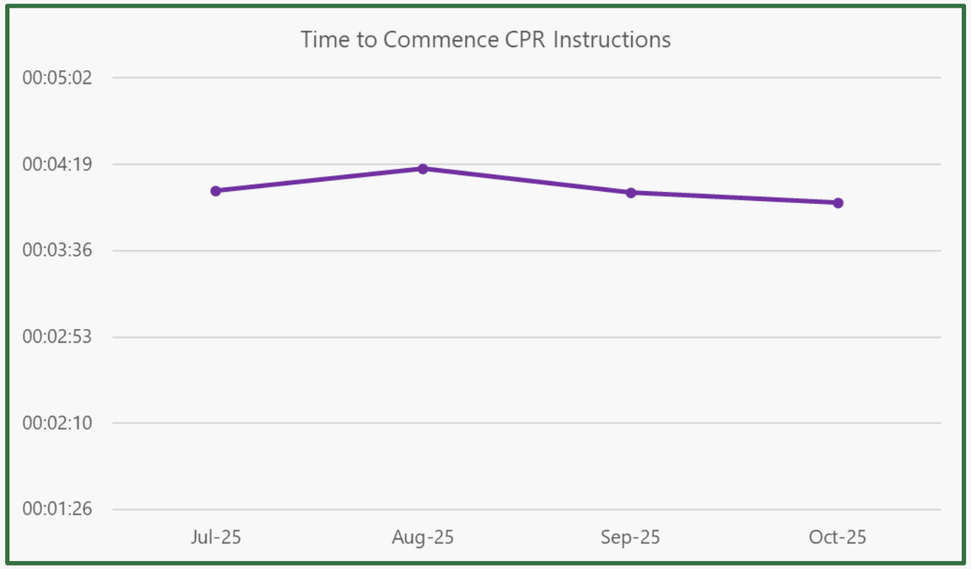
(Responsible Officer: Lee Brooks)

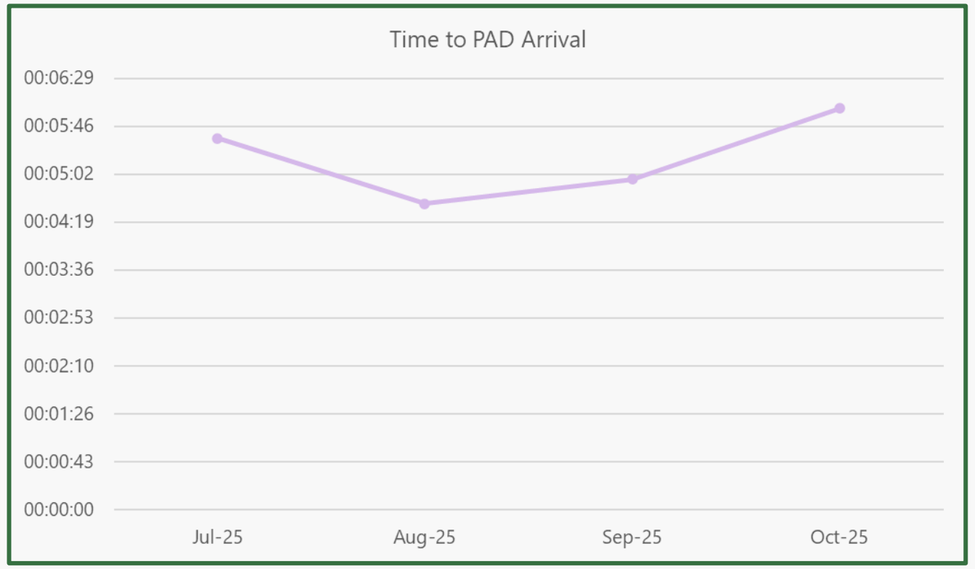
CI

QUEST

FPC







Analysis

As part of the go live on Arrest (Purple) more measures have been introduced to help better understand and manage the chain of survival.

In October 2025, the:
Average Median time to identify cardiac arrest was 1 minute and 59 seconds.

Average Median time to commence CPR instructions was 4 minutes.

Average (Median) time for a defibrillator (PAD) arrival at scene was 6 minutes and 2 seconds. A decrease from September (4 minutes and 58 seconds).

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

Influencing Factors – Demand, Hours Produced and Hours Lost

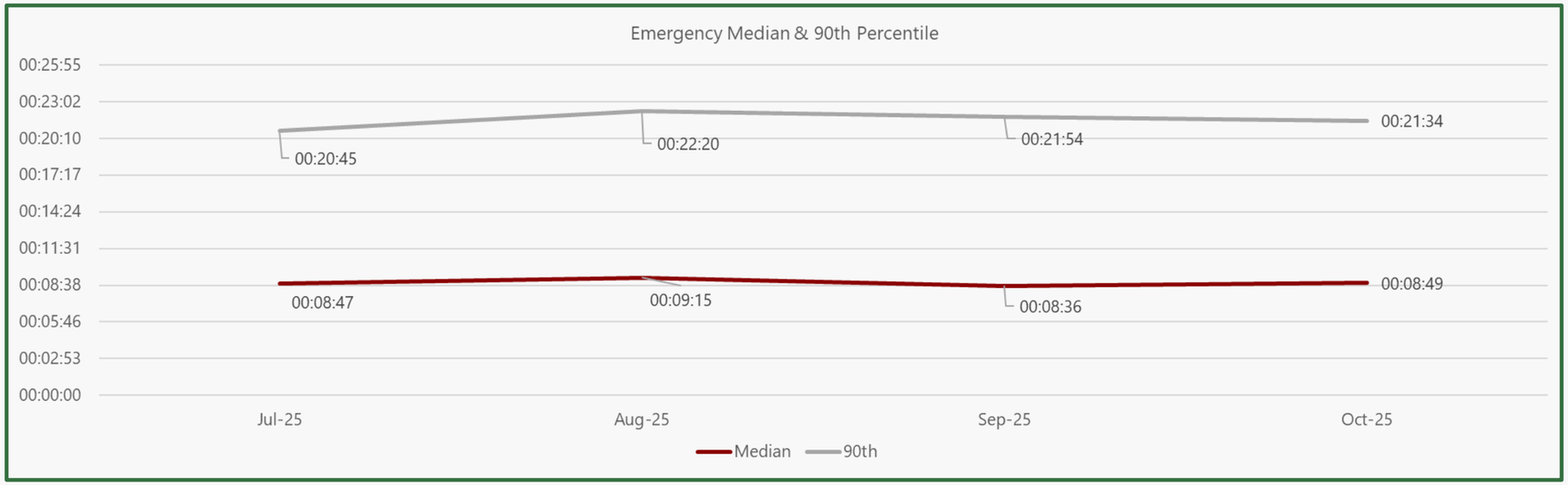
A

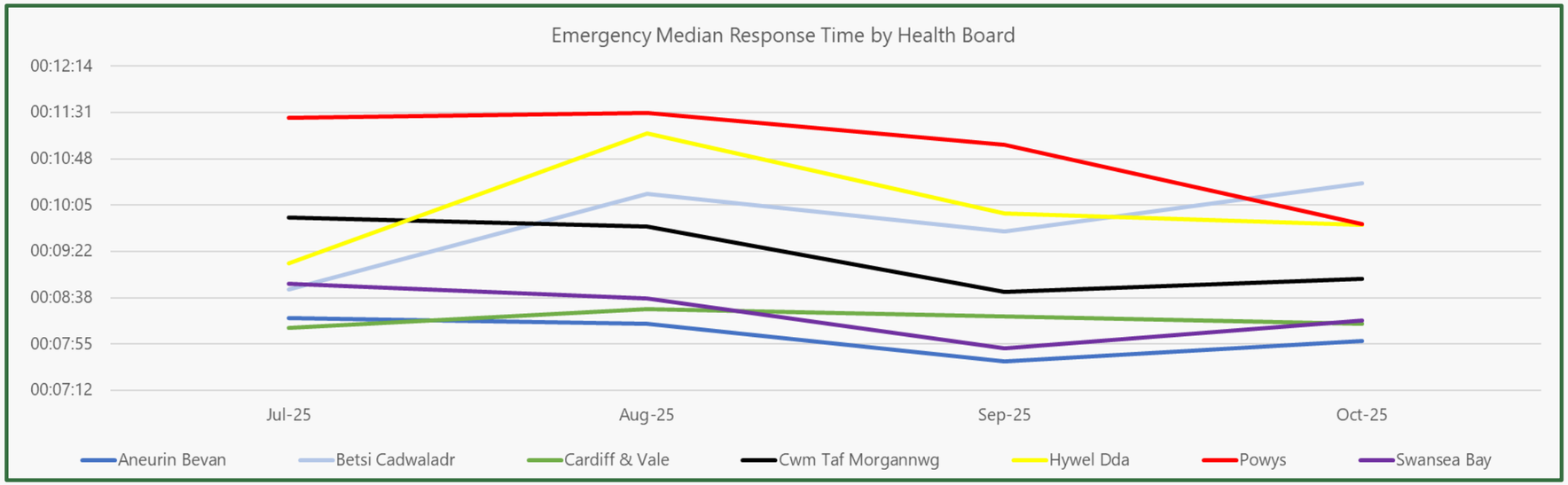
QUEST

FPC

CI

(Responsible Officer: Lee Brooks)





Analysis

In October 2025 there were 4,515 Emerg (Red) calls, around 12.56% of all calls.

The median response time in October 2025 for Emerg incidents was 8 minutes 49 seconds. Aneurin Bevan health board had the lowest median time of 7 minutes and 58 seconds, and Betsi Cadwaladr had the highest at 10 minutes and 25 seconds.

For Emerg calls, the 90th percentile response time was 21 minutes 34 seconds. Cardiff and Vale had the lowest time of 17 minutes and 6 seconds, and Powys had the highest at 31 minutes and 37 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. A small divergence between them was expected, but the divergence is bigger than expected. The Trust is currently undertaking a deep dive on its month one data to look at what may be causing this.

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

(Responsible Officer: Lee Brooks)

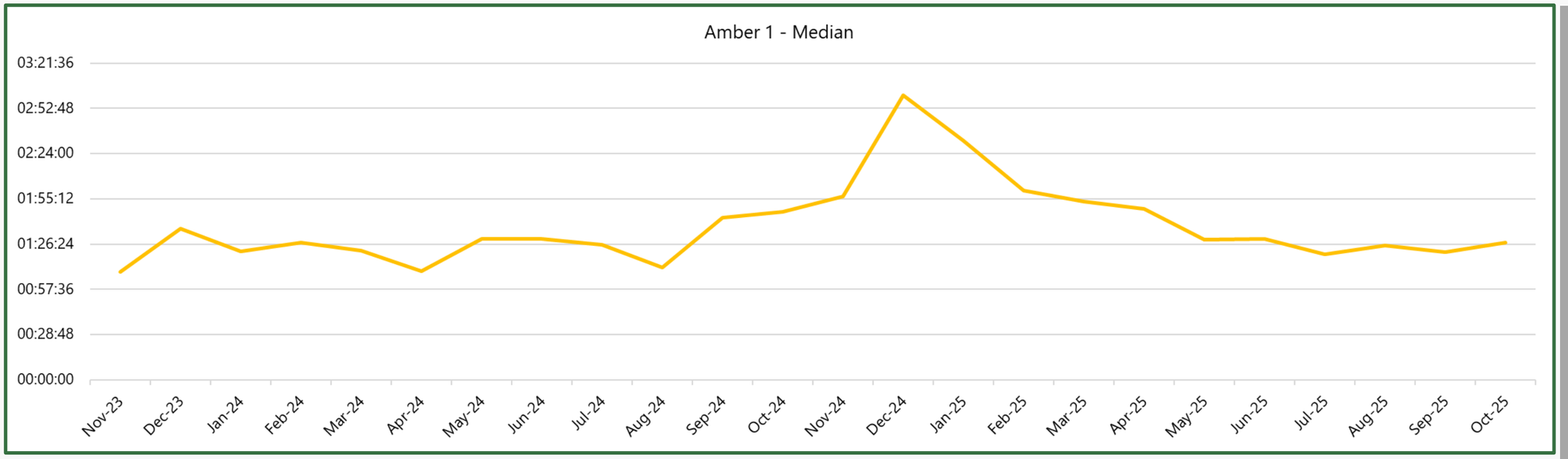
R

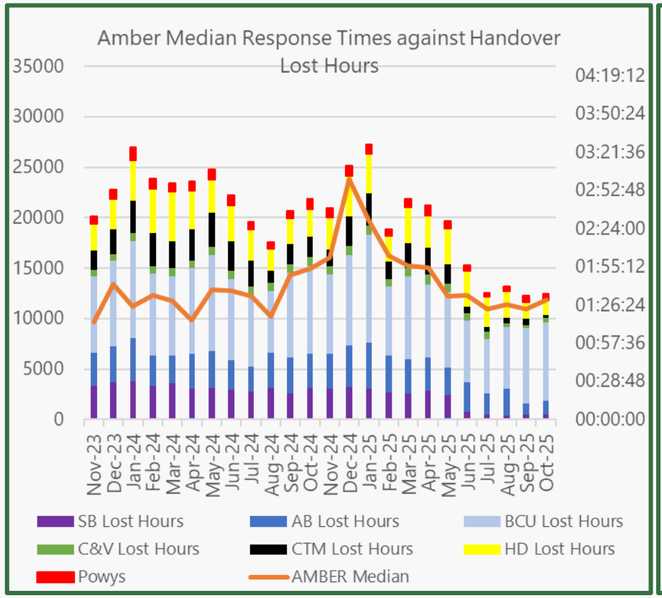
FPC

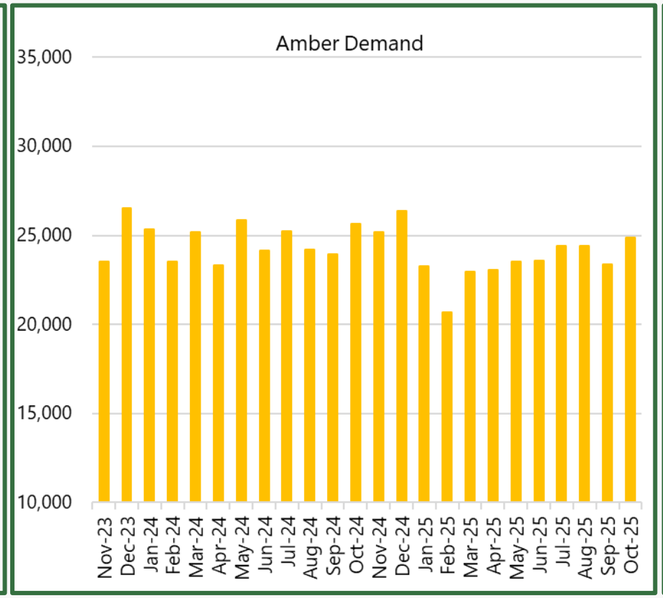
CI

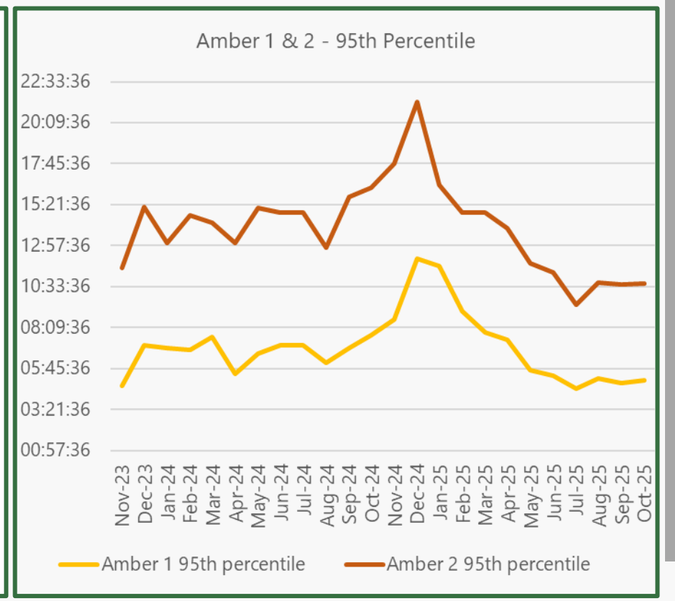
QUEST

Influencing Factors – Demand, Hours Produced and Hours Lost









Analysis

The Amber 1 median performance time increased slightly during October 2025 to 1 hour and 27 minutes. The ideal Amber 1 median response time remains at 18 minutes.

The Amber 1 95th percentile also slightly increased during October 2025 to 5 hours 3 minutes, up from 4 hours 53 minutes in September 2025. This time remains below the 2-year average figure of 7 hours.

There is a strong correlation between Amber performance and lost hours due to handover delays, so if handover rates continue to remain below the 3-year average it would be expected that Amber 1 median response rates will continue to improve.

Remedial Plans and Actions

Welsh Government has recently announced further changes to the Ambulance Performance Framework that will affect the existing Amber category, which will be replaced by Orange (now) and Yellow (soon).

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

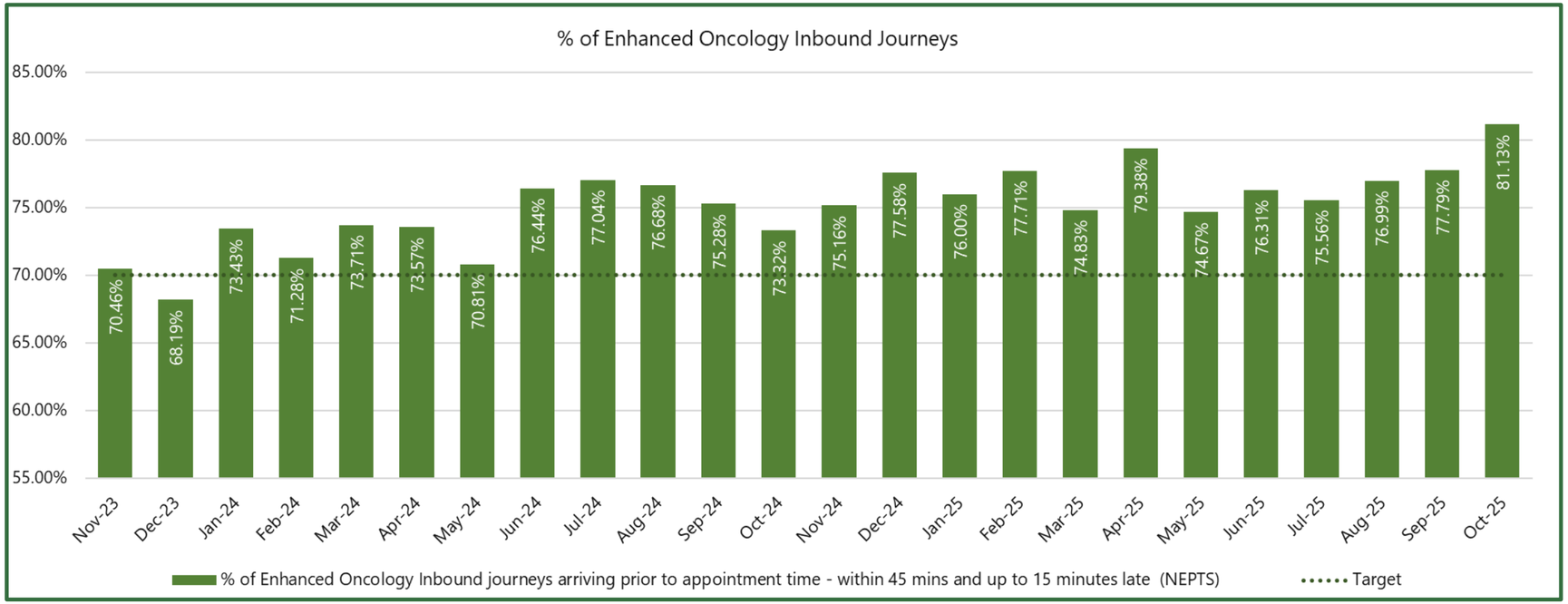
Patient Experience – Influencing Ambulance Care Indicators

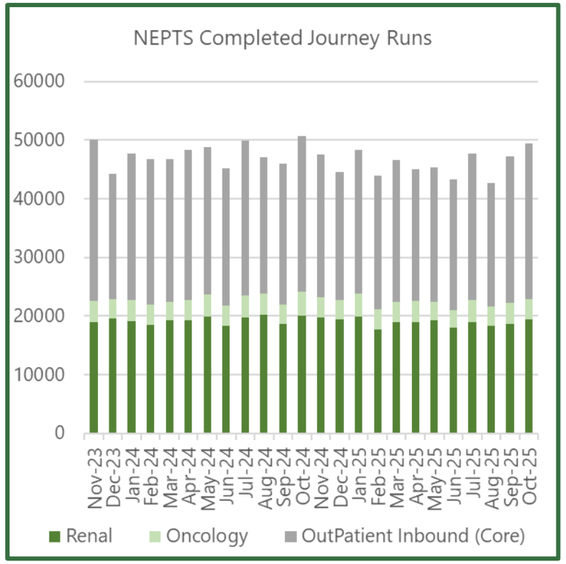
(Responsible Officer: Lee Brooks)

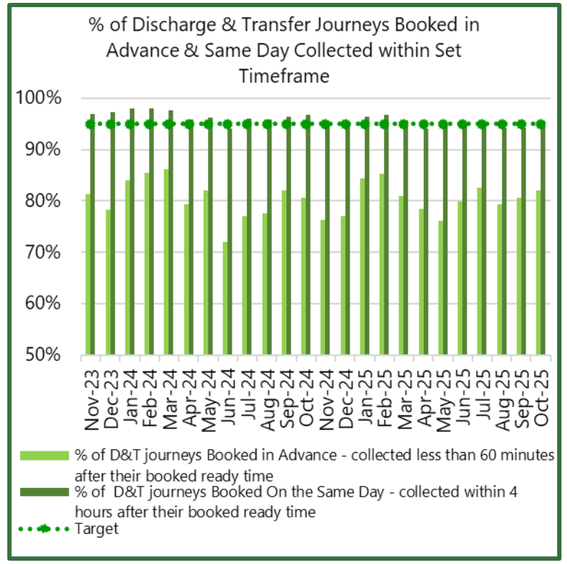
D&T	Oncology	Welsh Calls
R	G	R

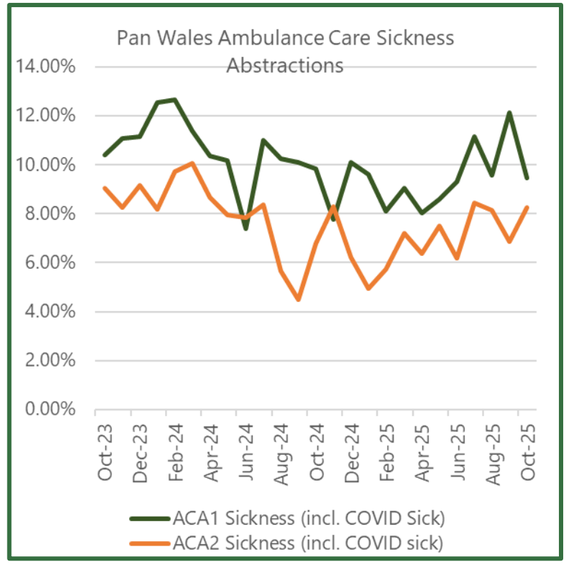
FPC

CI









Analysis

81.13% of enhanced Oncology journeys arrived within 45 minutes prior and up to 15 minutes late of their appointment time in October 2025, once again achieving the 70% target.

Discharge and Transfer journeys booked in advance and collected less than 60 minutes after their appointment increased in October 2025 to 82% and remain below the 95% target. Discharge and Transfer journeys booked on the same day achieved 95% in October 2025, achieving the target (95%).

Renal journeys arriving within 30 minutes prior to their appointment time marginally increased from 71.21% in September 2025 to 73.37% in October 2025 and achieved the agreed performance standard of 70%.

Call volumes answered increased to 20,315 calls during October 2025, from 18,959 in September 2025; but the average speed of call answering improved from 3 minutes to 49 seconds.

ACA1 sickness remains above the 5.99% target, at 9.45% and ACA2 sickness also remains above the 5.99% target at 8.27% in July 2025.

Remedial Plans and Actions

Oncology performance continues to be in excess of the service standards nationally, however there is some regional variation to this. Work continues in the areas where performance is lower to address the underlying reasons for this. The renal hub has now transitioned to also cover oncology journeys, and we anticipate that this will positively impact upon patient experience

Performance on advanced discharges and transfers has been challenged through the quarter. This has been addressed by the team and has begun to recover. 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. Oncology performance is above the standard nationally and expected to sustain this.

Our Patients: Quality, Safety & Patient Experience
Clinical Indicators

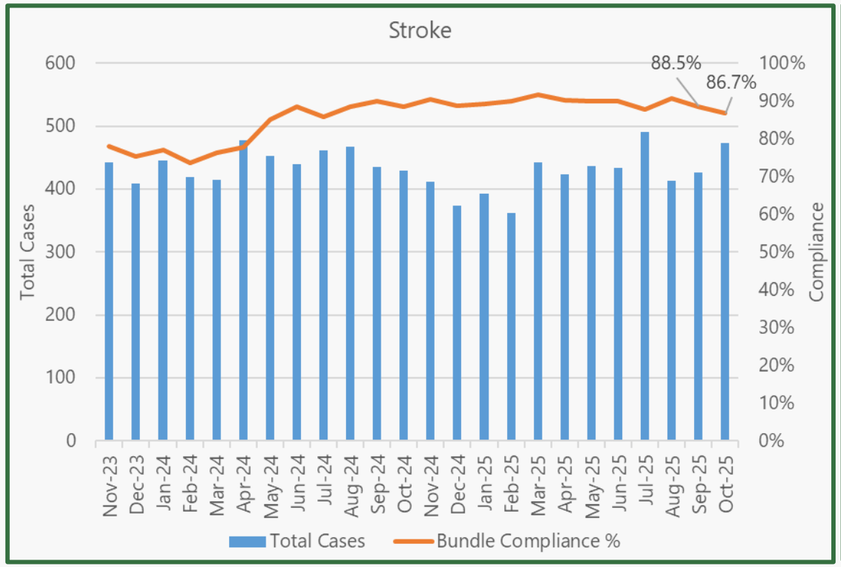
Suspected Stroke Patients with Appropriate Care, ST-elevation myocardial infarction (STEMI) with Appropriate Care and Time-Based metrics.

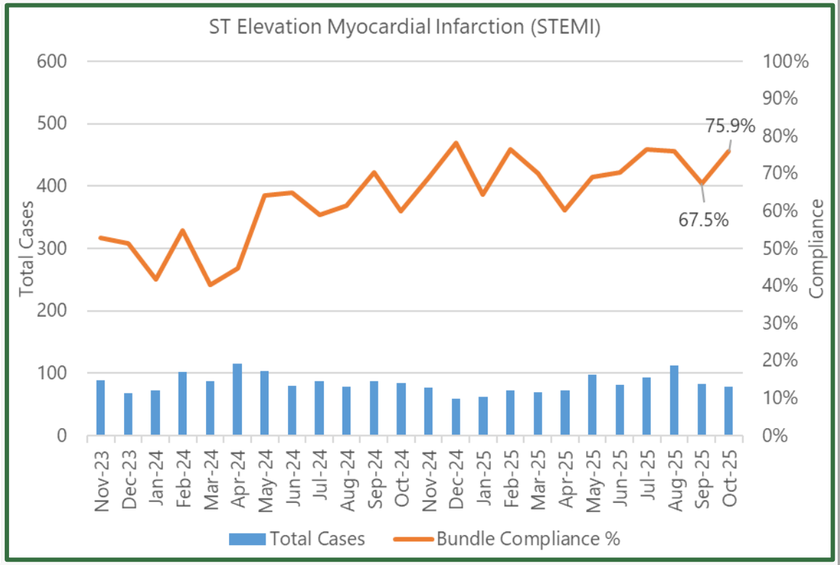
Stroke	Stroke Call to Door	STEMI
A	A	R

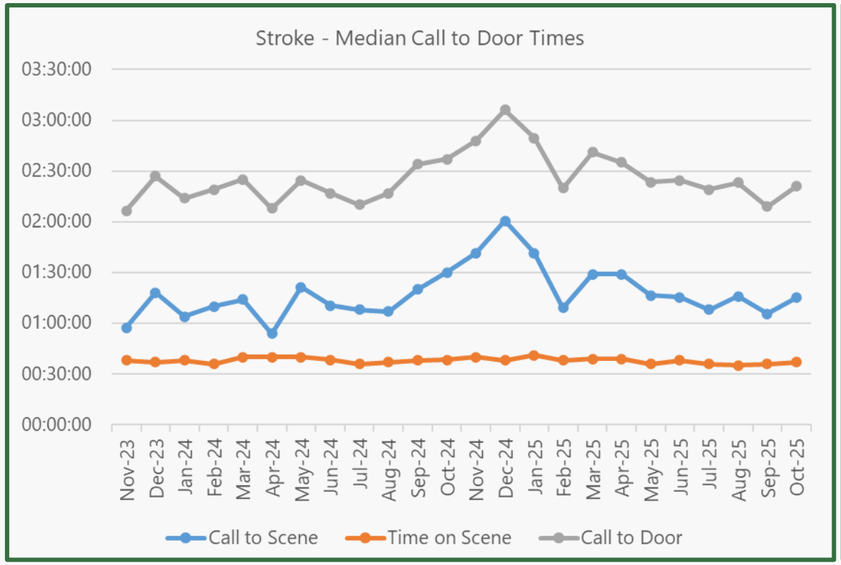
Self-Assessment: Strength of Internal Control: Moderate

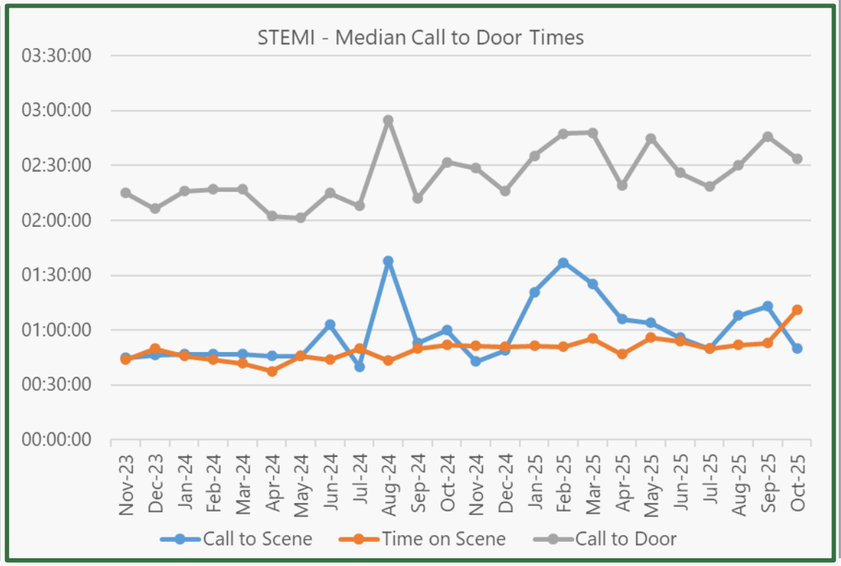
QUEST

(Responsible Officer: Andy Swinburn)









Analysis:
The percentage of patients documented as receiving appropriate care bundles during October 2025 was:

Stroke – 86.7% - 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.

STEMI (heart attack) – 75.9%, an increase from 67.5% in September 2025. There has been an increase in compliance across the majority of the care bundle elements. The number of cases remained low (79) therefore, increasing the volatility of the compliance data so this could be natural variance.

Call to door times for Stroke – call to door times increased marginally for stroke in October (02:21:00). 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 month, with this being driven by a decrease in call to scene times (02:34:00).

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

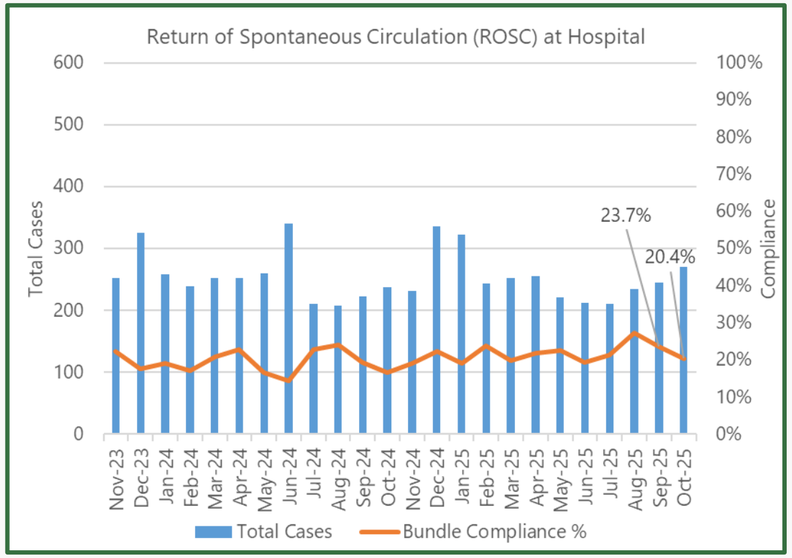
Return of Spontaneous Circulation, Hypoglycaemia, Fractured Neck of Femur (#NOF) and Time-Based metrics (#NOF)

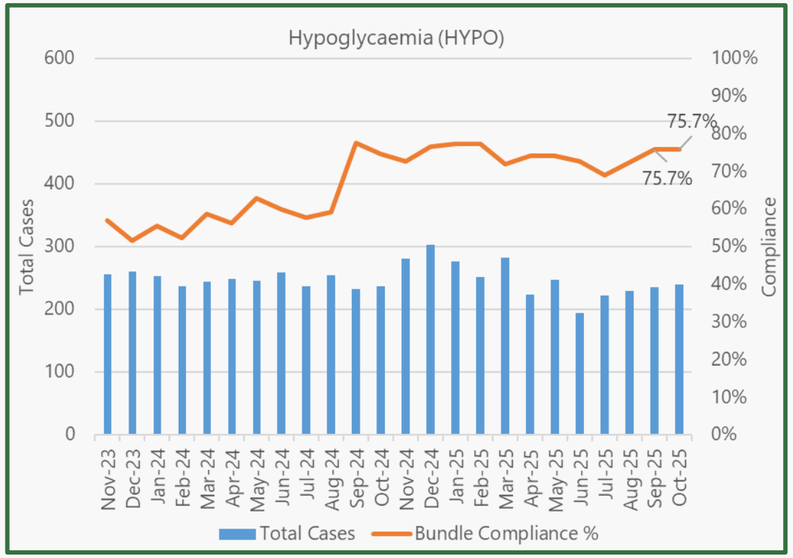
(Responsible Officer: Andy Swinburn)

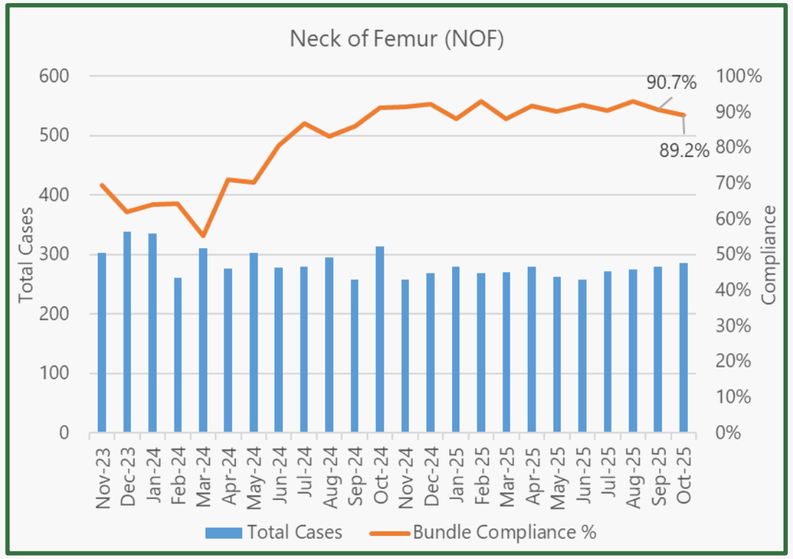
ROSC
R

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 October 2025 was:

Return of Spontaneous Circulation at hospital (from cardiac arrest) – 20.4%, a decrease from 23.7% in September. 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.

Hypoglycaemia (diabetic patients with low blood glucose) – 75.7%, remaining the same as last month. Compliance has remained consistently in compliance across the bundle.

Fractured Neck of Femur (hip fracture) – 89.2%, a slight decrease in performance from September (90.7%). Only a slight decrease in compliance which is evident across the care bundle.

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 Autumn / Winter 2025 - 2026.

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

(Responsible Officer: Liam Williams)

Concerns.

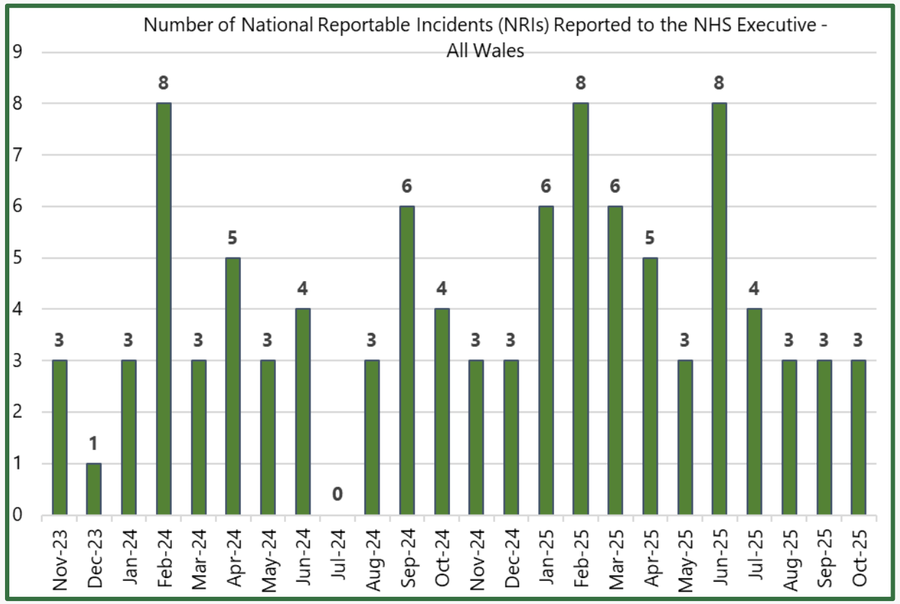
R

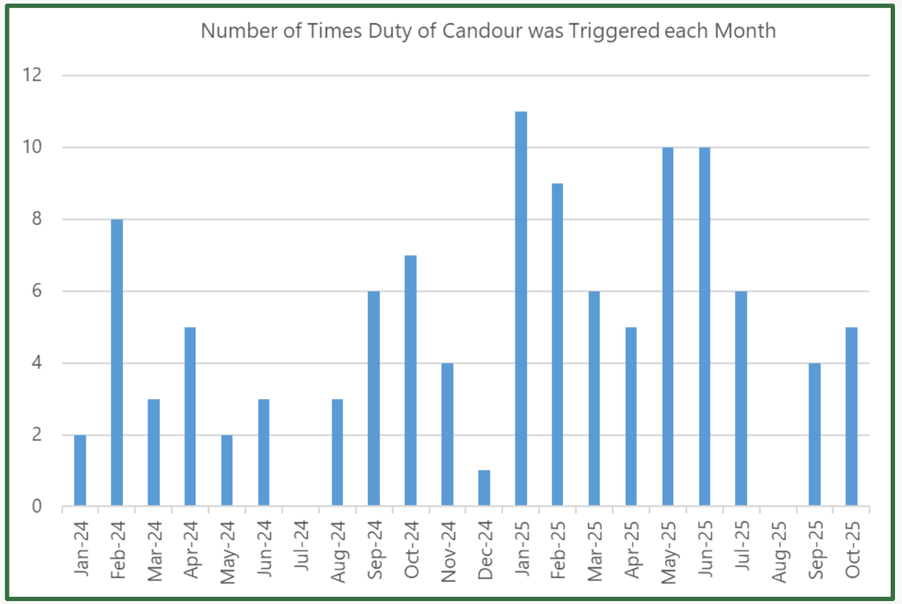
QUEST

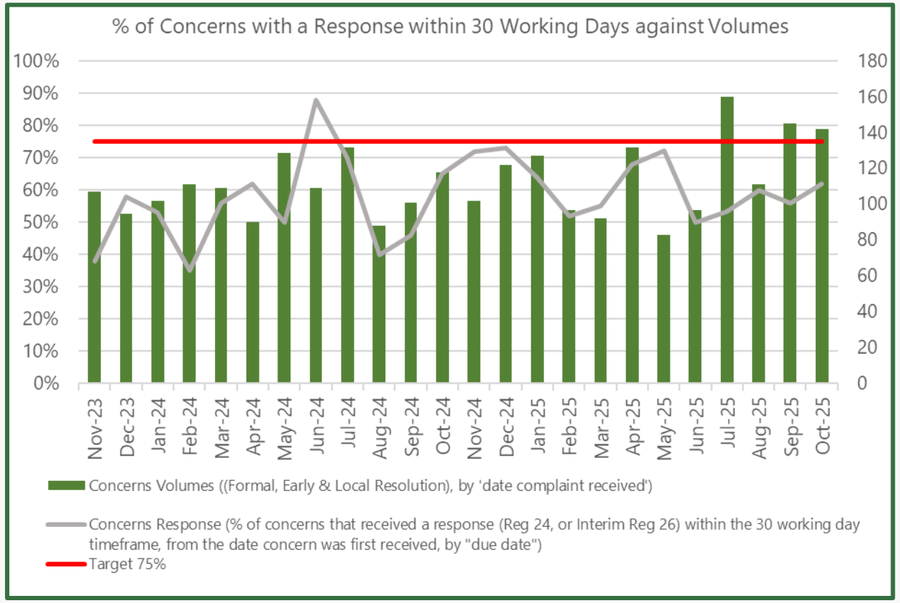
Self-Assessment: Strength of Internal Control: Moderate

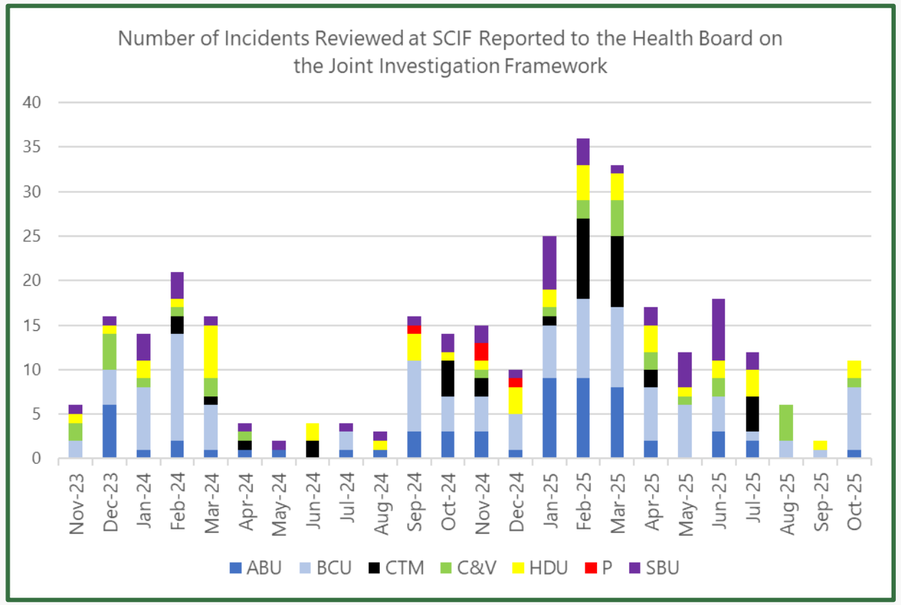
Health & Care Standard
Health - Safe Care / Timely Care

Responses Indicators









Analysis
Complaint response times remain significantly longer than the Welsh Government target. There are early signs of improvement from the PTR Recovery Plan, but this will take some time to be demonstrated. Whilst larger numbers of complaints have been closed in the last quarter, a much-improved position in reducing open overdue complaints will be required to provide acceptable performance against this key performance indicator.

The number of complaints received by the Trust continues at historically high levels. As commented on in last month's report, this is being driven by an increased volume of complaints about Ambulance Care Services.

The Serious Case Incident Forum agreed for 3 incidents to be reported as NRIs, mostly relating to call management issues.

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 and, depending on the success of Recovery Plan actions, may take many months before it picks up again. Support from QPSE to Ambulance Care colleagues in terms of experiential emotional mapping, data visibility and the need to focus on 'on-the-spot' resolution is underway but does not yet appear to have impacted complaint volumes.

*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

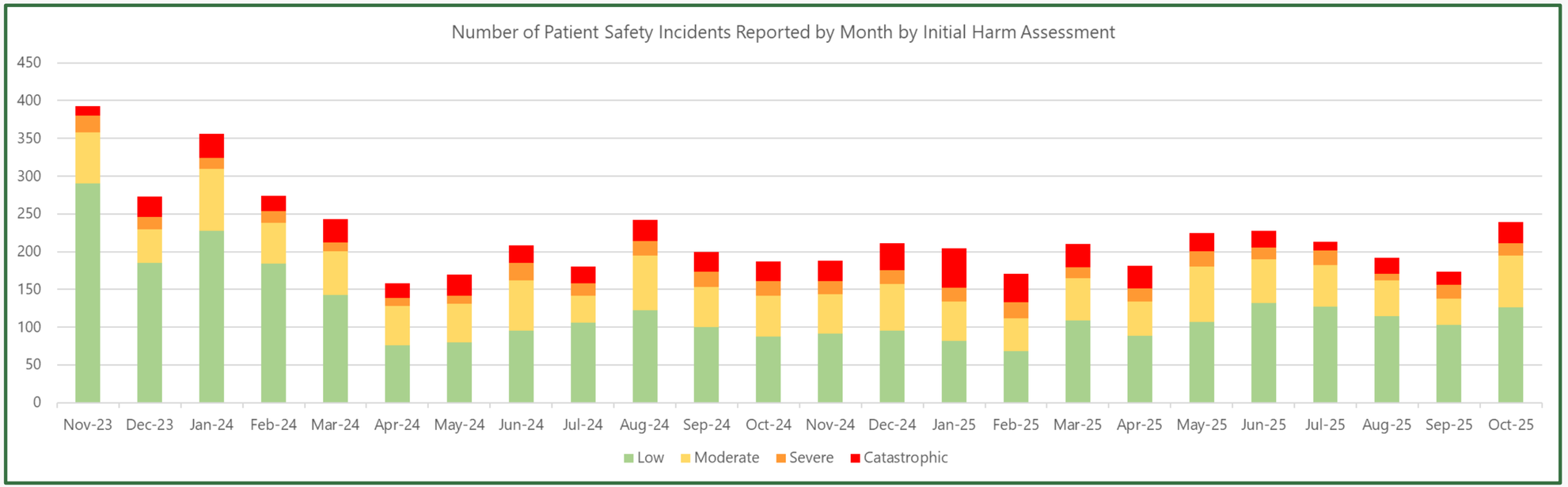
Our Patients: Quality, Safety & Patient Experience
Patient & People Safety Indicators

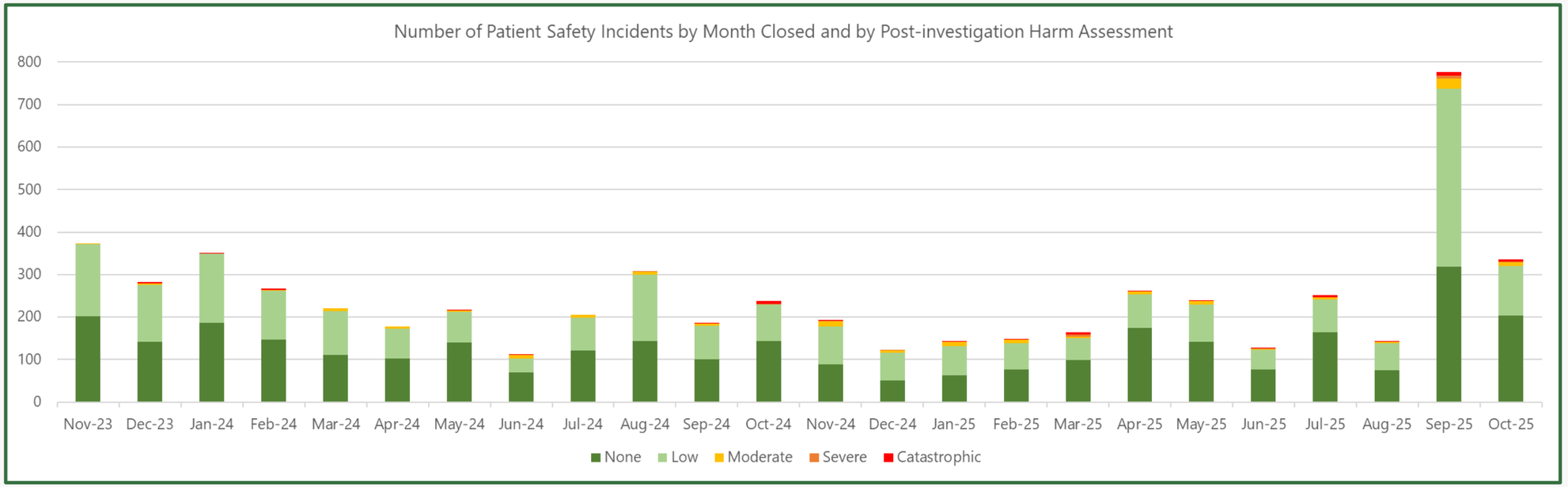
(Responsible Officer: Liam Williams)

Self-Assessment: Strength of Internal Control: Moderate

QUEST

Health & Care Standard
Health – Safe Care





Analysis
The number of investigations needing to be shared with other NHS Wales organisations has increased again and is reflective of the regional areas that have shown least improvement in reducing hospital handover times. This is being monitored closely through the 'Wait 45' initiative and will remain an area of focus as to whether initial improvements are sustained during Winter. Incident reporting volumes have increased back to baseline levels and there remains a focus on completing open incident investigations.

