

Bundle Reading Room 29 January 2026

- 10 BAF Annex 4
Item 10 BAF Annex 4 – Reading Room
- 13 Finance Report Month 9 Annex 1
Item 13 Annex 1 WAST MONTH 9 2025–26 Day

Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death	Date of Review:	28/10/2025	TREND	OVERALL 20 (4x5)			
		Date of Next Review:	28/11/2025	↓				
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	External (LxC)			Internal (LxC)		
			Inherent	TBC	TBC	TBC	TBC	TBC
			Current	TBC	TBC	TBC	TBC	TBC
			Target	TBC	TBC	TBC	TBC	TBC

Strategic objective 1: Providing the right care or advice, in the right place, every time

Work has continued to contribute to the design and development of a different approach to the Trust’s highest scoring risks in a way that describes the internal and external controls, assurances and gaps which have been separated into those that the Trust manages and those that it monitors.

The next steps will include testing separate risk scores for internal and external mitigations, to support the demonstration of the impact of actions taken. This will not affect the overall score of 25 (5x5) which reflects the severity of patient harm and death.

Each of the assurances against the controls have been described over three lines of assurance. A future piece of work will be undertaken to score the effectiveness of these controls and assurances.

The way the data is being presented in themes and categories 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. This working draft is for discussion purposes and to highlight the direction of travel. There is still work to be done on this document.

Risk Appetite Level – Open

We are 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 these opportunities to enhance our service delivery.

EXECUTIVE OWNER	Executive Director of Operations	ASSURANCE COMMITTEE	Quality, Safety and Patient Experience Committee
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Risk Commentary



Whilst the risk score has reduced slightly from 25 (5x5) to 20 (4x5) it still reflects the impact of ambulance handover delays at Emergency Departments and timely access to definitive care. The strategic implications for the Trust remain considerable, with patient harm, deterioration, and poor experience continuing to generate regulatory scrutiny, including through Prevention of Future Deaths reports.

The Trust has implemented a mature and embedded internal control environment, underpinned by real-time clinical and operational oversight through the Operational Delivery Unit (ODU), the Clinical Safety Plan (CSP), and system-level escalation mechanisms such as REAP and national risk huddles. These controls are further supported by structured assurance mechanisms including internal and external incident reporting, compliance monitoring, and governance review processes.

Phase one and two of the Trust’s Clinical Transformation Model - specifically the new performance framework - have now gone live, representing a key milestone in the delivery of an enhanced clinical model aligned to patient acuity, workforce capability, and risk reduction. In parallel, early adoption of the 45 minute release (45MR) standard by some Health Boards represents a positive step toward reducing avoidable patient harm by supporting more timely transfers of care and improving the overall experience for patients awaiting treatment. In recent weeks, however, we have seen a deterioration in 45MR compliance in those areas such as Swansea Bay that had seen improvement previously and a recent increase in hospital delays is also representative of pressure across the secondary care system.

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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.

Strategic mitigation therefore 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.

The received Audit Wales report into 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.

The introduction of **45MR from 1 October was a partially accepted MAG recommendation. There continues to be a determination from NHS P&I for this to be the standard, with Health Boards being required to adopt this by the end of January 2026 and replicate the best month of October, November or December 2025.** The efforts made by the majority of Health Board in the **proceeding** months is a welcome step. Several sites, including BCU however continue to be problematic with **45 MR** improvements not yet realised. **In recent weeks we have seen a deterioration in 45MR compliance in those areas such as Swansea Bay that had seen improvement previously and a recent increase in hospital delays is also representative of pressure across the secondary care system.**

CONTROLS		ASSURANCES			
MONITOR – External		External Monitor outcomes and provide regular reports to stakeholders. This ensures while external factors may impact the risk it is monitored and managed effectively.			
1. External Handover Improvement Group (NHS Exec)		1. Established handover improvement group led by the Director of Operations, NHS Exec to address persistent delays in ambulance handovers at Emergency Departments. The groups' purpose is to coordinate improvement plans across Health Boards, monitor compliance with national guidance and facilitate audits and performance tracking through NHS Exec oversight. The introduction of 45MR from 1 October and the efforts made by the majority of Health Boards in the proceeding months, is a welcome step. 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.			
2. Welsh Health Circular		2. Setting national standards for 15-minute patient handover timeframe, clinical practice, quality governance and operational safety mandating actions like early warning score implementation and infection control whilst also embedding legal compliance through frameworks e.g Duty of Quality. Outcomes are primarily overseen by the Welsh Government through a combination of national audit programmes and governance frameworks. The External Handover Improvement Group has been established consider the elements of the Welsh Health Circular.			
3. Mitigating Avoidable Harm Actions		3. Actions were developed in direct response to persisting and escalating system pressures. The avoidable harm paper outlines a strategic framework to reduce patient risk with key measures including the clinical safety plan, Immediate release protocol and governance via the Serious Clinical Incident Forum (SCIF). Outcomes are monitored through risk scores, DATIX reporting, clinical audits and patient harm indicators. Actions were developed in direct response to persisting and escalating system pressures.			
4. Sustainability of 45 MR in Cardiff and Vale, Cwm Taf and Swansea Bay		4. Performance data confirms that Cwm Taff Morgannwg are consistently meeting the 45MR target. Ongoing regular performance reviews, and exception reporting will provide continued assurance that compliance will be maintained throughout the winter period.			
MITIGATE - Internal How do we know the controls are effective. How will these impact the target risk score?		Internal over the three lines of assurance. How do we know the assurances are effective Provide assurance on managing controls to ensure the Trust is doing everything in its capacity to reduce the impact of the risk			
Control 1 – Policies/SOPs Regional Escalation Protocol, Immediate Release Protocol v.1.3 (Released August 2024), Resource Escalation Action Plan (REAP – v5.1 released January 2025), Clinical Safety Plan (CSP – released December 2024).	First Line of Assurance Daily conference calls (National Huddle) to agree RE levels in conjunction with health boards, weekly Performance, Demand and Capacity meetings to review REAP levels.	Second Line of Assurance ODU dashboards, Performance Demand and Capacity performance metrics data and DATIX and compliance reporting to the COO's.		Third Line of Assurance Ministerial Advisory Group and Audit Wales investigation of Urgent and Emergency Care System Audit received June 25, actions being worked through.	
Control 2 – Performance/Tactics	First Line of Assurance Daily conference calls (National Huddle) to agree RE levels in	Second Line of Assurance ETA dashboard, UHP reporting in local and business meetings. ODU dashboards, Performance Demand and Capacity performance metrics data,		Third Line of Assurance	