Commitment to converting this to business-as-usual practice will be key to sustaining the improvements. Closed incidents continue to demonstrate that validated levels of severe or catastrophic harm remain consistently low.

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

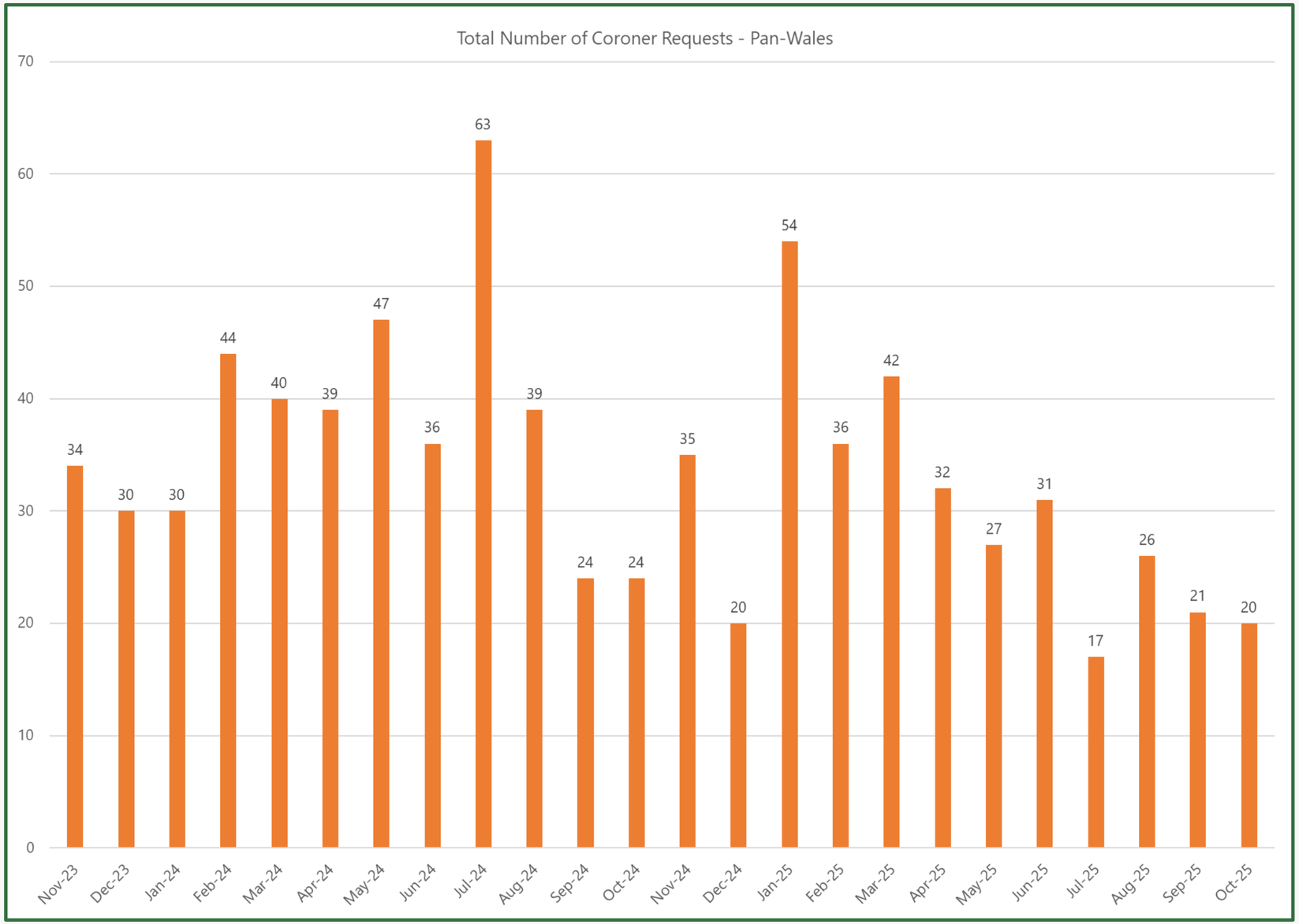
(Responsible Officer: Liam Williams)

Coroners Self-Assessment: Strength of Internal Control: Moderate

Mortality Self-Assessment: Strength of Internal Control: Moderate

QUEST

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. 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 depend on availability of the appropriate professional attendance at Learning Panel.

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

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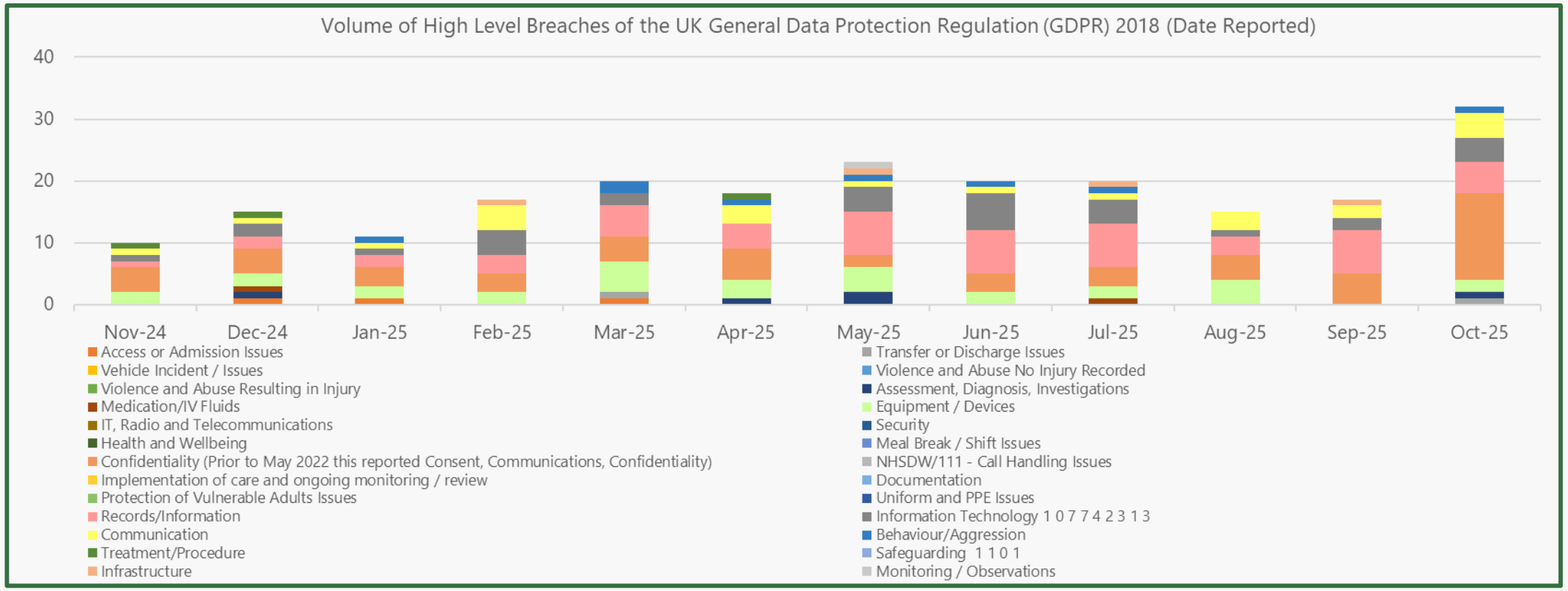
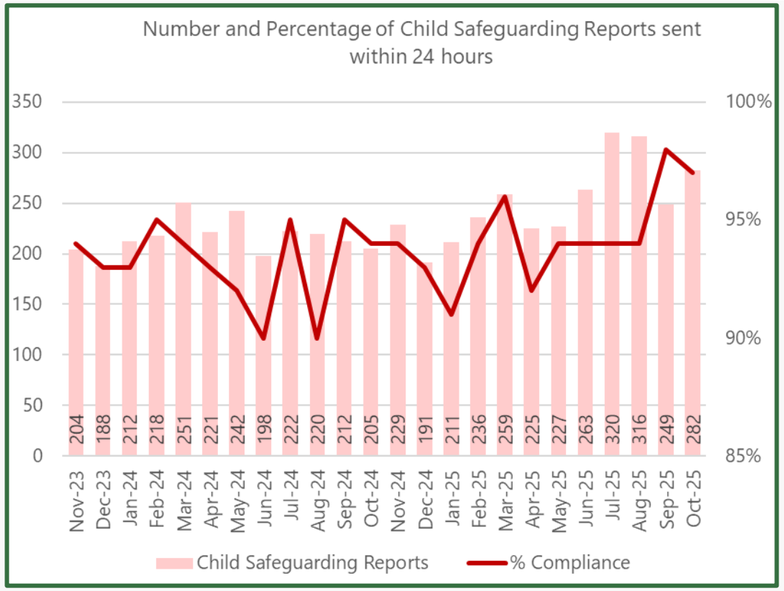
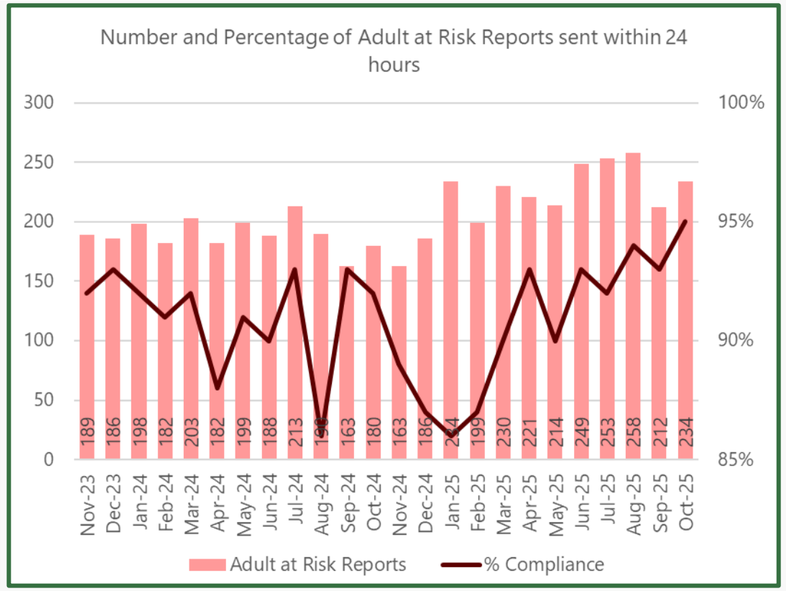






Analysis

Safeguarding: In October 2025 WAST colleagues submitted a total of 234 Adult at Risk Reports, 95% of these were processed within 24 hours. Whilst the Trust does not report on Adult Need for Care & Support reports (wellbeing); 916 reports were shared with local authorities across Wales during this reporting period. There have been 282 Child Safeguarding Reports submitted in October 2025, 97% of these were processed within 24 hours.

Data Governance: In October, there were 32 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 32 breaches, 14 related to IG/Confidentiality, 5 Records/Information, 4 Communication, 4 Information Technology, 2 Equipment/Devices, 1 Behaviour, 1 Transfer/Discharge, and 1 Assessment/Treatment/Diagnosis.

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 32-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 Adult and Children at risk referrals within 24 hours.

Data Governance: The next iteration of the IG Toolkit has now opened for FY25/26 submissions. Submission is 90% completed, with the remaining 10% relating to the Video Surveillance category.

**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

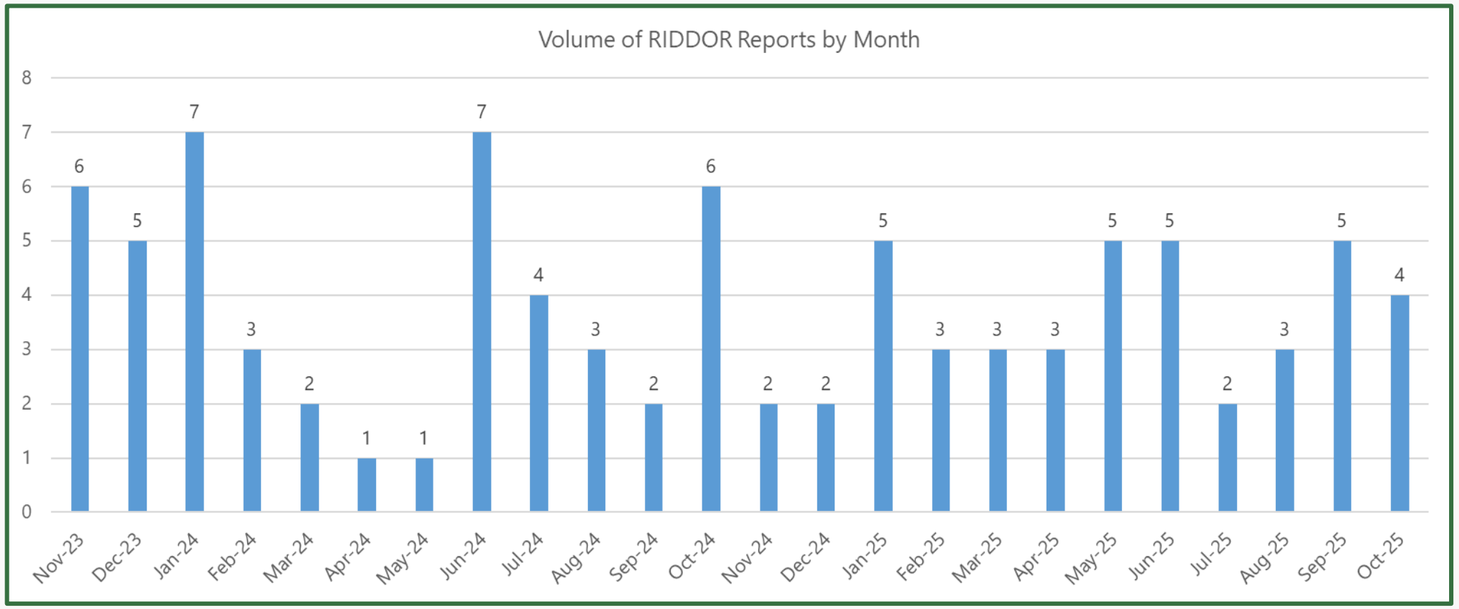
Our Patients: Quality, Safety & Patient Experience
Health & Safety (RIDDORS) Indicators

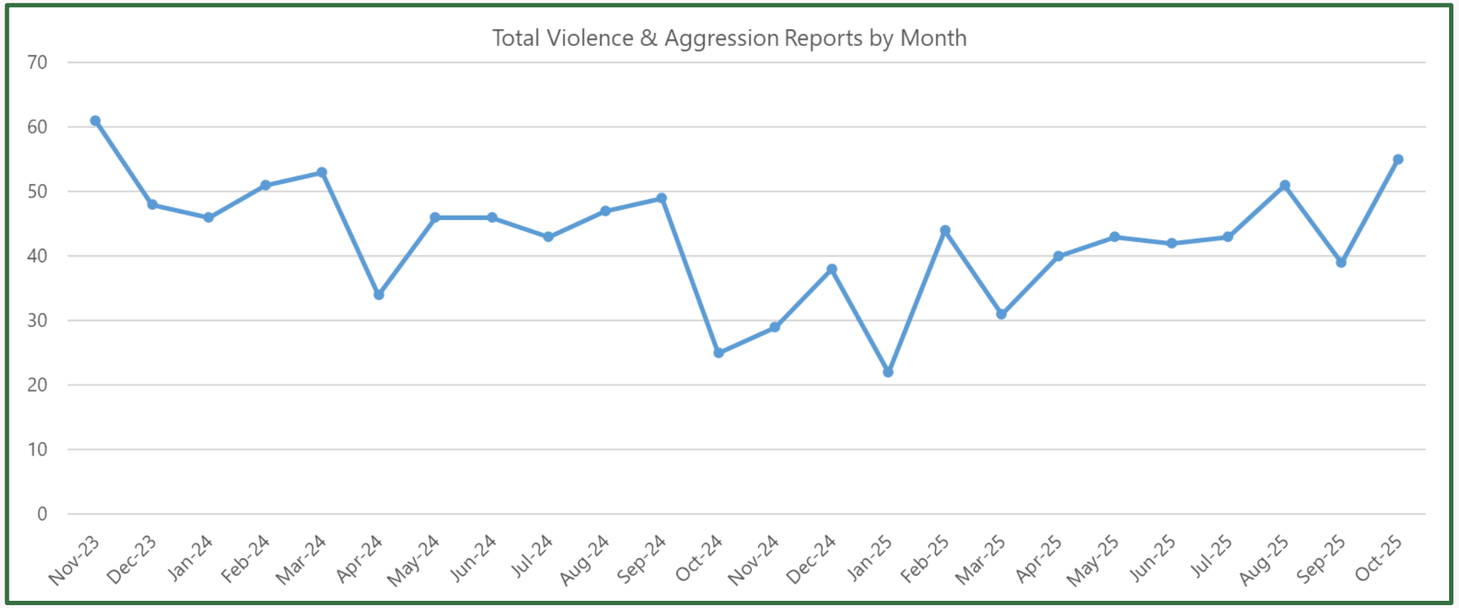
(Responsible Officer: Liam Williams)

Self-Assessment: Strength of Internal Control: Moderate

PCC

Health & Care Standard
Health – Safe Care





Analysis

RIDDOR: There were 4 incidents requiring reporting under RIDDOR during October 2025 all were for an injuries requiring over 7 days of work.

- 100% of the RIDDOR's were submitted within the HSE reporting timelines, so an improvement on the previous months.
- 2 RIDDORs reported during the month were because of manual handling incident whilst lifting or transferring a patient. 1 resulted from transferring a patient using a scoop stretcher and the second was using a carry chair.

Violence and Aggression:

- A total of 55 incidents have been reported of V&A in October.
- The number of Aggressive/Threatening behaviour reports has reduced slightly this month with 3 incident being noted as severe and 5 as moderate harm.
- 4 Physical Assault on staff were reported during the month with 4 incidents of verbal assault that were for swearing and 2 for gender/Sexual orientation.
- 4 incident were reported as Severe harm, 8 incidents were reported as Moderate in harm and 29 noted as low harm with 15 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.

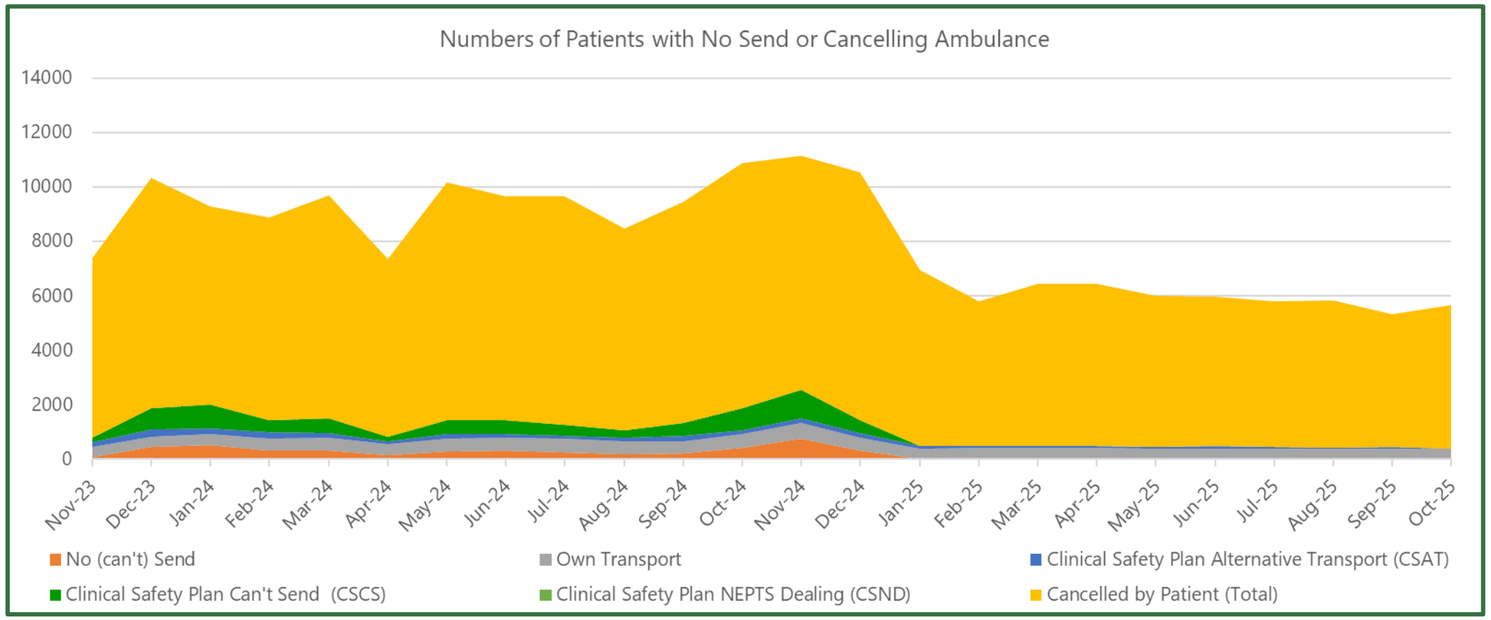
Data source: Datix

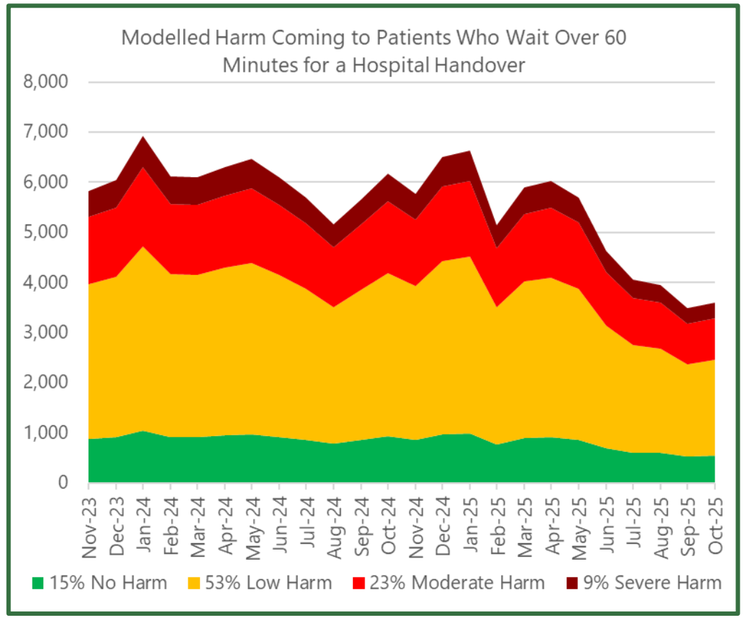
Our Patients: Quality, Safety & Patient Experience
Potential Patient Harm Indicators

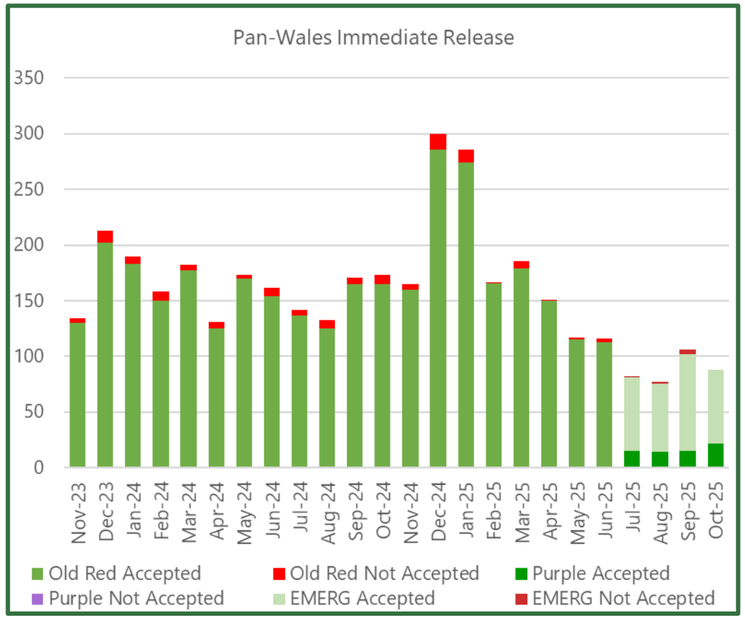
(Responsible Officer: Andy Swinburn)

A

QUEST







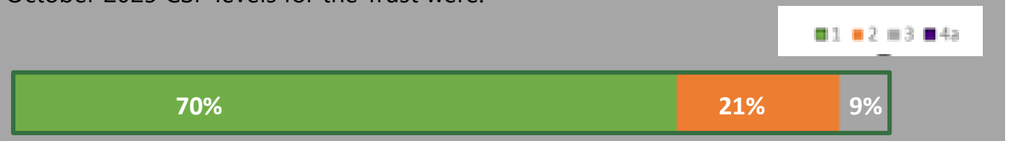
Analysis

In October 2025, zero ambulances were stopped due to Clinical Safety Plan alternative transport (CSPT). In addition, 5,279 ambulances were cancelled by patients a slight increase from the 4,849 in September 2025. There has been a downward trend in patient cancellations since December 2024 which the Trust believes is connected to the implementation of Rapid Clinical Screening during the winter.

There were 447 requests made to Health Board EDs for immediate release of Arrest, Emergency or Amber 1 calls in October 2025. Of these 22 were accepted and released in the Arrest category, with none not being accepted, 66 were accepted in the Emerg category, with 0 not accepted and 104 ambulances were released to respond to Amber 1 calls, but 255 were not.

The graph in the bottom left shows the estimated level of patient harm during October 2025. Of the 3,604 patients who waited outside an ED for over an hour, to be handed over to the care of the hospital, the Trust could assume that 15% (541 patients) would experience no harm, 53% (1,910 patients) would experience low harm, 23% (829 patients) would experience moderate harm and 9% (324 patients) would experience severe harm.

In October 2025 CSP levels for the Trust were:



Remedial Plans and Actions

Immediate release is monitored weekly by the Chief Executive and reported through to Health Board CEOs with the expectation that there are no declines for Arrest and Emerg Release from any of the 7 Health Boards. All health boards have agreed to this measure. Integrated Commissioning Action Plan (ICAP) meetings had been paused as the Trust moves into the new commissioning arrangements with new arrangements expected later this year. The WG target for 2025/26 has a target of no handovers of more than 45 minutes.

Expected Performance Trajectory

The Trust continues to monitor CSP levels both daily through the ODU and weekly through the Weekly Operations Performance Meeting and mitigations are actioned to reduce the impact on the Trust's ability to respond to demand.

**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

September 2025		
NEPTS (267 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	82
Were you happy with the transport you received?	85	94
999 (3 responses)	Benchmark	Score
The 999-call taker who answered your call was reassuring.	85	100
The 999-call taker who answered your call explained what was going to happen next.	85	100
The length of time I waited for an ambulance to arrive was acceptable.	85	75
111 (21 responses)	Benchmark	Score
Do you feel your call to 111 Wales was helpful?	85	79
Did you follow the advice given to you by NHS 111 Wales?	85	86
Would you consider using NHS 111 Wales again?	85	100
WAST Overall - Friends & Family Test How was your overall experience with the service today?	Ranked from very poor to very good.	
o Ambulance care	90.95% Good	5.24% Poor
o Integrated Care (NHS 111 Wales Telephone line only)	85.71% Good	14.29% Poor
o EMS (including CSD)	100.00% Good	0.00% Poor
o NHS 111 Wales Online	56.25% 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.	

Analysis

In September PECI did not attend any engagement opportunities in the community. This was due to a lack of capacity within the Team, we are currently carrying four vacancies and have only one part time Engagement Coordinator currently within the Team.

The Team are also being impacted by an OCP which has been announced but not officially started. The impending OCP means we are unable to back fill into vacant posts. The OCP is also creating some uncertainty within the Team about future responsibilities to carry out engagement activities. As such we have not committed to attend any engagement events until the OCP is complete.

Throughout September we continued to make available 4 patient experience surveys covering the Trust's main service delivery areas. Engagement and survey outcomes remain largely consistent and tell us that people continue to be very concerned about response times in the community and frustrated at hospital handover delays.

- 111 callers have told us that they experienced long waits for call backs.
- NEPTS users told us that overall, they continue to be happy with the transport they receive but experience delays when waiting for their transport home following their appointment.

Remedial Plans and Actions

Work is underway to enact the findings of the service review in relation to public and patient engagement.

The ICO responded to our DPIA with 7 recommendations which were presented to IGSG who gave permission to continue working on the recommendations.

Expected Performance Trajectory

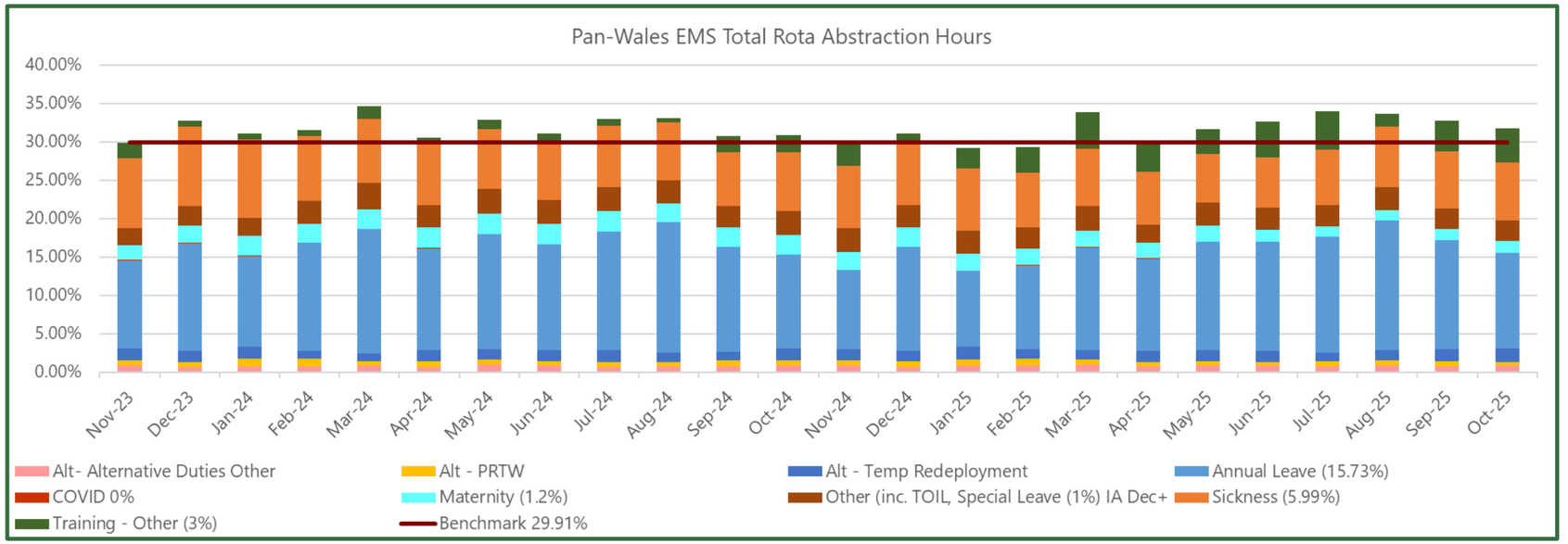
Vacancies and the work to enact the recommendations of the service review will have some impact on team capacity over the coming months.

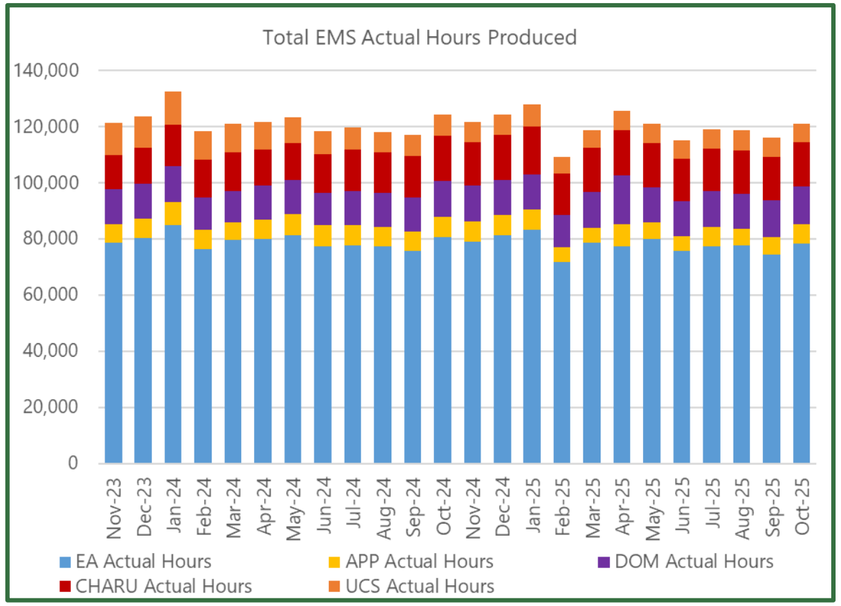
Our People
Capacity - Ambulance Abstractions and Production Indicators

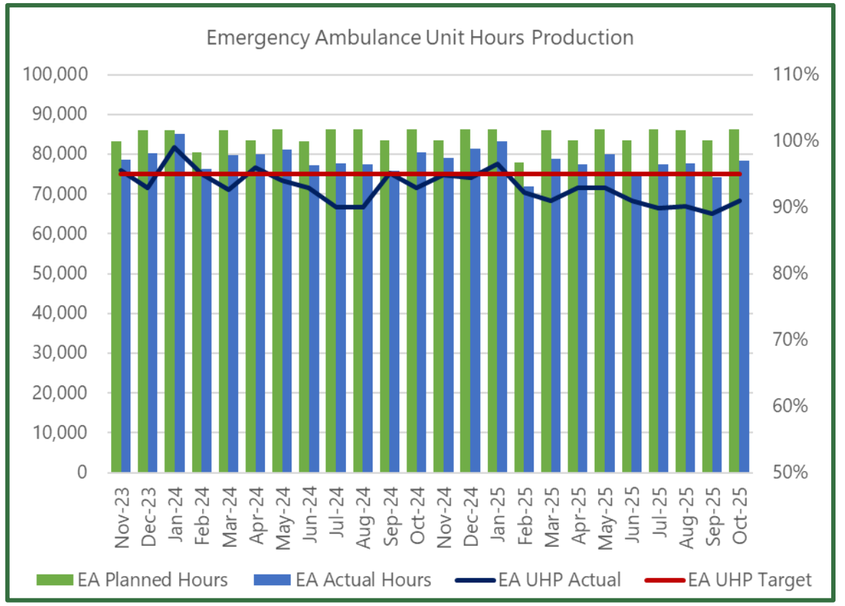
(Responsible Officer: Lee Brooks)

EA Production
A

CI PCC FPC







Analysis

Monthly abstractions from the rosters are key to managing the number of hours the Trust produces, as are the total number of staff in post. October 2025, saw total EMS abstractions (excluding Induction Training) of 31.78%. This was a minimal decrease on the 32.71% recorded in September 2025 and remains above the 29.91% benchmark. The highest proportion of abstractions was due to annual leave at 12.46% followed by sickness at 7.60%.

The total EMS hours produced is a key metric for patient safety. The Trust produced 121,194 hours during October 2025; a slight decrease compared to the 124,337 hours produced during October 2024. The Trust is still delivering good levels of production.

Emergency Ambulance Unit Hours Production (UHP) achieved 91% in October 2025 which equated to 78,406 Actual Hours.

In October 2025 CHARU UHP was 86% against the full roll out requirement.

Remedial Plans and Actions

- Continued focus on managing attendance across the Trust and managing abstractions from rosters.
- Full roll out of CHARUs.
- Continued focus on staff in post to establishment, aiming for 95% benchmark.
- Smoothing of staff between urban and rural areas.
- Focus on recruitment to reduce identified vacancy gap, in particular, EMTs and APPs.

Expected Performance Trajectory

UHP estimates, based on recruitment levels, estimated abstractions and overtime have been provided to ELT. Production is just below target. The Trust maintains an ambition to reduce sickness to 6% and maintain abstractions to 30%. This has not yet been achieved for sickness, but the direction of travel is good, while the abstractions benchmark has been achieved a number of times this year.

Our People
Capacity - Sickness Absence Indicators

(Responsible Officer: Carl Kneeshaw)

Sickness	Mental Health
R	R

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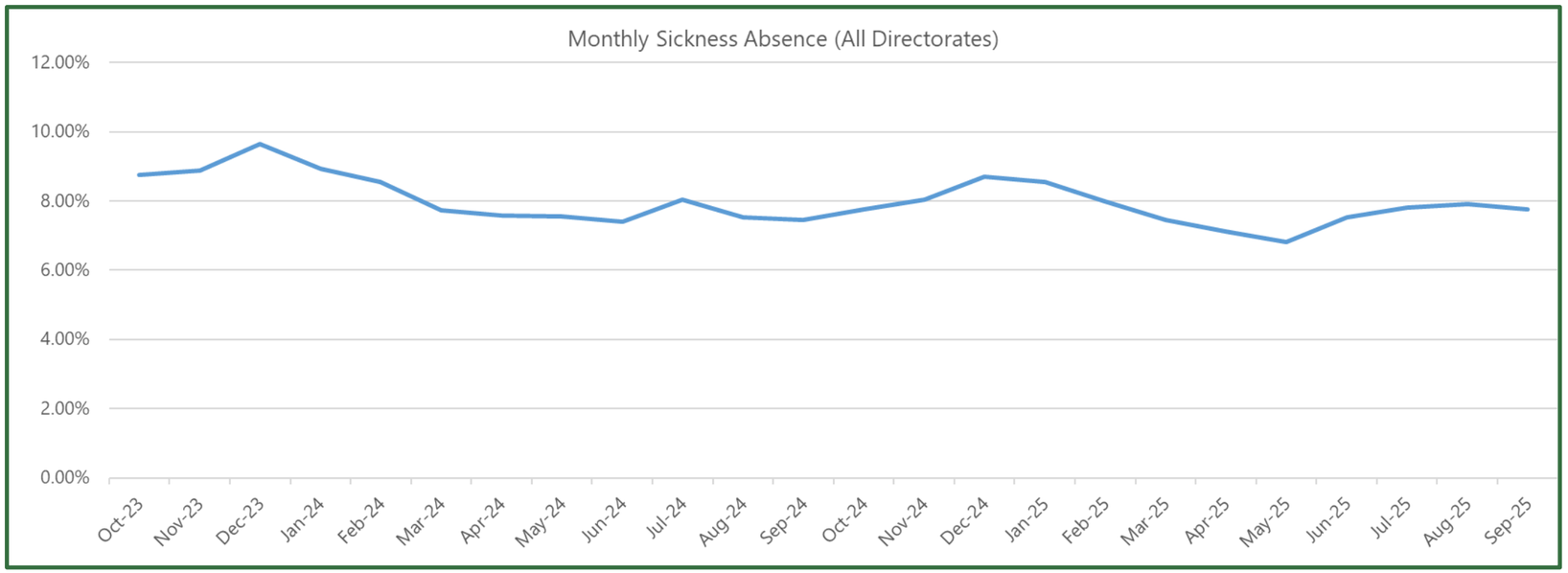
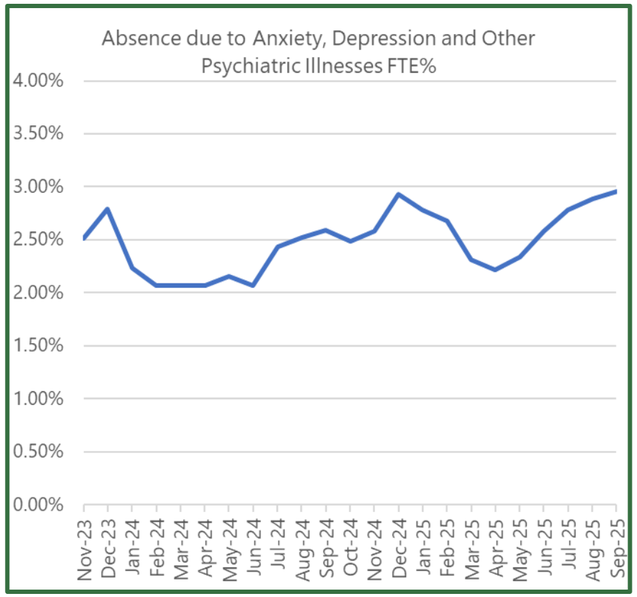
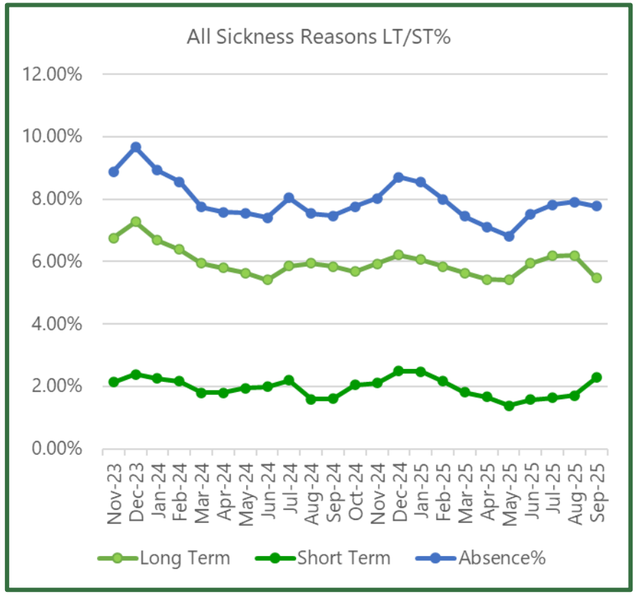




Sep-25	
Average working days lost per FTE (Annual)	
17.76 days	
Single month Absence %	
7.77%	
Long Term	**Short Term**
5.48%	2.28%
Mental Health	**Other MSK**
(S10 Stress/Anxiety)	(excluding Back)
2.96%	0.80%

September 2025



Analysis

There was a slight decrease in overall sickness absence rates between August 2025 and September 2025, reducing from 7.91% to 7.77%. Long term absence decreased from 6.20% in August 2025 to 5.48 % in September 2025, however short-term absence increased slightly to 2.28% (August 2025 - 1.71%).
The highest reasons for absence in September 2025 were Anxiety/ Stress/ Depression, other musculoskeletal problems, gastrointestinal problems and injury fracture. Absence due to Mental Health increased slightly from 2.89% in August 2025 to 2.96% in September 2025.

WAST Occupational Health continue to meet national KPIs set by the All-Wales Occupational Health standards and scope of practice, which states the 1st offered appointment date will be within 29 calendar days of the date referral received. The waiting time for a management referral in September was 10.4 days. We continue to use our external provider, Insight Health services, to help maintain KPIs and provide timely support to employees.

The WAST annual flu campaign kicked off on 6th October 2025, with weekly drop-in clinics held by Occupational Health, alongside multiple clinics held in stations pan Wales by over 40 signed off peer vaccinators.
As of the end of October, WAST vaccinators had given 1,004 vaccines through the campaign. This was broken down to 752 to WAST staff, 223 to PHW staff and 29 to other disciplines including volunteers, St Johns etc. Of all these vaccines 469 were given to patient facing staff.

Remedial Plans and Actions

- The Health and Wellbeing Plan for 2025-29 has been developed and implemented. The focus of the plan is on deliverables to improve workplace relationships, increase the trauma-awareness of the organisation and address health and wellbeing challenges.
- Team members from OH/Wellbeing/TRiM continue to promote our services via Siren, outstation visits and drop-in clinics. We regularly give presentations to newly recruited staff to highlight and promote the Occupational Health & Wellbeing service.
- The team continue to collect feedback and review services provided by our external partner organisations to help improve those services.
- Additional peer vaccinators have been approved, and they will assist OH with a adjusted delivery programme due to different vaccinations being approved to the one requested.

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.

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

Our People
Capacity – Staff Turnover

(Responsible Officer: Carl Kneeshaw)

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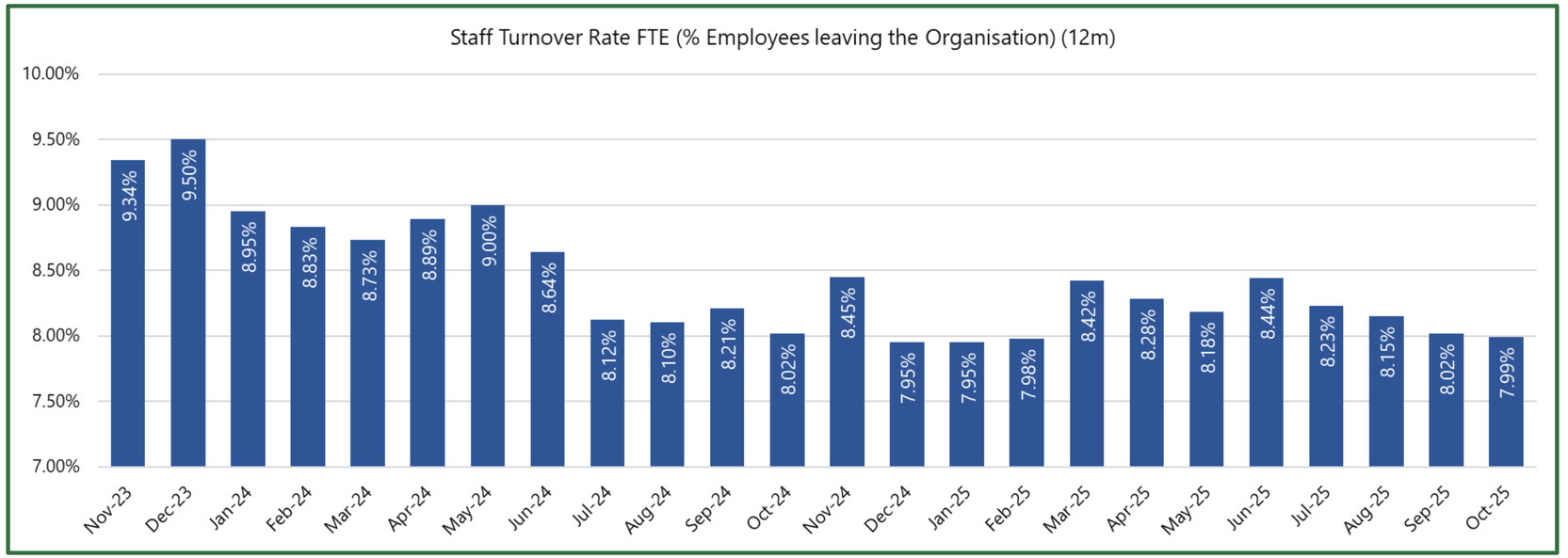
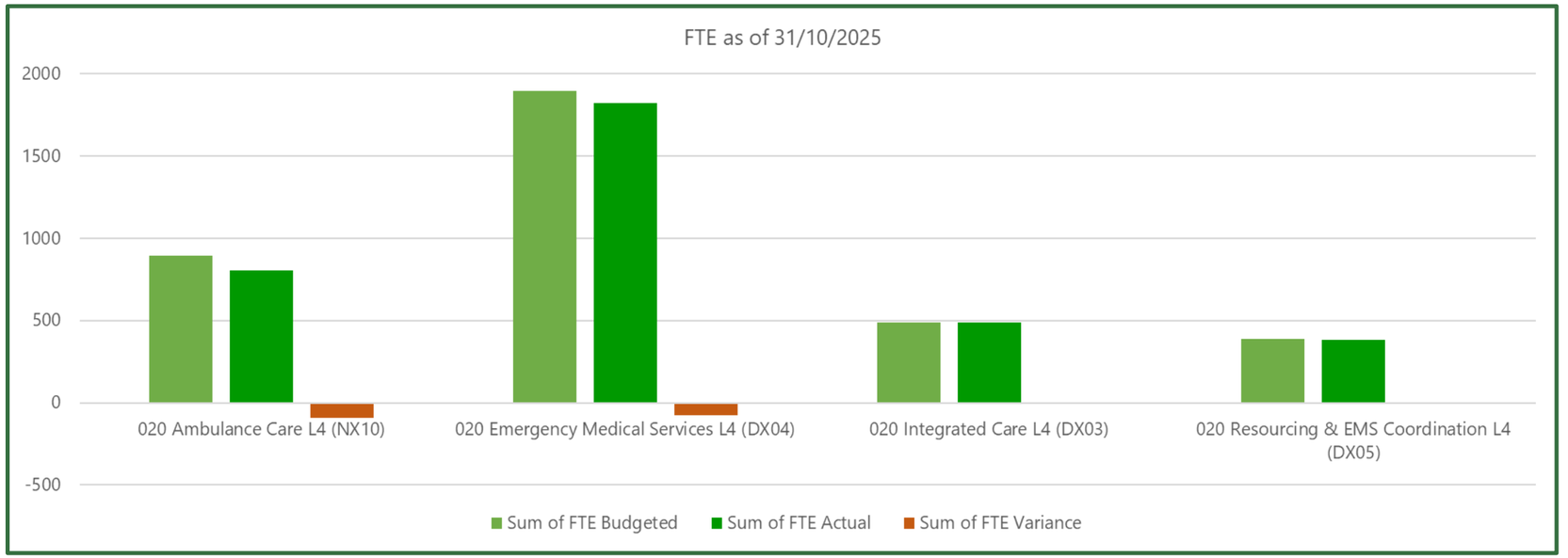




Analysis

The staff turnover rate in October 2025 was 7.99%, minimally decreasing from 8.02% in September 2025. October saw 29 leavers (25.63 FTE). Of those leaving, the greatest number were Operational and included;

- Call Operators (8 people)
- Technician (4 people)
- Ambulance Care Assistants/Patient Transport Drivers (3 people)
- Paramedics (3 people)

Current trends are being monitored via the leaver's questionnaires; however, these are not mandatory.

In October, this was compensated by 36 joiners (35.57 FTE). A headcount of 29 people into Operational roles and 7 people into Corporate roles, the top including:

- Paramedic (7 people)
- Call Operators (7 people)
- Staff Nurse (7 people)
- Senior Manager (3 people)
- Technician (2 people)
- Paramedic Specialist Practitioner (2 people)

Remedial Plans and Actions

- Discussions around the future skill mix of our EMS workforce are ongoing, this could have considerable impact on the EMS workforce going forward. However, sufficient training capacity has been planned during 2025-26 to enable the trust to recruit any staff into the organisation, regardless of what grade that may be.

Expected Performance Trajectory

Turnover and FTE trends and themes are being monitored with plans adjusted accordingly.

Our People
Capability - PADR and Training Rates Indicators

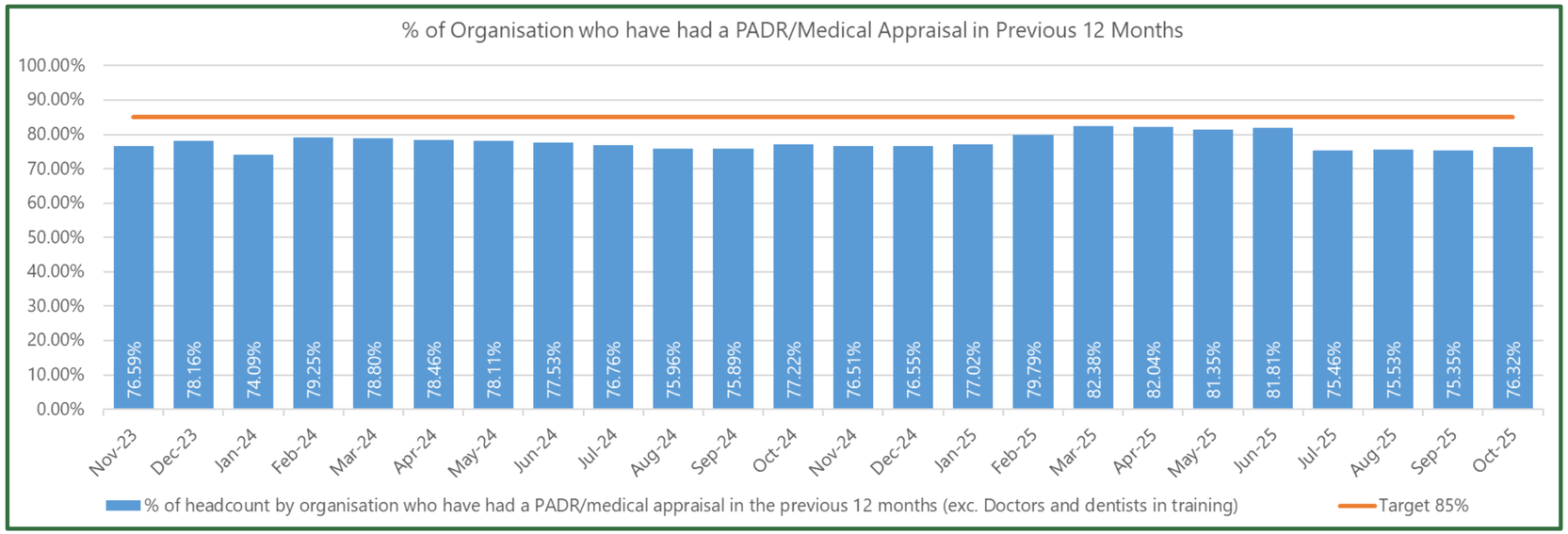
(Responsible Officer: Angela Lewis)

PADR R | Stat & Mand G

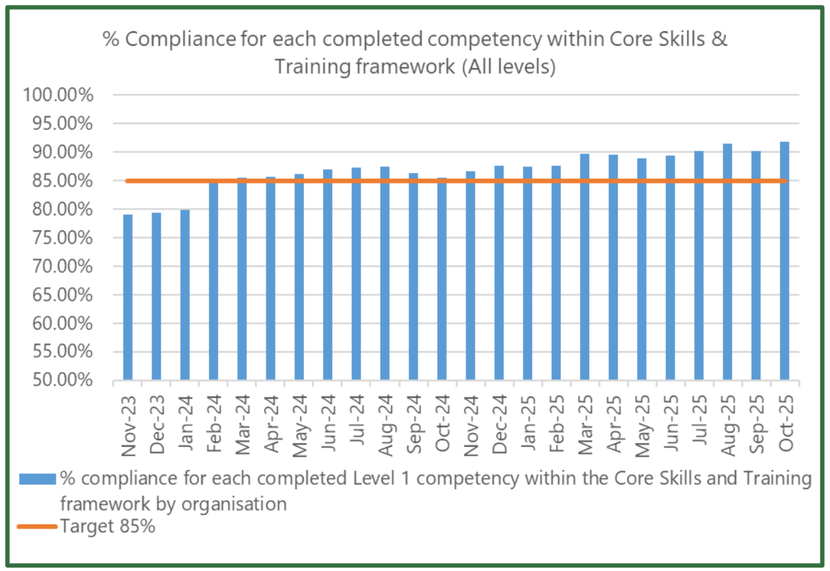
CI | PCC

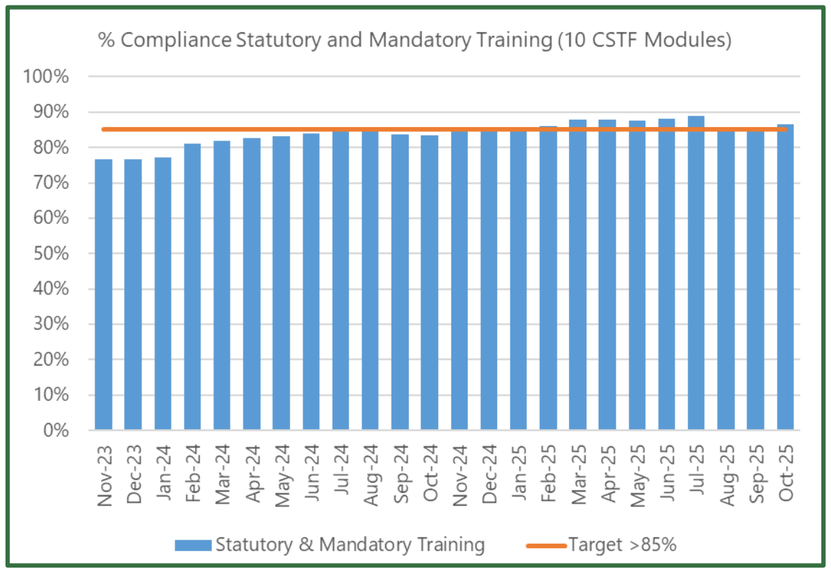
Health & Care Standard Health – Staff & Resources

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) minimally increased from 75.35% in September 2025 to 76.32% in October 2025 and remain below the 85% target. Over the reporting period this target has only been achieved once, in December 2022.

In October 2025 Statutory & Mandatory Training rates reported a combined compliance of 85.56% achieving the 85% target for the first time in 3 months.

There are currently 20 Statutory and Mandatory courses that NHS employees must complete in their employment. These are listed in the table:

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.

There has been a continuation of the climb toward achievement of the 85% target across the remainder of the Core Skills Training Framework competencies which is projected to continue to increase as more learning content is moved to the user friendly environment enabling easier access to these reportable competencies.

Expected Performance Trajectory

Performance is improving as compliance has risen.

Skills & Training Framework	NHS Wales Minimum Renewal Standard
Equality, Diversity & Human Rights (Treat me Fairly)	3 years
Fire Safety	2 years
Health, Safety & Welfare	3 years
Infection, Prevention & Control Level 1	3 years
Information Governance (Wales)	2 years
Moving & Handling (Level1)	2 years
Resuscitation	Annually
Safeguarding Adults (Level 1)	3 years
Safeguarding Children (Level 1)	3 years
Violence & Aggression (Wales) Module A	No Renewal
Mandatory Courses	
Violence Against Women, Domestic Abuse and Sexual Violence	3 years
Dementia Awareness	No Renewal
Welsh Language Awareness	3 years
Paul Ridd (Learning Disability Awareness)	No Renewal
Enviroment, Waste & Energy (Admin & Clerical Staff Only)	Annually
Duty of Quality	3 years
Fraud Awareness	3 years
Prevent Course 1 - Awareness	No Renewal
Duty of Candour	3 years
Anti-Racism	3 years

Data source: ESR

Our People
Health and Well-being – Shift Overruns

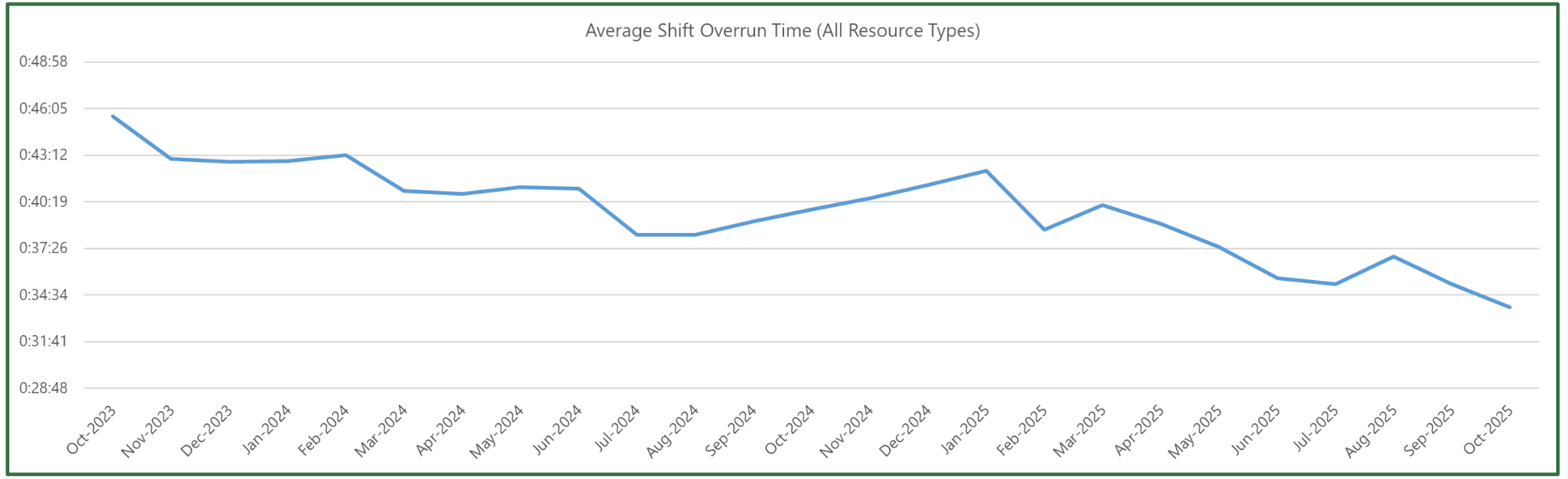
(Responsible Officer: Angela Lewis)

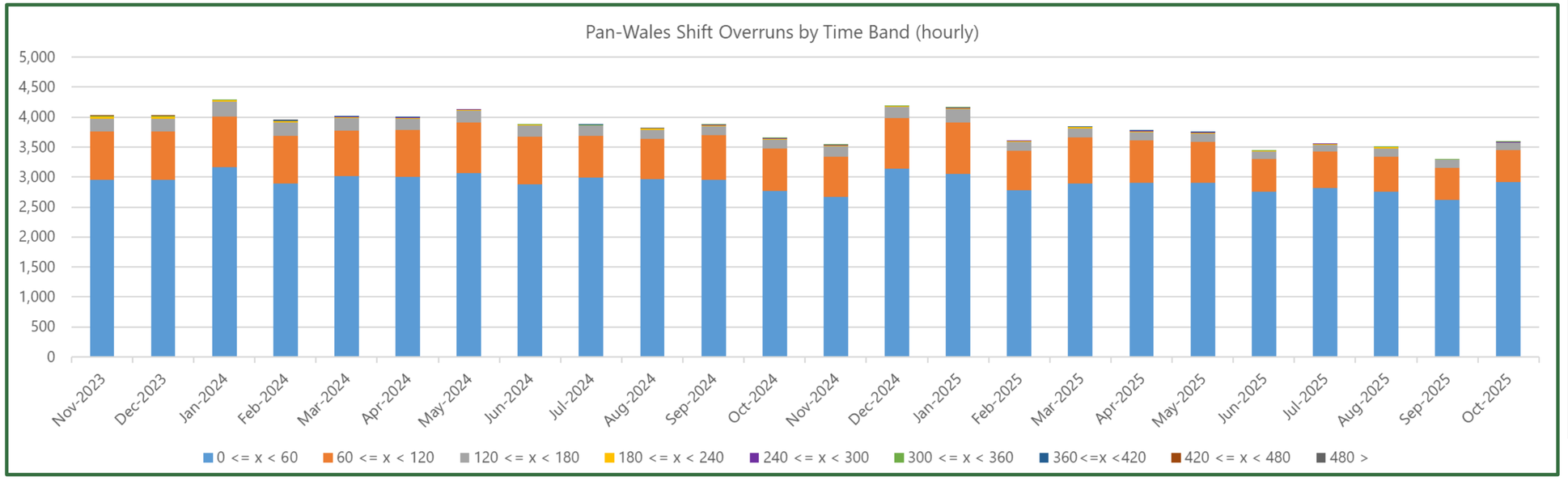
Overruns
A

CI

FPC

PCC





Analysis

There were 3,583 shift overruns during October 2025.

The average overrun figure for October 2025 was 33 minutes and 48 seconds, a slight decrease from September 2025 (35 minutes 16 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 77% of the total. 18% fall within the 61 to 120-minute category, 4.1% in the 121 to 180-minute category, 0.3% 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 a dedicated Task and Finish group to find ways to reduce overruns for our people.

Modelling on another option has just been completed and will be shared with TU partners.

Expected Performance Trajectory

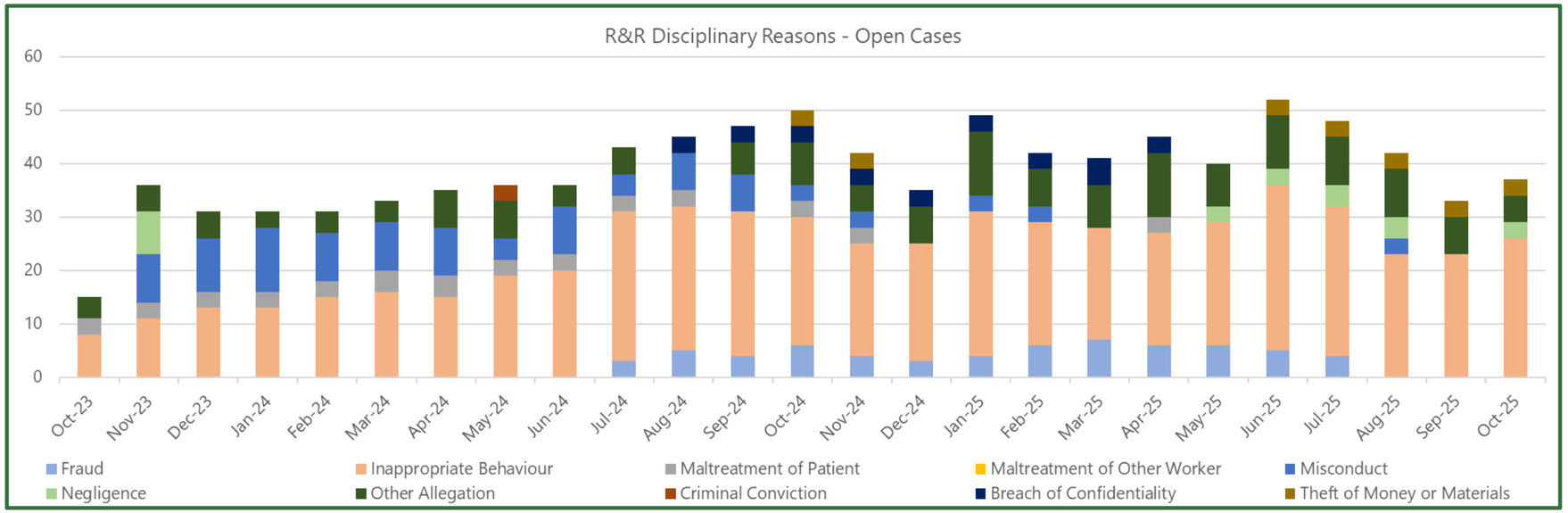
Overruns correlate with handover lost hours and may begin to decrease as handover times continue to reduce.

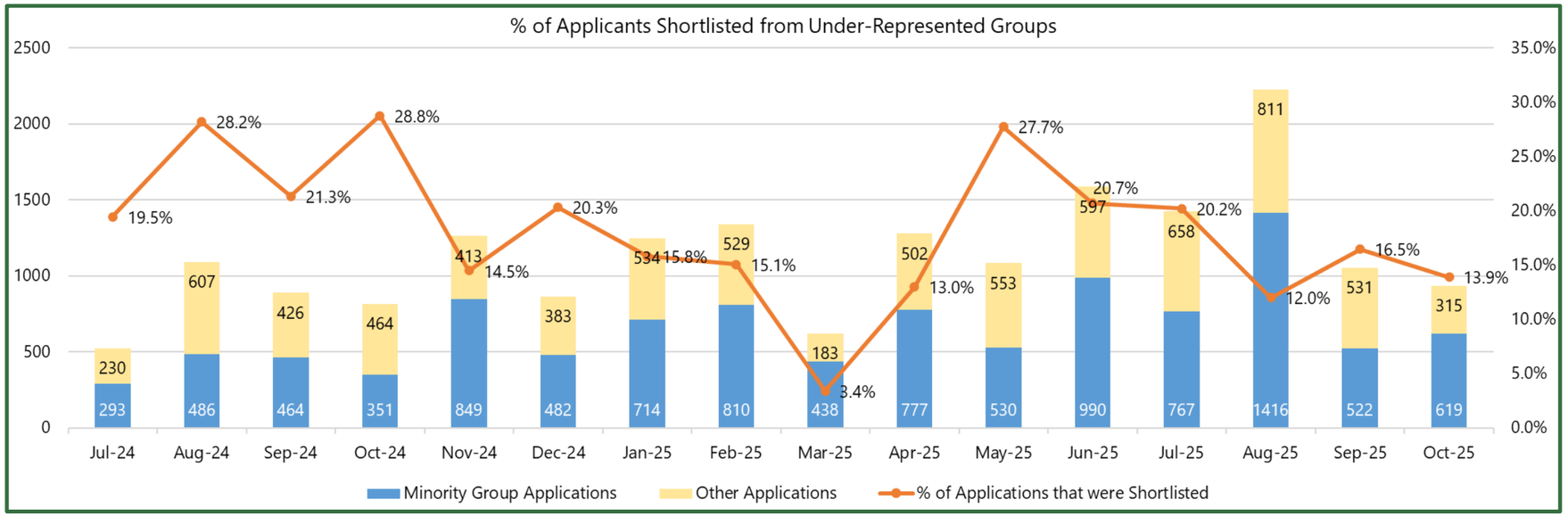
Our People
Culture – Number of R&R Disciplinary Hearings and Number of Applicants Shortlisted from Under-Represented Groups

(Responsible Officer: Angela Lewis)

Self-Assessment: Strength of Internal Control: Moderate

PCC





Analysis

There were 40 open formal disciplinary cases recorded at the end of October 2025, compared to 41 in September 2025. Of these Disciplinary cases, 65% are due to allegations of inappropriate behaviour.

There were 8 open formal Respect and Resolution cases in October 2025, a slight decrease from 12 reported in September 2025. (Previous increase due to R&Rs in relation to Roster Reviews).

The bottom graph shows that in October 2025, 934 job applications were processed, and 204 interviews planned.

Of the 934 applications, a total of 619 were from under-represented groups with 445 in the category of Ethnicity, 112 within Disability and 62 identifying within Sexual Orientation.

In October 2025, 13.9% (n=86) of all applications from under-represented groups made it through shortlisting and were invited for interview. This was a small decrease from the 16.5% in September 2025.

Remedial Plans and Actions

R&R Formal Disciplinary Cases: Continue to monitor. The Trust has a substantial programme of work in place, connected to behaviours.

Applications: Work continues with the digital directorate, and the ED&I team to host recruitment workshops for Black, Asian and Ethnically diverse applicants and unconscious bias training for those sitting on interviews panels. Mini multiple interviews are being undertaken more widely across the Trust following positive feedback from candidates and more consistent scoring from panels making the process fairer and less bias for all involved.

Expected Performance Trajectory

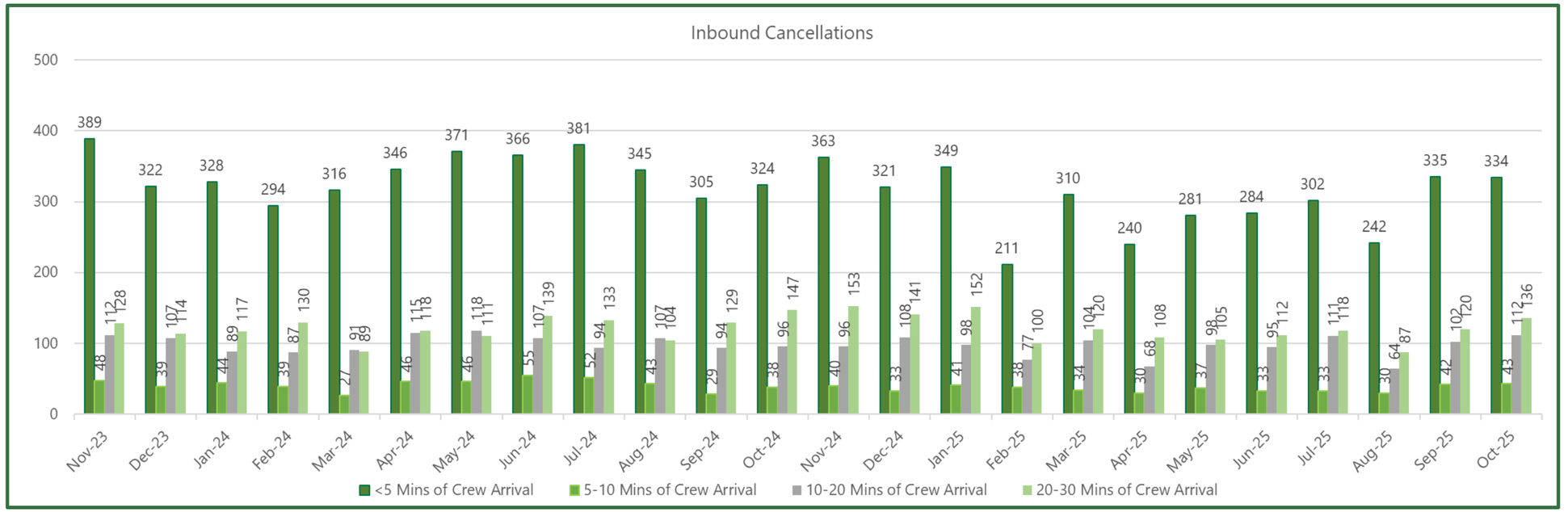
Continue to monitor levels, no trajectory for this measure.

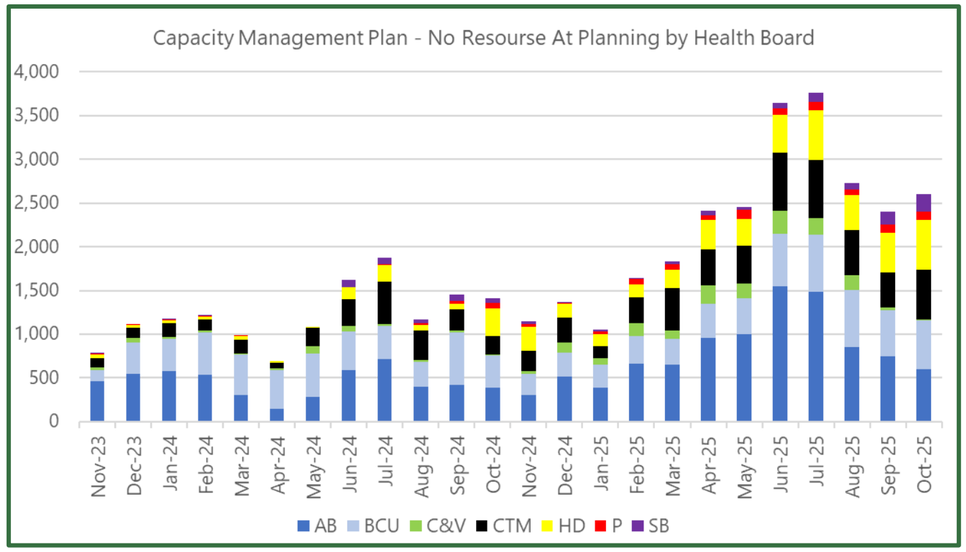
Finance, Resources and Value
Value: Ambulance Care Indicators

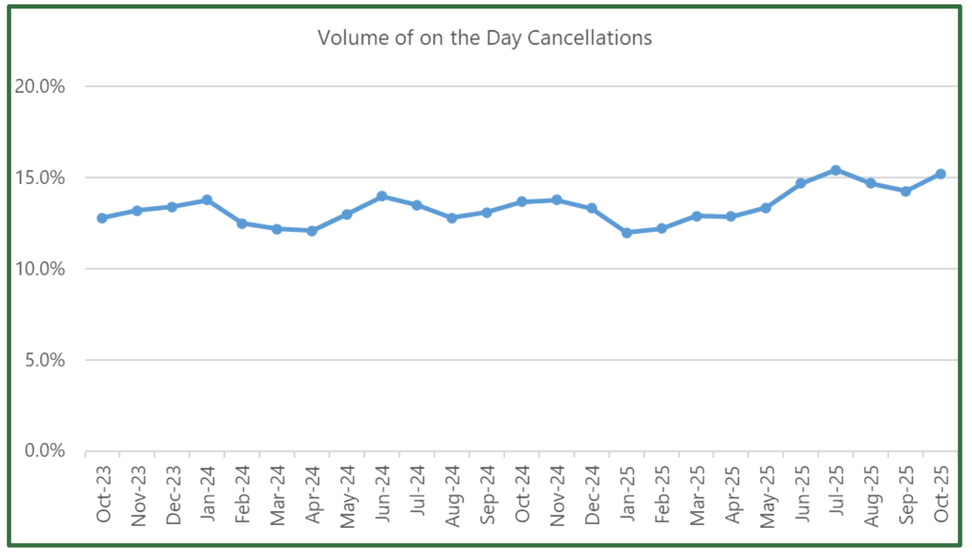
(Responsible Officer: Lee Brooks)

Cancellations
A

FPC







Analysis

Inbound cancellations of 5 minutes or less of the crew arrival time saw a minimal decrease in October 2025 to 334, compared to 335 in September 2025. The total number of cancellations within 30 minutes also increased from 599 in September 2025 to 625 in October 2025.

Same day cancellations increased slightly in October 2025 to 15.2% compared to September 2025 (14.3%).

Capacity Management Plan (CMP) cancellations increased from 2,407 in September 2025 to 2,598 in October 2025.

Remedial Plans and Actions

The work with Hywel Dda to connect patient management systems went live in August and is now in a BAU position. Although still in its infancy, a continued stream of avoided late notice cancellations has been observed.

The biggest challenge and risk to the service lies in the level of capacity management cancellations. Focused work has commenced in Aneurin Bevan and a significant decrease in cancellations has been observed. Similar work will commence in other areas through September.

Expected Performance Trajectory

It is anticipated that CMP cancellations will continue to reduce in September.

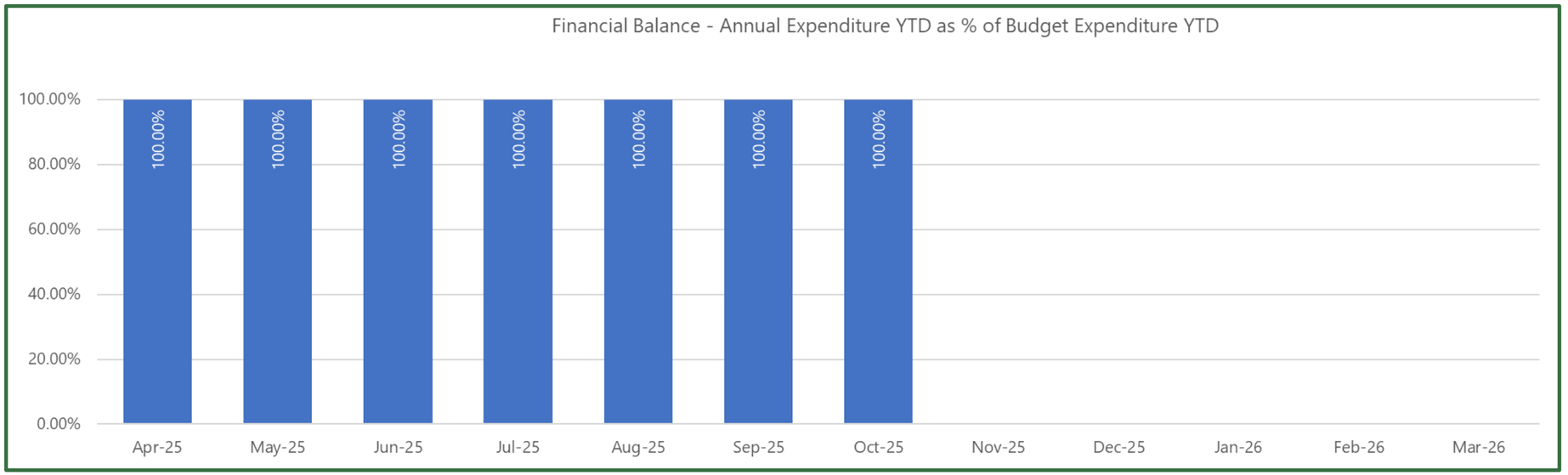
Please note that that figures may be lower than overall totals due to some records having no cancellation date.

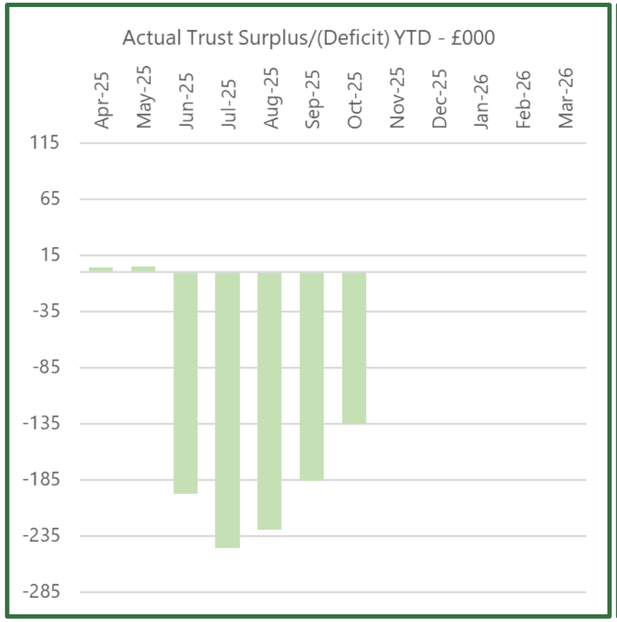
Finance, Resources and Value
Value - Finance Indicators

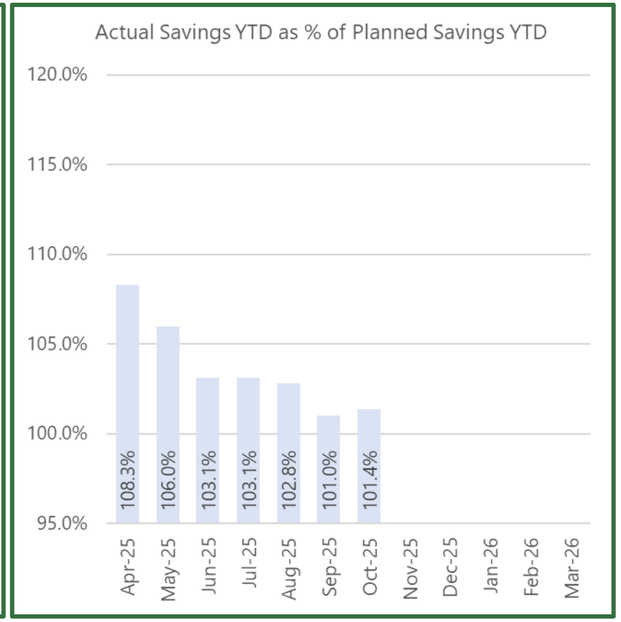
(Responsible Interim Officer: Ed Roberts)

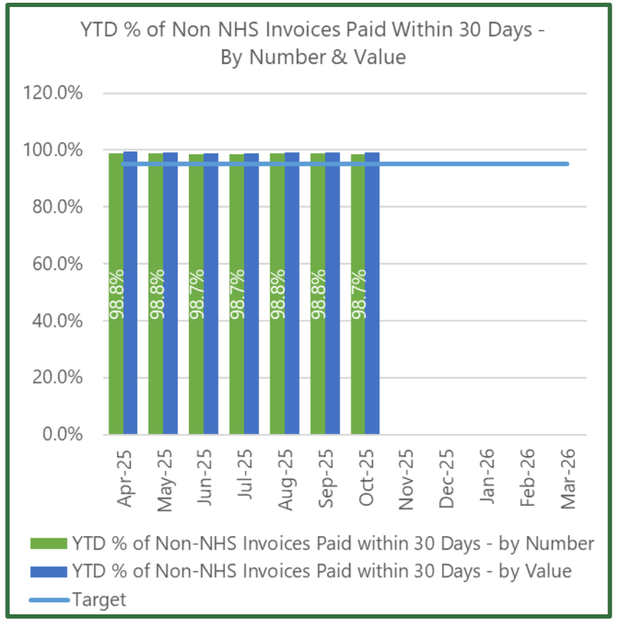
G

FPC









Analysis

The reported outturn performance at Month 7 is a deficit of £0.135m, with a forecast to the yearend of breakeven.

For Month 7 the Trust is reporting planned savings of £4.904m and actual savings of £4.973m (an achievement rate of 101.4%).

The Trust's cumulative performance against PSPP as at Month 7 is 98.7% against a target of 95%.

At Month 7 the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit.

Remedial Plans and Actions

There is no remedial plan required given the Trust is forecasting to breakeven; however, as the Trust moves into 2025/26 key areas
of focus include:-

- Undertaking a review of commercial opportunities for income generation (once Head of Commercial Development is in post) .
- A continued focus on the Trust's financial sustainability programme.
- Improved governance for Value Based Health Care, with a
particular focus on benchmarking; and
- An improved approach to benefits realisation

Expected Performance Trajectory

The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP for the 2025/26 financial year; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to deliver a planned level of savings in the 2025/26 financial year of c£8.5m.

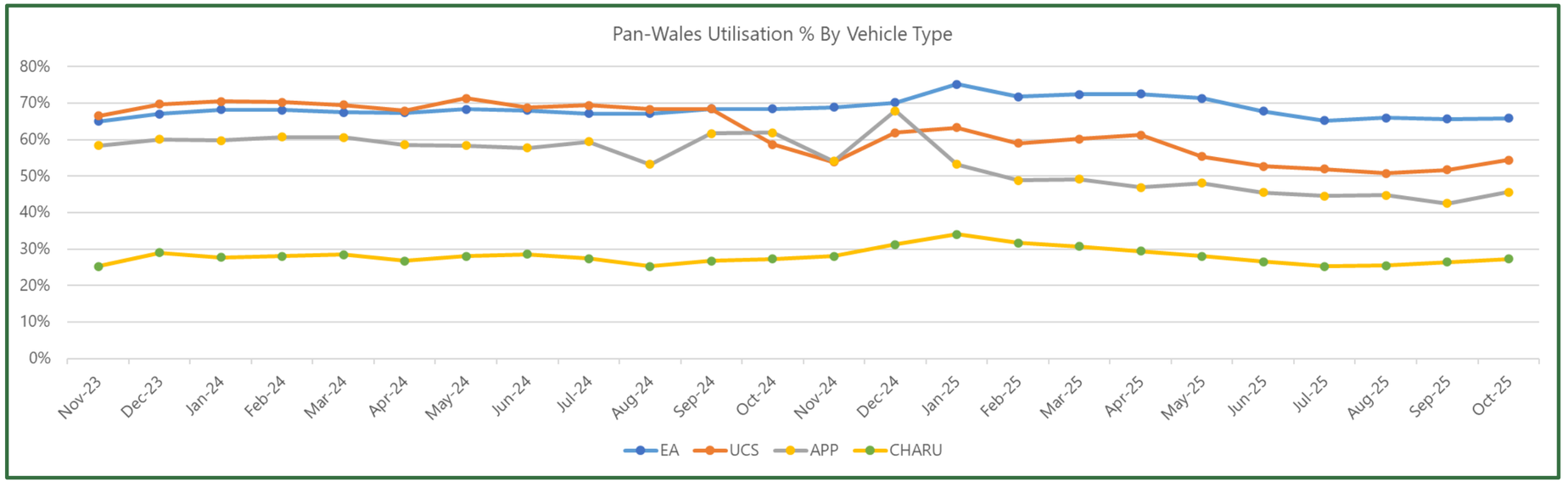
Finance, Resources and Value
EMS Utilisation

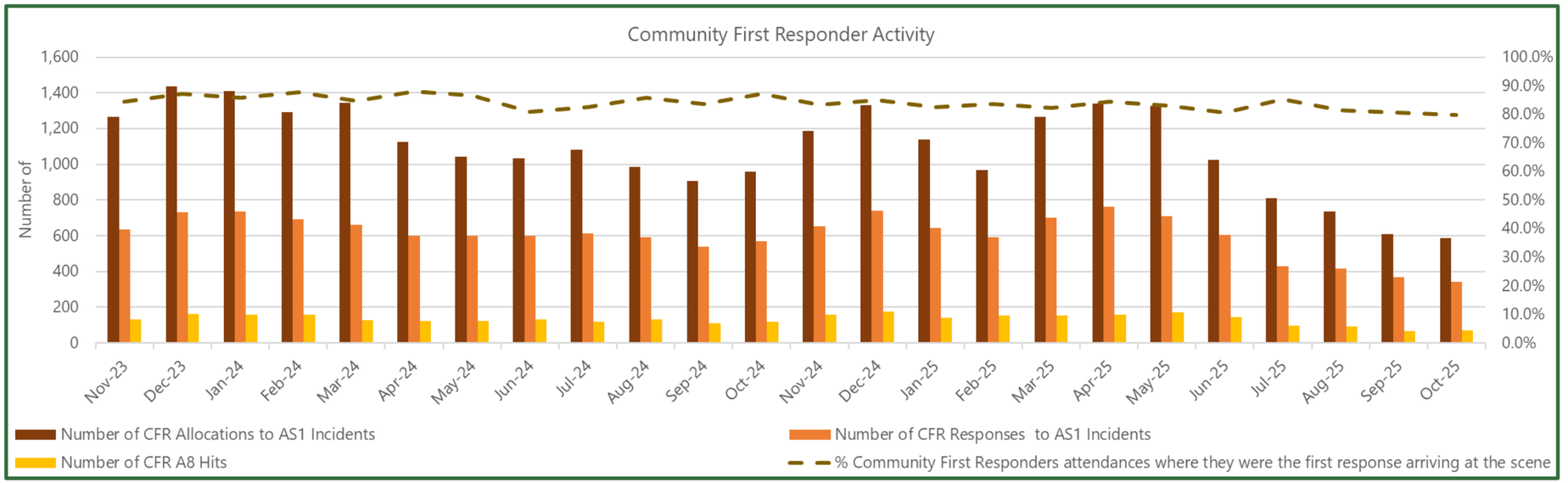
(Responsible Officer: Lee Brooks)

CHARU Utilisation G

FPC

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





Analysis

Pan Wales Utilisation metrics in October 2025 were 52.1% for all vehicles types, a minimal decrease from 51.3% in September 2025. EA saw the highest rate during the month at 65.8%, a minimal increase 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 due to the new Assemble system going live in June 2025. At present hours for which a CFR volunteers are entered manually by the individual, however, there is work ongoing to connect this to the current CAD system from which they are dispatched to appropriate call codes. From the data available, in October we can see that CFRs were allocated to 586 EMS incidents and responded to 340. In October 2025 79.9% Community First Responders attendances 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.

CHARU is a particular area of focus. Analysis indicates that CHARU contribution to Red compares favourably with the previous resource: RRVs.

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. The Trust would expect an increase in CHARU utilisation and a decrease in EA utilisation during 2025/26 linked to the remedial actions identified above.

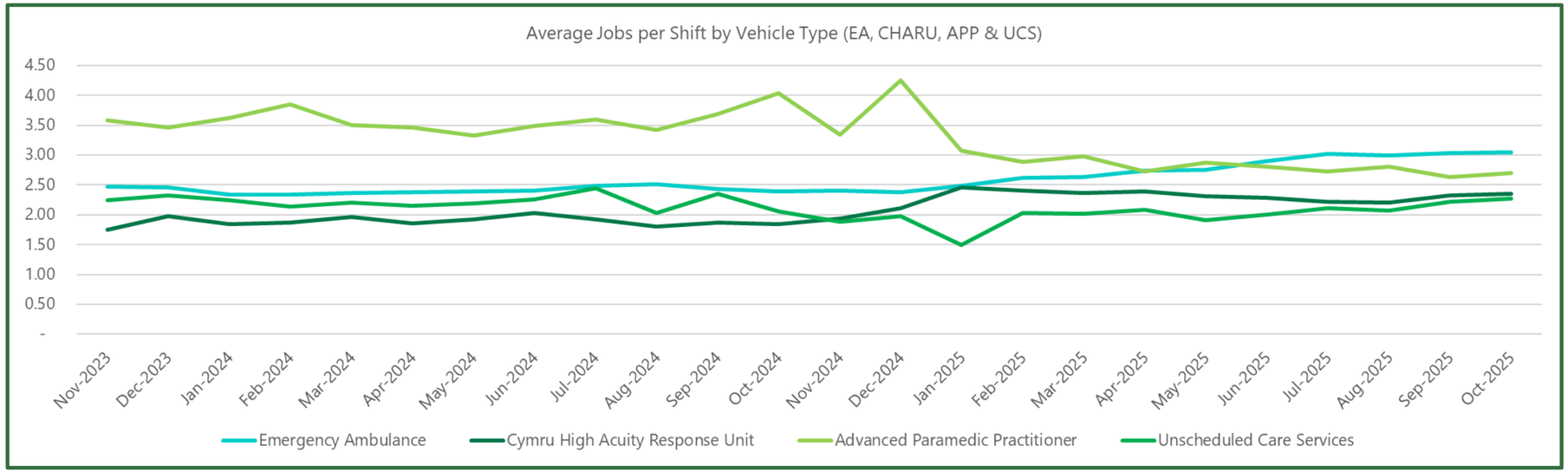
Finance, Resources and Value
Average Job/Shift Times

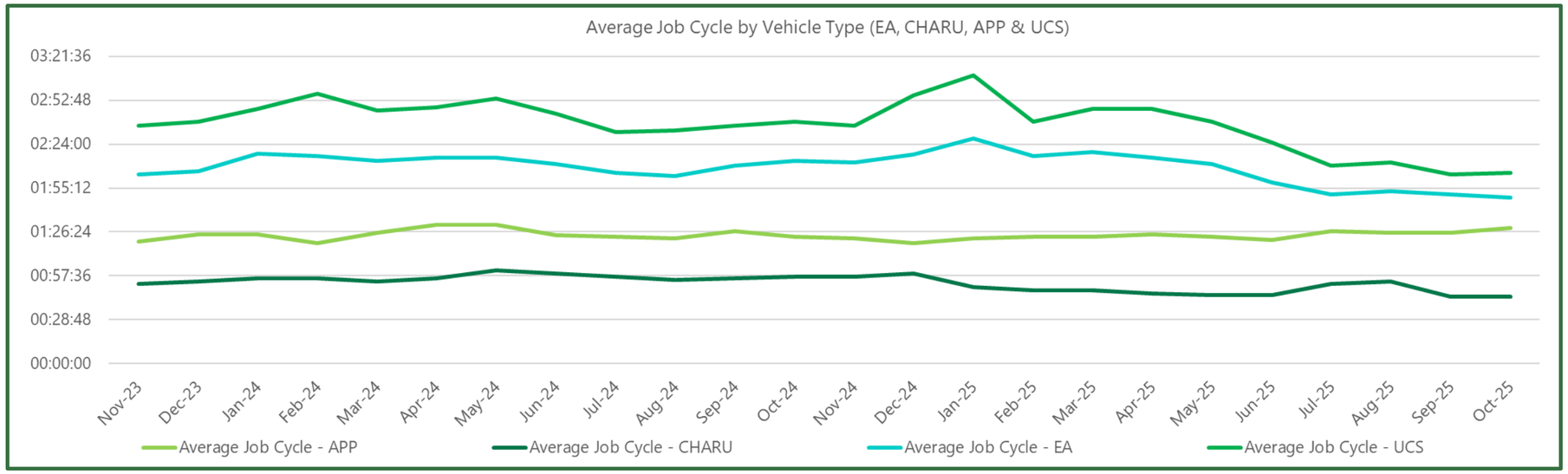
(Responsible Officer: Lee Brooks)

Jobs Per Shift
G

FPC

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





Analysis

Overall average jobs per shift was 2.88 in October 2025, a slight increase from September 2025 (2.39). EAs averaged 3.05 jobs per shift and UCS crews 2.27. Discussions with ORH indicate that 3.03 jobs per shift for EAs is higher than might be expected with the current levels of handover, with a definite upward trend as handover lost hours have come down.

APPs attended on average 2.69 jobs per shift and CHARU's 2.36. 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. There are two key actions underway for APPs a) scheduling (that is responding to the code set they are designed to focus on, which is due on stream in December) and the APP re-roster, which due to take place in Q4 and into Q1 next year..

As demonstrated in the bottom graph, the average job cycle minimally decreased in October 2025 for EAs (1 hours 49 minutes). With both APPs (1 hour 29 minutes) and UCS (2 hours 5 minutes) increasing minimally.

CHARU (44 minutes) remaining the same as the previous month.

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

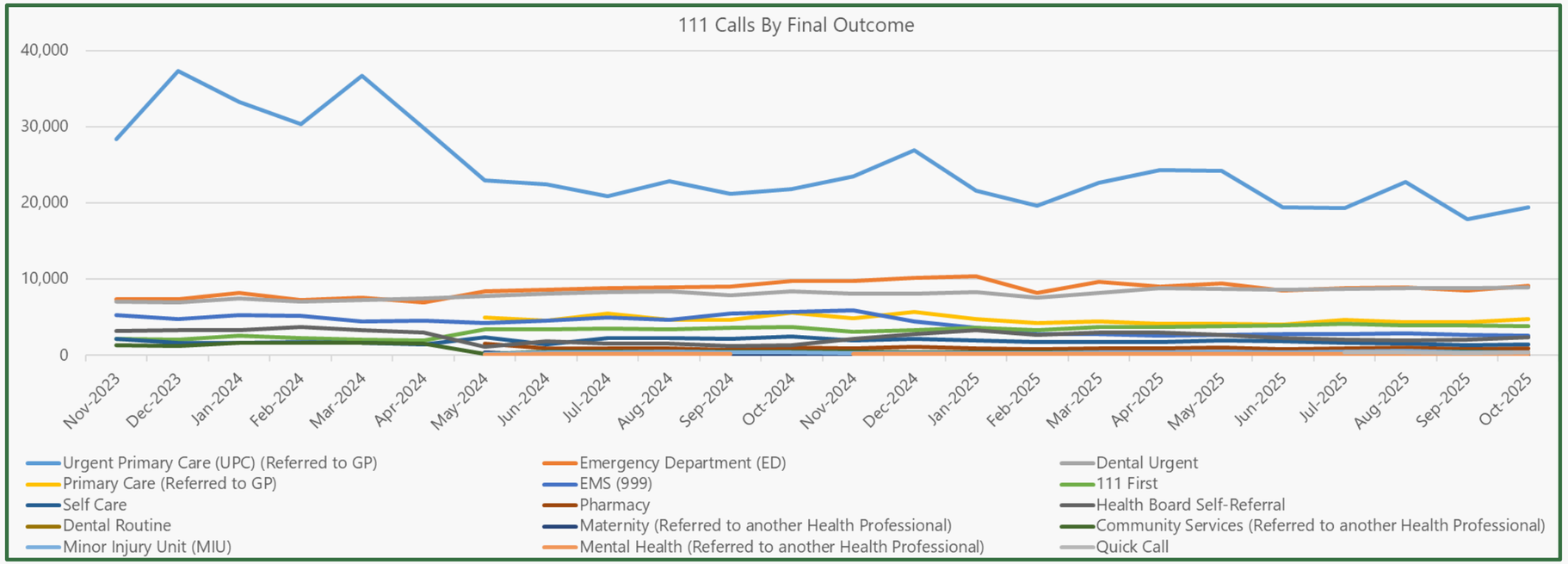
Influencing Factors – Demand and Clinical Hours Produced

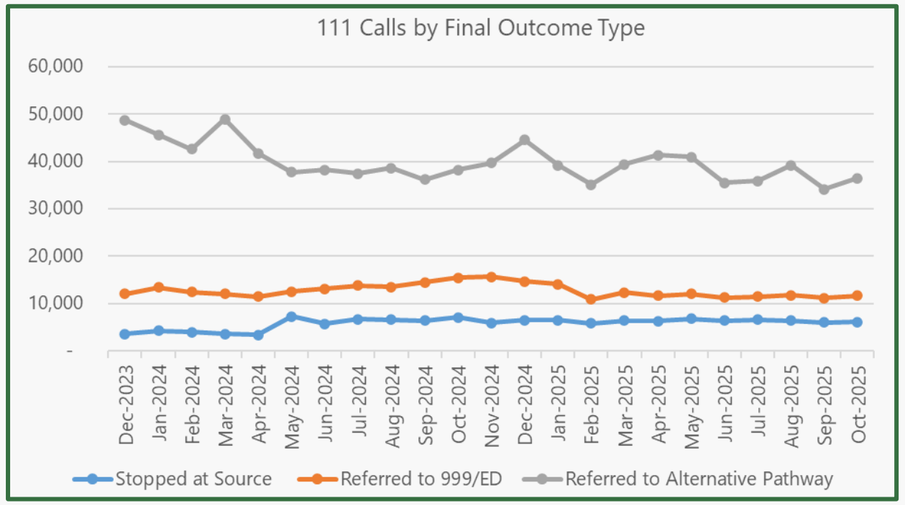
Dental: A

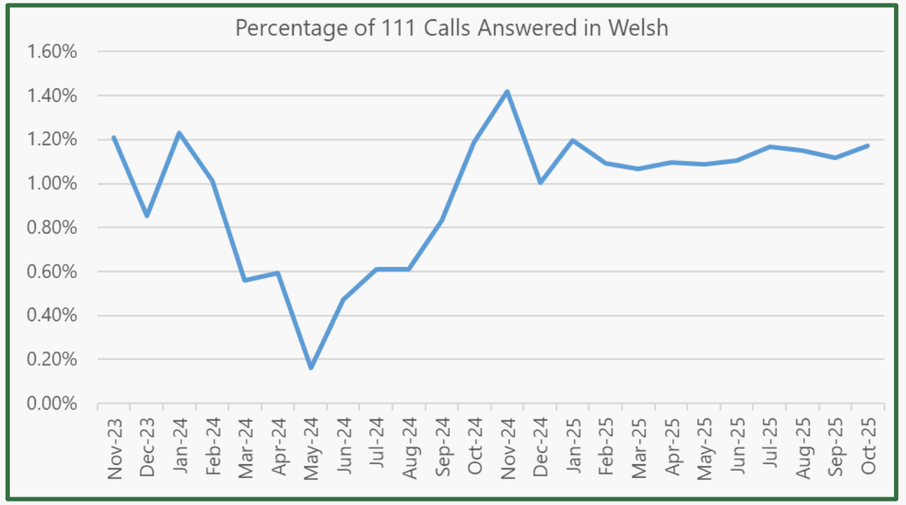
C&C Volumes: R

FPC

(Responsible Officer: Lee Brooks)







Analysis

During October 2025, 59,514 calls were allocated into the 14 categories displayed in the graph opposite; an increase compared to the 55,411 seen during September 2025. However, data quality issues within 111 reporting have been addressed.

Calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 32.58% of all calls during October 2025, but there has been a material drop since the implementation of the new 111CAS system.

As the bottom left graph highlights, in October 2025, 6,147 calls were 'Stopped at Source', with no onward referral, a slight increase from 6,029 in September 2025. 11,706 calls were referred to 999/ED in October 2025.

The percentage of 111 calls answered in Welsh increased slightly from 1.12% in September 2025 to 1.17% in October 2025. This equated to 66.3% of all 111 calls being offered in Welsh being answered.

Remedial Plans and Actions

There is currently a 111 Measures Task and Finish Group. This is a collaborative meeting between WAST, Six Goals, commissioners and DHCW. The focus is the development of a nationally reportable 111 data set, similar to what is currently in place for Ambulance Service Indicators (ASIs). Part of this work involves looking at the reporting of disposition final outcomes.

Expected Performance Trajectory

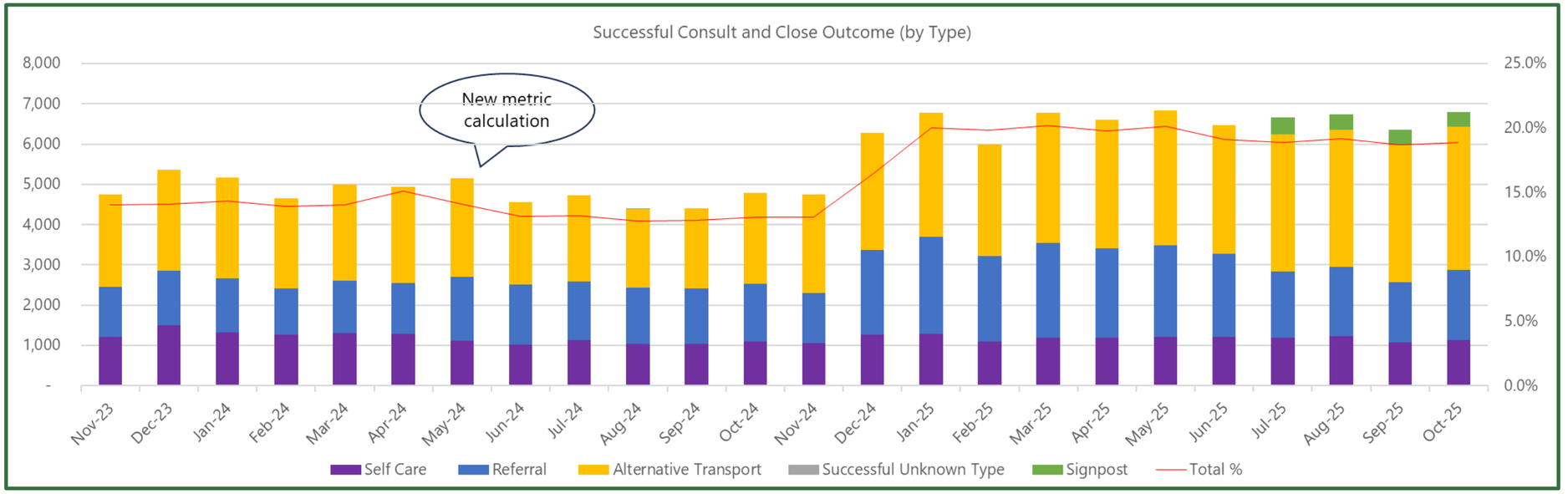
No performance trajectory is set at this time, as the Trust develops its measures and systems around these metrics. Once developed there will be an opportunity to develop benchmarks. The focus remains to shift left, where it is clinically safe and appropriate to do so.

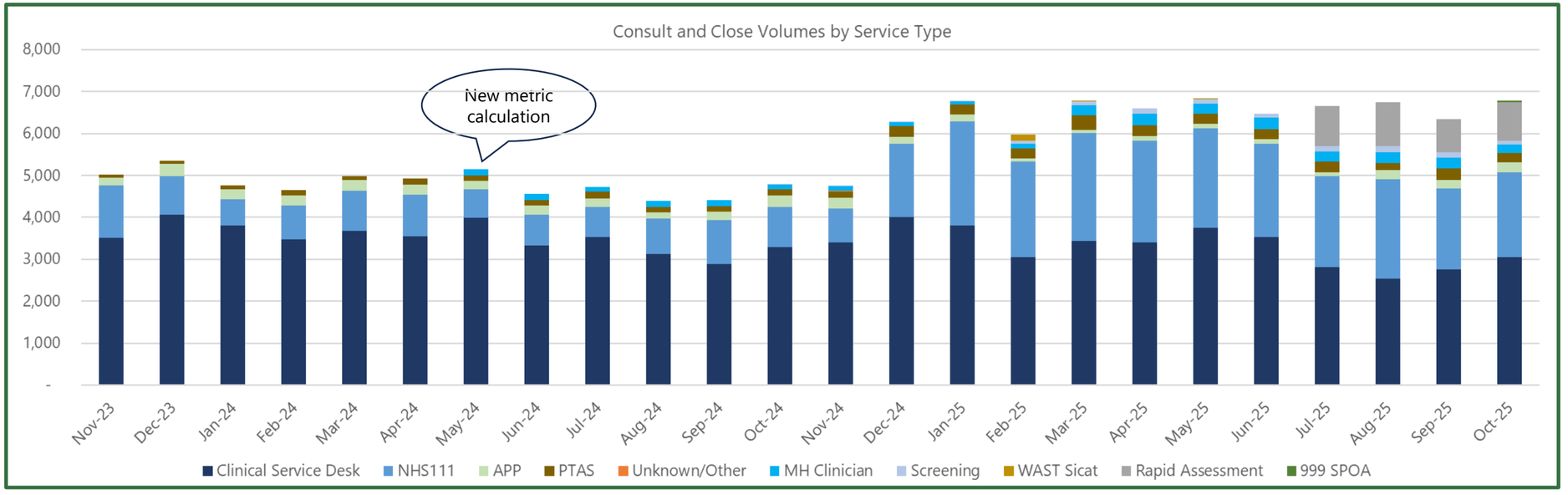
Partnerships / System Contribution
Consult & Close Indicators

(Responsible Officer: Lee Brooks)

C&C Outcomes: G

FPC





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) (8.48%), NHS111 (5.66%), WAST APP (0.60%), Health Boards using Physician Triage and Streaming Service (PTAS) (0.61%), Mental Health Clinician (0.55%), Screening (0.27%), Rapid Assessment (2.53%) and 999 Single Point of Access (SPOA) (0.13%) achieved 18.9% in October 2025, a minimal increase compared to September 2025 (18.7%), but still achieving the 17% IMTP ambition for the ninth consecutive month. In October 2025, the number of 999 calls resulting in a Consult and Close outcome was 6,790, up from 4,786 in October 2024.

Of the calls successfully closed in October 2025, 44 patients received an outcome of self-care; 854 patients were referred to other services (including to Minor Injury Units and SDEC), 821 were advised to seek alternative transport services to acquire treatment and 316 were signposted.

Remedial Plans and Actions

- Work underway reviewing processes, has yielded efficiencies in remote clinical support.
- Implementation of 15 recommendations from commissioner review.
- Ambulance Performance Phase 2 go live.

Expected Performance Trajectory

Further improvement is expected linked to CSD staff attendance (reduced abstractions and less vacancies) and the CMT model. The ambition remains 17%.

Partnerships / System Contribution
Conveyance to ED Indicators

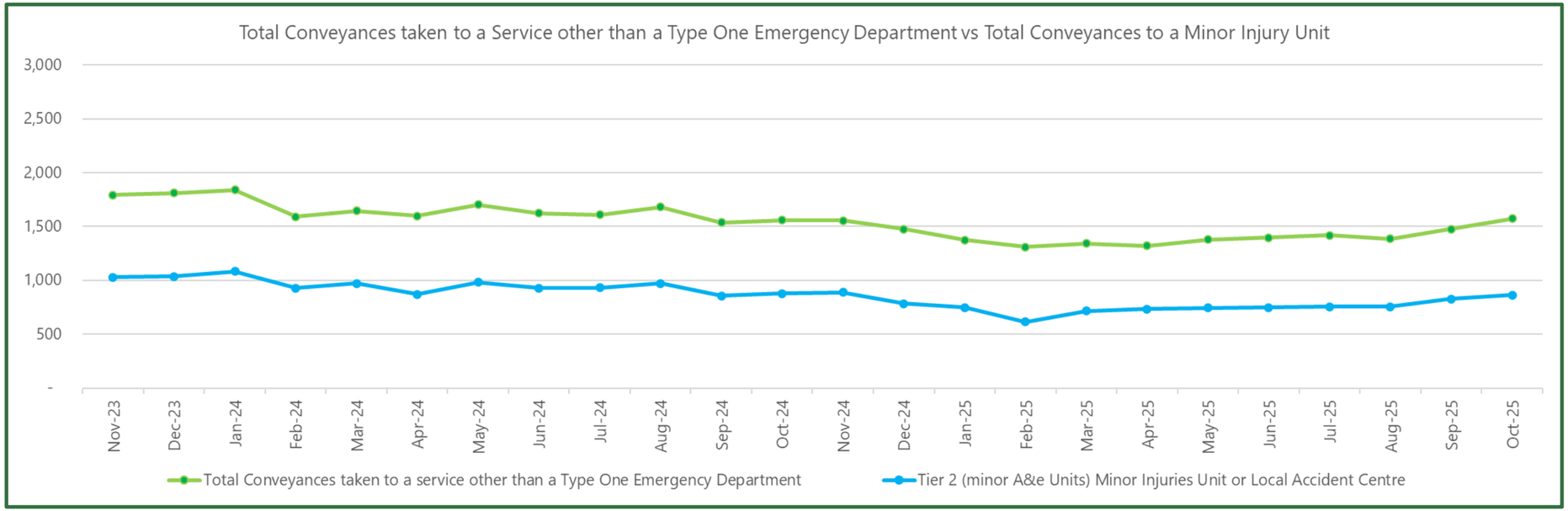
(Responsible Officer: Andy Swinburn)

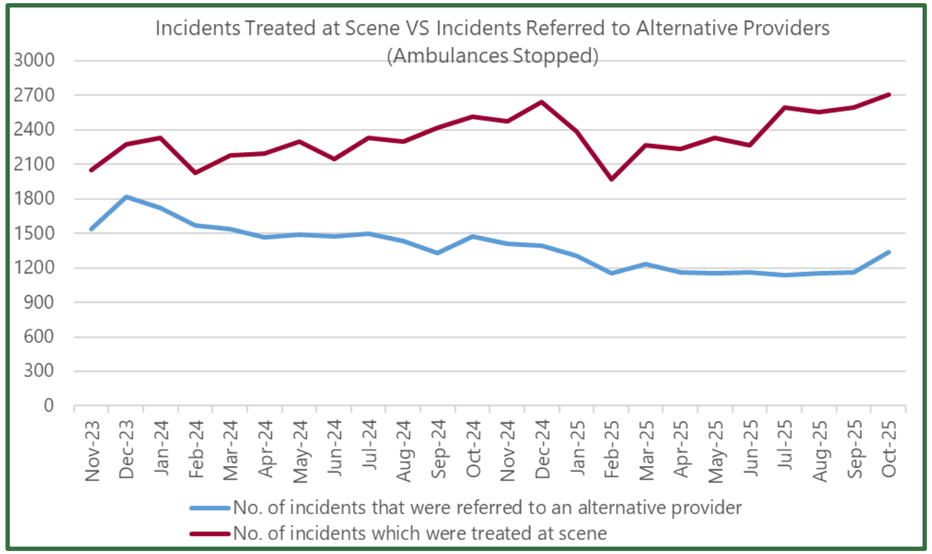
Conveyances
G

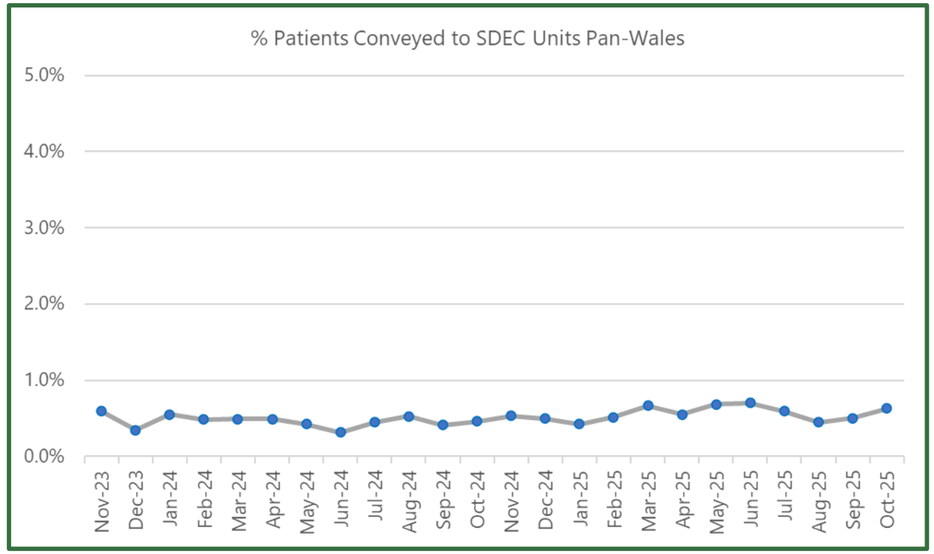
FPC

Ministerial Measure

NB: Data quality issues have been identified in APP data. These are currently being addressed.







Analysis

In October 2025 10.3% of patients (1,574) were conveyed to a service other than a Type One ED. 5.6% (863) were conveyed to a Tier two Minor Injuries Unit or Local Accident Centre while 38.13% of patients were conveyed to a major ED, as a percentage of verified incidents.

The combined number of incidents treated at scene or referred to alternate providers slightly increased, from 3,757 in September 2025 to 4,047 in October 2025.

Percentage of patients conveyed to SDEC units minimally increased in October 2025 to 0.6% from 0.5% the previous month.

Taxi conveyance has remained consistent for the past 12 months, averaging 884 per month to hospitals.

Remedial Plans and Actions

- Further investment in the APP workforce.
- Formal education support and induction package for APPs agreed trust-wide.
- Embedding the Urgent Care response within the Clinical Model Transformation, tasking optimisation (alongside HB partners if available), scheduling care and APP development and workforce.
- Inclusion of specific Frailty and Falls workstream within Urgent Care Response Service with involvement in the review of the All-Wales Falls Response Framework alongside NHS Executive Colleagues.

Expected Performance Trajectory

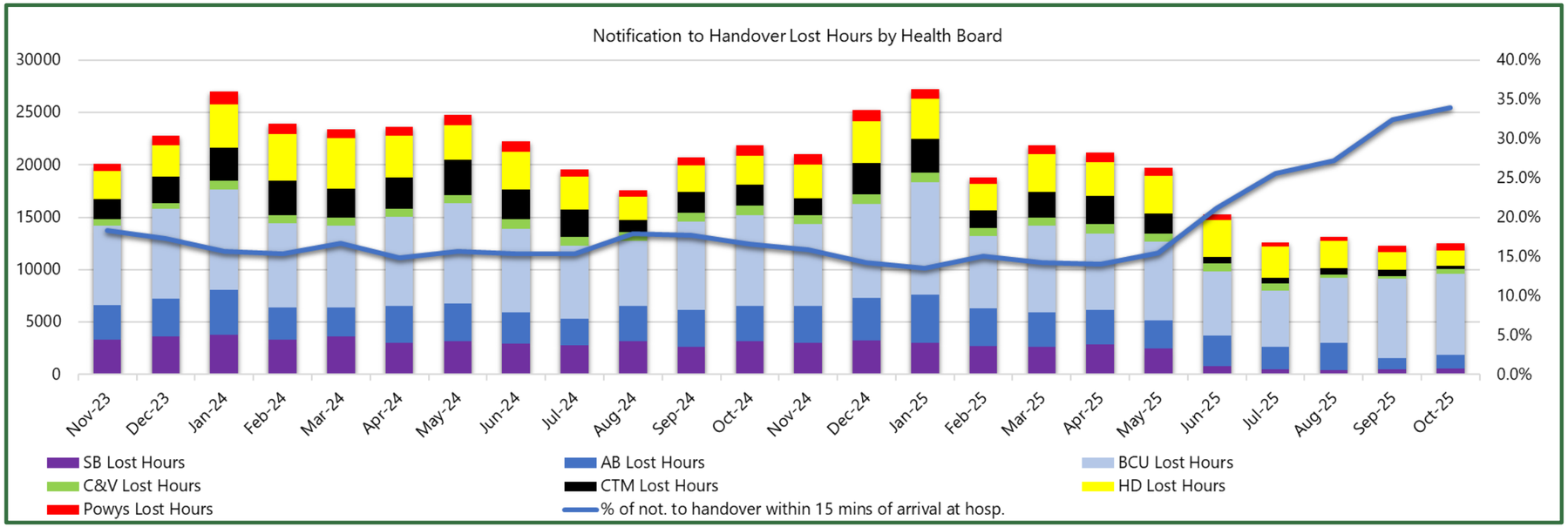
The 2023 EMS Demand & Capacity Review (strategic) models various future states. The modelled scenarios indicate that the Trust will need to evolve its clinical model with health boards also significantly reducing handover e.g. 12,000 hours or 7,500 hours, alongside varying levels of investment. Seasonal modelling continues to be undertaken.

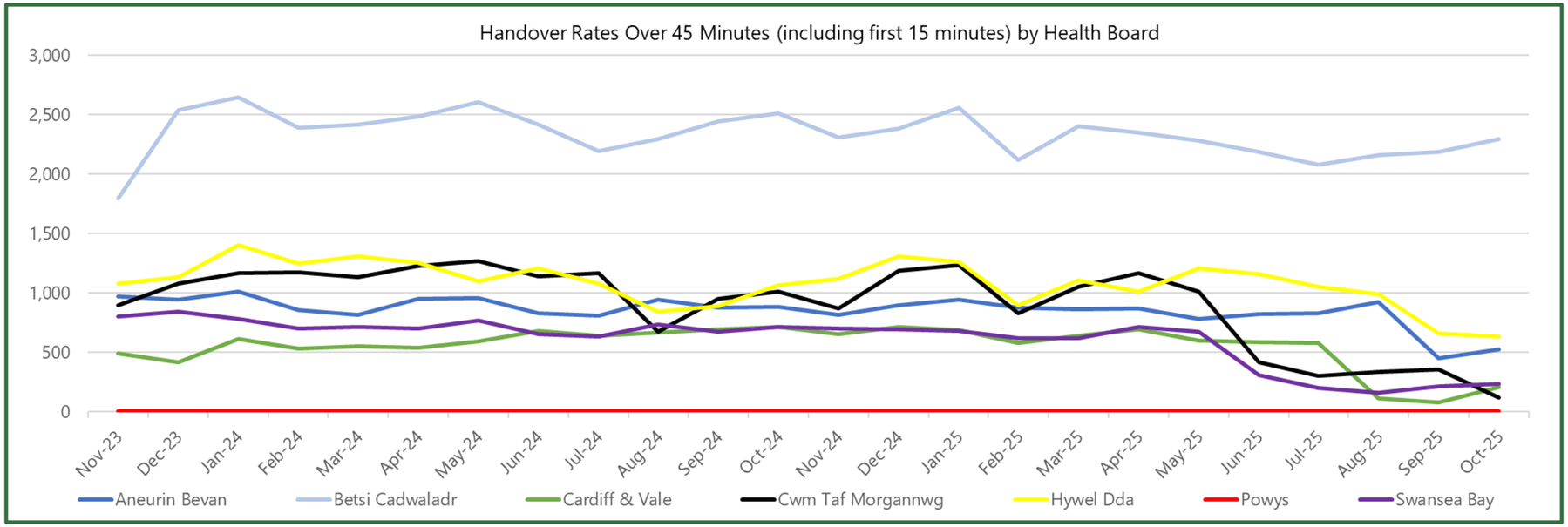
Partnerships / System Contribution Handover Indicators

(Responsible Officer: Health Boards)

Lost Hours R

CI QUEST





Analysis

220,688 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months (Nov-24 to Oct-25), compared to 267,490 hours over the same timeframe the previous year. There were 12,477 hours lost in October 2025, which is 75.3% lower than the 21,880 hours lost during October 2024 and is the second lowest monthly figure since July 2021. Two health boards have seen further reductions, compared to last month, particularly Cwm Taf Morgannwg (49.34%) and Hywel Dda (8.09%).

The hospitals with the highest levels of handover delays during October 2025 were:

- Ysbyty Maelor Hospital (BCUHB) at 3,268 lost hours
- Ysbyty Gwynedd Hospital (BCUHB) at 2,860 lost hours
- Ysbyty Glan Clwyd (BCUHB) at 1,523 lost hours
- Grange University Hospital (ABUHB) at 1,285 lost hours
- Withybush Hospital (HDUHB) at 629 lost hours

Notification to handover lost hours averaged 402 hours per day during October 2025 (31 days) compared to 409 hours per day (30 days) in September 2025.

In October 2025, the Trust could have responded to approximately 3,936 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

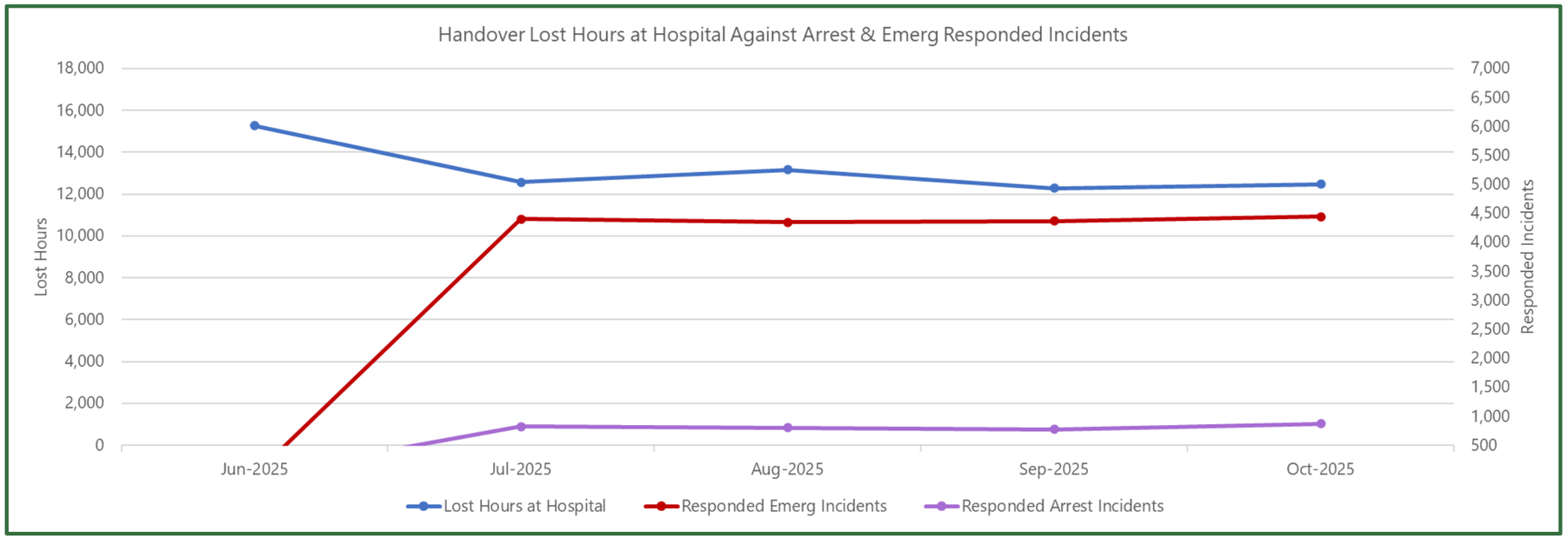
The likely expected ambition from Welsh Government is no waits over 45 minutes. W45 workshops have been facilitated with each health board by NHSWales Performance & Improvement (previously the NHS Executive).

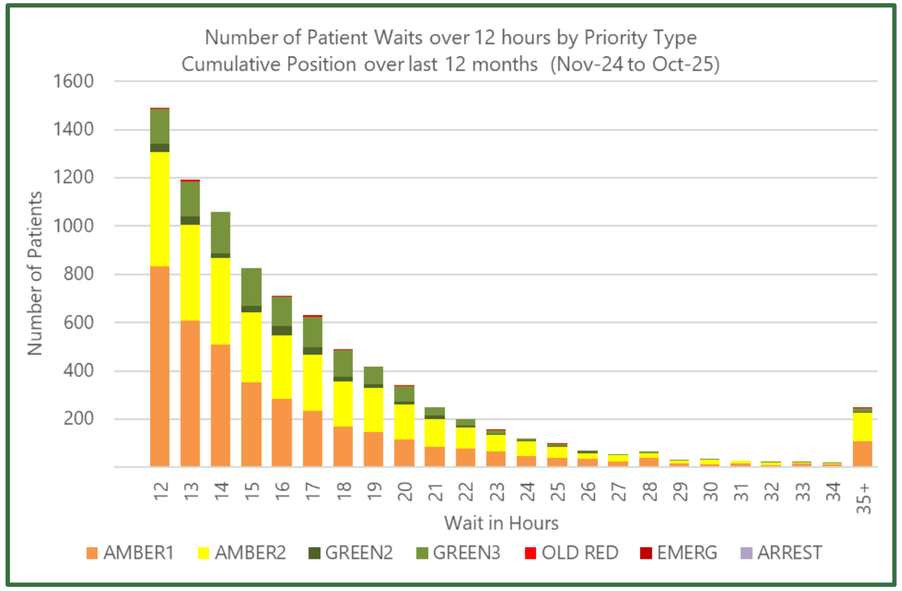
Partnerships / System Contribution

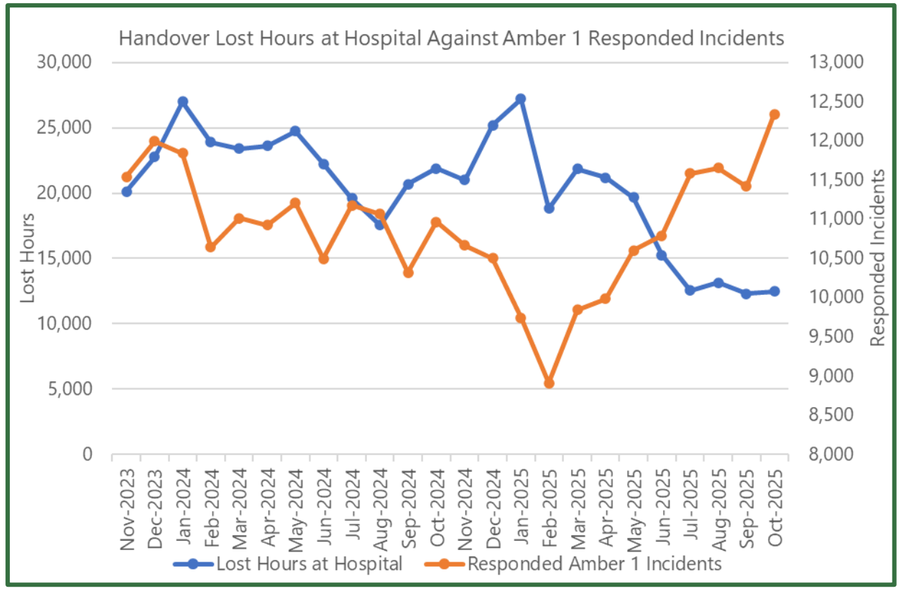
Handover Lost Hours Against Red & Amber 1 Responded Incidents

(Responsible Officer: Health Boards)

CI QUEST







Analysis

The top graph highlights that when handover lost hours have increased, so too 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 Amber 1 incidents being responded to.

In October 2025, 403 patients waited over 12 hours for an ambulance response.

Remedial Plans and Actions

NHSWales Performance & Improvement is currently leading on health board workshops on handover improvement, in line with the W45 ambition by by October 2025.

Expected Performance Trajectory

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

**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. 12

REPORT TITLE

Integrated Medium Term Plan 25/26 Quarter 2 Assurance Report & Refreshed Approach for 2026/27

MEETING

Name of meeting	Trust Board
Date of meeting	27th November 2025
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 twofold, to provide the Board with a quarter two progress update against the 2025/26 IMTP deliverables and to provide an update and assurance on the refreshed approach to develop the 26/27 IMTP.

2. Strong progress continues to be made across the organisation in delivering the commitments set out in the 25/26 IMTP at the quarter 2 position. The Clinical Model Transformation Programme has made good progress across the key work streams, with a particular focus on further embedding key foundational programme documents and processes. Phase 2 of the Ambulance Performance Framework changes is progressing well and is on track for implementation in early December. Whilst the CMT programme continues to move ahead at pace, there has also been positive progress across the directorate level IMTP deliverables. It is to be noted, however, that organisational capacity is a continued constraining factor.

3. A review of the approach to develop the 2026/27 IMTP has been urgently undertaken in Q3. Key changes have been made to the IMTP Guidance document and project delivery arrangements to streamline and simplify the key processes. Whilst this has been undertaken, key activities have continued at pace to ensure the work continues on track for approval and submission of the plan to Welsh Government on the 31st March.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

Trust Board is asked to:

NOTE progress for the quarter 2 IMTP deliverables (CMT & Directorate level reported deliverables)

NOTE the IMTP development approach described in the draft IMTP Planning Guidance (subject to further refinement and approval).

ADDITIONAL PAPER(S)

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

No additional papers included

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
22nd September 2025	Strategic Transformation Board
18th November 2025	Finance & Performance Committee

SITUATION

4. The purpose of this paper is twofold, to provide the board with a quarter two progress update against the 2025/26 IMTP deliverables and to provide an update and assurance on the refreshed approach to develop the 26/27 IMTP.

BACKGROUND

5. The IMTP planning cycle is a continuous process undertaken by the organisation to ensure that the current IMTP is being robustly monitored and delivered, whilst also ensuring that next year's plan is being developed in line with the NHS Wales Planning guidance.

6. 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 led deliverables are monitored via the Integrated Strategic Planning & Development Group (ISPDG).

7. The detailed quarter two progress report has been reported to STB on the 03-Nov and the Finance & Performance Committee on the 18-Nov, with the detail not replicated here.

8. As part of the planning cycle for 2026/27, the approach for the development of next year's plan was considered and it was agreed that a simplified and streamlined approach would be developed to alleviate internal capacity pressures across the organisations.

ASSESSMENT

2025/26 IMTP Quarter 2 progress report

9. In line with our commitment to digitise our reporting and monitoring functionality, both the CMT Programme deliverables and wider IMTP deliverables (captured on directorate level plans) have a digital solution in place. Whilst this process is relatively new, work continues with planning and directorate leads to fully embed and improve the digital solution to ensure its effectiveness as a delivery and reporting tool.

10. The quarter one IMTP reporting process only included progress updates for IMTP deliverables that were due for completion within that specified quarterly reporting period. However, to support the development of the 2026/27 IMTP, all Q1 – Q4 2025/26 IMTP deliverables (not just those due for completion in Q2) were reviewed as part of this update.

Clinical Model Transformation (CMT) Q2 Progress

11. 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.

12. Foundational documents underpinning the programme have been refreshed and have now received formal approval. The **Programme Definition Document (PDD) and the CMT Board's Terms of Reference (ToR)** were endorsed by the CMT Board and approved by the Strategic Transformation Board (STB), reinforcing the programme mandate and governance framework.

13. **Quality Impact Assessments (QIAs) have now been formally approved for all CMT workstreams.** Additionally, the QIA and EQIA for Phase 2 call flow changes aligned with the new Ambulance Performance Framework have been formally approved through the appropriate governance mechanisms, including through QuEST and Trust Board to provide robust assurance to implement Phase 2 call flow changes.

14. Significant progress has been made in **embedding a structured benefits realisation framework**. Four of the five workstream scorecards have been approved, with the final workstream, and overall programme-level scorecard under review. These outputs, along with logic benefits maps, will feed into a comprehensive Benefits Realisation Plan (in development), ensuring that outcomes are measurable, attributable, and aligned with programme objectives.

15. In preparation for the 2026/27 planning cycle, **CMT programme deliverables have been reviewed and refreshed** to support strategic discussions at the Executive Leadership Team (ELT) and Senior Leadership Community (SLC) session in Nov-25.

16. The table below provides a high level summary of progress against each CMT work stream and further detail was provided to the Finance and Performance Committee.

17. Table 1: Overview of the CMT Q2 Highlight report

Workstream/Enabling Group		RAG	Notes
Digital Front-End		**Green**	On Track
Remote Integrated Care		**Amber**	Off Track; alignment of CSD and 111 to formally establish RICS has been deferred to Spring 2026 in order to prioritise MIS-led CAD changes aligned with Phase 2 Call Flow changes.
Urgent Community Response		**Yellow**	On Track (cautionary status)
Emergency Response	*Call Flow and Prioritisation*	**Green**	On Track
	Out of Hospital Cardiac Arrest	**Green**	On Track
Health Transport		**Yellow**	On Track (cautionary status)
CMT Metrics		**Yellow**	On Track (cautionary status)
Change Management		**Yellow**	On Track (cautionary status)
Partnerships & Engagement		**Green**	On Track

Directorate led IMTP Deliverables

18. The quarter 2 position of the directorate led IMTP deliverables were reviewed by STB in September. The review focussed on the deliverables by exception with those reporting as either Amber or Red.

Table 2: Overview of all 25/26 directorate level deliverables (Q2 RAG status)

Directorate/Objective	Green	Yellow	Amber	Red	Not Started	Complete
Operations	8		3		5	1
Finance & Corporate Resources	5	2				
People & Culture	11	2	2		2	1
Partnerships & Engagement	3			4		1
Digital	9	1	4			
Quality, Safety & Patient Experience	2	1	9			1
Corporate Governance	4					1
SO6: Delivering exceptional value (SP&P and non-aligned deliverables)	1		2		4	

19. The four reported 'Red' deliverables were cautiously flagged as 'off track' relating to the work in support of our Wellbeing Objectives. These deliverables were paused during Q2 as a result of capacity constraints and competing priorities. Assurance was provided that the work will be completed during Q3/Q4 in line with the statutory requirement to finalise this work by the end of the financial year.

20. Whilst many of the Amber reported deliverables are not due for completion in Q2, they have been cautionary flagged with an amber status due to potential issues completing the work within the projected delivery timescales. The underlying cause is linked back to organisational capacity where work to deliver the Clinical Model Transformation programme and preparatory work for the new Ambulance Performance Framework have taken organisational priority. This has been particularly prevalent for colleagues that have required critical involvement to enable this work including our Information and Digital Services (IDS) teams, where there is a known capacity constraint.

21. There has been positive progress during Q2 across the wider deliverables as outlined in the assurance report to the Finance and Performance Committee. Some areas of progress to note include the deployment of the **Virtual Assistant** functionality onto the NHS 111 Wales website with positive uptake from patients. Key new posts have been recruited into including the **Learning Disability Clinical Lead** and **Head of Commercial Development**. The **re-location of operational teams from Bryn Tirion to Ty Elwy** was successfully completed, alongside the completion and approval of **key business cases** to support estates development for the **Bangor Fleet Workshop** and **Dolgellau Ambulance Station**.

22. In relation to **Population Health** work, we are reviewing what is possible within existing resource, and aligning our approach to developing data led insights that inform the reporting of quality, safety and clinical outcomes of care.

23. The **Financial Sustainability Programme** (FSP) has undergone a structural reconfiguration to enhance delivery effectiveness; a new governance structure has been approved in October 25 with oversight from the FSP Governance Group and the Strategic Transformation Board (STB). FSP is now operating through three core groups: Opportunities, Commercial, and Financial Planning. These are aligned with the Service Review and Directorate Plans to ensure integrated and accountable delivery.

24. *Administrative and Support Review* - all 24 recommendations from the 2023 review have been actioned or embedded within directorate plans. The review is now formally closed, with full agreement from the Administration Community and endorsement by the FSP Governance Group.

25. *Service Review* - a comprehensive, organisation-wide review was completed in 2023, engaging over 50 service areas and generating 330+ improvement proposals. The resulting recommendations have been structured into four tiers of implementation, with governance mechanisms in place to ensure prioritisation, accountability, and benefits realisation.

26. *Project Opportunities* - will shortly be established and will be committed to identify, scope, and assess all opportunities to deliver, cash-releasing, spend avoidance or additional income benefits.

Refreshed approach to develop the 2026/27 IMTP

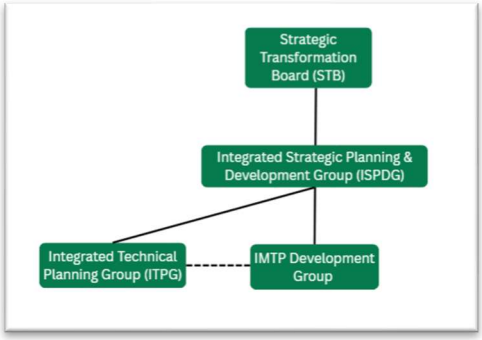
27. As part of the IMTP planning process, discussions with the executive team considered a range of influencing factors that will shape the approach and plan for 2026/27. This included potential implications on health policy in Wales following the outcome of the Senedd elections in May-26, the challenging financial outlook and organisational capacity following an intense 18 month period of transformation and change across the organisation. The Executive leadership team agreed to review the IMTP development approach with a focus on streamlining and simplifying the process, without impacting the overall quality and approval of the plan.

28. The positioning of next year's IMTP was considered as part of the Board Development session in October, where there was collective support to frame the plan around a focus on 'benefits realisation' and a streamlined number of organisational priorities.

29. As a commissioned organisation, the commissioner perspective will also be key. Draft commissioning intentions have been shared which focus on improved outcomes for patients and the system, productivity and efficiency and value. The commissioners will be considering priorities across their portfolio in December, and as a provider we have been invited to provide our perspective on emerging risks, priorities and opportunities by the end of November. The commissioners have acknowledged that the financial position for 2026/27 will be very challenging.

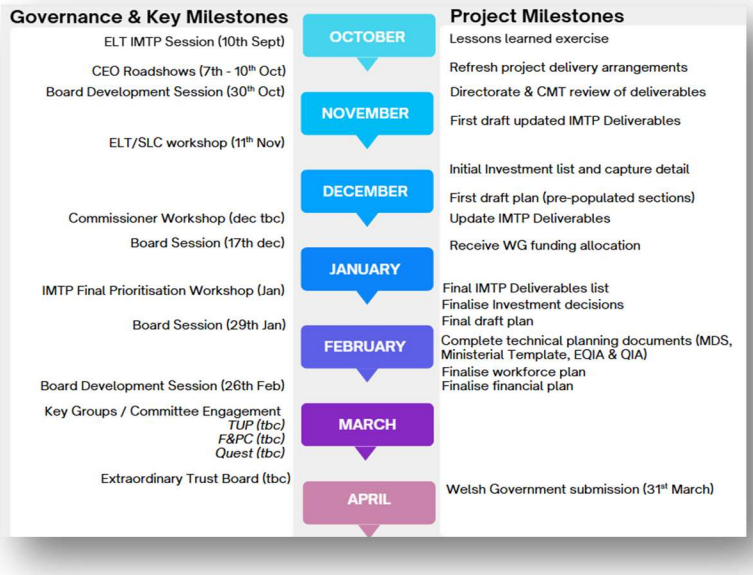
30. The internal IMTP planning guidance is being finalised and a decision has been made to re-purpose organisational meetings already in the diary and making use of already established groups that are well placed to support this activity.

31. The project delivery arrangements have been reviewed and refreshed with the establishment of a cross-directorate IMTP Development Group. This group will be responsible for providing a high level steer on IMTP development whilst also delivering and monitoring the IMTP development project plan and key actions.



32. An overview of the high level governance milestones and key project dates are outlined in the graphic below, including additional touchpoints with the Board throughout the process to ensure closer and more regular engagement.

33. Overview of key governance and project milestones



34. Following a discussion with STB, it was agreed that the IMTP document would continue to be framed around the organisations Strategic Objectives set out in the Long-Term Strategy 'Delivering Excellence'. A comprehensive cross-referencing exercise will also be undertaken to map all of the deliverables against the wider 'key' drivers that shape the plan including the 'Wellbeing Objectives' and 'Duty of Quality'.

35. Whilst the planning process has been urgently refreshed, the work required to develop the plan has continued at pace. Key progress is outlined below:

- ***Staff Engagement***: exercise undertaken at the CEO roadshows to gain feedback on 'what matters most' to our people in relation to next year's plan.
- ***Project delivery arrangements:*** project arrangements refreshed.
- ***Initial review of IMTP deliverables:*** all directorates and the CMT programme have undertaken an initial review of the current IMTP deliverables to identify which are due for completion, roll over, stopping or new.
- ***Board engagement:*** an engagement session was undertaken as part of the Board Development session in October to consider the organisation's approach to refresh the Long-Term Strategy & development of the 2026/27 IMTP.
- ***ELT/SLC prioritisation workshop:*** workshop undertaken in early November to review the first draft IMTP deliverables, consider any interdependencies and identify any pieces of work requiring additional investment**.**

36. The project remains on track to meet the WG submission deadline of the 31st March.

RECOMMENDATION

37. The recommendations are as set out in the front cover above.

NEXT STEPS

38. The next steps are as follows:

- IMTP Directorate reporting: Continue to refine and improve the directorate level IMTP reporting in readiness for the Q3 reporting period.

- Formalise and embed the project delivery arrangements and overarching project arrangements (including detailed project plan).

- Continue to deliver the IMTP development activities and processes as outlined in the IMTP guidance document via the IMTP Development Group.

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

Agenda Item No. 13

REPORT TITLE

Financial Performance as at Month 7 – 2025/26

MEETING

Name of meeting	Trust Board
Date of meeting	27th November 2025
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Edward Roberts (Acting Director of Finance)
Author(s) of report	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:

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

1. This paper presents to the Board the latest Financial Performance Report of the 2025/26 financial year, the reported position as at Month 7 (October 2025).

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 now reporting a revenue year to date deficit of £0.135m. For month 7 (October 2025) the Trust is reporting a small in month surplus of £0.051m;
   - In line with the balanced financial plan approved as part of the submitted 2025-28 IMTP, the Trust is currently forecasting to breakeven 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 £4.972m have been achieved in month 7 against a target of £4.904m;
   - Public Sector Payment Policy is on track with performance, against a target of 95%, of 98.7% for the number, and 99.1% of the value of non-NHS invoices paid within 30 days.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Board is requested to:

1. **Note** and gain **assurance** in relation to the Month 7 revenue financial position and performance of the Trust as at 31st October 2025.

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 7 Welsh Government monitoring returns submission (as required by WG).

ADDITIONAL PAPER(S)

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

The Board is requested to receive the following:

1. Monitoring return submitted to Welsh Government for month 7 – as required by WG – Located in the iBabs Reading Room and separate file on the Trust Website

2. Monitoring return letter submitted to Welsh Government for month 7 – 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
18th November 2025	F&PC - presentation on M07 financial position

SITUATION

1. This report provides the Board with a summary of the revenue financial performance of the Trust as at 31st October 2025 (Month 7 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 – 31st October 2025) are that:

   - The cumulative revenue financial position reported is an **overspend against budget of £0.135m**, 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 **£4.972m** have been achieved against a target of **£4.904m**;

   - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 98.7% for the number, and 99.1% of the value** of non-NHS invoices paid within 30 days.

3. Whilst any adverse reporting of the year-to-date financial position is not welcomed, the month 7 surplus of £0.051m does represent an improvement from that forecasted in previous months. This does give some positive signs for future months and the Trust's ability to further improve the month-on-month position and recover it before the year end.

4. This has in part been achieved through the delay in the timing of some elements of additional unavoidable costs, some further improvements in variable pay spends, reduced sickness absence rates and the start of some impact of reduced handover delays (albeit mostly efficiency gains rather than cost reduction). Further updates will be regularly provided through various leadership groups, Committees and Boards.

5. Given some of the above, we have again at this stage not reflected any change to the year-end forecast, which remains at breakeven and one we will continue to do

all that we possibly can to achieve. This is also in part to seek to ensure some consistency across NHS Wales in terms of how some of the external pressures continue to be treated.

6. As we know, no plan, forecast or reported delivery at this stage of the financial year is risk free. The risks included in the Welsh Government Monitoring Return at Month 7 are set in line with the submitted IMTP and summarised later in this report. As we go through the next few months these will continue to be scrutinised and amended accordingly, with mitigations and management plans in place. However, given that as discussed above, these risks now do reflect an element of the financial shortfall.

ASSESSMENT

REVENUE FINANCIAL PERFORMANCE – MONTH 7 2025/26

7. The table below presents an overview of the financial position for the period 1st April 2025 to 31st October 2025.

Revenue Financial Position for the period 1st April - 31st October				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-327,212	-189,179	-189,149	30
Expenditure				
Pay	244,712	141,364	140,106	-1,257
Non-pay	62,705	35,664	36,833	1,168
Total pay & non-pay expenditure	307,417	177,028	176,939	-89
Depreciation & Impairments / interest payable & receivable	19,795	12,151	12,345	194
Total	**0**	**0**	**135**	**135**

Income

8. Reported Income against the initial budget set to Month 7 shows an underachievement of **£0.030m**.

Pay Costs

9. Overall, the total pay variance at Month 7 is an underspend of **£1.257m**.

Non-pay Costs

10. The overall non-pay position at Month 7 is an overspend of **£1.168m**. In addition, for reporting purposes Depreciation, Impairment and interest is excluded from the above figure, overspend of **£0.194m,** hence the total overspend to budget of **£0.135m**.

Savings

11. As above, the 2025/26 financial plan identifies that a minimum of **£8.500m** of planned savings (including Income generation) are required to achieve financial balance in 2025/26, this equates to c2.7% of the Trusts discretionary income. Of this, **£6.225m** is recurrent and **£2.275m** is currently deemed non recurrent.

12. Month 7 in month performance was, plan of £0.689m and £0.713m achieved, therefore an overachievement of £0.024m (recurrent overachievement of £0.016m and non-recurrent overachievement of £0.008m), as per the below table.

	Annual	In Month			Cumulative			Forecast		
	Plan £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Recurrent Schemes / Themes	6,225	499	515	16	3,577	3,398	-179	6,225	6,129	-96
Non Recurrent Schemes / Themes	2,275	190	198	8	1,327	1,574	247	2,275	2,371	96
Overall Total	**8,500**	**689**	**713**	**24**	**4,904**	**4,973**	**68**	**8,500**	**8,500**	**0**

**Please note figures are rounded to the nearest whole number*

13. The split between savings, net income generation and accountancy gains as at month 7 is shown on the below table.

	Annual	In Month			Cumulative			Forecast		
	Plan £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Savings (Cash releasing and Cost Aviodance)	8,350	685	709	24	4,875	4,944	68	8,350	8,450	100
Net Income Generation	150	4	4	0	29	29	0	150	50	-100
Accountancy Gains	0	0	0	0	0	0	0	0	0	0
Overall Total	**8,500**	**689**	**713**	**24**	**4,904**	**4,973**	**68**	**8,500**	**8,500**	**0**

14. ***Appendix 1*** provides the overall detail for Month 7 by theme. This is now further split over recurring and non-recurring schemes

Financial Performance by Directorate

15. Whilst there is an overall year to date deficit reported at Month 7, there are also some small variances between Directorates, as shown in the table below, when compared to the budgets set at the outset of the financial year. Some of this is driven by staffing vacancies. These are fairly minor in nature, but they will be continued to be closely monitored.

Financial position by Directorate @ 31st October	Annual Budget	Year to date			
		Budget	Actual	Variance	Tolerance 5%
	£000	£000	£000	£000	%
Directorate					
Operations Directorate	223,496	128,960	127,879	-1,081	-0.8%
Chief Executive Directorate	2,163	1,315	1,315	-0	0.0%
Board Secretary	731	404	403	-1	-0.3%
Partnerships & Engagement Directorate	656	352	346	-6	-1.7%
Finance and Corporate Resources Directorate	36,632	20,828	21,552	724	3.5%
Planning and Performance Directorate	3,034	1,677	1,633	-45	-2.7%
Quality, Safety and Patient Experience Directorate	7,394	4,252	4,148	-103	-2.4%
Digital Directorate	16,345	8,789	8,744	-45	-0.5%
People and Culture	6,503	3,677	3,477	-200	-5.4%
Medical & Clinical Services Directorate	6,524	3,609	3,633	25	0.7%
Trust Reserves	948	355	551	197	55.5%
Trust Income (mainly JCC)	-304,427	-174,217	-173,547	670	0.4%
Overall Trust Position	**0**	**0**	**135**	**135**	

16. A brief commentary on significant key variances above is as follows: -

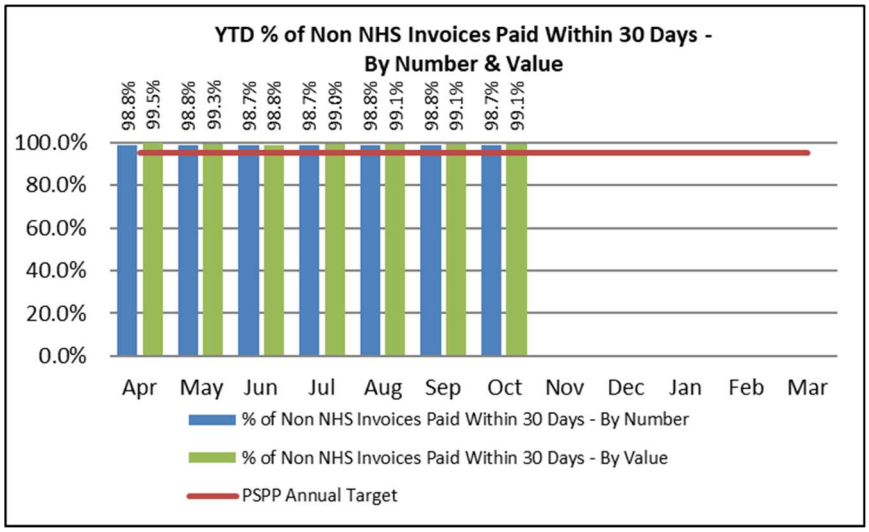
- Most directorates either underspending or broadly in line with budget plan for Month 7 except for Trust reserves, Finance and Corporate Resources and Trust income. It is through these areas that the previously highlighted main drivers of the current YTD position are reported, as follows:
- Core budgets set for **Finance and Corporate resources** at opening of the financial year are broadly balanced with the exclusion of the current cost pressure around Welsh Risk Pool (WRP) as follows.
    i. **Forecasted Increase:** The forecast spend in relation to the Welsh Risk Pool has increased by £42 million across Wales, over and above the £36 million already included in organisational plans. This leaves a balance to be covered across NHS Wales under the risk share agreement.
    ii. **Provisions and Cases:** At the end of March last year, there were £1.7 billion of provisions for 1,100 cases across NHS Wales. The increase in forecasted losses is attributed to additional court dates being opened up, possibly due to a backlog from COVID-19. This has led to more trials being booked earlier in the year, limiting the scope for settlements to move.
    iii. **Impact of Personal Injury Discount Rate:** The change in the personal injury discount rate in January was expected to shift claimant preference towards periodic payment orders rather than lump sums. However, this shift has not been observed, with some cases potentially settling for significantly higher amounts than forecasted.
- Core budgets set for **Income** at the opening of the 2025/26 financial year included two main components
  1. Income from main commissioner (JCC) for core services provision of EMS, Ambulance Care and 111 related services

2. Income from WG for the increased costs of the changes to Employers National Insurance from April 2025 which is where a cost pressure has emerged since Month 3.
    i. The rate of employer's National Insurance Contributions (NICs) increased by 1.2%, bringing it to 15%. The Employer's NI Secondary Threshold also decreased from £9,100 to £5,000.
    ii. Impact on WAST was a cost increase of c£4.69m and this was included in the opening financial plan with assumed full income coverage from WG.
    iii. Discussions in Deputy Directors of Finance in June 2025 via WG updates had flagged a potential funding shortfall of c7% (WAST risk of £0.330m) for NHS Wales organisations and hence based on this M3 ¼ of this (£0.082m) was included in the M3 financial reported position.
    iv. Further correspondence then received from WG in July 2025 identified a much larger shortfall figure of c25% (c£1.2m) based on the full NHS Wales funding allocated for Employers NI, due to UK treasury funding being far less than the public sector costs.
    v. This has resulted in the Trust only being able to invoice WG for £3.540m.

- Trust reserves due to rebasing some balance sheet provisions from 24/25 for annual leave sold.

PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

17. Public Sector Payment Policy (PSPP) compliance to Month 7 was **98.7%** against the **95%** WG target set for non-NHS invoices by number and **99.1%** by value.



2025-26 CAPITAL PROGRAMME

18. At Month 7, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2025/26 is **£30.190m**. This includes **£24.242m** of All Wales Approved schemes and **£5.948m** for Discretionary schemes.

19. There is no suggestion at this stage of the financial year that this value will not be spent in full.

	Actual £'000	Plan £'000
All Wales Capital Programme: Schemes:		
ESMCP - Control Room Solutions	71	421
MDVS	0	72
Special Operational Response Teams (SORT) Enhancement Equipment	1	290
Welsh Ambulance Services NHS Trust – Vehicle Replacement Programme – 2025-26	4,477	22,452
TEF - Infrastructure	54	300
TEF - Decarbonisation	25	707
Sub Total	**4,627**	**24,242**
Discretionary:		
I.T.	404	1,149
Equipment	115	250
Statutory Compliance	0	0
Estates	(53)	4,350
Other	19	180
Unallocated Discretionary Capital	0	19
Sub Total	**485**	**5,948**
Total	**5,112**	**30,190**
Less NBV reinvested		
Total Funding from WG	**5,112**	**30,190**

RISKS AND ASSUMPTIONS

20. As we progress through the financial year, we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value. Depending on the outcome of some of the issues highlighted elsewhere in this report, we may continue to move towards higher risks having to be reported, alongside ensuring that Trust Board and the Finance & Performance Committee remain fully appraised of such risks and any mitigating actions.

21. There are a number of risks that need to be documented within this reported financial position, which aligns to that fully described within the financial plan submitted as part of the IMTP.

22. It continues however that the risk of not achieving financial balance this financial year remains a risk. Whilst there continue to be further elements of mitigation that we can reasonably expect to be delivered between now and the end of the financial year, and we continue to explore any and all opportunities for more in this regard, it would

not be reasonable at this stage to expect all of this to be able to be absorbed, and certainly not without some potential service impacts. This does all mean that we will then further have to deliver a reduced spend and manage existing plans to ensure that the Trust can continue to forecast a year end break even. Therefore, the Trust need to include a medium risk of this not being achieved, this remains as **£0.250m**.

23. A medium risk has been identified following the NWSSP risk sharing paper, in which in addition to the increase already reported within the Trust's position, the paper included a potential additional figure for the Trust of **£0.330m** this is an increase from the month 6 figure of £0.213m, this will continue to be monitored monthly when updates are provided by NWSSP.

24. The low risk of additional JCC savings has now been completely removed from the table, following conversations with the JCC.

25. Given the pressures the Trust feels every winter, the Trust has included a figure of **£1.000m** to cover any unfunded winter pressures; this has been deemed as a low risk, based on support provided from Commissioners over recent years.

26. The risk associated with the increase in handover delays (increase in overrun costs, due to HB reducing services) has reduced in month from £1.500m to **£1.000m** (low risk), however this is being monitored closely based on the financial position of the HBs and how this could impact on the Trust if HB positions deteriorate.

27. As noted in prior months, in terms of 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 would be required in order to deliver. However, the risks to the services are much more than financial.

28. Full consideration and management of all these 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

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

NEXT STEPS

30. Monitor the ongoing revenue and capital position over the remaining months of the year linking in with key stakeholders, to ensure delivery to plan.

31. Continue to closely monitor the 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 7

	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	29	29	0	50	50	0
Balance Sheet Flexibility	200	0	0	0	100	50	-50	200	200	0
Commercialisation Opportunities	100	0	0	0	0	0	0	100	0	-100
Disposals	250	25	25	0	85	85	0	250	250	0
End of Shift Overrun	100	9	9	0	63	61	-2	100	98	-2
Fuel	230	20	76	56	139	430	291	230	581	351
Interest Receivable	516	43	28	-15	301	106	-195	516	274	-242
Non Pay Local Schemes - Corporate	914	64	34	-30	446	340	-105	914	895	-19
Non Pay Local Schemes - Operations	650	54	41	-13	374	295	-79	650	566	-84
Pay Cost Management (Variable / Net Vacancies) - Operations	3,140	272	290	18	2,008	1,969	-39	3,140	3,140	0
Pay Vacancy Management - Corporate	2,275	190	198	8	1,327	1,574	247	2,275	2,371	96
Pay Vacancy Management - Corporate 25-26	75	8	8	0	33	33	0	75	75	0
Totals	**8,500**	**689**	**713**	**24**	**4,904**	**4,973**	**68**	**8,500**	**8,500**	**0**

Savings Performance by Theme 25-26 - Recurrent

Reporting Month 7

	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	29	29	0	50	50	0
Balance Sheet Flexibility	200	0	0	0	100	50	-50	200	200	0
Commercialisation Opportunities	100	0	0	0	0	0	0	100	0	-100
Disposals	250	25	25	0	85	85	0	250	250	0
End of Shift Overrun	100	9	9	0	63	61	-2	100	98	-2
Fuel	230	20	76	56	139	430	291	230	581	351
Interest Receivable	516	43	28	-15	301	106	-195	516	274	-242
Non Pay Local Schemes - Corporate	914	64	34	-30	446	340	-105	914	895	-19
Non Pay Local Schemes - Operations	650	54	41	-13	374	295	-79	650	566	-84
Pay Cost Management (Variable / Net Vacancies) - Operations	3,140	272	290	18	2,008	1,969	-39	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	33	33	0	75	75	0
Totals	**6,225**	**499**	**515**	**16**	**3,577**	**3,398**	**-179**	**6,225**	**6,129**	**-96**

Savings Performance by Theme 25-26 - Non Recurrent

Reporting Month 7

	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	198	8	1,327	1,574	247	2,275	2,371	96
Pay Vacancy Management - Corporate 25-26	0	0	0	0	0	0	0	0	0	0
Totals	**2,275**	**190**	**198**	**8**	**1,327**	**1,574**	**247**	**2,275**	**2,371**	**96**

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: Jason Killens

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

13th November 2025

Your ref:

Dear Andrea,

Re: OCTOBER 2025 (MONTH 07 2025/26) MONITORING RETURN

Please find attached the Monitoring Returns for the Welsh Ambulance Services University NHS Trust for October 2025.

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 07 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 7 as per Table B, is a overspend against budget / deficit of **£0.135m**

The reported total pay variance against plan as at month 7 is an underspend of **£1.257m**, set against the budgets.

The non-pay position at month 7 is a reported overspend of **£1.362m**.

Income at month 7 shows an underachievement of **£0.030m**.

Whilst an adverse financial position is not welcomed, the month 7 surplus of £51k does again represent an improvement from that originally forecasted in prior months. This does give some positive signs for future months and the Trust's ability to further improve the month on month position and potentially recover it before the year end.

This has again in part been achieved through the delay in the timing of some elements of additional unavoidable costs commencing, some further improvements in variable pay spends, reduced sickness absence rates and the start of some impact of reduced handover delays (albeit mostly efficiency gains rather than cost reduction).

Given some of the above, we have again at this stage not reflected any change to our year end forecast, which remains at breakeven and one we will continue to do all that we possibly can to achieve. This is also in part to seek to ensure some consistency across NHS Wales in terms of how some of the external pressures continue to be treated, the WRP updated forecast in particular, plus noting the ongoing work by NWSSP in relation to this and to further understand the actual level of any further risk share that could eventually be incurred in relation to this in 2025/26.

2. Movement (Table A)

The Movement table has been completed in accordance with the new guidance, incorporating the submitted Annual Plan (AOP) data.

Following the request around the presentation of recurrent and non-recurrent (&FYE) cost pressures, this is now split out in table B2 and now flows into Table A, as noted this is in relation to the cost pressure around the NI shortfall in funding and the current assumption that this again wouldn't be funded in full in 26-27. **(Action Point 6.1)**

Work is still ongoing around the £0.250m and as soon as finalised the profile will be amended. **(Action Point 6.2)**

3. Underlying Position (Table A1)

Table A1 has been adjusted to agree with Table A

4. Risk (Table A2)

The risks have again been reviewed in detail and depending on the outcome of some of the issues highlighted elsewhere in this return, we may continue to move towards higher risks, as noted above, having to be reported, alongside ensuring that the Trust Board and the Finance & Performance Committee remain fully appraised of such risks and any mitigating actions.

However, there are a number of risks that need to be documented within this reported financial position, which aligns to that fully described within the financial plan submitted as part of the IMTP.

It continues however that the risk of not achieving financial balance this financial year remains a risk. Whilst there continue to be further elements of mitigation that we can reasonably expect to be delivered between now and the end of the financial year, and we continue to explore any and all opportunities for more in this regard, it would not be reasonable at this stage to expect all of this to be able to be absorbed, and certainly not without some potential service impacts. This does all mean that we will then further have to deliver a reduce spend and manage existing plans to ensure that the Trust can continue to forecast a year end break even. Therefore the Trust need to include a medium risk of this not being achieved, this remains as £0.250m.

A medium risk has been identified following the NWSSP risk sharing paper, in which in addition to the increase already reported within the Trust's position, the paper included a potential additional figure for the Trust of £0.330m this is an increase from the month 6 figure of £0.213m, this will continue to be monitored on a monthly basis when updates are provided by NWSSP.

The low risk of additional JCC savings has now been completely removed from the table, this is on the back of conversations with the JCC. **(Action Point 6.3)**

Given the pressures the Trust feels every winter, the Trust has included a figure of £1.000m to cover any unfunded winter pressures; this has been deemed as a low risk, based on support provided from Commissioners over recent years.

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 would be required in order to deliver, however the risks to the services are much more than financial.

The risk associated with increased handover delays has in month been reduced from £1.500m down to £1.000m however this is being monitored closely based on the financial position of the HB's and how this could impact on the Trust if HB positions deteriorate.

Full consideration and management of all these 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.

Now excluded from the opportunity table, is the VAT rebate for the Microsoft licences following the latest intelligence from DHCW.

5. Monthly Profiles (Table B)

This table has now been completed in full, and in accordance with the guidance.

6. Expenditure Movement (Table B2)

Table B2 has been completed in accordance with the guidance.

7. Pay and Agency/Locum (premium) Expenditure (Table B3)

Agency costs for month 7 totalled £0.081m. The current percentage of agency costs against the total pay figure remains very small, at 0.4%. 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 November and December, however as mentioned above these have non-recurrent funding and couldn't be appointed on a permanent basis.

8. Saving Plans (Table C, C1, C2 & C3)

Year to date at month 7 the Trust is reporting planned savings (including Income generation) of £4.903m and actual savings of £4.973m.

As can be seen from Table C3, the Trust overachieved its savings target in month 7 but it still forecasting to achieve the total original savings target for the year. The Trust is doing all that can be done to ensure delivery of the saving schemes **(Action Point 6.5)**

In response to the Balance sheet flexibility scheme question, the narrative has now been amended to Management of variable pay costs (TOIL) **(Action Point 6.4)**

9. Income/Expenditure Assumptions (Tables D, E and E1)

These are set out in Tables D, E and E1.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Table F & M)

At month 7 there was 3 invoices over 11 weeks, more detailed comments have been provided in the narrative section and the Trust is actively chasing these invoices. The Trust does actively chase outstanding invoices **(Action Point 6.6)**

11. 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	13	13	13	13	13	155
Other Non NHS Income	329	268	293	135	453	213	242	266	266	266	266	270	3,267
Pensions Agency	0	0	0	0	0	0	0	0	0	0	0	0	0
Vat Refund	0	435	384	0	622	381	331	700	400	400	400	400	4,453
Risk Pool Refund	1,519	0	1,020	0	8	0	283	0	0	0	0	0	2,830
Total	1,864	715	1,712	148	1,096	604	867	979	679	679	679	683	10,705

In regards to **(Action Point 6.7)** the previous months comments were in relation to the need to achieve the cash balance of £0.326m, work is ongoing to see if this will be a requirement in 25/26.

12. 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 2 cumulative percentage of Non-NHS invoices paid within 30 days by number was 98.8% and 99.5% by value against a target of 95%.

Work is ongoing to ensure delivery of both the NHS and Non-NHS PSPP **(Action Point 6.8)**

13. Capital (Tables I, J and K)

The capital tables have been completed in accordance with the guidance.

Works are ongoing with Programme managers to establish updated cash flows that reflect the profiles of approved projects now for this financial year, however at present schemes are progressing well, and more detailed updates will be provided as the financial year progresses.

14. EFL (Table L)

The EFL table has been updated to include the latest version, please note that the latest EFL received by the Trust doesn't include the IFRS16 Schemes. **(Action Point 6.9)**

15. 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 7 Financial Monitoring Return will be presented to the Trust Board on 27th November 2025.

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, Acting Director of Finance and Emma Wood, Chief Executive.

16. 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 **(Action Point 6.10)**

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
Acting 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. 14

REPORT TITLE

Partnerships and Stakeholder Engagement: Position Statement, Proposition on Future Approach and Next Steps

MEETING

Name of meeting	Trust Board
Date of meeting	27 November 2025
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Estelle Hitchon, Director of Partnership and Engagement
Author(s) of report	Estelle Hitchon, Director of Partnership and Engagement

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 is the first report of its kind, and in this format, to Board, and sets out the current position in respect of the Trust's work in the partnership and stakeholder engagement arena, together with a proposition to refocus the Trust's partnership and engagement activity, in

the context of the forthcoming 2026-29 Integrated Medium Term Plan (IMTP) and proposed refresh of the Monthly Integrated Quality and Performance Report (MIQPR).

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Board is asked to:

1. Approve the proposal to focus engagement activity on a small number of core 2026-29 IMTP/corporate priorities.
2. Approve the proposal to report that activity through normal IMTP reporting process and/or the MIQPR.
3. Approve the proposal to receive a report at Board on broader influencing and stakeholder relationships on a six-monthly basis from May 2026.

ADDITIONAL PAPER(S)

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

1. None

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
Reputational Risk 201 has recently been disaggregated to separate out stakeholder relationships (201a) from patient experience (201b). This report mitigates particularly 201(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
19 November 2025	Executive Leadership Team
27 November 2025	Trust Board

SITUATION

1. This report represents the reinstatement of Board-level reporting in respect of the Welsh Ambulance Services University NHS Trust's (WAST) approach to its partnership and stakeholder engagement activity. In more recent times, this work has been reported through the Trust's People and Culture Committee but, given its broad ranging nature and organisational significance, the return to Board reporting is appropriate and welcome.

2. This first report is designed to act both as a position statement and provide a proposition in respect of the focus of the Trust's partnership and stakeholder engagement work from 2026/27 onwards. The intention is that, if endorsed by Board, then this direction of travel would be reflected in the 2026 -2029 Integrated Medium Term Plan (IMTP), with appropriate metrics potentially featuring in any updated Monthly Integrated Quality and Performance Report (MIQPR) from 2026/27 onwards as well as being reported through the normal IMTP monitoring routes.

3. It is proposed that further reports on the Trust's broader partnership, engagement and strategic influencing activities will be provided to Board on an assurance basis and on a six-monthly basis commencing May 2026.

BACKGROUND

4. Partnerships and Engagement has existed as a directorate for a decade at WAST. At its inception, its focus was to ensure that the organisation was seen as a reliable and effective partner across the NHS Wales and wider system, following a period of significant turbulence in the early 2010s. The Director of Partnerships and Engagement was a new role created in 2015 to provide a focus for working collaboratively both within and outside the organisation, and as a source of expert advice and guidance to the wider organisation, recognising that the Directorate itself is not the delivery mechanism for the overwhelming majority of partnership and engagement activity across the Trust.

5. A key focus has been to improve the organisation's reputation with WAST's stakeholders, both as a partner and a provider of services. Core constituencies of interest have included, amongst others, Welsh Government, the wider political community, commissioners, health, care and emergency service partners and the media. The Trust now has a constructive relationship with Welsh Government and is better placed to offer system-wide solutions as its credibility has grown.

6. There has been a focus on gaining representation on, and contributing to statutory partnerships, particularly Regional Partnership Boards, which were originally conduits of Integrated Care Fund (ICF) monies and more recently the Regional Investment Fund (RIF). The Trust has benefited from this in terms of both visibility with partners and funding, notably in support of falls and mental health response services. WAST is now a member of all seven Regional Partnership Boards,

7. While a decade ago the issues of reintegrating WAST as a key player within the wider health and care system were acute, this is less the case now. The Trust has made good progress in being regarded by many stakeholders as an innovative system partner and, while there is no doubt some way to go, the organisation is in a very different place from where it found itself some 10 years-plus ago, when it faced an existential threat.

8. Indeed, for the first time in some years, the Board has reviewed and de-escalated its reputational risk (201), disaggregating the stakeholder and patient experience aspects of the original risk, to more accurately reflect the current position.

9. The ambition of the organisation in respect of its partnership and engagement approach was originally that of collaboration as a first principle. Now, as WAST moves into the next chapter of its evolution, with a refreshed clinical model and a new Welsh Government performance management framework, together with the prospect of different political leadership in Wales following the 2026 Senedd elections, there is a positive opportunity to recalibrate the Trust's approach to partnership, collaboration and stakeholder engagement.

ASSESSMENT

10. 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.

11. 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 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. Should the proposition outlined in this paper be endorsed, communications and engagement work on clinical transformation would move into a more "business as usual" mode, working within the existing or future structures of the clinical model transformation programme.

12. 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.

13. 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.

14. Of course, the purpose of engagement can be different at different times, or can be a combination of different objectives, all of which are equally valid. The purpose of engagement may, for example, be any or all of the following:

    - Visibility
    - Influence
    - Collaboration and/or
    - Participation in statutory partnership arrangements

15. It is important to note that, while in the context of this paper there is not necessarily a lens on patient engagement, this is also an important factor to consider, as the work of the Trust's Patient Experience and Community Involvement (PECI) team will be central to any refreshed overall approach.

16. Similarly, it is also important to recognise that the Trust's capacity to deliver on its partnership and engagement agenda is a constraint, which means effort has to be directed to where it has the most benefit.

17. 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)
    - Public/third sector partnerships (for example, on specific aspects of delivery or infrastructure, and particularly in respect of enhanced engagement with health boards as both delivery partners and commissioners)

- Engagement (stakeholder, public and patient) in relation to the Trust's long-term strategy

18. At this stage, these are indicative only but represent themes which are likely to feature in the Trust's refreshed IMTP for 2026-29 and where there is an alignment with the Trust's existing ambition. It is proposed that these be subject to further iteration as part of the IMTP development process, working closely with executives and their teams. 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.

19. However, regardless of the final decision on areas of focus, the principle of targeting a small number of engagement/partnership/collaborative priorities remains. Specific engagement plans would 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 would be captured within IMTP deliverables and reported accordingly, including potentially through a refreshed MIQPR.

20. A more generalised partnerships and engagement report to Board would present on other relevant matters for example wider influencing and political engagement, regional partnership board activity and Wellbeing of Future Generations Act matters.

21. As an intrinsic part of the wider NHS Wales system, it will be important that WAST does not experience an "influence gap" as a function of changes in the strategic and political landscape. The level of political engagement which will be necessary in the run up to, and following the Senedd elections in May 2026 will be significant and will inevitably require a recalibration of key relationships, particularly as there may be a loss of continuity within the civil service and amongst special advisers. As a result, it will be imperative that relationships with the new administration are established as quickly and effectively as possible. Given the Trust's ambition and capacity to deliver potential "Once for Wales" services on behalf of the NHS Wales system, it is imperative that relationships with health boards, both in their capacity as providers of community services and commissioners, are strengthened.

22. The Trust has worked closely with Llais during the course of the clinical model and performance management framework changes. It is critical that this relationship is maintained as the Trust seeks to strengthen its approach to patient and public engagement. While this paper does not deal directly with this, it is important that the work of the PECI team has strong read-across to organisational, as well as

statutory, requirements. Work is underway to respond to the recent internal audit report on patient engagement and consideration is being given as to how best to align organisational and strategic priorities with the work of the PECI team.

RECOMMENDATION

23. The recommendations are as set out in the front cover above.

NEXT STEPS

24. Subject to Board's approval of the proposed approach, the Director of Partnerships and Engagement will work closely with the Executive Leadership Team during the IMTP development process to identify those key areas that would form the basis of the Trust's focused engagement activity from April 2026 onwards.

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

ACADEMIC PARTNERSHIPS 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.

Trust Board Meeting Date	27 November 2025
Committee Meeting Date	07 October 2025
Chair	Hannah Rowan

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. The **2025/26 Quality Governance Review** was considered, and the proposed redistribution of the committee's responsibilities was endorsed with the caveat that any potential risks to the depth of discussion on research and its visibility, cross functional collaboration and effective scheduling are actively managed.

ADVISE

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

2. An update was received from the Trust's **Research Non-Executive Director**, **Prof. Hayley Hutchings**. Hayley shared that she is engaged with Health and Care Research Wales (HCRW) via the independent members' committee. Hayley highlighted the recent publication of the Strategic Action Plan for Building Research Capability for Nursing, Midwifery and Allied Healthcare Professionals in Wales, and noted the Trust's involvement in this activity. Hayley summarised the key priorities of HCRW for NHS organisations, which included embedding a research culture, aligning education and workforce with research goals, and valuing research impact. Additionally, Hayley recently attended a Trust research and innovation workshop organised by Prof. Nigel Rees and his team in Baglan and described it as a positive event that showcased ongoing research within the Trust.

3. Members **reflected** that the meeting shone a light on the significant research and innovation activities within the Trust. Members acknowledged the importance of integrating research into strategic planning, maintaining visibility of research activities, and not losing the committee's positive legacy as the board committee framework evolves. The Chair stated that she values bringing together people who don't often interact, ensuring the committee balances assurance with meaningful discussion, and that it continues to highlight research achievements, whilst having honest conversations regarding associated barriers

ASSURE

(Detail here any areas of assurance the Committee has received)

4. Members received the **Annual Research and Innovation Report 2024/25** and commended the work undertaken within the Trust. The significant progress and national recognition of research output was noted; including publication in the New England Journal of Medicine, and leadership of major National Institute of Health and Care Research funded studies. Members praised the breadth and impact of research activities, the team's increased visibility and engagement across Wales, and the strong return on investment through grant income. The Committee noted the importance of tracking and communicating the real-world impact of research on patient outcomes and service improvement and agreed that it could be helpful to complete a focused evaluation of research impact for a future meeting.

5. Members recognised the progress highlighted by the **Health Care Research Wales review** and the ongoing efforts to embed research as a core function within the Trust noting that significant strides had been made including the appointment of a dedicated Research Lead. A stronger integration with priorities and performance frameworks is needed; however, to support planning and innovation. Staff participation and external partnerships were highlighted as areas for improvement.

6. Alignment against the **NHS Research and Development Framework** demonstrated substantial progress against all ten pillars of the framework. Members were assured on the development of a five-year strategic plan to strengthen research excellence, collaboration, and impact across the Trust as well as participation in national and international collaborative research. The importance of an effective reporting mechanism from a directorate level was highlighted.

RISKS

Risks Discussed: There are no formal risks on the corporate risk register for this Committee.

New Risks Identified: No risks raised.

The papers for this meeting can be found by following this link to the Committee page on our website.

COMMITTEE AGENDA FOR MEETING		
Annual Research and Innovation Report	Health Care Research Wales Review	NHS Research and Development Framework
Update from Research NED	2025/26 Quality Governance Review	

COMMITTEE ATTENDANCE				
Name	**07 October 2025**			
Hannah Rowan				
Prof Hayley Hutchings				
Jayne Beeslee				
Estelle Hitchon				
Carl Kneeshaw				

COMMITTEE ATTENDANCE				
Andy Swinburn				
Jonny Sammut	Keith Dorrington			
Jonathan Chippendale				
Prof Nigel Rees				
James Houston				
Jo Kelso				
Trish Mills	Julie Boalch			
Mark Marsden				
Keith Rogers				

	Attended
	Deputy attended
	Apologies received
	No longer member

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	27 November 2025
Committee Meeting Date	4 November 2025
Chair	Bethan Evans

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. **A data reporting error** has been identified with two sets of monthly data previously provided to Trust Board on the MIQPR. The June and August 30 working day compliance for Putting Things Right (PTR) has been over-reported, with performance now confirmed as having been much lower. This has been caused by reliance on manual extraction and calculation. The Directorate now has the technical capability to produce this metric in an automated way which will provide improved future confidence in the data reporting accuracy.

2. At the August meeting, members received the **Putting Things Right (PTR) and Legal Services Performance Organisational Recovery Plan**, with progress updates provided at this meeting. Members acknowledged the focused efforts on key challenges, including the increasing complexity and delays in PTR investigations, high sickness rates within PTR teams, and persistent issues with data access and manipulation, alongside the need for enhanced digital resources. The recent passing of new PTR regulations in the Senedd adds further complexity to this landscape, as preparations begin to consider the requirements and upskill staff ahead of implementation in April 2026.

   Members commended the progress made in reducing the time taken for more complex investigations within EMSC and Integrated Care, particularly in light of ongoing high sickness levels. They also noted the non-recurrent financial investment of £155K allocated to support the teams during this financial year. While the committee was assured that substantial work is underway, members requested that the next update provide a clearer assessment of the impact of this financial investment on the recovery plan, along with further detail on improvement trajectories and executive confidence in both recovery and its long-term sustainability.

ADVISE

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

3. Committee received a **Patient Story** from Alison Clarke, a user of the Non-Emergency Patient Transport Service (NEPTS), who described the significant impact of last-minute cancellations on her ability to attend vital medical appointments. She highlighted the emotional toll of not knowing whether transport would be available, the lack of clear communication from the Trust, and the impact on her health and wellbeing when appointments were missed or delayed. Alison's account underscored the need for improved communication, clearer eligibility criteria, and greater service reliability. The discussion highlighted that such cancellations are increasingly common due to a mismatch between demand and available capacity, exacerbated by factors such as reduced volunteer drivers post-pandemic, higher patient acuity, and system inefficiencies such as late bookings and cancellations by Health Boards. Members acknowledged the emotional and practical harm caused to patients and thanked Alison for sharing her experience.

4. The PTR Report and Alison's lived experience highlight the **ongoing high demand for NEPTS**, which continues to generate complaints about unmet patient needs. Despite support from the QSPE directorate through emotional mapping, enhanced data visibility, and efforts to encourage on-the-spot resolution, complaint levels have not declined. Members discussed the impact on patient care and will ask the Finance and Performance Committee (FPC) to review current actions and plans to improve NEPTS service delivery, particularly around eligibility criteria and the challenges patients face due to cancellations and the available commissioned capacity.

5. The Committee received an **update on the patient story** given in August 2025, which was Sophie's story. Since this time the Trust has developed easy-read resources, made progress on reasonable adjustments, and engaged with local learning disability groups to define quality service. The organisation will review learning from Sophie's story and other feedback to inform ongoing service improvements.

6. The committee approved the **Prevent Policy**. The committee received overview of the policy and its alignment with statutory requirements and NHS Wales guidance. The committee discussed the policy's content, its relevance to safeguarding, and the importance of staff training and awareness. Members were satisfied with the policy's clarity and the assurance provided regarding compliance and implementation.

7. The committee noted a proposal to initiate a full revision of the **Clinical Plan** aligned with the new ambulance performance framework. The revised approach will prioritise clinical leadership and outcome-based measures over time-based metrics, noting that much of the transformation is already underway through the CMT programme.

8. The Committee received the **Operational Update for Q2 2025/26,** which members noted:

    - A task and finish group has been established in partnership to develop an action plan that is actionable and sustainable, improve rural recruitment and retention alongside rural capacity and resilience.

- The robustness of transfer and discharge demand and capacity modelling for patient care. It was noted that financial constraints and unpredictable demand continue to present challenges, with current efforts focused on improving system efficiency rather than expanding resources.

9. Members **reflections included** positive comments on the meeting's structure, time management, and the quality of papers; crediting effective agenda planning and governance support. They emphasised that discussions were thorough and not rushed, with particular value placed on the focus given to Ambulance Care and patient stories. A recurring theme was the challenge of data and digital capacity, with concerns about manual processes and their impact on organisational intelligence and staff workload. Observers found the meeting insightful for understanding the Trust's governance arrangements, and the collaborative culture within the Trust. These reflections underscore the committee's commitment to robust assurance, continuous improvement, and transparency in addressing operational and strategic challenges. The committee welcomed an observer from the Joint Commissioning Committee as well as a number of WAST colleagues.

10. The committee **met briefly in private** to receive a confidential risk report.

ASSURE

(Detail here any areas of assurance the Committee has received)

11. The **Monthly Integrated Performance Report (MIQPR)** was received, setting out the metrics for August/September 2025. Performance related to PTR is reported separately below and members noted that the board will receive and discuss the MIQPR at its meeting in November 2025. The committee considered the impact of the Clinical Model Transformation (CMT) programme and reduced handover delays on Health Boards, with early indications of improved ambulance availability and conveyance of higher acuity patients not necessarily benefiting flow through the front door. A formal evaluation of the CMT programme has been commissioned, however benefits realisation and performance indicators and trajectories work is underway internally and will be overseen by FPC.

12. The **PTR Report for Q2 2025-26** was received, highlighting a number of learnings and improvements that have been identified and implemented. While some areas of poor performance are being addressed through the PTR recovery plan referenced above, the following points are noted for the Board's attention:
    - The number of overdue NRIs has remained relatively static this quarter. However, the board will see from the MIQPR that there has been a deterioration in the timeliness of complaint responses, with fewer being completed within the statutory 30-day timeframe. This target has not been met in any of the past 15 months reported. There has also been a decline in the number of Duty of Candour letters issued within the required five working days.
    - Key themes emerging from NRIs this quarter include issues with call management (such as missed allocation opportunities and delays due to incorrect incident addresses), remote clinical care (including inappropriate call downgrades and challenges in mental health consultations), and operational pressures (notably abstractions and low staffing levels).
    - There are ongoing delays in the submission of Learning from Events Reports, which has prompted an intensive support programme from the Welsh Risk Pool. Progress against last year's improvement

programme is slipping, as reflected in the audit tracker.

- Additional learning has been captured around complex case management, the impact of the Clinical Navigator role, and developments in gender identity work.

13. The Audit, Risk and Assurance Committee (ARAC) received the annual assurance report of this Committee regarding the framework supporting the **near miss and low harm** intelligence reporting in the Trust at its meeting on the 02 September 2025. ARAC noted the report provided only limited assurance however did take account of the PTR recovery plan which is focused on the incidents that have taken place and that therefore improvements in near miss and low harm reporting may not be forthcoming in the short term. A further update was sought from ARAC in March 2026.

14. The Learning from Deaths (Mortality Reviews) for Q1 and Q2 was received, with delays in care far outweighing other cases by referral reason. Learning themes include recurrent issues such as:
    - Deconditioning and long lies.
    - Possible opportunities for alternative Pathways and avoiding conveyance.
    - Absence of Advanced Care Planning and end of life care packages, education and preparation.
    - Number of patients opting to self-convey because of long Estimated Time of Arrivals (ETAs).
    - Very poor patient and family experiences, predominately due to delays in responding.
    - Identification of atypical stroke presentations.
    - Caregivers/callers with Learning Disability who find themselves unsupported during long waits.
    - Lack of planning, preparation and support for recognised terminal conditions such as Motor Neurone Disease where death was both anticipated and expected.
    - Consistent volume of concerns from bereaved relatives about CPR instructions being given to callers when a person already has a DNACPR.

15. Partial assurance was provided on the **Strategic Quality Plan Implementation Update**, particularly in relation to the population health and value-based healthcare objectives. This was attributed to ongoing capability and capacity issues. 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. Nonetheless, the positive impact of the quality team's work is being felt across the Trust and was evident in the discussions at this committee. Members acknowledged the increasingly mature dialogue around the Quality Management System (QMS) and quality improvement methodology, as well as the emergence of a pan-Wales approach. The committee will continue to receive assurance reports on implementation at each meeting, ensuring a balanced focus on both the progress of individual actions and the strategic outcomes and impact.

16. The **Patient Experience and Community Involvement (PECI) Biannual Report** was received. The committee noted the Trust's progress in embedding experience metrics, with positive feedback on staff kindness and booking systems. The report confirmed compliance with statutory duties and robust processes for real-time feedback and quality improvement. Transparency with reporting, growing interest in patient experience and visualisation, and efforts to ensure equitable engagement were acknowledged. Members were assured the PECI Team is aligning with national frameworks, are pursuing Information Commissioner requirements to increase patient contacts directly through SMS, and planning trend-based data enhancements. Despite resource challenges, the PECI Team remains

committed to meaningful engagement and continuous improvement, with future reports to be publicly shared and adapted during organisational change.

17. The Committee has reviewed the **Mental Health Annual Report for 2024/25**. The report outlines strategic transformation across Wales, with improvements in governance, service delivery, workforce development, and partnerships aligned to Welsh Government priorities. The Trust is moving towards integrated, proactive mental health support, aiming to reduce emergency department pressures and improve care quality. The Gwent Mental Health Response Vehicle pilot has shown positive outcomes and the Trust is considering opportunities for expansion and 24/7 coverage. Specialist roles and advanced training in areas such as learning disabilities, CAMHS, substance misuse, and dementia are strengthening workforce capability and enhancing generalist practice. Challenges including staffing shortages, limited service hours, and data gaps are being addressed through recruitment, training, technology, and performance monitoring. The committee acknowledged the report's value, supported its recommendations, and looked forward to more integrated, resource-aware developments and clearer evidence of local authority involvement in future reporting.

18. The **Clinical Audit Plan and Action Tracker update for Q2 2025/26** was received with no escalations.

19. The Committee held the first part of its **Quality Governance Review** (formerly effectiveness review) for 2025/26. There was broad agreement that the committee's membership is appropriate and diverse, and whilst concerns were raised about the number of attendees, with some questioning the value added by non-contributing participants, wide attendance is encouraged and welcomed by the committee in open session. The committee is seen as effective with high engagement, robust agendas, and strong scrutiny and chairing. However, there is a desire for more focus on the effectiveness of the QMS as a whole, including quality planning, control, and improvement, not just assurance. This will be addressed in the cycle of business and priorities of the committee for 2026/27. The terms of reference are viewed as suitable and were approved subject to changes which transfer responsibility for value based healthcare from FPC.

20. An update was received on the **Audit tracker (internal audit, external audit/reports)** with no escalations to the board.

21. The **cycle of business and monitoring report** were reviewed with members noting the Annual Infection and Prevention Control Report 2024/25 was deferred until January (it was due to be presented in August).

RISKS

Risks Discussed:

The Trust's two highest scoring **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 and affects the trust's ability to provide a safe and effective service remain unchanged at a score of 25.

Discussions during the next round of reviews will centre on whether reductions in handover delays will

translate to a reduction in scores. Handover delays have seen month on month reductions (12,284 in September 2025 compared to 20,693 in September 2024) but are still not close to those upon which are service is modelled, and not currently universal across Wales.

New Risks Identified: The continuing pressures on our people and resourcing challenges to the Trust's statutory duties and ambitions.

COMMITTEE AGENDA FOR MEETING		
Operations Directorate Quarterly Report for Q2 2025-26	Patient story and Updates	Monthly Integrated Quality and Performance Report
Strategic Quality Plan 2025/28 Implementation Update	PTR Report Q2 and Recovery Plan	AAA from ARAC re Near Miss and Low Harm Reporting
Mental Health Annual Report 2024/25	Learning from Deaths (Mortality Reviews) Report	PECI Biannual Report
Clinical audit plan and tracker	Risk Management and BAF	2025/26 Quality Governance Review
Audit Tracker 2025/26 Q2	Prevent Policy (for approval)	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			
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

[1] Extraordinary meeting
[2] Extraordinary meeting

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

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	27 November 2025
Committee Meeting Date	13 November 2025
Chair	Ceri Jackson

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. A request to **extend the People and Culture Plan 2023-26 until April 2027** was endorsed by the committee based on its continued relevance, alignment with strategic priorities, and timeframes to refresh the Trust's Long-Term Strategic Framework. There were no concerns from the committee about this approach, and the Trust Board is asked to approve the request for extension.

ADVISE

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

2. The committee heard from three tutors in the recently formed **Essential Skills Team: Richard Lewis, Sara Morris, and Yvonne Walker** who showcased their work in supporting staff development across the Trust. The team outlined their role in delivering personalised learning in literacy, numeracy, and digital skills, enabling staff to achieve qualifications equivalent to GCSEs and fostering career progression, confidence, and resilience. They highlighted collaborative curriculum development with operational teams, the successful integration of mentoring qualifications for Emergency Ambulance Practitioners, and the positive impact of peer support networks. The presentation included feedback from staff who benefited from these programmes, emphasising increased confidence and motivation.

3. The team described ongoing and future initiatives, such as digital skills for business, higher level apprenticeships, and tailored support for diverse and rural communities, demonstrating a commitment to widening participation and supporting the Trust's well-being and inclusion objectives. Members expressed strong support for the programme, recognising its value in

promoting inclusive staff development and widening participation across the Trust. The discussion emphasised the need for flexible learning opportunities, clarity on abstraction and funding, and ongoing review of training metrics, with a shared commitment to further enhancing the programme's reach and impact. Members thanked the tutors for their presentation and commented that it brought the initiative to life and provided valuable insight into its benefits for staff development and organisational goals.

4. The **report from the Director of Culture Change** and the **Director of People** was received with the following of particular note for the board:

- NHS Staff Survey response rate is 34% with two weeks remaining, and confidence expressed in surpassing the 40% target. WAST's rate is already well above other NHS Wales organisations.
- The Mastering Diversity Conference was positively received, bringing people networks together and reinforcing commitment to inclusivity.
- Speaking Up Safely Month saw strong leadership support, raising awareness and encouraging staff to speak up.
- A powerful story from the Volunteer Conference illustrated the profound impact of volunteer contributions.
- Continued focus on sharing best practice in cultural change through locality visits and engagement initiatives.
- National recognition included the Culture Pioneers Award (for Angie Lewis) and HPMA shortlist for work on compassionate practice and employee safety.
- Long-serving staff were honoured, and senior leaders are engaged in the NHS Tackling Inequalities Leadership Programme.
- Apprenticeship programmes are expanding in call handling, patient care, and Emergency Medical Technician roles, with consultation underway to embed staff feedback.

5. The **Q2 Operational Update** highlighted the following people and culture related issues:

- The update reported investment in training for new senior Emergency Medical Dispatch roles, progress in operations quality with more auditors in post, and ongoing Emergency Ambulance Practitioner training, although abstraction for training has created staffing challenges. It also noted a review of the Advanced Practice Paramedic roster and changes to Integrated Care management roles.
- A task and finish group is working to reduce overruns, with improvements seen in cases exceeding 60 minutes. Staff and ambulance care roadshows received positive feedback, and the collaborative approach with Trade Unions was highlighted.
- Members recognised the success of the Volunteer Conference, the value of the Operations Directorate leadership event, and the strong teamwork within operations. They noted improvements in staff experience, particularly efforts to get crews home on time and the

supportive culture among staff and managers.

- The committee discussed the upcoming phase 2 go-live of the clinical model transformation, focusing on staff readiness, particularly for those most affected in Control Rooms and Integrated Care. Extensive training has boosted staff confidence, supported by toolkits for managers and additional resources during implementation. Positive feedback was attributed to effective communication and involvement throughout the process.

6. The following **policies were approved**:
   - Anti-sexual harassment policy is an All-Wales policy. The implementation plan accompanied the policy and demonstrated a genuine commitment to embed the policy across the organisation.
   - Lone working policy
   - Carers Policy
   - All-Wales Flexible Working Policy

7. **Reflections** on the meeting included an appreciation for the focus on culture and the respect shown within senior teams; as well as recognition of the efforts made to improve staff experience, a focus on training initiatives as heard through the Staff Story, and a demonstrable focus on improving the position with overruns and handover delays. The feedback from staff indicated a growing confidence in ongoing changes, and the importance of triangulating information from various sources was emphasised.

ASSURE

(Detail here any areas of assurance the Committee has received)

8. 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 quantitative measures this quarter), **Workforce Scorecard** metrics and those related to **Health and Safety**. Given this, the following areas of assurance will be of interest to the Board:
   - Membership of people networks continues to grow, showing strong engagement with Equality, Diversity and Inclusion initiatives and peer support, and actively promoting participation in the NHS staff survey.
   - Disciplinary cases and formal resolution requests remain stable. Members noted this may be an early indication that embedding the WAST Way and promoting early, constructive conversations is having an impact on reducing formal processes and supporting a positive culture.
   - Staff turnover is trending downward, and absence rates, while slightly higher, remain improved compared to last year, reflecting the impact of well-being initiatives. The RSV and flu season coming early this Winter will have an effect on sickness absence in the coming months.
   - Statutory and mandatory compliance has reached 90%, exceeding Welsh Government

requirements and demonstrating commitment to learning and standards.

- PADR compliance remains below target, with members emphasising the need for meaningful, regular check-ins rather than a compliance-driven approach. Feedback from staff and managers is shaping a more accessible PADR process, with a pilot planned in selected areas to make reviews more relevant for a dispersed workforce. Members also explored recognising other touchpoints, such as ride-outs with senior paramedics, as part of PADRs and agreed to review how these could be incorporated.
- With respect to health and safety, members received assurance on progress with compliance and training, particularly around violence and aggression incidents, which remain the main reported risk but are mostly verbal and low harm. Reporting has increased among control room and NEPTS (Non-Emergency Patient Transport Service) staff due to greater confidence in follow-up. Improvements were seen in COSHH (control of substances hazardous to health) compliance, and noise levels in new electric vehicles were confirmed as safe.
- Health and safety plans have been reprioritised to focus on high priority actions and essential business as usual given reduced capacity in the team, and these now align with IMTP objectives, supported by a new risk assessment tracker. Staff absence has had an impact on RIDDOR reporting, which is down in Q2 to 72%.
- Three re-rosters will start in quarter four – NEPTS, 111 and Advance Practice Paramedics affecting c.1,000 staff .

9. Members received the **2025 Workforce Race Equality Standards Report (WRES)** which forms part of the Anti-Racist Wales Action Plan. The board will see from the attached paper and WRES data that WAST has low ethnic workforce diversity, with only 1.63% of the workforce (70 staff members) declaring on ESR that they are Black, Asian or Minority Ethnic. The committee discussed the actions implemented since the last WRES report that are set out in the attached paper, noting the actions underway include replicating successful inclusive recruitment initiatives in other departments, embedding allyship and active bystander training in induction programmes, enhancing data quality, expanding the BEAM staff network, and increasing community engagement. The Welsh Government has recognised WAST's progress and invited Angela Lewis, Director of Culture Change. to share best practices at a national leadership symposium. The committee commended the progress made and recommended continued focus on board representation, recruitment outcomes, and data quality to further advance equality, diversity, and inclusion across the organisation.

10. The reasonable assurance **Organisational Change Internal Audit Report** focused on the OCP (Organisational Change Process), with actions underway and deadlines considered realistic given current resources. Lessons learned will be captured through three-month post-OCP reviews, assessing achievement of objectives and identifying areas for improvement. Assurance will be provided via regular people and culture metrics, including turnover, absence, and staff survey feedback on change management. Recent roadshows have focused on understanding change from an individual's perspective, and the Trust is working to embed people-focused change practices beyond the OCP process.

11. 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. The following was noted from the 23 September 2025 WASPT meeting, nothing there is another meeting on 20 November:

    - The Welsh Government has accepted the 2025/26 NHS Pay Review Body recommendations, confirming a 3.6% consolidated pay increase for Agenda for Change staff from 1 April 2025. Trade Union partners updated the meeting on the position of their respective unions on potential industrial action over the pay award, with further updates at the upcoming meeting.
    - A risk management workshop was held after the meeting which was well received; however, the meeting also raised a number of risks in discussion on overruns and the impacts to both patients and our people.
    - The group discussed issues with regards to the industrial injuries process and received assurance that the Executive Leadership Team would review the process and return it to WASPT for further consideration.
    - The issue of overruns was thoroughly discussed, with acknowledgement that the issue continues to affect operational hours, increase TOIL accruals and contribute to a very poor working experience. It was noted at our meeting today that the urgent action agreed at this WASPT meeting have positively prioritised the issue.
    - The pace of change within Integrated Care was discussed. Specific concerns were followed up with the Executive Director of Operations to ensure they are taken holistically with those closely impacted.

12. The Committee held the first part of its **Quality Governance Review** (formerly effectiveness review) for 2025/26. The committee is valued for its inclusivity, active participation, and high-quality reporting, which foster a collaborative environment and effective assurance. There is a desire for the committee to focus more on strategic priorities and to measure the tangible impact of its work, ensuring that discussions address the most pressing and relevant issues for staff and the organisation. While the current membership and terms of reference remain broadly appropriate, amendments were agreed to include broader education and training, related partnerships and collaboration, and membership changes to reflect these updates.

13. The **Q2 Audit Tracker** was reviewed and the Committee noted good progress with no escalations to board. There are two actions on their final revised date and the Audit, Risk and Assurance Committee will review these also.

14. In the private session the committee reviewed progress against four **suspensions over four months,** which is a decrease from the eight reported in the last quarter. Three cases are with the **Employment Tribunal**. Four staff members have been on alternative duties for over four months under the Disciplinary Policy, a decrease from three cases since the last report. Members were assured of actions in place to manage these cases.

15. The committee received the **cycle of business monitoring and committee priority report**. The Revalidation and Registration reports have been further deferred to January 2025. Committee priorities around equality, diversity and inclusion, and people development were evident throughout the meeting.

RISKS

Risks Discussed:

The committee discussed four relevant risks, all of which were reviewed during the period and previously presented to the Trust Board in September. Members noted that the risks inform agenda setting and that discussions throughout the meeting aligned with the key areas of each risk:

- Risk 160 (high absence rates) reduced in score from 20 to 16 given the year on year reductions in sickness.
- Risk 201 (reputational harm) has been disaggregated into two risks, one related to relationships with stakeholders and another for poor patient experience affecting reputation. These are both scored at 16 with a target score of 12. Given the reach of these risks, it is recommended they are overseen by the board directly, rather than this committee.
- The risks related to Trade Union relationships (Risk 163) and staff health and wellbeing (Risk 558) remain static.

Members noted some action dates had shifted and sought assurance on progress. Directors confirmed a December deep dive into People and Culture risks to ensure they remain fit for purpose, with consideration of combining risks and refreshing actions.

New Risks Identified: No new risks identified at this meeting for the register.

COMMITTEE AGENDA FOR MEETING		
Directors update	Operations quarterly report Q2	Staff story and staff story update
People and Culture metrics	MIQPR	Anti-Racist Wales Action Plan update, including WRES
People and Culture Plan extension	All-Wales Anti-Sexual Harassment Policy and Implementation Plan	WASPT AAA Highlight Report
Health and safety, and violence and aggression bi-annual report	2025/26 quality and governance review and terms of reference	Risk management and BAF
Audit tracker Q2	Organisational Change Internal Audit report	Policies for approval
Cycle of Business and Monitoring Reports		

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

GIG CYMRU NHS WALES

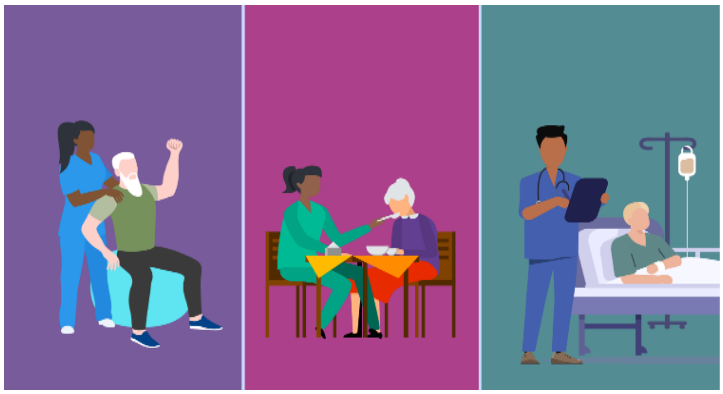
Gofal Cymdeithasol Cymru
Social Care Wales

Llywodraeth Cymru
Welsh Government

Safon Cydraddoldeb Hil y Gweithlu (SCHG)
Gweithlu cynhwysol sy'n darparu'r gofal gorau

Workforce Race Equality Standard (WRES)
An inclusive workforce provides the best care

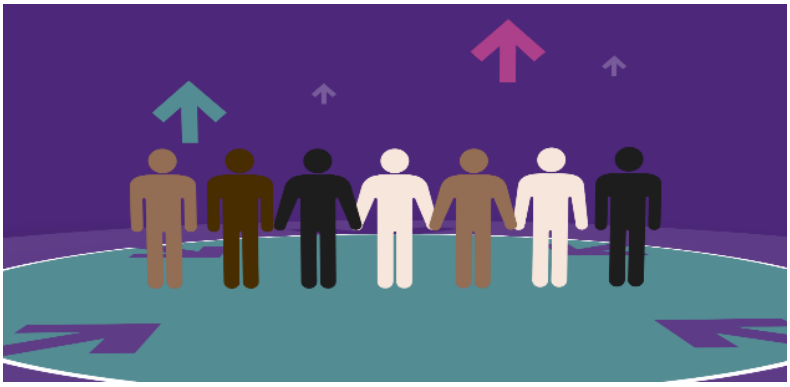
The Workforce Race Equality Standard for Wales



WORKFORCE RACE EQUALITY STANDARD ORGANISATIONAL REPORT

WELSH AMBULANCE SERVICE UNIVERSITY NHS TRUST

2025



WORKFORCE RACE EQUALITY STANDARD ORGANISATIONAL REPORT 2025

WELSH AMBULANCE SERVICE UNIVERSITY NHS TRUST

Foreword

In response to the Anti-racist Wales Action Plan (ArWAP), an agreed action was to implement the Workforce Race Equality Standard (WRES) in order to ensure employees from Black, Asian and Minority Ethnic backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The inaugural dataset was published last year, and local data reported back to each organisation.

There are twelve WRES indicators structured around the themes of representation, development, disciplinary equality, and institutional culture. Six of the indicators focus on workforce data, five are derived from the NHS Wales Staff Survey, and one indicator focuses on Board representation. The WRES highlights any differences between the experience and treatment of White staff and ethnic minority staff with a view to closing those gaps through the development and implementation of action plans focused upon continuous improvement over time. Following publication of that initial report, there have been biannual meetings with organisational leads in order to identify evidence-based actions that need to be implemented. Additionally, each organisation has shared their strategic equality plans that outline the practical approach needed to continuously improve their respective organisation with regard to workforce race equality.

All of that information has been used in this report, which shows the detail for the workforce in Welsh Ambulance Service University NHS Trust (WAST), tracking change since the 2024 dataset. It also references the content of the strategic equality plans to identify if actions have been taken to address areas of identified racial inequality. This iterative cycle of improvement is one which is a core part of the work of each organisation, and it is our ambition that the WRES report is a vital dataset that helps drive strategic action and accountability for change in WAST.

Anton Emmanuel, Lead for the WRES NHS Wales and Social Care

KEY FINDINGS WRES 2025

WELSH AMBULANCE SERVICE UNIVERSITY NHS TRUST

	WAST	NHS Wales
Undeclared ethnicity rate overall (%)	10.0%	**9.9%**
Undeclared ethnicity number Band 8 +	21	**526**
Full appointment data available (Ind 5)	yes	**incomplete**
Staff survey completion rate	35.2%	**21.9%**
% staff survey response from BME staff	4.9%	**9.2%**
% BME staff	1.7%	**10.6%**
Ind 1: Board representation (difference between workforce and Board)	-1.7%	**-6.7%**
Ind 2: ESP representation (difference between workforce and ESP)	-1.7%	**-7.8%**
Ind 2: Disparity ratio lower to middle	0.83	**1.65**
Ind 2: Disparity ratio middle to upper	1.18	**1.71**
Ind 2: Disparity ratio upper to senior	no staff	**1.13**
Ind 3: Perception of equal progression opportunity (% difference BME vs White)	-5.0%	**-5.6%**
Ind 5: Equitable likelihood ratio of appointment (All roles)	0.32	**0.49**
Ind 5: Equitable likelihood ratio of appointment Non-clinical	0.39	**0.38**
Ind 5: Equitable likelihood ratio of appointment Clinical	0.3	**0.47**
Ind 5: Equitable likelihood ratio of appointment Medical	NA	**0.63**
Ind 6: Equitable likelihood ratio of accessing non-mandatory training	0.99	**0.96**
Ind 8: Equitable likelihood of entering formal disciplinary process	2.17	**0.88**
Ind 9: Equitable likelihood of entering local capability process	no cases reported	**2.22**
Ind 10: Experience harassment from patients/public (% difference BME vs White)	-1.2%	**2.7%**
Ind 11: Experience harassment from colleagues (% difference BME vs White)	-2.4%	**3.1%**
Ind 12: Experience discrimination from managers (% difference BME vs White)	-8.7%	**4.6%**

Colour rating explanation:
Green = at least 10% improvement from 2024
Red = at least 10% worsening from 2024

Introduction

This second WRES data report requires the organisations employing these staff to report against eleven indicators of race equality. The data is presented to enable leaders to identify the primary foci of necessary action to reverse inequity. Rather than simply addressing an overarching metric like a pay gap, the data looks at the component factors that result in such inequalities. The indicators cover the four core domains which comprise this workforce experience:

- Representation and leadership (5 indicators)
- Professional development and training (2 indicators, one is not reported in 2025)
- Disciplinary and capability (2 indicators)
- Discrimination, bullying and harassment (3 indicators).

In Welsh Ambulance Service University NHS Trust (WAST), this report highlights the following data:

1. **an improvement in the previous inequality of disciplinary referral, though there remains work to do there**
2. **increased attraction of ethnic minority staff into the ambulance sector**
3. **reduced likelihood of ethnic minority staff being appointed after shortlisting**
4. **absence of ethnic minority board membership**

The data presented in this report serve both as a catalyst for improvement and a driver of transformation. Improving productivity requires a workforce that have a sense of engagement, agency, wellbeing and goodwill towards their workplace and colleagues. It is the job of leaders at all levels to ensure that inclusion is not just talked about as an aspiration, but is actively targeted by positive action.

The indicators are presented at the organisational level and benchmarked against the national (all-Wales) context. This approach is intended to help organisations prioritise areas of greatest need while situating their progress within a broader comparative framework.

The theory of change for strategic planning requires goals to be set, with specific outcomes, actions to achieve those outcomes and metrics to track progress. The WRES dataset is central to that process, and we look forward to continuing to work with leadership in WAST to deliver an inclusive workplace that provides best quality care for patients and public.

Methodology

Data collection

NHS Wales delivers services through 7 local health boards and 3 NHS trusts (Velindre University NHS Trust, Welsh Ambulance Services University NHS Trust, Public Health Wales); additionally there are two strategic health authorities (Health Education and Improvement Wales, Digital Health and Care Wales) and there is the NHS Wales Shared Services Partnership.

The WRES mandates all organisations to self-assess against twelve indicators of workforce experience. Six are based on data derived from the NHS electronic staff record and electronic recruitment systems, five on data from the national NHS staff survey questions, and one considers Black, Asian and minority ethnic representation on boards. The detailed definition for each indicator can be found in the WRES Technical Guidance.

Data collection was as of October 2024 for the staff survey derived indicators and April 2025 for the other indicators.

Data analyses

We have analysed the data for all 13 organisations against each indicator. The presentation in this report shows your organisational data, compared with the aggregated national picture and with the previous year.

We have identified and corrected minor errors in the previously published version of this report. These issues do not affect the overall findings or recommended actions. They relate to data transcription and assignment errors from the 2024 dataset, and have no impact on the conclusions of the report.

We have presented the data in a granular way as a method of optimising understanding of what the indicators reveal. This disaggregation is by gender (men and women) and by ethnicity (broken into sub-categories of Black, Asian and Mixed/Other). Further disaggregation by specific ethnicity was not possible due to the risk of displaying small numbers. Where there is an issue with small numbers even with the current categories, it has been shown as “less than 10, <10”.

Following last year’s baseline data, we have moved away from showing RAG-rated data in favour of showing changes from the 2024 data in order to highlight trends, both positive and negative.

Data caveats

Five of the WRES indicators (3, 4, 10, 11, 12) are drawn from questions in the national NHS staff survey. The reliability of the data drawn from those indicators is dependent upon the overall size of samples surveyed, the response rates to the survey questions, and whether the numbers of BME staff are large enough to not undermine confidence in the data.

We didn’t adjust the national score based on the number of staff employed by each organisation. Instead, we considered the results in relation to the number of survey respondents, accounting for disaggregated comparisons by ethnicity and gender.

The data for indicator 5 is from the Trac, the recruitment admin system, and only includes Agenda for Change (AfC) recruitment processed by NWSSP Recruitment. Specifically, it does not include all medical appointments and any processed by the organisations themselves. This will however be sought for future data collections.

We have not published data for indicator 7, since the mandate for all NHS staff to complete the anti-racist training programme was only available for part of the last year.

For indicators 8 and 9, the calculation uses a review of the period April 2024 to April 2025.

The results in this report are as at **31st March 2025**, and revisions were permitted up to 31st May 2025.

Terminology

Throughout this report, we use the term 'Black, Asian and minority ethnic'. For the purpose of brevity and visualisation, this is abbreviated to 'BME' in figures and tables, but written in long-form in the text. Where possible we have followed guidance to disaggregate into more specific categories, but avoid the information governance risks associated with small numbers we have kept to categorisations of 'Black', 'Asian', and 'Mixed/Other' to refer to those members of the NHS workforce who are not White. This is largely driven by the data collection process. As set out in the WRES technical guidance, the definitions of ethnicity used in the WRES have followed the national reporting requirements of ethnic category in the NHS data model and dictionary.

'ESP' refers to Executive and Senior posts.

RACE COMPOSITION OF WAST (AND NHS WALES)

Ethnicity	Headcount	%
Asian	13	0.3%
Black	15	0.3%
Mixed & Other	46	1.0%
White	3,926	88.4%
Unknown	443	10.0%
Total	**4,443**	**100.0%**

WAST

Ethnicity	Headcount	%
Asian	6,721	5.9%
Black	2,097	1.8%
Mixed & Other	3,261	2.9%
White	90,583	79.5%
Unknown	11,309	9.9%
Total	**113,971**	**100.0%**

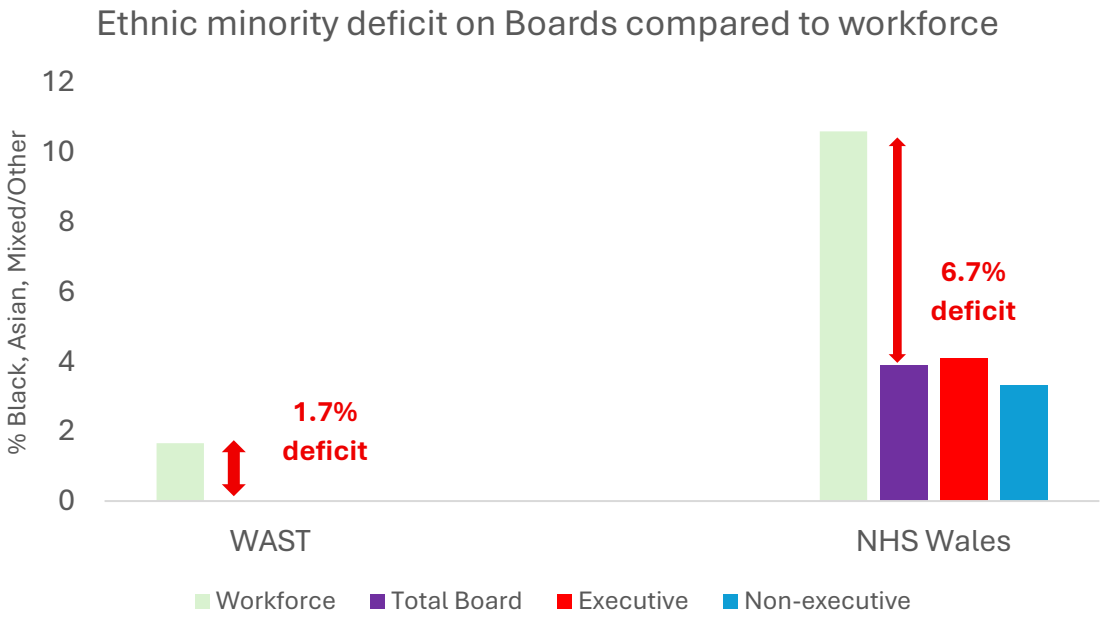
NHS Wales

DATA TREND AND SUMMARY

There has been an increase of minoritised workforce from 1.36% to 1.67% (a 22% increment)

INDICATOR 1: Percentage difference by ethnicity between the organisations' Board executive and non-executive membership and its overall workforce

DATA DISPLAY 1

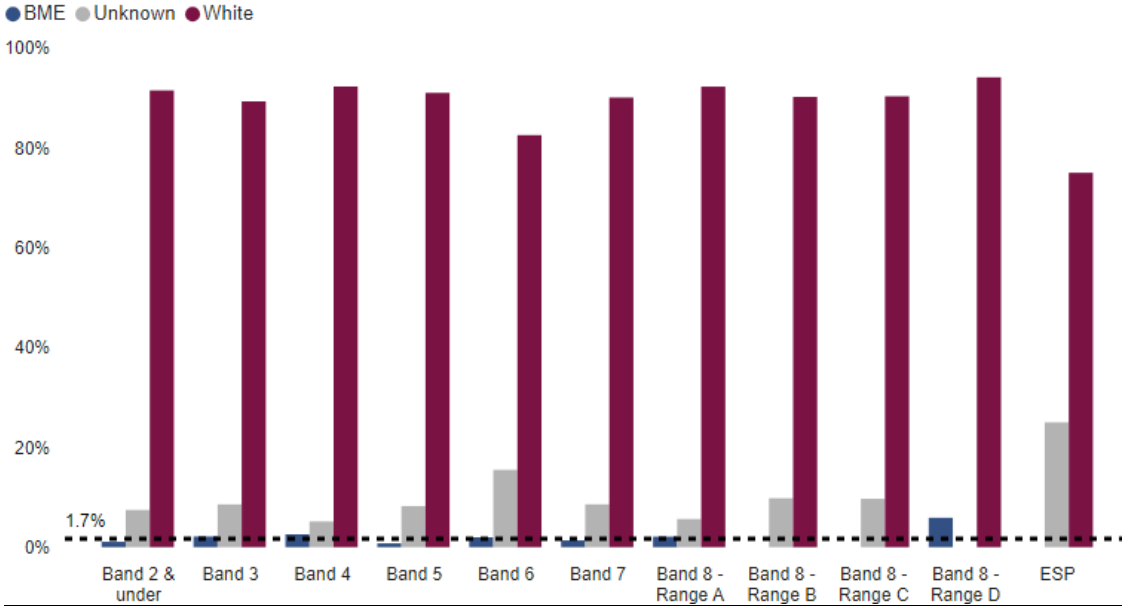


DATA TREND AND SUMMARY 1

1. There are zero ethnic minority Board members in WAST – reduced from last year
2. The deficit between workforce has increased, related to the increase in ethnic minority workforce (from 1.36% to 1.67%)
3. Rates of non-declared ethnicity on the board have not changed significantly (currently 26.3% from 29.4% in 2024)

INDICATOR 2: Percentage of staff by ethnicity in each of the AfC Bands 1-9 and ESP compared with the percentage of staff in the overall workforce

DATA DISPLAY 2.1



1.7% dotted line reflects % of staff on Ac bands

DATA TREND AND SUMMARY 2.1

- Small numbers of ethnic minority workforce, but represented across the bands, as per last year
- There is no ethnic minority staff member at ESP level in WAST, representing a deficit of 1.7% compared to workforce percentage of Asian, Black and Mixed/Other staff
- 10% staff have no declared ethnicity (improved from 2024) throughout all Bands

DATA DISPLAY 2.2

	DISPARITY RATIO		
	Lower – Middle	**Middle – Upper**	**Upper – Senior**
WAST	**0.83** (0.69)	**1.18** (0.92)	**No staff** (0.27)
NHS Wales	**1.65** (1.51)	**1.71** (1.81)	**1.13** (0.77)

The disparity ratio is a reflection of staff representation across pay bands, comparing Black and ethnic minority with White staff. 'Lower bands' refer to band 5 and below, 'Middle' bands 6 and 7, 'Upper' bands 8a to 9, and 'Senior' relates to ESPs. A ratio of 1 reflects parity of progression, and values higher than '1' reflect inequality, with a disadvantage for BME staff. Data from 2024 shown in parentheses below

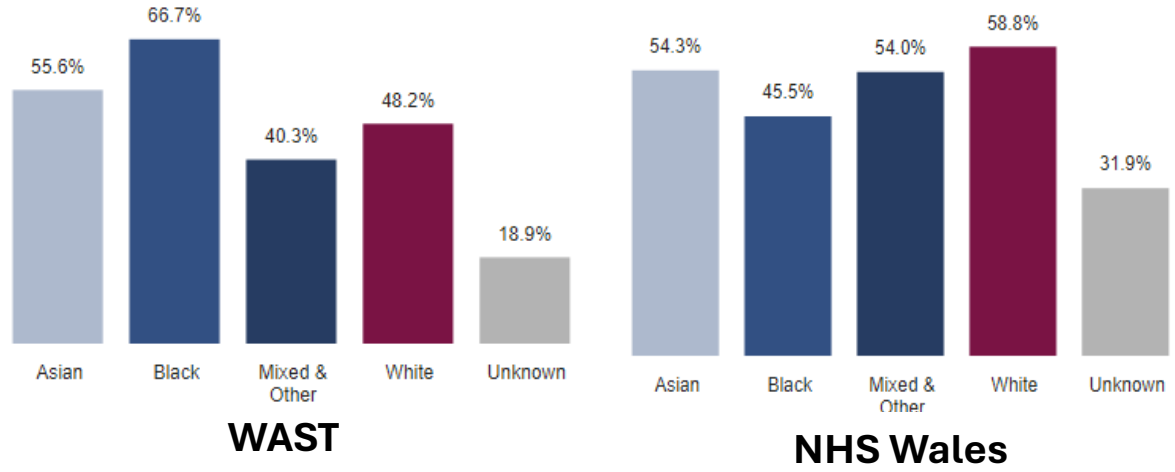
DATA TREND AND SUMMARY 2.3

The disparity ratio has improved from 2024, notably in the lower-to-middle segment, reflecting an improvement in the promotion/recruitment process.

INDICATOR 3: Percentage of staff by ethnicity believing their organisation provides equal opportunities for career progression or promotion

Based on staff survey: response rate 35.2%

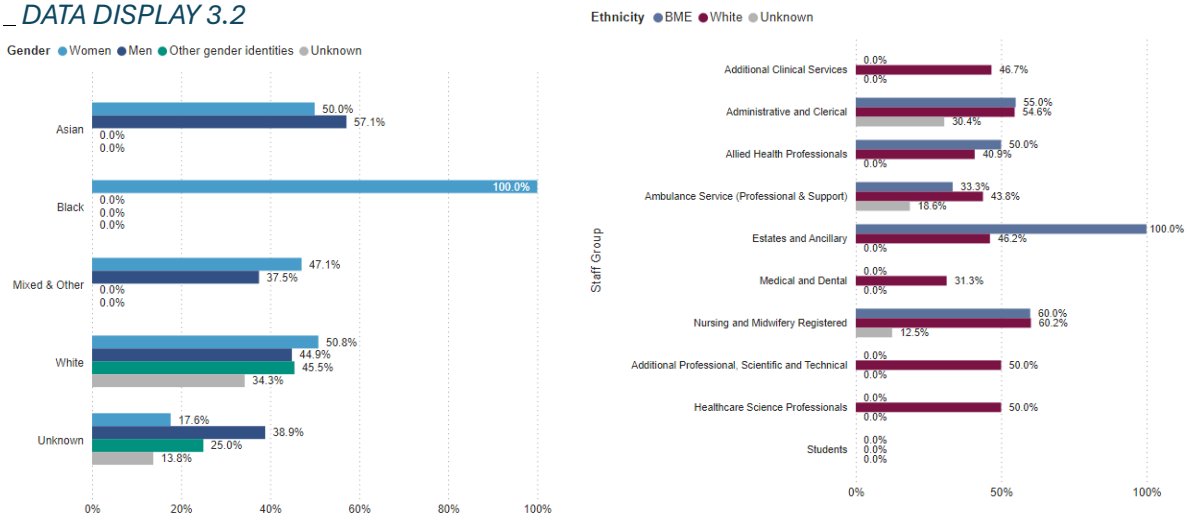
DATA DISPLAY 3.1



DATA TREND AND SUMMARY 3.1

Compared to White staff, Black and Asian (but not Mixed/Other) staff feel that WAST provides equitable promotion opportunities. This is in contrast to the inequality seen in NHS Wales as a whole. The data in WAST shows some decline compared to last year, but is still better than the national average.

DATA DISPLAY 3.2



DATA TREND AND SUMMARY 3.2

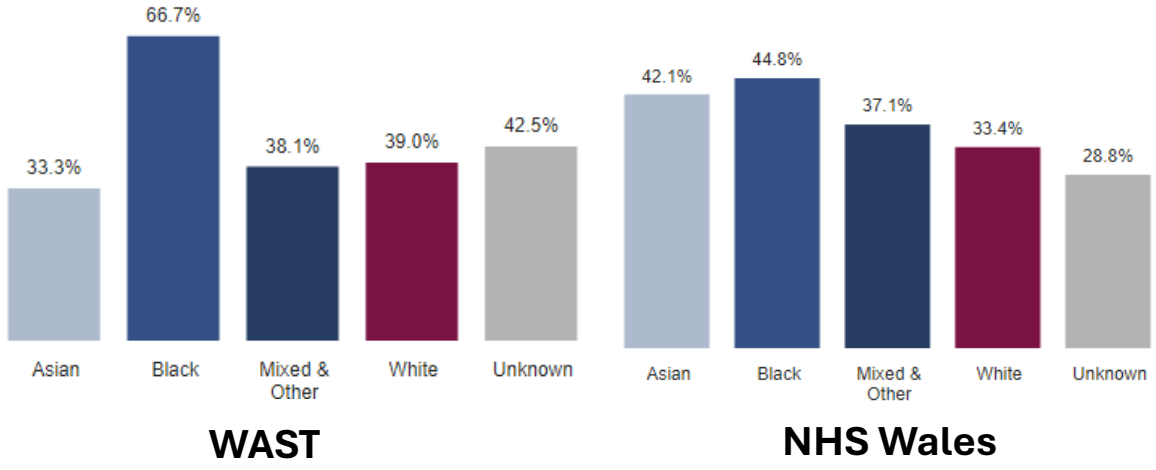
There is no consistent gender or staff group trend with regard to this inequality.

INDICATOR 4: Percentage of staff (a) who have sought a progression opportunity in the last 12 months and (b) who would consider seeking a progression opportunity, comparing Black and ethnic minority staff compared to White colleagues

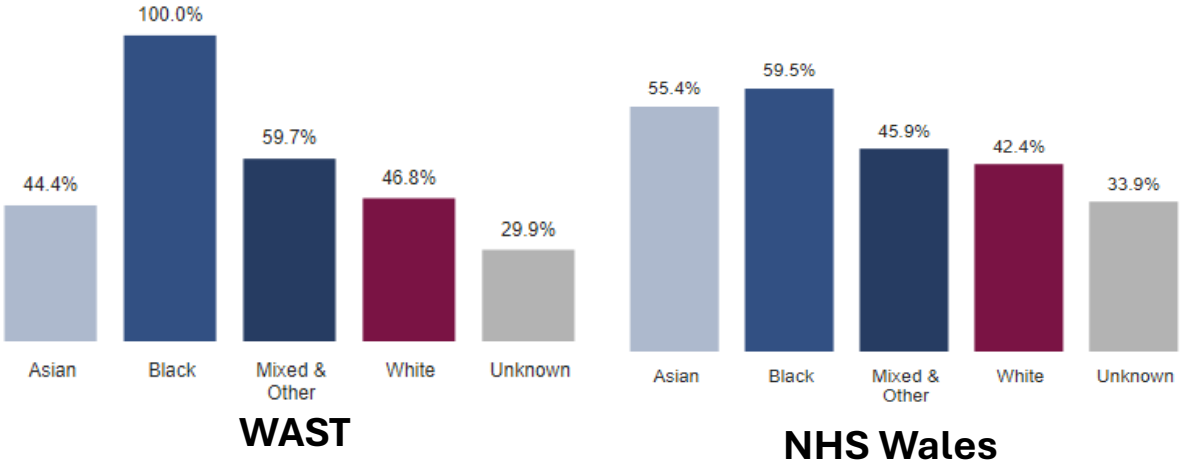
Based on staff survey: response rate 35.2%

DATA DISPLAY 4

a) Have sought progression



b) Considering future progression



DATA TREND AND SUMMARY 4

There is no clear trend for ethnic minority staff to report having sought – or planning to seek – a progression in WAST.

INDICATOR 5: Relative likelihood of staff being appointed from shortlisting across all posts

DATA DISPLAY 5

	WAST	NHS Wales
All roles	**0.32** (0.54)	**0.49** (0.57)
Non-clinical roles	**0.39** (0.40)	**0.38** (0.47)
Clinical roles	**0.30** (0.61)	**0.47** (0.58)
Medical roles	**not applicable** (not applicable)	**0.63** (0.57)
Asian	**0.23** (0.27)	**0.53** (0.58)
Black	**0.31** (0.49)	**0.35** (0.48)
Mixed/Other	**0.61** (1.21)	**0.75** (0.82)

The likelihood ratio is a reflection of Black, Asian and Mixed/Other applicants being appointed after shortlisting compared to White peers. A ratio of 1 reflects parity of appointment process, and values lower than '1' reflect inequality, with a disadvantage for BME staff. Data from 2024 shown in parentheses below (NA = not available)

DATA TREND AND SUMMARY 5

1. Minoritised staff continue to be less likely to be appointed after shortlisting compared to White applicants, a deterioration since last year such that it is now threefold less likely.
2. This appointment inequity is seen in clinical and non-clinical jobs
3. The trend in the last year in WAST has seen this inequality increase for all ethnic minority groups, but is still most marked for Asian applicants.

INDICATOR 6: Relative likelihood of white staff accessing non-mandatory training and CPD compared to Black, Asian or Minority Ethnic colleagues

DATA DISPLAY 6

	Likelihood ratio overall
WAST (%BME : %White)	**0.99** (95.9% : 96.9%)
NHS Wales (%BME : %White)	**0.96** (91.3% : 95.6%)

DATA TREND AND SUMMARY 6

There is no racial inequality in access to training in WAST or NHS Wales

INDICATOR 8: Relative likelihood of Black, Asian, or Minority Ethnic staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation compared to White colleagues

DATA DISPLAY 8

	Likelihood ratio overall
WAST	**2.17** (4.81)
NHS Wales	**0.88** (1.07)

Staff Group	2023/ 2024	2024/ 2025	Change
Additional Clinical Services	13.43	2.56	-10.87 ▼
Administrative and Clerical	0.00	5.10	+5.10 ▲
Allied Health Professionals	0.00	0.00	0
Nursing and Midwifery Registered	0.00	0.00	0
Total	**4.81**	**2.17**	**-2.64 ▼**

A ratio of 1 reflects parity of application of disciplinary process, and values greater than '1' reflect inequality, with a disadvantage for BME staff. Data from 2024 shown in parentheses below

DATA TREND AND SUMMARY 8

1. There has been a reduction in the previous racial inequality in referral into the formal disciplinary process in WAST
2. The improvement has occurred in the clinical setting, and the persisting discrepancy seen relates to the ratio increasing in the non-clinical (administrative and clerical) setting

INDICATOR 9: Relative likelihood of Black Asian or minority ethnic staff entering capability processes compared to white colleagues

DATA DISPLAY 9

	Likelihood ratio overall
WAST	**0** (0)
NHS Wales	**2.22** (3.46)

A ratio of 1 reflects parity of application of disciplinary process, and values greater than '1' reflect inequality, with a disadvantage for BME staff. Data from 2024 shown in parentheses below

DATA TREND AND SUMMARY 9

There is no reporting of ethnic minority staff entering the capability processes in WAST in the last two years, hence no ratio can be calculated. In the context of the disciplinary data, this needs better understanding.

INDICATOR 10: Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months compared to White staff.

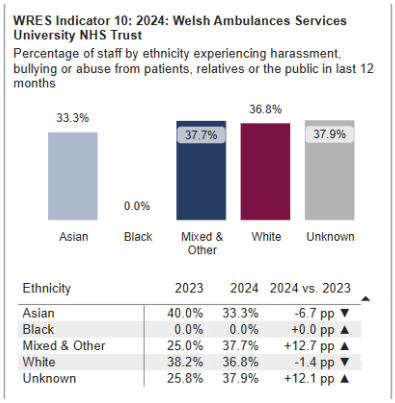
INDICATOR 11: Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from staff in last 12 months compared to White staff

INDICATOR 12: Percentage of Black, Asian or Minority Ethnic staff compared to White staff, experiencing personally experiencing discrimination at work from either manager/team leader or other colleagues

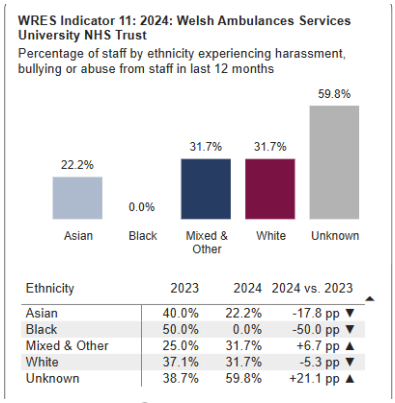
Based on staff survey: response rate 35.2%

DATA DISPLAY 10-12

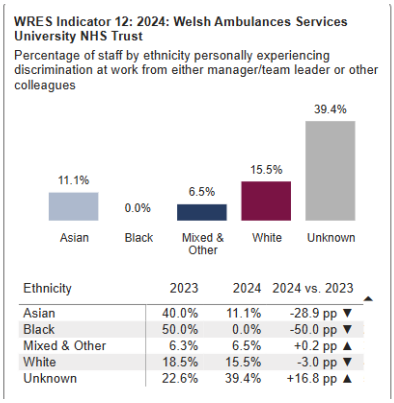
WAST



Ethnicity	2023	2024	2024 vs. 2023
Asian	40.0%	33.3%	-6.7 pp ▼
Black	0.0%	0.0%	+0.0 pp ▲
Mixed & Other	25.0%	37.7%	+12.7 pp ▲
White	38.2%	36.8%	-1.4 pp ▼
Unknown	25.8%	37.9%	+12.1 pp ▲

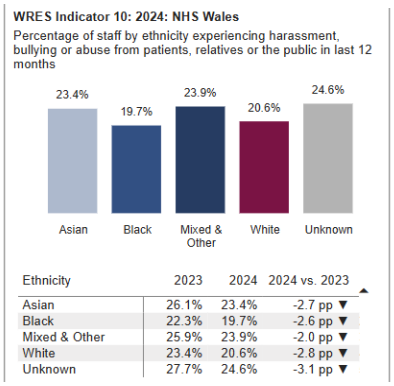


Ethnicity	2023	2024	2024 vs. 2023
Asian	40.0%	22.2%	-17.8 pp ▼
Black	50.0%	0.0%	-50.0 pp ▼
Mixed & Other	25.0%	31.7%	+6.7 pp ▲
White	37.1%	31.7%	-5.3 pp ▼
Unknown	38.7%	59.8%	+21.1 pp ▲

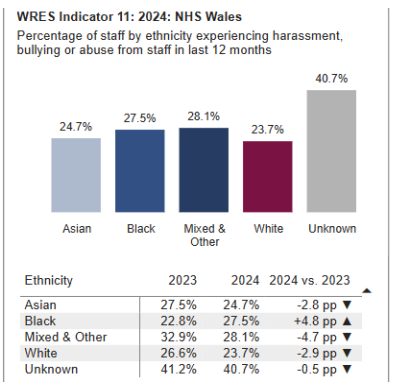


Ethnicity	2023	2024	2024 vs. 2023
Asian	40.0%	11.1%	-28.9 pp ▼
Black	50.0%	0.0%	-50.0 pp ▼
Mixed & Other	6.3%	6.5%	+0.2 pp ▲
White	18.5%	15.5%	-3.0 pp ▼
Unknown	22.6%	39.4%	+16.8 pp ▲

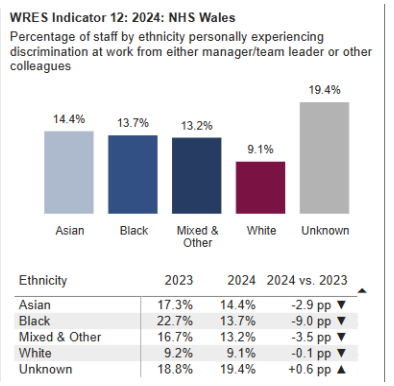
NHS Wales



Ethnicity	2023	2024	2024 vs. 2023
Asian	26.1%	23.4%	-2.7 pp ▼
Black	22.3%	19.7%	-2.6 pp ▼
Mixed & Other	25.9%	23.9%	-2.0 pp ▼
White	23.4%	20.6%	-2.8 pp ▼
Unknown	27.7%	24.6%	-3.1 pp ▼



Ethnicity	2023	2024	2024 vs. 2023
Asian	27.5%	24.7%	-2.8 pp ▼
Black	22.8%	27.5%	+4.8 pp ▲
Mixed & Other	32.9%	28.1%	-4.7 pp ▼
White	26.6%	23.7%	-2.9 pp ▼
Unknown	41.2%	40.7%	-0.5 pp ▼



Ethnicity	2023	2024	2024 vs. 2023
Asian	17.3%	14.4%	-2.9 pp ▼
Black	22.7%	13.7%	-9.0 pp ▼
Mixed & Other	16.7%	13.2%	-3.5 pp ▼
White	9.2%	9.1%	-0.1 pp ▼
Unknown	18.8%	19.4%	+0.6 pp ▲

DATA TREND AND SUMMARY 10-12

There has been a reduction in the experience of Asian staff experiencing harassment from patients and the public, while this was more repeated by Mixed/Other staff. In contrast to the rest of NHS Wales, White staff were more likely to report experiencing discrimination from team leaders, but the extent of this has reduced since last year.

Conclusions and Next Steps

In the complex setting of modern healthcare and the 21st century workplace, embracing inclusion is more than a choice, it's a strategic imperative to meet the needs of Wales in 2025. The data shared in this report reflects the complexity of race inequality in WAST and the NHS in Wales. But while it is easy to talk about the importance of equality and inclusion, the history of continued inequity is testament to how difficult it has been to translate that ambition into practical policies and sustained change.

In the course of engagement with WAST, two areas of work were highlighted:

- Addressing disciplinary process experience with a gateway review of referrals, to allow learning from individual cases. Additionally, a programme to train managers to consider potential of ethnicity related bias.
- Focus on attraction of new staff from ethnic minority backgrounds, coupled with a focussed programme incorporating staff education.

The WRES data for these areas shows that:

- There has been a significant fall in the inequality of referral into the disciplinary process; a potential new target in the non-clinical setting has emerged from the data and it will be interesting to observe if the improvement can be generalised.
- There has been a 22% increment in ethnic minority staff in WAST.

Additional notable data finding:

- There has been a decline in the likelihood ratio of ethnic minority applicants, especially Black ones, being appointed after being shortlisted.

Where there are positive areas of progress in the last year are:

- The disparity ratios, reflection of likelihood of minoritised staff in higher positions in WAST have improved, suggesting that once staff are in the Trust, they are able to progress equitably
- There has been an increase in uptake of the staff survey
- Undeclared ethnicity rates have improved but remain high at 10.0%.

In addition, during the WRES implementation discussions, there was mention of establishing a working group as part of the planned action. Coordinating policy work with Board level action on the Trust's WRES actions and the strategic equality plans is key to channel progress into effective actions and an accountability framework.

At a time of rapid change and pressure in the NHS, standing still is not an option. And bringing international staff into discriminatory systems is neither morally just nor cost-effective. Having read this report, the ambition is that it will trigger a deep consideration of how effective – or not – current plans are likely to be in actually disrupting the data.

It is hoped that this data analysis triggers development of a set of implementable actions which will form the basis of what is submitted in the Strategic Equality Plan (SEP) return. Following receipt of this report, we look forward to having our next meeting in September to discuss these actions and frame that subsequent mid-year SEP return. Working in this collaborative way is intended to make the process unitary, simpler and more effective.

The Trust may want to disaggregate the data to see whether some of the above metrics (especially around capability processes and appointments) have arisen from a single site where focussed action is needed. This sort of curiosity about the data and staff experience is an often effective way to quickly improve conditions, based on feedback from other organisations. The potential role of the newly established staff network in this context is important, and the role of the Board sponsorship to catalyse how staff experience drives transformation should be a priority that could be disseminated if successful.

The ambitions of delivering workforce equality in Wales will see the work of the WRES continue. We have, for the last two years, reported by race and gender in an attempt to help understand the impact of staff adverse experience in the commonest themes of discrimination. Future work will deepen this form of intersectional analysis in order to drive inclusion in health and social care in Wales. The goal of workforce equality is important in its own right, but is also vital in the mission to improve health outcomes for the whole population of Wales.

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	27 November 2025
Committee Meeting Date	18 November 2025
Chair	Jayne Beeslee

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. Whilst no escalations were required from this meeting, the financial pressures for 2026/27 were a feature of several of the discussions. The board will have a number of opportunities through November to February to engage regularly on the plans being developed by the Executive Leadership Team to address those pressures. The importance of the financial sustainability programme was emphasised and early scenario planning and directorate engagement to identify cost reductions and disinvestment options was welcomed. The Financial sustainability group will meet more frequently to maintain pace, ensuring all decisions align with the IMTP, commissioning intentions, and board risk appetite.

ADVISE

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

2. The **Q2 Operational Update** discussions centred on rurality challenges. While recruitment and retention are stable in some regions, pressures arise when ambulances are diverted to urban centres during hospital handover delays, reducing rural coverage. A task and finish group is addressing these issues, including recruitment, retention, and tailored operational procedures. Work is also underway to strengthen the Trust's rural service offer to ensure equitable response times and outcomes. The meeting highlighted the fragility of recent improvements in handover delays, which may not withstand winter pressures. Delays contribute to staff overruns, affecting well-being and increasing costs, particularly in rural settings. The forthcoming "release to respond" policy will require rapid adaptation by health boards, adding strain. There is agreement to bring this issue back for consideration, drawing in the relevant board committees.

3. The **Estates, Environmental and Facilities Management Policy** was approved.

4. Members **reflected** that that the committee is currently well-positioned, with strong in-year financial

management and effective agenda planning, but faces significant future challenges such as financial pressures, cyber risks, and changes within Welsh Government. The committee's pivotal role in steering through these headwinds while also seizing opportunities for innovation and resource optimisation was acknowledged. The effective and efficient flow of the meeting was commended; with discussions regarding risk management embedded throughout.

ASSURE

(Detail here assurance items the Committee receives)

The following items will also be presented to board at their next meeting however members may benefit from the following points of discussion from the committee:

5. With respect to the **financial position for months 6 and 7 2025/26.** The month 6 position was noted, and the committee took assurance from the update. The Trust is reporting a revenue year to date deficit of £186k and a small in month surplus of £43k for month 6 2025/26. In line with the balanced financial plan approved as part of the 2025-28 IMTP the Trust is forecasting to breakeven by the year-end. Gross savings of £4.260m have been achieved in month 6 against the target of £4.216m. The committee heard that for month 7 the Trust is showing a revenue overspend of £135k but delivered an in-month surplus of £51k. Capital expenditure plans continue to be progressed with plans to fully achieve in year.

6. The key financial risks discussed included the volatility of handover delays and quantifying the cost of shift overruns, which could impact the forecast if they deteriorate over Winter, as well as ongoing uncertainties around the Welsh Risk Pool costs; with a potential additional cost pressure of £330k not yet confirmed. The committee also noted the importance of managing the timing of capital spend, given the significant outflows expected in the final months of the year; but received assurance that all procurement and delivery plans are in place. Consideration was given to the recurrent and non-recurrent savings identified with the committee emphasising the importance of focusing on sustainable, recurrent savings. The need to maintain close oversight of key risks and the impact of operational pressures on financial performance was emphasised for future monitoring.

7. With respect to the **Monthly Integrated Quality and Performance Report** (MIQPR), a meeting will take place ahead of the November board meeting on the annual review of the MIQPR. However, for the August/September report the following is of note for the board:

    - The numbers remain broadly stable, with improvements in patient cancellations, consult and close rates, and handover delays. Whilst performance has improved, winter pressures will be challenging.
    - Major upcoming changes include new clinical response categories (orange, yellow, green—the biggest change in a decade) and rostering reviews in Q4.
    - A JCC commissioning review is underway, offering an opportunity to clarify operational realities, particularly handover delays.
    - Early data shows a positive link between reduced handover hours and jobs per shift, though further analysis and benchmarking are needed.

8. The Committee received the **Integrated Medium Term Plan (IMTP) Q2 Assurance Report** with a

focus for this committee on the outcome measures for the strategic objectives (what good looks like) and the go live assurance process for phase two of the Ambulance Performance Framework. The Clinical Model Transformation (CMT) Programme is progressing well, with key documents and processes now embedded. While the programme advances at pace and IMTP deliverables show positive progress, organisational capacity continues to be a constraint. Members were assured that all plans are in place and progressing well for go-live of phase 2 of the CMT in December.

9. Following receipt of a **substantial assurance internal audit** report on the IMTP development process which was reviewed at this meeting (with the teams being commended on this excellent outcome), the **approach to the IMTP for 2026-2029 has been streamlined** with updated guidance, an eight-pillar framework, and clear milestones. A single IMTP Development Group now coordinates planning across directorates through existing governance structures. The process reflects political uncertainty post-2026 elections and a difficult financial outlook. To address change fatigue and capacity constraints, the focus has shifted to consolidating priorities and realising benefits, informed by staff and board feedback. Engagement is now embedded in existing meetings with increased board involvement. Directorates have reviewed deliverables for completion, rollover, or cessation, and identified new priorities. Despite capacity challenges, development remains on track for submission by 31 March 2026.

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

10. Substantive assurance was provided on the **Financial Sustainability Programme**, focused on strengthening long-term financial resilience. The group has reorganised into three streams: opportunity identification, commercial strategy, and financial planning, with an emphasis on embedding accountability across all directorates. A commercial strategy steering group will be formed, and committee endorsed the aim to deliver a plan by the next fiscal year. External partnerships, particularly in digital and technology, are being explored to drive income and innovation. Next year's savings target is at least £9 million, potentially rising to £10–15 million. Directorates are modelling plans accordingly, with all proposals subject to board approval and alignment with strategic priorities.

11. The **Digital KPIs** relating to data and analytics, ICT systems, digital services, projects & programmes, and details on the progress against the Digital Plan were presented. Of note:

    - Digital teams face significant pressure from competing priorities and limited capacity. The teams continue to prioritise the CMT.
    - Additional capacity in the digital team will be in place with 26 roles at various stages of the recruitment process. Challenges are posed by high volumes of applications, a large proportion of which were AI generated, which is being felt across all directorates. A related risk is being developed.
    - WAST are engaging in a national project to unify the multiple Directories of Service managed around NHS Wales.

    Members welcomed ongoing efforts to improve recruitment efficiency, invest in staff development, and align digital and workforce strategies given the risk of delayed recruitment. The proposal to provide additional development to committee members on AI, to ensure a deeper understanding of

the relative risks and opportunities was also welcomed.

12. The **Information Governance (IG) Report** highlighted key updates including the IG toolkit compliance at 90% which was commended. Other issues of note included:

    - Dormant account numbers have been significantly reduced, with ongoing work to refine definitions.
    - New KPIs have been introduced for reporting timeliness and data quality awareness.
    - Recent data breaches linked to social media use have prompted a new awareness campaign.
    - Late engagement with IG in projects has led to ICO reports; a new framework and communications plan are being developed.
    - WhatsApp-related data breaches are under review, with a possible ban on corporate devices.
    - Emphasis was placed on strong communication, clear policies, and line manager involvement to improve IG compliance, especially regarding social media and personal device use.

13. The Committee held the first part of its **Quality Governance Review** (formerly effectiveness review) for 2025/26. Most major changes to the committee's terms of reference will be deferred until after the external board effectiveness review, however members agreed that the commercial partnerships element of the Academic Partnerships Committee's remit appropriately sits in this committee. The improvements in quality and volume of reports were recognised. The presence and contribution of Non-Executive Directors are consistently valued, with positive feedback on their breadth of experience, scrutiny, and support, which strengthens the committee's operations. Members are keen to ensure that duplication with the board and other committees is avoided. Committee terms of reference were approved, and the committee's annual report will be reviewed in March.

14. The **audit tracker for Q2** was reviewed with good progress on closures. Where there were extensions of dates members were assured that they were appropriate and realistic.

15. The **committee's annual priorities** remain in view with progress through the cycle of business. included metrics and assurances on areas of resilience, and commercially sensitive/confidential issues including various business cases and updates thereon, particularly related to vehicle procurement, passenger transport system, 111 Wales website, and ESN phase 2.

RISKS

The committee received the **Risk and Board Assurance Framework report** noting that all risks have undergone their quarterly review, with no material changes to scores.

Financial risks were discussed throughout in the context of ongoing pressures, including the need to revisit **Risk 139**, which relates to financial sustainability. Members acknowledged that financial risks are significant, especially given the challenging outlook highlighting the pivotal role the committee will play in navigating the future financial situation.

Members discussed ongoing work to distinguish and score risks and factors that are within the Trust's control versus those that are externally monitored, with research on best practices underway for scoring these dimensions. **Risk 542** relating to Decarbonisation will be presented at the next meeting showcasing

the new approach.

Risk 100 will be reviewed for possible integration into the new stakeholder risk, which has been disaggregated from the Trust's reputational risk.

In private session, Members received assurance on the detail of **Risk 260** noting that there were no material changes during this period; however, a future deep dive session on AI driven cyber threats for the Board was supported by members as a valuable idea with additional development of knowledge being welcomed.

COMMITTEE AGENDA FOR MEETING		
Operations Update for Q2	Financial position M6 and M7 2025/26	Financial sustainability programme
MIQPR	Digital reporting	Information governance report
IMTP Development Practices Internal Audit	IMTP progress report	Committee quality and governance review
Risk management and BAF	Audit tracker Q2	Estates, environmental and facilities management policy
Committee cycle and priorities update		

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

	Attended
	Deputy attended
	Apologies received
	No longer member

[1] Emma Wood, Chief Executive Officer joined for this meeting.
[2] Peter Curran left the meeting at 10.25. Rhiannon Beaumon-Wood joined at 10.30 and was counted towards quorum.
[3] Left for items 6 and 7

Agenda Item No. 16

REPORT TITLE

Governance Report – November 2025

MEETING

Name of meeting	Trust Board
Date of meeting	27 November 2025
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	Steve Owen, Corporate Governance 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]

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 has there been any use of the Trust Seal to report.

2. **Decisions in Private Session**
   The decisions made in private at the closed board meeting on 25 September 2025 are as follows: -

2.1 The Board resolved to approve the following:

   a. The Business case and contract award for Monmouth ambulance station.
   b. The Business case and contract award for Matrix House/Matrix One work.
   c. The Business case and contract award for work at Abergavenny ambulance station.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Board is requested to note the contents 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

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
27 November 2025	Trust Board

WELSH AMBULANCE SERVICES NHS UNIVERSITY TRUST
CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE
HELD ON 5 AUGUST 2025 VIA TEAMS

MEMBERS PRESENT:

Bethan Evans	Non-Executive Director and Chair
Ceri Jackson	Non-Executive Director and Vice Chair of the Board
Rhiannon Beaumont-Wood	Non-Executive Director

IN ATTENDANCE:

Julie Boalch	Assistant Director of Corporate Governance and Risk
Hugh Bennett	Assistant Director of Commissioning and Performance
Lee Brooks	Executive Director of Operations
Jonathan Chippendale	Assistant Director of Clinical Development
Penny Durrant	Deputy Director of Nursing, Quality and Governance
Henry Garrard	Trade Union Partner
Sarah Harland	Corporate Governance Officer
Leanne Hawker	Head of Patient Experience and Community Involvement
Wendy Herbert	Deputy Director of Quality and Putting Things Right
Lucie Jones	Head of Patient Safety, Concerns and Learning
Alison Kelly	Business and Quality Manager
Osian Lloyd	Head of Internal Audit
Vicky Maxwell	Head of Safeguarding (Joined at item 8)
Trish Mills	Director of Corporate Governance/Board Secretary
Alex Payne	Corporate Governance Manager
Jonny Sammut	Director of Digital Services
Liam Williams	Executive Director of Quality and Nursing

OBSERVERS:

Ela Lewis	Senior Project Manager

APOLOGIES:

Claire Appleton	Assistant Director of Putting Things Right
Kate Blackmore	Assistant Director of Quality Governance
Estelle Hitchon	Interim Executive Director of Strategy, Planning and Performance/Director of Partnerships and Engagement
Fflur Jones	Performance Auditor, Audit Wales
Mark Marsden	Trade Union Partner
Rachel Marsh	Interim CEO
Andy Swinburn	Executive Director of Paramedicine
Angela Mutlow	Director of Operations, Llais

1. WELCOME AND APOLOGIES

1.1 The Chair extended a warm welcome to everyone, and informing members that the meeting was being recorded. Apologies were noted from Claire Appleton, Kate Blackmore, Estelle Hitchon, Fflur Jones, Mark Marsden, Rachel Marsh, Andy Swinburn and Angela Mutlow.

The Committee RESOLVED to: Apologies were recorded for Claire Appleton, Kate Blackmore, Estelle Hitchon, Fflur Jones, Mark Marsden, Rachel Marsh, Andy Swinburn and Angela Mutlow.

2. DECLARATIONS OF INTEREST

2.1 There were no further declarations of interest to those already listed in the Register.

3. MINUTES AND HIGHLIGHT REPORTS

3.1 MINUTES FROM THE OPEN MEETING 9 MAY 2025

The Minutes from the meeting held on 9 May 2025 were received and confirmed as a correct record and with no amendments requested.

The Committee RESOLVED to: The Minutes of the Open meeting held on 9 May 2025 were confirmed as correct record.

3.2 COMMITTEE HIGHLIGHT REPORT 9 MAY 2025

The Chair drew the Committee's attention to the contents of the AAA report for their information; this highlighted the key points from the meeting on 9 May 2025.

3.3 MINUTES OF THE EXTRAORDINARY MEETING 13 JUNE 2025

The Minutes of the extraordinary meeting held on 13 June 2025 were received and confirmed as a correct record.

The Committee RESOLVED to: The Minutes of the Open meeting held on 13 June 2025, were confirmed as correct record.

3.4 COMMITTEE HIGHLIGHT REPORT EXTRAORDINARY MEETING 13 JUNE 2025

The Chair drew the Committee's attention to the contents of the AAA report for their information; this highlighted the key points from the meeting on 13 June 2025.

4. ACTION LOG AND MATTERS ARISING

4.1 *27/25 9 May 2025, Putting Things Right Report – An update was requested on the progress of the Putting Things Right Recovery Plan, it was agreed this would be provided at the next meeting.* Update 28 July 2025 The Putting Things Right Recovery Plan was presented at the meeting of the Executive Leadership Team on 30 July 2025 for further consideration and next steps ahead of the meeting of the QuEST Committee on 5 August 2025. Liam Williams delivered a verbal update to this effect, *Agenda Item 10*. The Committee were satisfied with the update; item proposed for closure.

4.2 *28/25 9 May 2025, Monthly Integrated Performance Report – To conduct a deep dive analysis on the disproportionate impact of handover delays on older people and provide that information for the* November meeting.

4.3 33/25 9 May 2025, *Update on Health Inequalities Maturity Matrix and Population Health Plan – Ceri Jackson suggested exploring funding opportunities through the Charity for potential to support innovation and pilot projects in the public health space*. Update 29 July 2025 A meeting has been arranged on 4 September 2025 with Liam Williams, Ceri Jackson and David Hopkins to explore funding opportunities through the Charity.

The Committee RESOLVED to: Consideration was given to the AAA Reports and Action Log

5. OPERATIONS DIRECTORATE QUARTERLY REPORT Q1 2025/26

5.1 Lee Brooks presented an overview of the Quarterly Operations Report Q1 25/26. The Chair responded positively to Lee's summary, highlighting the many positives in his report and expressing pleasure at starting the meeting on such a positive note. The Chair also congratulated Laura Charles for receiving the King's Ambulance medal.

5.2 Ceri Jackson emphasised the significant change and transformation focused on quality and patient service in Lee's report, acknowledging that some improvements, such as reduced handover delays, will take time to fully realise. Ceri also highlighted positive staff feedback from a recent visit and acknowledged the large volume of work involved.

5.3 Rhiannon Beaumont-Wood echoed the positive perspective on Lee's report, especially the achievement of Resource Escalation Action Plan (REAP) level one and the opportunities for staff in Urgent Care Services. Rhiannon asked about the anticipated impact and timeline of ongoing recruitment on reducing backlogs and the expected benefits of the upcoming team-based working workshop. Lee explained that the backlog reasons vary, with a key focus on improving audit processes, which will take several months due to recruitment, training and onboarding. Lee emphasised increased complexity

in investigations due to more clinical touchpoints but hopes that overall harm and incidents will decrease as improvements take effect. Regarding team-based working, Lee described a pilot in integrated care aiming to improve belonging, attendance and communication, but acknowledged differences in structure and geography.

5.4 Liam William's supported Lee's focus on the W45 initiative, adding that touch point meetings are scheduled for each Health Board. Liam highlighted growing momentum behind both local and national improvement work, with an emphasis on tracking not just operational process measures but also clinical outcomes, particularly for ST-Elevation Myocardial Infarction (STEMI) heart attack and stroke. Liam reported national efforts are gaining traction, with workshops being set up and a clear focus on both operational and clinical improvement areas.

5.5 The Chair acknowledged the positive changes observed in emergency departments, adding they look different compared to the past due to recent improvements. The Chair thanked Lee for the comprehensive report, stating that many discussed topics would reappear later in the agenda, and emphasised the rarity and significance of being at REAP level one. The Chair also highlighted the value of Health Board partners trialling new approaches to reduce handover delays and expressed hope that these improvements would continue.

The Committee RESOLVED to: The Operations Directorate Quarterly Report Q1 2025/26 was received and noted.

6. PATIENT STORY

6.1 Leanne Hawker introduced Sophie's Story. Sophie is a learning disability lived advisor with the Trust, who shared her experiences with the 111 service through the Trust's engagement model, highlighting both positives and areas for improvement. When Sophie has been referred to hospital by 111, she finds it difficult as taxi costs are prohibitively high, and ambulances can take up to 12 hours to arrive. Sophie feels that the language used by 111 is often complex and full of jargon and not learning disability friendly.

6.2 Liam Williams emphasised focusing on aspects of the service within their control, particularly the 111 press 2 mental health support, and the need for accessible language in digital tools and clinician interactions. Liam also reported efforts to recruit a clinical expert in learning disability.

6.3 Jonny Sammut acknowledged Sophie's openness and discussed recent innovations such as the virtual agent on 111, integration with WhatsApp and expanding virtual agent capabilities to ambulance care; these efforts aim to

provide more choices and improve accessibility. An action was raised to explore a co-production approach on future digital resources to enable improved engagement and experiences of those with learning disabilities.

6.4 Rhiannon Beaumont-Wood acknowledged the value of the learning disability register and enquired about its accuracy and update process and the user-friendliness of the symptom checker, and whether there had been updates or support for the learning disability community on timeliness and transport challenges raised by Sophie. Leanne Hawker advised that the learning disability community prefers simple language and fewer questions due to concerns about complex questioning and diagnostic overshadowing. While some, like Sophie, can use the symptom checker independently, others need assistance. Ongoing work includes monitoring, workshops, and collaboration with Health Boards and third-sector organisations to provide up-to-date and accessible information about community transport options.

6.5 The Chair stressed the need for continuous improvements in accessibility and support for people with learning disabilities and praised Sophie for her advocacy and valuable feedback. Ceri Jackson emphasised the importance of patient feedback and improving the language used by the service. Liam Williams highlighted the ongoing transformation within clinical contact centres, focusing on clinical workforce training and education to improve remote consultations. Liam also reported the potential of virtual agents and symptom checker updates to enhance sensitivity for patients with learning disabilities. The Chair concluded by emphasising the significance and impact of patient stories in guiding service development improvement.

The Committee RESOLVED to: The Committee received Sophie's story.

6.1 PATIENT STORY UPDATES

6.1.1 The Chair expressed her gratitude to Lucie Jones for presenting Dylan's impactful story at the previous meeting, it was presented powerfully and sensitively; emphasising the positive impact of Lucie's relationship with Dylan's parents and their wish for Dylan's story to be used for ongoing learning and improvement.

6.1.2 Wendy Herbert echoed Bethan's comments, acknowledging the strong relationship Lucie has built with this family who are experiencing loss and grief. Liam Williams reported on the development of an all-Wales Sepsis leaflet, resulting from work with Dylan's family, which is expected to become a standard product.

The Committee RESOLVED to: The Committee received the patient story update regarding Dylan Cope and were assured by the outcomes.

7. MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT (MIQPR)

7.1 Hugh Bennett advised that the MIQPR report had already been reviewed by the Trust Board and the Finance and Performance Committee. Hugh pointed out that paragraph 2 specifies the relevant indicators for the Committee, but the full report provides broader context, including system pressures and handover issues. Hugh highlighted that the average response time for concerns exceeded the target at 88%, compared to a two-year average of 57%. Hugh added that while there are encouraging signs from transformation efforts and system improvements, it is too early to adjust risk scores for patient harm, and sustained improvement is needed, especially through winter.

7.2 Ceri Jackson enquired about the independent review of the 111 call handler rostering, seeking details on timelines, progress and the review's impact given the seven month duration. Hugh Bennett explained that an interim report has been shared with the Commissioner and will be discussed at an upcoming Joint Commissioning Committee Board Development Session. The review indicated that improved roster patterns are feasible and would benefit both staff and performance, but additional staffing is required to meet demand and that decisions on staffing or performance levels rest with the Commissioners. The next stage involves detailed staff engagement on preferred roster patterns, with positive responses and Trade Union support. Roster changes are planned for Q4, after winter pressures, to avoid disruption.

7.3 Lee Brooks explained that the ongoing rostering work is complicated by the need to transition from the current tool, Shift Track, to GRS cloud within the financial year, as Shift Track will no longer be supported. This transition coincides with a third party review of rostering practices, adding complexity for the team. Liam Williams agreed with Lee, expressing confidence in the strategic direction and understanding from Commissioners and emphasised that any Commissioner wanting to reduce service quality would need an Assessment of Quality Impact Assessment (AQIA) to evidence the decision and its impact. Liam doubted that an AQIA would support reducing 111 cover due to the likely negative impact on system utilisation, reinforcing that both strategic direction and the AQIA process protect service quality.

7.4 Hugh Bennett clarified that the commissioned target for the 111 abandonment rate is not clearly defined, with no specific Welsh Government target, and it's unclear whether it should be measured hourly, daily, or monthly. Hugh indicated that hourly modelling gives better performance, but there needs to be clarification on what is being commissioned, as this is currently unclear. There were no further questions regarding the MIQPR.

The Committee RESOLVED to: The Committee considered the June 2025 Integrated Quality & Performance Report and actions being taken and agreed that:

1. **The report provides sufficient assurance;**
2. **No further information, scrutiny or assurance is required;**
3. **No further remedial actions are to be undertaken through Executives.**

8. REVISED PERFORMANCE UPDATE – PHASE 1

8.1 Jonathan Chippendale provided an update on the new ambulance performance metrics introduced from 01 July 2025. Key highlights as follows:

- Traditional RED priority calls are now split into "PURPLE" (cardiac or respiratory arrest) and emergency "RED" (immediately life-threatening), each with distinct performance metrics.
- An additional category, Return of Spontaneous Circulation (RCS0), has been introduced to include the remaining prioritisation codes from the previous RED priority incidents to give opportunity for a clinician to review the call to decide if the patient would benefit from further assessment or an immediate face-to-face response.
- The main measure for PURPLE calls is clinical indicators, especially ROSC, focusing on cardiac arrest recognition, time to CPR instructions and defibrillator availability.
- For RED calls, clinical indicators are being developed with Commissioners, including both generic and condition specific metrics. The first publication of these metrics is scheduled for August, with further indicators for RED to be published in October, including retrospective data from July.

8.2 Rhiannon Beaumont-Wood enquired about the evidence or literature review for selecting the new clinical indicators, emphasising the importance of using existing evidence. Jonathan explained that the selection was based on available data and alignment with established standards such as National Institute for Health and Care Excellence (NICE) and Resuscitation Council guidelines, confirming that the approach uses existing clinical standards and available information.

8.3 Hugh Bennett added that the literature review is retrospective and part of the evaluation process. Liam Williams explained that national standards and the International Academy's evidence base were applied, ensuring triangulation with UK standards. While a full literature review for every code set was not done, the approach is evidence based where possible; with ongoing learning expected. Liam emphasised the importance of strengthening clinical outcome data reporting and using patient feedback for continuous improvement. Jonathan clarified that generic indicators link to the chief complaint during the call and collect "condition codes" after clinical assessment to understand underlying causes.

8.4 Ceri Jackson asked about the equal prioritisation of red and purple calls and whether "WAST resource" includes volunteer responders. Jonathan explained that WAST resources include organised responders such as Community First Responders (CFRs), but not passing volunteers. Lee Brooks added that they monitor mobilisation times for both categories to ensure equal responses to RED and PURPLE calls. Hugh clarified that CFRs count toward the 6–8 minute response metric but not the 20 minute backup metric.

The Committee RESOLVED to: The Committee received assurance regarding the implementation of the Revised Performance Framework – Phase 1.

9. MINISTERIAL ADVISORY GROUP WAIT 45 TASKFORCE

9.1 Liam Willians explained that the Ministerial Advisory Group Wait 45 Taskforce is chaired by Jeremy Griffiths and includes full Welsh Government and NHS representation, with executive technical directors from Health Boards and the Welsh Ambulance Service involved. The group's focus is on achieving and sustaining 45 minute handover times, with an expectation to continue improving beyond that target. Maxine Power, a respected Quality Improvement professional, will lead workshops in each Health Board during August and September, focusing on system and pathway improvements to support the Wait 45 goal.

9.2 The approach emphasises whole system accountability, with metrics being developed to measure improvement and sustainability, including sharing predicted demand data to assess ongoing progress. Liam added that the current effort feels different from previous initiatives, with a stronger sense of shared purpose, mutual accountability, and executive oversight across organisations; which is contributing to tangible improvements. Liam observed that there is already some evidence of improvement, especially in pathway changes within hospitals, and expressed increased confidence in the process compared to past experiences.

9.3 The Chair expressed appreciation for Liam's update and enquired as to when tangible feedback or results from the group's work could be expected. Liam advised that a key meeting with the Cabinet Secretary is scheduled, where all workshop outcomes and improvement plans will be presented, and that the Committee can expect feedback at the next meeting following this session in November 2025.

9.4 Rhiannon Beaumont-Wood expressed how positive it is to see a system approach to this significant issue and asked if the group can help address barriers identified in the Wales audit report; specifically clinicians in Health Boards not accepting EMS paramedics bringing patients directly to the right

pathway. Based on her observations, Rhiannon emphasised that improvements should cover all entry points, and not just A&E, to ensure patients flow through the right pathways, referencing a recent visit where delays occurred in the emergency assessment unit despite apparent available beds.

9.5 Ceri Jackson offered to discuss the Ministerial Advisory Group (MAG) and handover progress at the Vice Chairs meeting. Liam Williams supported this but will first check with the Taskforce due to political sensitivities. Ceri agreed and will follow Liam's guidance on timing.

The Committee RESOLVED that: The Committee were assured by the update received from the Executive Director of Quality and Nursing regarding the progress of the Ministerial Advisory Group Wait 45 Taskforce.

10.1 PUTTING THINGS RIGHT Q1 2025/26

10.1.1 Lucie Jones summarised key points from the PTR quarterly report:

- There has been a sustained increase in concerns related to patient waits and delayed responses in emergency services.
- 52% of concerns are linked to ambulance care services, particularly short term cancellations, and challenges remain in providing timely responses, which the recovery plan aims to address.
- The emotional impact on families and patients is significant, leading to more contact with MPs, the Cabinet Secretary and the Ombudsman.
- Seven learning from events reports are overdue, but improvements are underway to prevent this in the future.
- Positive developments include a regional integrated intelligence review for better data collection and analysis, and improved relationships with coroners to reduce Schedule 5 risks.
- All actions from a previous Public Services Ombudsman report have been completed, and new processes have been introduced for high risk overdose markers, resulting in no adverse incidents since implementation.
- Work is ongoing to address concerns about NHS 111 changes related to patient gender questions, and proactive sharing of safety information about equipment has led to immediate risk assessments in the clinical directorate.

10.1.2 Ceri Jackson thanked Lucie for the summary and report and acknowledged the colleagues hard work. Ceri enquired about Schedule 5 notifications and a cluster of significant patient safety incidents. Wendy Herbert explained that Schedule 5 notices from coroners are new and mainly from one coroner in the southeast, with recent decreases in coroner activity making it manageable. The cluster of incidents is regional, with early findings showing themes such

as education and safeguarding, but nothing unusual compared to other Health Boards.

10.1.3 The Chair highlighted the high and concerning numbers in the report, emphasising external risks. Rhiannon Beaumont-Wood echoed concerns about the need for transformational action and asked about influencing regional coroner practices and the seriousness of safeguarding concerns. Wendy Herbert explained that the cluster involved several incidents, with early analysis showing no immediate need for intervention. Liam Williams clarified that the review was initiated due to several issues arising in a short period, emphasising the importance of improving data flow. Wendy added that the review process was collaborative.

10.1.4 The Chair also highlighted the rise in ambulance care cancellations linked to Non-Emergency Patient Transport Services (NEPTS) capacity pressures. Lee Brooks explained the challenges and possible options being prepared for Commissioners. The Chair asked about compliance with the Duty of Candour initial letters; Wendy advised that it was a minor issue. The Chair referred to the complaints related to attitude and behaviour, Liam described initiatives to improve communication and values.

10.1.5 The Chair reported that there are improvements to be made to the framework for recording and reporting of near miss incidents, and that consequently only limited assurance can be given at this time on the robustness of those arrangements. Liam added that near miss reporting is still developing and needs further work, the Chair agreed to provide an assurance report to the Audit Risk and Assurance Committee regarding near misses and low harm incident reporting.

10.1.6 The outcomes of the discussion included acknowledgment of the ongoing challenges with increased patient concerns, especially around ambulance care cancellations and delays. The Committee noted improvements in internal assurance processes and data analysis, actions taken to address overdue learning from events, and proactive steps to strengthen relationships with coroners to reduce Schedule 5 notifications. Safeguarding clusters were being reviewed with integrated data analysis, and assurance was provided that no immediate interventions were needed. The Committee agreed the report had been received and discussed, and that assurance requirements had been met, with continued emphasis on transparency and improvement in complaint handling.

The Committee RESOLVED to:

1. **The Committee received the report for discussion.**
2. **The Committee addressed assurance requirements.**
3. **The Committee assessed whether the current format and content of the report provides sufficient information and assurance on Low harm and Near-miss learning and improvement.**

10.2 PUTTING THINGS RIGHT AND LEGAL SERVICES PERFORMANCE ORGANISATIONAL RECOVERY PLAN

10.2.1 Liam Williams reported that the Putting Things Right Recovery Plan was developed collaboratively across Directorates to drive improvement, however achieving full assurance will be challenging due to the scale of work required. The plan was presented to Executive Leadership Team (ELT), who requested more detail on actions, timelines and improvement trajectories, with monthly updates to follow.

10.2.2 Jonathan Chippendale addressed ongoing data access issues and is preparing investment options to address these challenges.

10.2.3 Rhiannon Beaumont-Wood emphasised the importance of specifying "what by when" and raised the potential for AI in data interrogation. Liam Williams advised that priorities are based on achievability, with a focus on managing complexity and addressing serious incidents.

10.2.4 Jonny Sammut outlined five key areas to address for improving data and digital processes: enabling better self-serve reporting to eliminate manual "cottage industries," creating a central group, Digital Transformation and Innovation Programme (DTIP) for prioritising digital and data requests, advancing data sharing by working with the national data repository, improving interpretation and education around data variation, and focusing on data quality at source. Jonny emphasised these are prerequisites for effective AI use and that resource investment is needed to progress.

10.2.5 Ceri Jackson asked about ensuring protected capacity for the plan, Wendy Herbert confirmed the risk is being redrafted as part of the risk management approach.

10.2.6 The Chair summarised that the PTR recovery plan is a sobering read and, while she is assured by the commitment and hard work, she is apprehensive about the ability to deliver everything as outlined due to ongoing pressures and complexity. The Chair emphasised the need to continually review staff support, training and development, recognising that complexity is likely to increase, and urged ongoing attention to these areas. The Chair also

confirmed the committee's discussion and assurance requirements, emphasising the need for close monitoring and welcoming the monthly ELT meetings for oversight

10.2.7 Liam Williams acknowledged the Chair's caution, stating that the Executive Team shares this concern due to the scale of ongoing transformation and the move away from a protocol driven model to one requiring greater clinical judgment. Liam highlighted that this shift increases complexity and demands more robust governance, both organisationally and for individual clinicians. Liam also mentioned commissioning legal and risk reviews to ensure appropriate decision making as the organisation moves beyond traditional compliance structures.

The Committee RESOLVED to: The Committee noted the information and assurance provided in the Putting Things Right and Legal Services Performance Organisational Recovery Plan and advised on additional assurance requirements.

11. ANNUAL SAFEGUARDING REPORT 2024/25

11.1 Vicky Maxwell presented the Annual Safeguarding Report for 2024/25, highlighting the team's achievements and the organisation's commitment to safeguarding. The report showed a significant increase in safeguarding work, attributed to cultural improvements and encouragement to speak up. Despite the team's small size, they remain dedicated to excellent practice. The discussion covered various topics, including fire risk referrals, the impact of the "speaking up safely" agenda, and the increase in internal safeguarding allegations being reported. The importance of robust safeguarding procedures, effective partnership working and ongoing training was emphasised.

11.2 The Chair praised the Safeguarding Annual Report for its clarity and visual appeal, highlighting the strong collaborative work and effective safeguarding procedures. The Chair also expressed concern about variations in safeguarding report numbers across regions, Vicky explained the complexity of interpreting these numbers. Liam suggested using incident rates and demographics for better benchmarking and highlighted upcoming changes in safeguarding expectations. Lee Brooks addressed fire risk referrals, highlighting low numbers in North Wales and suggesting more efforts are needed, Vicky agreed, emphasising the importance of increasing fire risk referrals and innovative ways to encourage them.

11.3 Rhiannon Beaumont-Wood complimented the report and enquired about various safeguarding issues, Vicky responded with details on regional reviews and training plans. Liam Williams added that rising safeguarding allegations reflect increased reporting confidence and ongoing cultural change.

11.4 Ceri Jackson echoed praise for the report, emphasising the positive trend in reporting but raising concerns about capacity, Vicky confirmed efforts to improve reporting processes and manage workload impacts.

11.5 The Chair concluded by asking the committee to approve the report and note the increased demand on the safeguarding team.

The Committee RESOLVED to:

1. **The Committee approved the Annual Safeguarding Report 2024/25.**
2. **The Committee noted and considered the sustained increase in demand and the cumulative impact on the Safeguarding Team.**

12. ANNUAL INFECTION AND PREVENTION CONTROL REPORT 2024/25

12.1 This item was deferred.

13. CLINICAL AUDIT PLAN AND ACTION TRACKER Q1 (UPDATE) 2025/26

13.1 The Clinical Audit Plan and Action Tracker Q1 (Update) 2025/26 was presented by Jonathan Chippendale, who explained that the plan is dynamic and can be updated throughout the year to reflect new priorities or *ad hoc* audit requests. Of the audits indicated on the plan, three have been completed, four are progressing as planned, and six are yet to start, with some dependent on Electronic Patient Care Record (EPCR) user interface changes. Seventeen actions have arisen from completed audits, with ten completed, a few on track, and five delayed, with mitigation in place. Jonathan emphasised that audits can be commissioned by anyone in the organisation and are prioritised using a tool that considers links to Integrated Medium-Term Plan, Personal Learning and Development Plans and incident trends. The Chair pointed out a discrepancy in the reported audit numbers listed in the executive summary, Jonathan agreed to review and correct.

13.2 Rhiannon Beaumont-Wood raised questions about potential bias in audit selection and the effectiveness of disseminating findings, to which Jonathan advised that multiple communication channels are used and re-audits are built in to assess impact. In response to a question regarding resource continuity following staff changes, Jonathan advised that a new Head of Clinical Intelligence and Assurance is in post. Liam Williams added that future audit work will increasingly focus on areas of warranted variation and remote care, with improvements expected as data capabilities mature.

The Committee RESOLVED that: The Committee noted the Q1 2025-26 Clinical Audit Plan and Action Tracker update.

14. CLINICAL PLAN (PROOF OF CONCEPT/DRAFT) 2025-2023

14.1 The Clinical Plan progress update was presented by Jonathan Chippendale, who introduced a new, innovative approach for the 2025–2030 plan using an interactive, web-based platform featuring a fictitious family to illustrate patient journeys and service developments. The plan aims to make the clinical strategy more engaging and accessible, with multimedia elements such as podcasts and animations.

14.2 Members welcomed the concept. Jonny Sammut emphasised the need to clarify technical solutions, hosting and prioritisation, cautioning against overextending digital resources given current pressures. Rhiannon Beaumont-Wood highlighted the importance of early stakeholder engagement, alignment with the forthcoming organisational strategy and the potential for behavioural science to enhance user engagement. Ceri Jackson and Trish Mills both stressed the need for robust Equality Impact Assessment (EQIA), accessibility, and diverse representation in the family model, with Trish confirming that the EQIA would be integrated from the outset. Wendy Herbert enquired about involvement of new clinical nurse specialists; Jonathan confirmed their engagement in relevant content areas.

14.3 The Committee agreed that while the digital approach is promising, its implementation should be reviewed by the Executive Leadership Team for prioritisation, and the content could be reformatted if technical barriers arise.

The Committee RESOLVED that: The committee noted the Clinical Plan (Proof of Concept/Draft) 2025-2030.

15. RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

15.1 Julie Boalch explained the revised approach to reporting the highest rated risks, 223 & 224, now separating what the Trust can directly manage from what it can only influence. The new format aligns risks with strategic objectives, includes draft risk appetite statements and maps controls and assurances against the three lines of assurance. Julie advised that detailed operational action plans exist at Directorate level, and the new structure should make it easier to identify gaps and escalate issues.

15.2 Next steps include developing internal and external scores to show the impact of actions and eventually scoring the effectiveness of controls and assurances. Julie also highlighted how recent Committee discussions on transformation, performance frameworks, complaints, safeguarding and the national Wait 45 Taskforce, all connect to these risks and their mitigations.

The Committee RESOLVED that: The Committee considered the contents of the report.

16. AUDIT TRACKER Q1 2025/26

16.1 Trish Mills explained that the audit tracker now uses only two revision dates to monitor completion of audit actions. Trish reported that 63% of internal audit actions due this quarter were closed, which she considered impressive given current pressures. Trish highlighted a few older actions, including those related to the Electronic Patient Care Record (EPCR), and added that Internal Audit are comfortable with the revised dates since responsibility recently shifted to the Director of Digital Services.

16.2 Regarding the Clinical Audit, the plan is to integrate outstanding actions into the new Clinical Plan, and the closure process may need to reflect this. Regarding external audits, 30% of actions due this quarter were closed, with many Welsh Risk Pool actions extended due to team pressures.

The Committee RESOLVED that:

1. **Received assurance on the monitoring of management actions to address recommendations in the Tracker, noting any revised dates for actions.**
2. **Received assurance regarding revised dates applied to a high number of audit actions related to the Welsh Risk Pool Concerns Assessment 2024.**

16.1 INTERNAL AUDIT REPORT: START OF SHIFT PROCEDURE

16.1.1 The report was received.

The Committee RESOLVED that: With the onward receipt of the Start of Shift Procedure Internal Audit Report, the Committee were assured of the outcome of the audit and noted the discussion at the meeting of the Audit Risk and Assurance Committee 24 June 2025.

16.2 INTERNAL AUDIT REPORT: EMERGENCY COMMUNICATION NURSE SYSTEM (ECNS) IMPLEMENTATION

16.2.1 The report was received.

The Committee RESOLVED that: With the onward receipt of the Emergency Nurse Communication System Intern Audit Report, the Committee were assured from the outcome of the audit and noted the discussions at both the Audit Risk and Assurance Committee on 24 June 2025 and the Finance and Performance Committee on 21 July 2025.

It was noted that the Committee were content with the Finance and Performance Committee monitoring the actions in relation to these audits.

17. AUDIT WALES URGENT AND EMERGENCY CARE REPORT ARRANGEMENTS FOR MANAGING DEMAND

The Audit Wales Urgent and Emergency Care Report Arrangements for managing Demand was received for information.

18. COMMITTEE CYCLES OF BUSINESS MONITORING REPORT AND 2025/26 PRIORITIES

The Committee Cycle of Business Monitoring Report and Priorities update was received for information.

19. KEY MESSAGES FOR THE BOARD

19.1 The link between the Ministerial Advisory Group WAIT 45 Task Force and the Vice Chairs meeting was highlighted, with Ceri Jackson set to discuss this and Liam Williams. Updates on progress are expected at the next QuEST meeting.

19.2 The Chair will provide an assurance report to ARAC regarding near miss and low harm intelligence reporting, as has been agreed to be required on an annual basis.

19.3 The Board should note that Executive Leadership Team will receive monthly updates on the PTR Recovery Plan, which was welcomed for assurance.

19.4 The Safeguarding Annual Report was approved.

19.5 The Executive Leadership Team will review prioritisation of digital teamwork related to the Clinical Plan, due to multiple pressures and asks.

20. REFLECTIONS AND SUMMARY OF DECISIONS/ACTIONS

20.1 Members' reflections included that the lighter agenda allowed for deeper focus on the Putting Things Right Report and the associated Recovery Plan, enabling more probing and challenging questions from Non-Executive Directors and robust scrutiny and assurance. Members praised the quality of reports, presentations and the strong Chairing was noted. Members' appreciated the transparency and early sight of strategic work, and acknowledged the significant risks being managed by the Trust.

21. ANY OTHER BUSINESS

21.1 None declared.

22. DATE OF THE NEXT MEETING

22.1 The next meeting is scheduled for 04 November 2025.

The meeting concluded at 14:25

CONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE OPEN MEETING HELD AT CARDIFF MRD AND REMOTELY VIA MICROSOFT TEAMS ON 12 AUGUST 2025

MEMBERS PRESENT:

Ceri Jackson	Committee Chair
Bethan Evans	Non-Executive Director
Hayley Hutchings	Non-Executive Director
Hannah Rowan	Non-Executive Director

PRESCRIBED ATTENDEES

Estelle Hitchon	Interim Executive Director of Planning & Performance/ Director of Partnerships and Engagement
Angela Lewis	Director of Culture Change
Carl Kneeshaw	Director of People
Trish Mills	Director of Corporate Governance/Board Secretary
Penny Durrant	Deputy Director of Nursing, Quality and Governance
Christian Fox	Trade Union Partner
Damon Turner	Trade Union Partner
Marcus Viggers	Trade Union Partner

IN ATTENDANCE:

Julie Boalch	Assistant Director of Corporate Governance and Risk
Kat Cobley	Head of Inclusion and Engagement
Sarah Davies	Head of Change and People Insights
Colin Dennis	Chairman
Meshack Ezeadim	Aspiring Board Member Programme Member
Catherine Goodwin	Assistant Director Inclusion, Culture and Wellbeing
Paul Greatorex	Service Manager 111 *(Item 7: Staff Story)*
Sarah Harland	Corporate Governance Officer
James Houston	Head of Strategy Development
Melfyn Hughes	Welsh Language Service Manager
Fflur Jones	Audit Wales
Alison Kelly	Business and Quality Manager
Jo Kelso	Head of Workforce Education and Development
Ferdi Lashari	Duty Operations Manager *(Item 7: Staff Story EMS Response)*
Gregory Lloyd	Assistant Director of Clinical Delivery
Osian Lloyd	Head of Internal Audit – NWSSP
Sara Mills	Head of Culture and OD
Sonia Thompson	Assistant Director of Operations
Greg Parry	Organisational Development Manager
Sarah Parry	Business Manager, People and Culture
Alex Payne	Corporate Governance Manager

Liz Rogers	Deputy Director of People and Culture
Graham Stockford	Deputy Head of Health and Safety
Rebecca Smith	Organisational Development Manager
Ceri Wheeler	Practice Coach 111 *(Item 7: Staff Story Integrated Care)*

OBSERVERS:

Christian Muinos	Trainee Clinical Psychologist

APOLOGIES:

Timoth Cahalane	Trade Union Representative
Alex Crawford	Assistant Director of Planning and Transformation
Lee Brooks	Executive Director of Operations
Lizzie O'Shea	Speaking Up Safely Guardian
Rachel Marsh	Interim CEO
Mark Marsden	Trade Union Partner / WASPT Co-Chair
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Director of Finance
Liam Williams	Executive Director of Quality and Nursing

1. WELCOME AND APOLOGIES

1.1.1 The Chair welcomed members and apologies were noted.

The Committee RESOLVED to: The apologies were noted.

2. DECLARATIONS OF INTEREST

2.1 No interests were declared.

The Committee RESOLVED to: No new declarations were declared.

3. MINUTES FROM THE PREVIOUS MEETING

3.1 The Minutes from the meeting of the People and Culture Committee held on 15 May 2025 were agreed as a correct record with no amendments requested.

The Committee RESOLVED to: The minutes of the open meeting held on 15 May 2025 were confirmed as a correct record.

4. ACTION LOG AND MATTERS ARISING

4.1 The Action Log was considered:

4.2 *16.4/15 May 2025 Review of TUP Risk (Risk 163) by WASPT – The action generated was to take the TU Partners' risk into the WASPT for discussion for a detailed review to assess its movement over time and consider any additional mitigation measures. Once discussed in WASPT, this will be fed back to the PCC via the WASPT AAA.* Update 21/05/2025. This matter was programmed for discussion at WASPT on the 30 May 2025. The discussion held on the 30 May 2025 was fed back to the Committee via the WASPT AAA. Given this position, action proposed for closure, status updated to 'complete'.

4.3 *18.4/15 May 2025 Feedback from Effectiveness Review: Committee Cycle of Business Monitoring Report and 2025/26 Priorities It was agreed the Committee would receive proposed priorities for consideration, via email circulation. Colleagues in the Corporate Governance Team to progress this request. Update* 04/06/2025 from Trish Mills The committee priorities for 2025/26 are a focus on equality, diversity and inclusion as well as the development of our people. This was set out in the May AAA circulated to members. Action proposed for closure, status updated to 'complete'.

The Committee RESOLVED to: Consideration was given to the Action Log.

5. DIRECTOR UPDATE (COMBINED REPORT)

5.1 The Directors' update presented by Angie Lewis and Carl Kneeshaw covered several key areas. Angie highlighted positive engagement with the Aspiring Board Members programme, ongoing work on the Anti-Racist Wales Action Plan, and recognition for the digital team's achievements. Angie described efforts to widen access to roles and the successful launch of the 'WAST Way' at the recent Leadership Symposium. Angie also referenced the upcoming Mastering Diversity Conference in Cardiff on 11 September, where WAST will be hosting the "Health Zone", delivering sessions on the value of people networks and how to promote inclusion in the workspace.

5.2 Carl discussed visible support for staff through events such as Cardiff Pride and the Eid celebration, emphasising the importance of inclusive practices. Carl provided a detailed update on the skills mix review and the challenges in recruiting newly qualified paramedics (NQPs), explaining that in addition to the 21 original offers, an additional 35 roles have been offered as two-year fixed term contracts, resulting in 56 out of 80+ graduates having been offered employment. Ongoing collaboration with partners aims to address current and future workforce pipeline concerns. Carl also noted a major review of workforce procedures to improve safety, efficiency and staff wellbeing; including safeguarding and mentoring initiatives.

5.3 Both Directors stressed that diversity and inclusion are being embedded throughout the organisation's culture and operations.

5.4 The Committee discussed the NQP recruitment issue, creative solutions including the use of fixed term contracts for affected graduates, the importance of maintaining skill mix and service quality and the impact of these changes on organisational structures and also noted the reputational implications. Regular updates on workforce planning and skill mix, including NQP recruitment will be provided to the Committee, with ongoing consultation with Trade Union Partners and a focus on safe, sustainable service delivery.

The Committee RESOLVED to: The Director Update Report was noted.

6. OPERATIONS REPORT Q4 2024/2025

6.1 Sonia Thompson presented an overview of the Operations Report Q4 2025/26, key highlights as follows:

- Sonia highlighted the launch of Assemble, a new volunteer management system that improves access to volunteer demographics, availability and communication. The system was well received by volunteers and considered a significant advancement.
- The refurbishment of the Llangunnor site was completed, with the new name "Ty Tywi". The EMS control staff also relocated from Bryn Tirion to Ty Elwy, and the life X control room solution was implemented; streamlining incident sharing with Police and other services.
- Sonia described efforts to pilot team based working in EMS, inspired by a visit to London Ambulance Service. Workshops were held, and teams are developing pilot plans for small scale tests, with updates expected in September.
- Significant feedback was received on the roster review process, especially regarding its impact on staff. The team is working closely with Trade Union colleagues to find a workable solution.
- The new Emergency Ambulance Performance Framework went live, requiring review and changes to over 50 standard operating procedures. The team is now preparing for the second phase later in the year.

6.2 Hayley Hutchings asked about the implementation and scoping of electric vehicles (EVs). Sonia reported on the ongoing evaluation and pilot planning. Hayley also raised concerns about shift overruns, Sonia advised that while external factors such as hospital handover delays are significant, internal efficiencies and new initiatives such as Wait 45 are being pursued.

6.3 Hannah Rowan requested analysis on why reduced handover delays have not led to expected decreases in community wait times. It was agreed this would be taken offline as it doesn't relate to People and Culture.

6.4 The Chair emphasised the importance of hearing staff experiences, acknowledging positive feedback from crews on the increased number of calls responding to in a shift.

The Committee RESOLVED to: The Operations Report Q4 2024/25 was noted.

7.1 STAFF STORY: QUALITY AND SUPPORT DAY

7.1.1 Sonia Thompson explained that Quality and Support Days are monthly events where managers connect directly with frontline staff to have open conversations, gather feedback and address operational and wellbeing concerns. Initially launched to improve seatbelt compliance, the initiative has expanded to cover topics such as health and safety, uniform standards and equipment use. These days are tailored by individual teams, with recent themes shared and future dates planned.

7.1.2 Sonia invited staff to share their experiences:
Ferdi Lashari (Duty Operations Manager – EMS Support) shared that Quality and Support Days have been insightful for managers, allowing them to spend time outside hospitals, listen to staff, and address morale issues related to hospital delays. These days help managers connect with staff they don't regularly see, resolve small problems like IT or iPad issues; and provide staff with someone to talk to, improving overall engagement and support. Ferdi also spoke his involvement in WAST Voices, going to hospital sites with occupational health and wellbeing teams, especially around the Christmas period, to address financial and other staff concerns.

7.1.3 **Ceri Wheeler** (Practice Coach 111 – Integrated Care) reported that Quality and Support Days have helped break down silos within the organisation, allowing staff from different areas to learn about integrated care and appreciate its complexity. These days boost staff confidence, encourage rapport between managers and staff, and inspire open communication. Ceri emphasised that managers who engage directly with staff are seen as true leaders, and staff feel respected and valued when managers invest time in them.

7.1.4 **Paul Greatorex** (Service Manager 111 – Integrated Care) stated that Quality and Support Days are essential for integrated care, having adapted the approach to fit the control centre environment. Paul explained that they use consistent questions to gauge staff welfare and job satisfaction, encourage open dialogue, and regularly share "you said, we did" responses to staff feedback. Paul highlighted the importance of face-to-face engagement, an open door policy and giving staff meaningful time for feedback, and acknowledged that these efforts have led to increased staff participation, valuable suggestions and better management of change within the team.

7.1.5 Bethan Evans supported the value of Quality and Support Days for dispersed teams but cautioned against themed days feeling imposed, preferring open ended conversations. Bethan asked if feedback, including negative responses, is being gathered to improve the initiative. Sonia confirmed that feedback is collected via a Microsoft form with both structured and narrative responses; and emphasised that all feedback is used to shape future events. Sonia also

added that a range of managers, including herself, engage in these conversations with staff and sometimes patients, with support remaining the central focus.

7.1.6 Angie Lewis described Quality and Support Days as one of the organisation's most effective tools for gathering valuable frontline insight, complementing other feedback sources such as HIVE and staff surveys. Angie stressed the importance of using all feedback, including less positive views, and confirmed that it is being acted on and communicated back to staff.

The Committee RESOLVED to: Noted the staff stories and the impact of the Quality and Support Days.

7.2 STAFF STORY UPDATE – MANDY MCWATT

7.2.1 Angie Lewis reported on her visit to Newtown Station, praising Mandy McWatt and her team for their positive energy and the impact in maintaining morale and engagement at the station. Angie praised Mandy's exceptional contributions to the team spirit and acknowledged the ongoing good work in Newtown.

The Committee RESOLVED to: Noted the update.

8. PEOPLE AND CULTURE METRICS

8.1 Angie Lewis shared highlights from the first HIVE pulse survey, which had a 9% response rate and 843 text comments focused on Care, Connect, and Value. While 63% of staff reported regular conversations, feedback showed mixed experiences around decision-making and autonomy. Angie stressed the need to clarify staff influence and role-specific autonomy, with plans to repeat the survey to improve participation and track progress. Bethan and Hayley emphasised the value of open feedback and suggested learning from high-response areas and engaging staff during support days. Angie agreed and outlined steps to boost engagement without overwhelming staff.

8.2 James Houston stressed the importance of using HIVE survey data to guide planning as the organisation refreshes its IMTP, highlighting the challenge of managing workload alongside transformation. Angie agreed, advising that the Executive Leadership Team (ELT) regularly addresses these pressures and emphasised using survey insights within Directorates to support staff and improve engagement, particularly in areas with low participation.

8.3 Penny Durrant raised concerns about survey fatigue, referencing low engagement with the current violence and aggression survey, and suggested shared learning across Directorates to improve response rates. Angie advised that Sarah Davies, Head of Change and People Insight, is coordinating survey

timing and integrating staff data to avoid overwhelming staff. Angie also committed to following up with Penny outside the meeting to share effective engagement strategies and ensure a coordinated organisational approach to survey planning.

8.4 Carl Kneeshaw shared key people and culture metrics, highlighting a positive drop in sickness absence, the lowest since March 2021, attributed to a supportive environment and wellbeing initiatives. Statutory training compliance reached 89.13%, exceeding Welsh Government targets, and 71% of relevant staff signed up for Mandatory In Service Training (MIST). Personal Appraisal Development Review (PADR) compliance dipped slightly due to the WAST Way rollout but is expected to recover. Turnover remains stable at 8%, indicating general staff satisfaction. These metrics offer a snapshot of organisational health and performance.

8.5 Hayley Hutchings raised concerns about recruitment delays potentially leading to lost candidates and asked what actions were being taken to improve timelines. Carl explained that while overall time to hire is in line with other NHS organisations in Wales, delays often occur during shortlisting due to limited proactive planning by line managers. The recruitment team is encouraging clearer timelines, and there's no evidence of candidate loss, as most applicants remain committed. Carl added that a new Head of Strategic Workforce Planning, Systems and Recruitment will be appointed to develop a Recruitment Strategy, review the process and explore AI solutions.

The Committee RESOLVED to: The People and Culture Metrics were received and commented on progress to date.

9. MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

9.1 James Houston provided an update on the Monthly Integrated Quality and Performance Report, acknowledging that many Committee members may have already seen it through other forums. James highlighted key metrics including 249 safeguarding risks in June (93% processed within 24 hours), five RIDDOR incidents mainly related to manual handling and slips, and 42 violence/aggression incidents, mostly involving threatening behaviour. James reported a downward trend in shift overruns and handover delays, attributing improvements to work within specific health boards and expressing optimism about new initiatives.

9.2 Estelle Hitchon reported feedback from other Committee Chairs about the MIQPR report being duplicative across multiple Committees and Board meetings, and proposed convening Committee Chairs, including Colin Dennis as the Chair of the Trust Board, to discuss more effective reporting methods to avoid repeated conversations and ensure relevant indicators are reported efficiently.

9.3 The Chair emphasised that, although many metrics in the People and Culture report are not green, the Committee's focus is on seeking assurance regarding ongoing work in this area. The Chair noted disappointment regarding sickness rates not reaching the target, but stressed that keeping people in work is the right priority. The Chair also supported the idea of improving reporting and assurance processes.

The Committee RESOLVED to: considered the June 2025 Integrated Quality & Performance Report.

10. DEEP DIVE ON VIOLENCE AND AGRESSION

10.1 Penny Durrant presented a Deep Dive on Violence and Aggression (V&A) which highlighted its legal recognition as a significant occupational risk and its strategic importance across the organisation. Penny outlined operational challenges, particularly in unpredictable environments and contact centres, where verbal incidents are common and under reporting persists due to workload and perceptions. A new hashtag-based reporting system is being proposed to ease logging. While moderate/severe harm incidents remain low, there's a shift toward prolonged verbal aggression with delayed psychological impacts. Case management focuses on balancing immediate resolution with long term prevention, supported by policy compliance and timely investigations. Staff value visible leadership, prompt follow up, and relevant training, which are now standard. Volunteers have access to support, though reporting improvements are underway. Training needs to be more flexible and role-specific, and national collaboration continues. A sector-wide survey is in progress but requires better promotion. Media attention is growing, reinforcing zero tolerance. Forward priorities include enhancing training, boosting survey responses, sustaining national engagement, and ensuring strong staff involvement in shaping prevention and support.

10.2 Estelle highlighted that the "With Us, Not Against Us" campaign, developed by WAST, has become a leading example across UK ambulance services and is now adopted nationally. WAST has been proactive in publicising legal outcomes of V&A cases, ensuring confidentiality while using open court cases as a deterrent. Estelle emphasised WAST's leadership in national violence and aggression prevention efforts.

10.3 Bethan Evans thanked Penny for the V&A presentation, stressing its importance and noting that staff should not face abuse at work. Bethan found the decrease in reported incidents and the geographical data interesting. Bethan enquired about post-incident debriefing and support for staff affected by V&A, specifically the timeliness of support and whether managers receive specific training for these debriefs. Graham Stockford responded that the V&A function conducts weekly reviews of all incidents, with case managers providing tailored support to affected staff and

managers, especially for urgent cases. Graham reported that case managers are engaging in courses to help managers develop the necessary skills and empathy. Bethan followed up by asking if there is dedicated training for managers in conducting debriefs, Graham explained that this is a work in progress, with current case management demands limiting the ability to implement more effective training at present.

10.5 Penny recognised that, similar to the "Speaking Up Safely" issue, increased reporting is encouraged but resources are limited, and emphasised the goal of offering bespoke training for managers to handle incidents earlier. Angie highlighted a significant increase in reported V&A incidents, suggesting underreporting remains an issue, and stressed the need to make reporting easier. Angie added that staff in contact centres have become accustomed to a concerning level of abuse, and management is working to improve follow-up and debriefing. Both Penny and Angie agreed on the importance of quick, efficient reporting and equipping managers to identify red flags and support staff wellbeing. Sonia Thompson highlighted the importance of staff reporting V&A incidents and seeing that action is taken, describing it as a strong message.

The Committee RESOLVED to:

1. **The Deep Dive report was received and discussed.**
2. **The Committee were assured by the findings of the Deep Dive and the actions being taken to minimise the impact of V&A incidents on staff, including strengthened case management, improved data insight, targeted training and ongoing partnership with Police and national forums were noted.**

11. PEOPLE DEVELOPMENT PLAN

11.1 Jo Kelso explained that the People Development Plan, delayed due to work on the Strategic Workforce Plan, is now progressing and involves mapping professional groups, engaging staff through focus groups, supporting career movement and ensuring time for staff development, with the Committee asked to note progress and endorse the approach.

11.2 Greg Lloyd said the People Development Plan is helpful, especially for paramedics, as it provides clear career pathways and supports workforce retention within WAST and recognised the importance of this approach given current challenges with newly qualified paramedics and ongoing discussions about their roles.

11.3 Hannah Rowan expressed support for the People Development Plan, highlighting its proactive approach to career progression and its value in addressing generational differences in career expectations. Hannah welcomed the plan's focus on healthy, learning oriented career paths, even

when traditional advancement isn't available, and looks forward to seeing staff feedback as the plan is shared more widely.

11.4 Colin Dennis discussed the need for the organisation to adapt to longer working lives and changing job roles, including staff moving from field to call centre positions. Colin stressed the importance of preparing for rapid changes in work due to artificial intelligence and technology, and ensuring staff have opportunities to develop new skills for future roles.

11.5 The Chair welcomed the direction of the People Development Plan, highlighting its importance for staff retention and wellbeing, particularly in light of recent job changes among paramedics, and concluded by affirming the significance and urgency of workplace adaptability, thanking Jo for her presentation and acknowledging the value of the discussion.

The Committee RESOLVED to:

1. **Noted the progress made to date in implementing the People Development Plan & development of the associated Policy.**
2. **Supported continued development of professional group frameworks and professional proficiencies.**
3. **Endorsed the next phase of work: piloting individual development plans, identifying desirable transferable skills and finalising professional groups.**

12. END OF SEASON FLU CAMPAIGN REPORT

12.1 Greg Lloyd reported a second year of decline in staff flu vaccination rates, consistent with national and international trends. Despite this, over 1000 staff were vaccinated internally, with an overall uptake of 28.9%. Feedback from staff included concerns about too many vaccinations, health issues post-COVID, perceived lack of need, non-patient-facing roles, vaccine fatigue, conspiracy concerns and sickness recorded after vaccination.

12.2 Challenges included reduced occupational health clinics and fewer peer vaccinators completing training. Greg expressed his gratitude to the occupational health teams and peer vaccinators for their efforts in maintaining the vaccination programme despite these challenges.

12.3 Positive steps included improved volunteer access and successful large event clinics. Recommendations for next year focus on better accessibility, more peer vaccinators, dedicated clinics and improved communication.

12.4 Bethan Evans expressed disappointment with the overall flu vaccination rate, particularly among patient facing staff, and asked Greg about planning for the upcoming campaign, including progress, vaccine procurement and new engagement strategies. Greg confirmed that planning is on track, with a meeting scheduled to finalise plans and recommendations, adding that the trivalent vaccine has been procured Wales-wide by Welsh Government, and they are awaiting updates to ESR training modules for peer vaccinators.

12.5 The Chair commented that Greg's report was very comprehensive, acknowledging that the vaccination rate is not where they would like it to be, but expressed assurance that the challenges have been identified and steps are being taken to address them.

12.6 Catherine Goodwin reported that additional assurance was provided by meeting with the Behavioural Science Unit at Public Health Wales to gain insights on increasing vaccine uptake and advised of an upcoming meeting with Greg and the team to further discuss improvements.

The Committee RESOLVED that: The End of Season Flu Campaign Report was noted.

13. WASPT HIGHLIGHT REPORTS – 30 MAY 2025 AND 24 JULY 2025 (to include Terms of Reference 2025/26)

13.1 Christian Fox provided key highlights of the July meeting as follows:

- The July WASPT meeting covered updates on leadership, costings, union perspectives and operational support.
- There was a correction to previously reported Trade Union activity costs, clarifying the difference between base pay and overtime backfill, with assurance provided by Carl Kneeshaw, who advised that previously reported costings were incorrect because they combined base pay and overtime backfill figures, resulting in an inflated total. Carl explained that the actual cost is somewhere between the two, and finance colleagues have now separated the figures to provide a more accurate breakdown
- Trade Unions discussed the potential for industrial action following the Welsh Government pay review, advising members to prepare and assess voting intentions.
- Operational updates included positive outcomes from ACAS colleagues responding to high-acuity calls, with a significant proportion acting as first responders.
- The report aimed to provide assurance, clarify financial data and update on union and operational activities.

13.2 The Chair thanked Christian for his summary and confirmed that the WASPT Terms of Reference were approved by the Trust Board at the end of July 2025.

The Committee RESOLVED to:

1. **The WASPT Highlight Reports from 30 May 2025 and 25 July 2025 were noted.**
2. **The Terms of Reference were noted in line with the approval at Trust Board.**

14. CULTURAL THEMES AND TRENDS REPORT

14.1 Carl Kneeshaw summarised the Cultural Themes and Trends Report by highlighting employee relations data, including 59 new disciplinary cases, mainly for inappropriate behaviour, and 26 new R&R cases, with a spike linked to roster review concerns. Carl reported an average case closure time of 21 days, adding that some take longer due to external involvement. Sexual safety concerns accounted for less than 1% of new cases and are trending downward. The new "moving on conversations" process has improved engagement and feedback from leavers, while the "Speak Up Safely" initiative saw 48 concerns raised, mostly around incivility, bullying and inappropriate behaviour, with over half resolved and learning shared across teams. These efforts collectively support a compassionate, inclusive, and high-performing workplace culture.

14.2 Damon Turner welcomed the Cultural Themes and Trends Report and asked whether "moving on conversations" were conducted face-to-face or via a form, and questioned the variation in response rates across departments, recognising higher returns in medical and clinical areas. Carl explained that individuals can choose their preferred method, face-to-face or form, and that while it's too early to identify trends, engagement tends to be higher when staff have feedback or are leaving under a process. Carl added that more data over time will help improve participation and communication. In response to Damon's query about whether retire-and-return staff are included, Carl clarified that the process currently covers only those leaving the organisation, but this would be double-checked.

The Committee RESOLVED that: Accepted and noted the contents of the Cultural Themes and Trends Report and the supporting presentation.

15. SPEAKING UP SAFELY REPORT

15.1 Catherine Goodwin presented the Speaking Up Safely Annual Report, key highlights as follows:

- WAST is the first organisation in Wales to appoint a full time Guardian, which has led to increased awareness and engagement with the Speaking Up Safely process.
- Over the past year, 113 concerns were raised (56% directly to the Guardian, 44% via the working confidence form, which starts anonymously).
- Most concerns relate to inappropriate behaviours, bullying and wellbeing, with operational colleagues most represented both as speakers and as the subject of concerns.

- There has been a shift towards more openness post contact with the Guardian, with most concerns moving from confidential or anonymous to open or resolved.
- Key barriers remain such as fear of retribution, perceived bias and confidentiality concerns. Work is ongoing to address these, including piloting a detriment risk assessment and improving feedback mechanisms.
- Lessons learned are shared regularly, and there is a focus on supporting protected groups and improving confidentiality around staff information.
- The organisation is working to ensure timely follow-up, enhance manager training and maintain consistency and transparency in disciplinary processes.
- Incivility is recognised as an ongoing issue, with efforts to promote kindness and support across the organisation.

15.2 The Chair expressed assurance from quarterly meetings with Catherine, Angie and Carl and confirmed the organisation is on the right track with development of the Speaking Up Safely framework. The Chair acknowledged ongoing concerns about confidentiality and detriment, noting these are challenging areas that require time to address. The Chair also emphasised that while progress and successes should be celebrated, the journey is long and continuous improvement is needed. The importance of visible and intentional leadership in maintaining momentum and progress on Speaking Up Safely was highlighted.

15.3 Bethan Evans commended the openness and courage reflected in the Speaking Up Safely Annual Report, recognising its vital role in driving cultural change within WAST. Bethan acknowledged that the report offers strong assurance through its transparency around challenges, expressing confidence in the team's continued progress. Whilst recognising the discomfort often involved in this work, Bethan praised the organisation for confronting and documenting difficult issues rather than avoiding them, and thanked Catherine, the team, and the wider organisation for their determination and ongoing support of the initiative.

15.4 Hannah Rowan enquired whether data from the Speaking Up Safely initiative could be used to identify specific departmental challenges and whether the data could be disaggregated to pinpoint hotspots and guide targeted interventions. Catherine explained that current data volumes are too small to identify clear patterns or specific departments, though early signs are emerging. Catherine added that conversations with staff who raise concerns sometimes lead to suggestions for local initiatives or training, and in some cases, managers are engaged based on these discussions.

15.5 The Chair concluded by asking the Committee to take assurance from the Annual Report and endorse the integration of Speaking Up Safely principles into broader leadership, confidentiality and equity and inclusion strategies, confirming that the Committee agreed to this endorsement.

The Committee RESOLVED that:

1. **Received assurance from the preparation of the Speaking Up Safely Annual Report for 2024-2025 in relation to the Speaking Up Safely arrangements in the Trust.**
2. **Endorsed the Trust wide integration of the Speaking Up Safely (SUS) principles into leadership development, confidentiality practices and equity and inclusion strategies.**

16. STRATEGIC EQUALITY REPORTS 2024/25

16.1 Angie Lewis introduced the Strategic Equality Plan Annual Report, Gender Pay Gap Report and Workforce Diversity Reports for discussion and endorsement ahead of their submission to the Trust Board for approval. Angie acknowledged past EDI concerns while noting this year's progress and ongoing challenges and expressed gratitude to Kat Cobley and the team before handing over for the presentation.

16.2 Kat Cobley presented the Strategic Equality Reports, key highlights as follows:

- Kat highlighted significant progress in equality, diversity, and inclusion (EDI) over the past year, noting many small wins and examples of good practice that collectively show a cultural shift in the organisation.
- Kat emphasised the statutory requirement to publish the annual report, gender pay gap, and workforce diversity data, outlining the timeline and governance process for these reports.
- Key achievements included the growth of eight people networks (including Welsh language), increased staff and community engagement and impactful events led by the Black, Asian, and Minority Ethnic network.
- Leadership and culture improvements were acknowledged, with EDI now more embedded in leadership programs, symposiums and executive-level priorities.
- The organisation received external recognition, such as being shortlisted for the Health Service Journal (HSJ) award for Inclusive Recruitment, winning an HPMA Allyship and Active Bystanding training, and achieving the Stonewall Bronze Award and the Carer Confident Level 1. Training initiatives such as allyship, bystander and sexual safety training are being rolled out, with evidence of positive staff engagement and behaviour change.
- Workforce diversity metrics showed small but positive increases in representation of ethnic minorities, disabled staff, LGBTQ+ staff, and women, though some groups remain underrepresented compared to the Welsh population. The gender pay gap decreased slightly but remains an area for further work.

- Community engagement was strong, with targeted outreach at events such as Pride and the Big Halal Expo, and initiatives supporting carers and those with learning disabilities.
- Service user impact was demonstrated through improved access, training, and resources, such as the learning disability flagging system and accessible communication standards.
- Challenges included attendance at training, engagement with senior leaders, financial constraints, and ongoing underrepresentation in the workforce. Mitigations include targeted training delivery and continued rollout of inclusive recruitment.
- Kat concluded with a preview of upcoming actions, including further rollout of the inclusive recruitment model, disability passport scheme and continued focus on accessible communication and diversity initiatives.

16.3 Members welcomed the progress in EDI, praising its openness and depth, while raising concerns about gender pay gap clarity, representation of non-binary and trans colleagues, and the underrepresentation of women in senior roles; emphasising the need for visible leadership, intersectionality, and inclusive messaging, with suggestions to improve data transparency and address organisational barriers.

16.4 Kat acknowledged system limitations in gender reporting, explaining influences on the gender pay gap, and outlining initiatives such as leadership development and qualitative surveys. Kat reinforced that all EDI activities are open to everyone and highlighted growing engagement from managers.

16.5 Angie Lewis stressed that safety at work is foundational to EDI, noting that some colleagues feel less safe than others. Sara shared that the "WAST Way" leadership programme will use EDI data to shape future initiatives and ensure better representation. The Chair raised questions about the necessity of disability passports and strategic board support, prompting further reflection. Kat also noted efforts to promote intersectionality through network collaboration and inclusive training.

16.6 The Chair confirmed that the Committee endorsed the Strategic Equality Plan Annual Report, the Gender Pay Gap Report and the Workforce Diversity Report for 2024/25 for onward submission to the Trust Board for approval, before publication.

The Committee RESOLVED that: The Committee discussed and endorsed the Strategic Equality Plan Annual Report for 2024/25, Gender Pay Gap Report 2024/25 and Workforce Diversity Report for 2024/2025 for their onward submission to the Trust Board for approval.

17. WELSH LANGUAGE ANNUAL REPORT 2024/25

17.1 Melfyn Hughes delivered an overview of the Welsh Language Annual Report 2024/25, key highlights as follows:

- The Trust has implemented a new Welsh Language Policy to foster a bilingual ethos, improve compliance with Welsh language standards and provide an active offer.
- Strategic alignment has been strengthened, with the Welsh Language Advisory Group now reporting to the EDI Steering Group.
- Welsh language call handling performance has significantly increased from 18% to 45% in the previous year and remains stable at 45.7%, though overall demand for Welsh Language calls is low. Improvement plans include better call handler profiling and opt-out flexibility for callers.
- Non-Emergency Patient Transport Services (NEPTS) call handling performance declined from 89% to 77% due to fewer Welsh-speaking call takers, and recruitment of Welsh speakers is being prioritised as part of the strategy for 2026–27.
- The Trust has established a Welsh Language standards compliance baseline, focusing on correspondence, document publication, signage and reception services, with good compliance noted in correspondence and signage.
- Upcoming deliverables include a gap analysis across services and the development of a Welsh Language clinical consultation plan.

17.2 Bethan Evans thanked Melfyn for his leadership in promoting the Welsh language and emphasised the importance of developing the clinical consultation plan. Melfyn explained that the team is establishing a baseline and determining the plan's placement within the organisation.

17.3 Trish Mills echoed thanks to Melfyn and recognised Kate Evans for her translation work, clarifying that the clinical consultation plan is a 5 year requirement with ongoing discussions to ensure it addresses patient safety and service changes.

17.4 The Chair acknowledged the progress made, highlighted the need to endorse the Annual Report and the Year 3 "More Than Words" Action Plan, and confirmed the committee's support.

The Committee RESOLVED to:

1. **Endorsed the Annual Report 2024/25 and recommends for approval by the Trust Board and for publishing the report on the Trust's website.**
2. **Received the Year 3 'More Than Just Words' Action Plan Progress Report for assurance.**

18. RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

18.1 Julie Boalch presented the current risks under the Committee's oversight, adding that the data had been shared with the Trust Board and is now progressing through governance processes for executive sign-off. Julie highlighted several initiatives discussed earlier in the meeting, such as sickness absence trends, well-being support, flexible working, quality and support days and inclusive practices; which are all actively mitigating these risks.

18.2 Julie reported that risks 163 (Trade Union Partnerships) and 558 (Staff Health and Wellbeing) have been discussed at relevant meetings, with risk 201 (Reputational Harm) is planned for a detailed review in August to consider separating stakeholder confidence and patient experience into distinct risks.

18.3 The Chair enquired as to the reasons for revised dates on several actions within risk 160 (High Absence Rates), seeking clarification on delays. Carl Kneeshaw explained that delays in completing some risk actions, such as those in risk 160, are due to reduced workforce and vacancies within the People Services Team, requiring prioritisation of immediate cases over other actions. Carl reported successful recruitment but anticipated another vacancy and advised that he and Liz Rogers would review dates to ensure prioritisation of higher risks.

The Committee RESOLVED to: Considered and discussed the contents of the report. The Chair confirmed that assurance on the risks has been received, acknowledging that risk topics had been discussed extensively throughout the agenda.

19. AUDIT TRACKER Q1 2025/26 REPORTING

19.1 Trish Mills reported that no audit actions were closed this quarter, though work is ongoing for all items and some were close to completion, including Speaking Up Safely actions which can now be closed due to report presentations.

19.2 Trish emphasised that the lack of closures is not due to inactivity but to resourcing issues and dependencies, such as the resourcing policy being linked to e-timesheets. Trish reassured the committee that there should be no concerns, as progress is being made, and noted that some actions on volunteer governance were closed ahead of schedule.

19.3 The Chair confirmed there were no questions or concerns raised and asked the Committee to receive assurance and note that four actions are on their second and final revision date.

The Committee RESOLVED to:

1. **Received assurance on the monitoring of management actions to address recommendations in the Tracker, noting any revised dates for actions.**
2. **Noted that four actions are on their second and therefore final revision dates.**

20. CYCLE OF BUSINESS MONITORING REPORT AND REVIEW OF PRIORITIES 2025/26

20.1 Trish Mills explained that the WRES report is deferred to November due to the timing of feedback from the Welsh Government, and the Revalidation and Registration Report will also come in November as the HCPC Revalidation has only just closed, adding that these will be scheduled appropriately next year. Trish also stated that the agenda's focus on EDI and development reflects committee priorities, as seen throughout the meeting.

The Committee RESOLVED to: These matters were noted.

21. WASPT MINUTES – MARCH 2025 AND MAY 2025 MEETINGS

21.1 Received.

The Committee RESOLVED to: The minutes were received.

22. COMMITTEE HIGHLIGHT REPORT – 15 MAY 2025 MEETING

20.1 Received.

The Committee RESOLVED to: The Committee Highlight Report 15 May 2025 was received.

23. SOCIAL PARTNERSHIP REPORT

23.1 Damon Turner reported that since the Social Partnership Report was published, some TU members and managers have participated with Welsh Government and other organisations to develop initiatives that will help position the organisation as an exemplar employer in Social Partnership.

The Committee RESOLVED to: The Social Partnership Report was noted.

24. REFLECTIONS AND SUMMARY OF DECISIONS/ACTIONS

24.1 Reflections on the meeting focused on the quality and effectiveness of the papers, with participants noting that concise and well-written reports from the People and Culture Directorate enabled meaningful discussion and assurance. The Chair and others highlighted the value of intentional agenda structuring, which helped connect topics such as health and safety and EDI and noted that the deep dive into the violence and aggression risk was especially important. There was consensus that the meeting allowed valuable contributions,

avoided information overload, and that the staff story presentation provided a practical example of positive impact, demonstrating the benefits of hearing directly from staff about initiatives that make a difference.

25. ANY OTHER BUSINESS

25.1 None declared.

26. DATE OF THE NEXT MEETING

26.1 The next meeting is scheduled for the 13 November 2025.

The meeting closed at 14:40

MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 16 SEPTEMBER 2025 IN THE CARDIFF MAKE READY DEPOT AND VIA TEAMS

Meeting started at 09:30

PRESENT:

Jayne Beeslee	Non-Executive Director and Chair
Peter Curran	Non-Executive Director (Left During Item 67/25)
Rhiannon Beaumont-Wood	Non-Executive Director (Joined during Item 67/25)
Bethan Evans	Non-Executive Director

IN ATTENDANCE:

Julie Boalch	Assistant Director of Corporate Governance and Risk
Lee Brooks	Executive Director of Operations
Alex Crawford	Assistant Director of Planning and Performance (Joined during Item 68/25 and left after 69/75))
Richard Davies	Assistant Director of Capital and Estates (Joined during Item 74/25 and left after 75/25)
Colin Dennis	Chair of the Trust Board (Left after Item 74/25)
Estelle Hitchon	Interim Executive Director of Strategy, Planning and Performance and Director of Partnerships and Engagement
Jonathan Jones	Audit Manager
Carl Kneeshaw	Director of People
Trish Mills	Director of Corporate Governance/Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Ed Roberts	Assistant Director of Finance
Jonny Sammut	Director of Digital Services (Joined during Item 67/25)
Mark Thomas	Commissioning & Performance Manager (Left after Item 70/25)
Liam Williams	Executive Director of Quality and Nursing

APOLOGIES:

Osian Lloyd	Head of Internal Audit
Rachel Marsh	Interim Chief Executive
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner

65/25 PROCEDURAL MATTERS

Jayne Beeslee welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. Members noted that any declarations of interest were contained within the Trust's Register of Interests.

Minutes: The minutes of the open session held on 21 July 2025 were considered by the Committee and confirmed as a correct record subject to a minor amendment on the sub heading to Item 47/25. Month 4 year to read 2025.

Matters Arising: None

Action Log: Action 53/25: In terms of the QPMF benefits map and the benefits measures it was agreed that the QPMF Steering Group would consider this in further detail. It was agreed an update would be provided at the next meeting following discussion at the QPMG Steering Group. The QPMF Steering Group further considered this on 4 September. Whilst some amendments were agreed, both Hugh Bennett and Trish Mills would benefit from a discussion with the committee chair and Peter Curran on the mapping and the best way to represent benefit going forward. A suitable date was being sourced for this meeting to take place prior to the end of September 2025. Action was to remain open until meeting confirmed.

Committee Highlight Report: The Committee highlight report dated 21 July 2025 was received.

The Committee RESOLVED TO:

(1) Approve the minutes of the Finance and Performance Committee held on 21 July 2025 subject to the minor amendment as described.
(2) Consider the Action log and noted the update as described above.
(3) Receive the Committee highlight report dated 21 July 2025.

66/25 FINANCIAL POSITION FOR MONTH FIVE 2025/26

MONTH FOUR 2025/26

The Committee noted the update as detailed in the report.

1. The Trust was now reporting a revenue year to date deficit (£246k) for month 4 2025/26.
2. In line with the balanced financial plan approved as part of the submitted 2025-28 IMTP, the Trust was currently forecasting to breakeven by the 2025/26 financial year end.
3. Capital expenditure plans continue to be progressed with plans to fully achieve in year.

4. In line with the financial plans that support the IMTP, gross savings of £2.884m have been achieved in month 4 against a target of £2.796m.
5. Public Sector Payment Policy was on track with performance, against a target of 95%, of 98.7% for the number, and 99.0% of the value of non NHS invoices paid within 30 days.

MONTH FIVE 2025/26

An update was given by Ed Roberts who provided the Committee with the following details:

1. The month 5 reports were submitted to Welsh Government by the submission date of Thursday 11September 2025.
2. The cumulative year to date (at Month 5 end of August 2025) revenue financial position reported was an overspend against budget of £0.229m (in month performance delivered a surplus of £17k).
3. The I&E forecast for 2025/26 was still one of breakeven, but this continued at a higher risk of delivery.
4. The Capital plan was being progressed and current planned expenditure of £30.190m was forecast to be fully spent by the end of the financial year.
5. In line with the financial savings plans (£8.5m) that supported the IMTP, gross savings of £3.582m have been achieved against a year-to-date target of £3.486m, hence an overachievement of £0.097m.
6. Public Sector Payment Policy was on track with cumulative performance to month 3 (as this was reported quarterly), against a target of 95%, of 98.7% for the number of non-NHS invoices paid within 30 days.

The key assumptions underpinning the year-to-date financial performance, remain broadly in line with that within the 31 March 2025 approved IMTP/Trust Board financial plan and budget set, in particular, those in the initial plan were as follows:

1. The ability to deliver a minimum of c£8.500m in savings and efficiencies in year. This equated to c2.7% of the Trusts discretionary income.
2. No other developments, enhancements or cost increases not currently funded within budgets 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. These included any costs, capital or revenue, emerging from the recommendations of the Manchester Arena Inquiry.
3. Despite an element of additional funding provided, some cost elements were still hard to predict through the 2025/26 financial year (and beyond) and may remain volatile.
4. The ability to manage in year cost pressures as they arrive, within the small contingency the Trust continues to hold, as per the IMTP / 2025/26 financial plan.
5. Income assumptions in opening financial plan were fully funded via commissioners and Welsh Government (2025/26 pay awards increases).

The committee discussed the use of vacancy delays as a method for achieving non-recurrent savings. While holding vacancies can generate short-term financial benefits, these were not always sustainable due to ongoing staff turnover. A natural recruitment lag of around three months typically contributes to these savings without impacting organisational capacity unless deliberately planned.

Carl Kneeshaw added that some current vacancies were linked to skill mix reviews rather than savings measures, with plans in place to reduce them, although some will continue into the next financial year. The recruitment control panel ensures vacancies were assessed against organisational priorities, risk and statutory duties before being filled.

Members acknowledged the financial value of vacancy management but emphasised the need to balance this with service delivery and workforce pressures.

The Chair requested additional details regarding the distribution of capital expenditure throughout the year. Ed Roberts explained that due to the annual allocation process for capital funding, planning typically begin as early as possible, but full approval from the Welsh Government (WG) was required before proceeding. Discussions were ongoing with WG concerning next year's fleet expenditure. A staggered approach was being considered to secure funding earlier, which would allow for an accelerated purchase of vehicles and enable their preparation for conversion at an earlier stage. This process was implemented last year and was expected to continue this year, resulting in increased spending on vehicles in quarter three. Furthermore, most of the Estates expenditure will occur in quarter four due to the schedule of construction activities and when significant costs, such as planning and architectural fees, were typically incurred.

Following a query in terms of the financial risk regarding the cost involved with the impact of regarding ambulance delays, Ed Roberts advised it was anticipated that the risk will likely be reduced around month six if trends continue. The associated risks involved assigning additional staff to A&E and managing handovers, as well as potentially increasing overtime if necessary. A staggered approach was being considered, with the aim of receiving funding indications earlier to facilitate the purchase of vehicles and prepare them in advance for conversion. The shared information across NHS Wales suggested that most health boards were aiming to return to break even by quarter three and four, with figures indicating an average shift from a £2 million monthly deficit to nearly a £4 million surplus. For now, the risk level remained unchanged, but it may decrease as the end of the year approaches and investment decisions are made based on current workforce capacity.

The Committee RESOLVED To:

1. **Note and gain assurance in relation to the Month 4 revenue financial position and performance of the Trust as at 31st July 2025.**
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 4 Welsh Government monitoring returns submission included within *Appendices 1 – 2* (as required by WG).**

67/25 PHASE 2 GO-LIVE OF CLINICAL MODEL TRANSFORMATION

Lee Brooks introduced the phase two assurance for the Ambulance Performance Framework, describing it as a pivotal step in transforming the Trust's response to the people of Wales. This phase builds on the successful launch of phase one, which began in July and introduced new emergency categories and a shift from time-based targets to clinical outcomes.

Lee Brooks reminded the Committee that several pathway changes had already been deployed, including the introduction of clinical navigators and rapid clinical screening, which started in November of the previous year. These changes were designed to better direct unscheduled activity into planned care and support the new framework. Lee Brooks drew out further details of Phase Two as outlined below:

Phase two focused on the amber and green categories, which accounted for about 70% of 999 incidents. These categories previously lacked formal time standards and have been subject to increasing delays due to rising activity and handover pressures. The Welsh Government (WG) led review found the old framework unfit for purpose, leading to the current changes.

Three new response categories were being introduced:

1. Orange (Time Sensitive): For cases like stroke and STEMI, focusing on rapid arrival of specialist care.
2. Yellow (Assess and Respond): For cases needing further clinical assessment, often in the community.
3. Green (Planned): For cases suitable for remote or community-based management, such as palliative care or urinary tract infections.

Each category will be supported by tailored measures, including median and 90th percentile response times and clinical quality indicators, aligning with best practices and bringing Wales in line with other UK nations.

Implementation & Governance:

1. The deployment was being led by a task and finish group, now chaired by Kerry Griffiths. The group has developed data definitions and submitted them to the commissioner on time.
2. Impact assessments, Quality Impact Assessment (QIA) and Equality Impact Assessment (EqIA) were being developed and will be submitted to the Trust Board after scrutiny by the QuEST Committee.
3. Operational readiness includes Computer Aided Dispatch (CAD) system changes, Standard Operating Procedure (SOP) reviews, and staff training. Lessons from phase one were being incorporated, and staff feedback was being gathered to inform phase two.
4. Communications and staff engagement were ongoing, with positive feedback from staff about their readiness for phase one.

Financial and Technical Dependencies:

1. There were no direct financial implications for phase two, but there was a related ambition for a single CAD instance to support remote integrated care, with capital funding recently approved and delivery expected in the spring.
2. The main risk is the dependency on the CAD supplier (MISI), but current milestones are being met, and development is proceeding at risk while final details are agreed.

Monitoring, Risks, and Timeline:

1. Implementation will be closely monitored, with regular updates to Welsh Government and internal reviews, as was done in phase one.
2. The Cabinet Secretary has requested implementation by the start of December. If this cannot be achieved, the organization would seek to delay until after winter, but the public announcement creates an obligation to aim for the December date.

Clinical outcomes for the measures referenced were still evolving. However, a persistent challenge remains due to the lack of a unified medical record system across the wider healthcare landscape. The Trust continues to rely on available data sources, primarily the electronic Patient Care record (ePCR) and proxy measures for quality, as well as being alert to reports via the concerns and Putting Things Right processes.

Phase 2 introduces new screening codes Rapid Clinical Screening (RCS1-3) alongside RCS0 to help prioritise calls with high risk markers during the pilot. Initially, RCS codes will be adapted from Amber 1, Amber 2, and Green code sets, with further updates planned as the new model is established.

Based on the approach used in Phase 1, the communications strategy will be implemented in a similar manner for Phase 2. Key materials were currently under review and being updated, using a hybrid method that employed various communication tools and collateral to maximise reach.

Two high-level risks, each with a score of 16 or more, have been identified: challenges from an external supplier delivering Computer Aided Dispatch (CAD) changes, and potential time constraints in setting up internal reporting. Both were under close and proactive management. A meeting has been held with the supplier MIS, with an agreed way forward on the commencement of the development milestones.

The Cabinet Secretary has approved the changes and requested implementation by 01 December 2025. While the Trust recognised this coincided with the peak activity period, it was currently on track for a 01 December launch; if delays arose, the Trust would propose postponing until 01 February 2026. Nonetheless, the Cabinet Secretary has set 01 December as the official go-live date, which the Trust was obligated to meet.

Liam Williams stated that the Clinical Advisory Group (CAG) was reviewing information related to quality, safety, and clinical delivery. In phase 1, this data will inform the quality impact assessment for phase two. The CAG will recommend any changes to the Quality Impact assessment (QIA) based on lessons learned and critical analysis. These recommendations will be reviewed by the Clinical Quality Governance Group in the coming week, ensuring all necessary adjustments were addressed.

A question was raised regarding the Orange Now category and whether there were effective mechanisms in place to accurately measure outcomes across organisational boundaries. Lee Brooks advised that work was underway with Digital Healthcare Wales towards having more access to data across boundaries but there was more to do.

The Committee sought confidence levels in terms of the challenging implementation date. Executives expressed confidence that the changes to the CAD remained on track for go-live. The statement of works has been central to recent discussions, with the next milestone on the 08 October offering a further opportunity to confirm readiness. A go-live checklist will be in place as it was for phase one.

Lee Brooks added that the Trust was not seeking additional investment for this initiative; the approach to Clinical Model Transformation has always focused on optimising current resources. Members discussed the associated opportunity costs and the need to ensure appropriate use of resources, including fleet, with the delivery of these changes.

The Chair noted that one key concern was the progression to phase two without first evaluating both the delivery and clinical risks arising from phase one. The Committee was assured that external evaluation was being finalised based on the model being designed as a single, integrated approach. The timeline recognised Welsh Government requirements, and the evaluation will also share insights throughout the pilot, and complements the clinical flows implemented since November 2024.

Members endorsed the paper for onward submission to the October Extraordinary Trust Board meeting in October and noted that this was subject to the QIA and EqIA being reviewed at an extraordinary meeting of the Quality, Patient Experience and Safety Committee (QUEST), which was to be arranged.

The Committee RESOLVED To:

1. **Note that the QIA and EQIA are being developed, and each shall be subject to the appropriate quality governance mechanisms, and both shall accompany this paper at the time of final approval being sought from the Trust Board. The committee is asked to note that it may be necessary to make minor adjustments to this paper ahead of its final submission to Trust Board on 23 October 2025 following the internal review process. It is requested that the committee allow for minor changes to this assurance paper prior to submission to Trust Board, providing any change does not materially alter the direction or outcomes.**

2. **Endorse onward submission to Trust Board, confirming that the Committee is assured that the organisational preparedness meets with the appropriate requirements to implement the changes safely and effectively.**
3. **Endorse that the Ambulance Performance Framework (phase 2) proceed to implementation, with oversight of implementation be provided by the Clinical Model Transformation Board.**

68/25 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT

Mark Thomas outlined the main points of the report:

1. 111 call handling performance has stabilised post-delivery of the new 111 CAS, but the service did not achieve the 5% abandonment rate in July 2025 and is unlikely to do so within the existing commissioned financial envelope i.e. capacity (including efficiencies) is not sufficient to meet demand.
2. The Trust's overall sickness percentage was 7.82% in July 2025, up on the 7.49% recorded in June 2025, which was 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%.
3. Phase 1, The new Purple Arrest and Red Emergency categories went live, as planned, on 01 July 2025. This is the first scorecard to include these new categories.
4. Amber response times continue to have a known impact on avoidable patient harm and are still higher than ideal. But there were ongoing response model changes being implemented to the trusts, wider Clinical Model Transformation programme.
5. Ambulance care - Oncology performance in July 2025 was 75.56%, achieving the 70% target. Renal performance remained just above target, achieving 70.72% and advanced discharge & transfer journey performance increased marginally to 83% (95% target), this will primarily be an issue with capacity.
6. Hours Produced: The Trust produced 119,098 Ambulance Response unit hours during July 2025 and delivered an emergency ambulance unit hours production (UHP) of 90%, remaining below the 95% target.
7. the Trust's overall sickness percentage was 7.82% in July 2025, up on the 7.49% recorded in June 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%.

Members noted there was a notable decline in complaint response times in July. However, as mentioned in the report, a Putting Things Right recovery Plan was being implemented. The Committee can be assured that this matter was being closely monitored by QuEST Committee, with comprehensive information sharing and transparent discussions being held with executives.

Regarding 111 response times, data indicated a decline during the summer months. This highlighted a gap between demand and capacity and raised questions about the nature of investments made in the 111 service. Lee Brooks commented the Trust was observing the results of the roster review, and current performance was, although not achieving the target, exceeding the predictions from the current modelling.

Members asked what the opportunities were to improve the compliance rates in terms of the clinical outcomes. Lee Brooks added that the Trust was prioritising discussions about quality and outcomes. There was an increasing interest in the results of actions especially since the Trust started measuring key factors like response time and access to public defibrillators. He believed this focus will persist, particularly within the Operations Directorate, shifting attention from simply responding quickly to ensuring effective clinical outcomes.

Members inquired about sickness levels and when were they last near 6%, and whether the plan could realistically achieve that goal. Lee Brooks noted that the rate was closest just before the pandemic but then increased significantly. He suggested that current trends were likely due to the typical rise in sickness during the summer holiday period and expected rates to decrease as autumn arrived, with another increase anticipated in winter.

Following a discussion on the clarity of the Statistical Process Control charts within the MIQPR, it was agreed that Jonny Sammut would collaborate with Mark Thomas to explore ways to enhance the presentation of the visuals in the report for improved clarity. Estelle Hitchon noted that she has progressed discussions regarding possible adjustments to the presentation of the MIQPR.

The Committee RESOLVED To:

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

69/25 REVIEW OF AMBULANCE SERVICE INDICATORS

Members received the Ambulance Service Indicators (ASIs) noting the focus on quality elements of service delivery. The importance of how this data informs planning, resource allocation, population health and prevention strategies was highlighted by Mark Thomas. It was noted that the ASI are published monthly by the Joint Commissioning Committee (JCC) and set out the Trust's performance across the five sept 999 patient pathway.

The ASI included the recent major change in incident categorisation which introduced the Purple (Arrest), Red (Emergency) and Rapid Clinical Screening Zero (RCS0). The ASI are not formally reported to the Committee, however many of them are incorporated into the MQIPR. Estelle Hitchon noted that future planning should consider which ASI data is most useful for performance scrutiny and resource allocation.

The Committee RESOLVED To consider the Ambulance Service Indicators and that they provided sufficient assurance with regards to the wider reporting to the Committee via the Trust's MIQPR.

70/25 INTEGRATED MEDIUM TERM PLAN (IMTP) PROGRESS REPORT

Alex Crawford updated the Committee on the Integrated Medium Term Plan (IMTP) Delivery and Assurance Report for Q2 2025/26.

Detailed feedback from WG on the plan has now been received and will be distributed more widely within the Trust. Overall, the feedback was positive but also highlighted areas where delivery confidence was lower, such as population health initiatives that have been challenging to initiate. These observations aligned with those noted in this report and reflected areas for potential progress in the current planning cycle.

The report also emphasised that the number of accountability conditions this year was significantly higher than in previous years. Last year, there were three or four accountability conditions, whereas this year there were approximately ten. Many of these conditions were applicable across NHS Wales, but there were several that were specifically tailored to the Trust.

Alex Crawford added that the paper's main focus was the CMT programme, currently at a cautionary (yellow) status due to ongoing work. The digital front end has improved from amber to green, showing strong progress, especially in integrated care services, though some CAD requirements kept it at amber. For EMS services, phase one of the Ambulance Performance Framework was delivered in July, and preparations for phase two in urgent care response are underway.

Urgent care remained at a yellow status, but scheduling improvements were in progress, along with utilisation of mental health vehicles. Health transport activity was minimal, with most ambulance care managed under operations. Transfer and discharge remained challenging due to Health Board needs, but national programmes like urgent care and Six Goals aimed to address this, alongside initiatives like Wait 45.

The rapid pace of change was noted in strategic updates and planning reflects consolidation and benefit realisation. The report also reviewed the Cabinet Secretary priorities, with milestones outlined in Appendix 2 aligning closely with the CMT programme.

The Committee inquired about the current status of the transfer and discharge service, which was presently on hold. Alex Crawford advised there was an urgent need for discussion on discharge and hospital flow, as recent workshops have raised concerns about the Trust's ability to support patient movement. The challenges affecting transfer and discharge were similar to daily EMS issues, such as handover delays. Upcoming changes with regionalised services and work on the Wait 45 will impact these processes. Estelle Hitchon added that the Executive Team was actively reviewing the IMTP to determine which items should continue, be deferred, or stopped, especially for those not considered immediate priorities. They were considering whether to extend deadlines or park some items for now, recognising that not all planned work can be delivered due to the current volume and shifting priorities. Estelle emphasised the importance of understanding the actual workload behind each objective and being more selective in future planning, as unexpected priorities often arise during the year

The Committee RESOLVED To:

1. **Note the CMT programme interim Q2 position.**
2. **Note the specific update on Directorate led deliverables for SO5.**
3. **Note the interim Q2 position for the Cabinet Secretary's priorities.**

71/25 DIGITAL REPORTING

Jonny Sammut updated the Committee on the following points:

1. Recruitment into Digital was progressing well. There were currently a total of 23 roles that Digital were actively recruiting into in 25/26 - made up of core baseline vacancies, posts from 24/25 investment, and new posts from 25/26 investment.
2. Audit Wales Digital Transformation Review: Board Self-Assessment. Trust Board were invited to share feedback, and the self-assessment has been submitted on behalf of the Trust.
3. The Trust has received 70 evaluation feedback forms as part of the Copilot pilot which have been developed into requirements for an ongoing education package.
4. The refresh of the Electronic Patient Care Record (ePCR) application has been formally approved and is now in active development.

5. As part of the National Data Resource (NDR) Programme, an all-Wales Joint Controller Agreement was signed by the Trust in August, the first step of a series of Information Governance assurances and requirements to enable compliant use of this DHCW managed platform.

The Committee RESOLVED To note the contents of the Digital Report.

72/25 INFORMATION GOVERNANCE REPORT

Jonny Sammut highlighted key updates, which included alerts regarding ongoing review of the data breaches log, a new corporate Artificial Intelligence (AI) risk and an AI steering group in development. He added there was a records management plan in place for the physical records, and a developing plan for online records management.

Members commended the highest ever Information Governance mandatory training rate (89.61%) and the ongoing cyber improvement work. The Committee noted a temporary rise in dormant accounts, and the plan to reduce them. It was also noted that both physical and online records management were challenging given their volumes.

The Committee RESOLVED To note the Information Governance report.

73/25 INTERNAL AUDIT REPORT: MANCHESTER ARENA INQUIRY

Lee Brooks presented the Manchester Arena Inquiry (MAI) internal audit report which looked at the governance and reporting arrangement established, including a validation exercise to support the closure of action and received substantial assurance. It was noted that this report had been received by the Audit, Risk and Assurance Committee and that the summary from the discussion at that committee was included here for transparency.

The assurance opinion given by Internal Audit for this review was 'substantial'. The Committee welcomed the work involved and the team was commended on the positive outcome. It was noted that a more detailed discussion on the MAI submission to Commissioners and the delays to the timeline thereof were due to be discussed in the closed session of this meeting.

The Committee RESLOVED To note the receipt of the Internal Audit Report on the Manchester Arena Inquiry, the assurance opinion for which was 'substantial' assurance.

74/25 ENVIRONMENT, DECARBONISATION AND SUSTAINABILITY UPDATE

Richard Davies, in updating the Committee advised them that WG were reviewing the Strategic Delivery Plan, which will impact the Decarbonisation Action Plan.
Key challenges included the Electric Vehicle charging rapid charging network due to market instability.

Members were assured with the Trust's re-accreditation of ISO 14001 Environmental Management which was commended by the Committee. This reflected the team's commitment to high standards in environmental management. The update was received and there were no questions or concerns.

The Committee RESOLVED to note the update on the work being undertaken in support of the Trust's Environment, Decarbonisation and Sustainability work programme and the update on the Trust's Decarbonisation Plan.

75/25 ESTATES BACKLOG ANNUAL REPORTING

Richard Davies updated the Committee advising them there has been a continued reduction in backlog costs due to targeted investment in priority areas, such as roof replacements and successful capital and Estates Facilities Advisory Board funding bids.

Richard Davies added that physical condition surveys were completed every 5 years and updated annually after completion of essential works, or because of disposal.

Ed Roberts acknowledged Richard and the team for their efforts in addressing the backlog. One major aspect involved Llanfairfechan, specifically regarding the closure and relocation to Ty Elwy, which resulted in substantial deferred maintenance for that facility.

The Committee RESOLVED To note this update and the 2024/25 Estates Condition and Backlog Maintenance Report.

76/25 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

The committee received the Risk and Board Assurance Framework report noting that all risks have undergone their quarterly review, with no material changes to scores.
The inclusion of a new risk on the register relating to the use of Artificial Intelligence (AI) tools was noted and the Risk 542 Decarbonisation is in development and will likely be presented at the January 2026 meeting on the new template.

Additional risks were discussed throughout including **financial risks** and **Phase Two** of the Ambulance Performance Framework risks which are noted in the sections above.

RESOLVED: The Committee RESOLVED To

Consider contents of the report including:

a. **The controls in place against the risks.**
b. **The actions described to further mitigate the risks.**

77/25 AUDIT TRACKER

Trish Mills provided a brief overview of the Audit Tracker, highlighting that its purpose is to give assurance on the progress of tracking audit actions under the committee's remit. She specifically noted the focus on the data quality audit, mentioning that the committee wanted to closely monitor its progress. She referenced a recent report to ARAC, explained that one action (111 commissioning advisory) was closed at the meeting, and pointed out that the remaining open action relates to digital literacy, which is due next month. She also mentioned that ARAC requested assurance from the Finance and Performance Committee on the realistic delivery of revised dates for these actions.

Jonny Sammut explained that previous delays on the data quality action were due to long-term staff absence, but the data quality team is now back to full strength. He reported that architecture documents mapping systems and data flows have been updated and signed off, and he expressed confidence that the October deadline for the digital literacy action will be met, with ongoing monitoring to ensure completion.

The Committee was asked to receive assurance on the monitoring and progress of actions, and there were no objections or concerns raised, indicating that the committee was assured of the position regarding the outstanding data quality action.

The Committee RESOLVED To:

1. **Receive assurance on the monitoring of management actions to address recommendations in the Tracker, noting any revised dates for actions.**

2. **Note the progress reported against the remaining 2024/25 Data Quality Internal Audit recommendations.**

78/25 COMMITTEE CYCLE OF BUSINESS MONITORING REPORT AND PRIORITIES UPDATE

Trish Mills advised that the Committee's annual priorities were reviewed and were progressing well. The Cycle of Business Monitoring Report noted that the Value Based Healthcare Report, which was scheduled for receipt by the Committee, is the subject of a Board Development session later this month.

The Committee RESOLVED To note the update with regards to the Committee Cycle of Business Monitoring Report and Committee Priorities

79/25 REFLECTION: SUMMARY OF DECISIONS AND ACTIONS

Members reflected that the meeting was characterised by open, robust, and constructive discussion, particularly on the Ambulance Performance Framework, where additional time was deliberately allocated to ensure thorough scrutiny and effective decision-making. The meeting was seen as providing strong assurance on key issues, with an emphasis on the value of certainty, even when facing challenges, and the importance of balancing ambition with realism as the organisation continues its transformation and performance improvement journey.

Meeting concluded at 12:30

Date of Next Meeting: 18 November 2025

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