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ETA Scripting, CCC Emergency Rule, Red call performance, Transfer of Care, ARA (Swansea and YGC), EMS Demand and Capacity Review.	conjunction with health boards, weekly Performance, Demand and Capacity meetings to review REAP levels. Local Business Meetings performance discussions.	MIQPR (Monthly Integrated Quality and Performance Report). Patient Harm Mitigations Report (Bi-Monthly).	Ministerial Advisory Group, Audit Wales investigation of Urgent and Emergency Care System Audit received June 25, actions being worked through.			
Control 3 – Operational Activities National Risk Huddles, Performance, Demand and Capacity meetings, WAST Serious Clinical Incident Forum (SCIF), Operational Handover Group	First Line of Assurance Daily Risk Huddles, Weekly Performance Demand and Capacity Meetings, Local business meetings.	Second Line of Assurance Patient safety highlight reports. ODU Dashboards, Performance, Demand and Capacity performance metrics, MIQPR (Monthly Integrated Quality and Performance Report). Patient Harm Mitigations Report (Bi-Monthly). Interim Medium Term Plan (IMTP)	Third Line of Assurance Ministerial Advisory Group, NHS Exec Handover Group, Audit Wales investigation of Urgent and Emergency Care System. Audit received June 25, actions being worked through.			
Control 4 – Resources 24/7 Operational Delivery Unit, Strategic, Tactical and Operational 24/7 system to manage escalation plans, APP (Advanced Paramedic Practitioner) deployment model, APP Navigation, CFR recruitment and deployment and CHARU implementation.	First Line of Assurance CSP review and escalation, On Call team start and end of shift, Performance, Demand and Capacity Meetings, Senior Leadership Team meetings.	Second Line of Assurance Shift reports, CSP review, On Call rota review, APP Dashboard, Volunteer performance highlight reporting.	Third Line of Assurance Ministerial Advisory Group, Audit Wales investigation of Urgent and Emergency Care System. Audit received June 25, actions being worked through.			
Control 5 – Clinical Model Transformation (CMT) Consult and Close (including Mental Health Practitioners), Clinical review of code sets, Remote Clinical Support, Rapid Clinical Screening, expansion of See and Treat resources.	First Line of Assurance CPAS, DCR and CQGG Meetings, Clinical Model Transformation Project Board. Senior Leadership Team Meetings. Performance, Demand and Capacity Meetings.	Second Line of Assurance Performance, Demand and Capacity metric reporting, CPAS/DCR reporting, Volunteer highlight reporting, clinical model transformation highlight report.	Third Line of Assurance Audit Wales investigation of Urgent and Emergency Care System. Audit received June 25, actions being worked through.			
GAPS IN CONTROLS		GAPS IN ASSURANCE				
External		External				
1. Inconsistent compliance with 15-minute handover standard by Health Boards which is inconsistent with the National standard set out by the Welsh Health Circular. Although national guidance exists, adherence is variable across sites and Health Boards, limiting WAST's ability to fully mitigate risk independently. These gaps are aligned and consistent with the gaps in Risk 224 of the Board Assurance Framework.		1. While Health Boards have developed handover improvement plans, there is currently no routine, structured mechanism for independent review or validation of their implementation, progress, or effectiveness. External Scrutiny is primarily limited to periodic updates through forums such as IQPD or JCC which may not provide consistent assurance of impact. These gaps are aligned and consistent with the gaps in Risk 224 of the Board Assurance Framework. The 45 MR initiative, once embedded across all Health Boards, will help support to address this gap.				
2. Operational pressures within Emergency Departments and inpatient areas continue to affect the ability of Health Boards to consistently adhere to the 15-minute handover expectation, despite the presence of national guidance. These gaps are aligned and consistent with the gaps in Risk 224 of the Board Assurance Framework.		2. There is limited independent scrutiny or assurance regarding how capacity pressures within Emergency Departments and inpatient settings are being addressed by Health Boards. These constraints directly affect handover performance but fall outside of WASTs operational control or influence. Limiting the Trust's ability to mitigate the risk independently. These gaps are aligned and consistent with the gaps in Risk 224 of the Board Assurance Framework.				
3. Local Delivery Units limited to 2 Health Board Areas (Hywel Dda and BCU)		3. Inconsistency with the Local Delivery Units being implemented in only two Health Boards however recognising that the LDUs within Hywel Dda and BCU are in their infancy with potential rollout Pan Wales dependant on the success of the measurable outcomes.				
4. Inconsistent pathways across Health Boards		4.				
5. Local Delivery Units – Hywell Dda and BCU		5. A model to replicate oversight and scrutiny across Health Boards, like the Trust's Operational Delivery Unit (ODU). Activity will be based on the System Escalation Framework actions complemented by Local Action Plans – Date of implementation of LDUs to be confirmed. Moved from Control to Gap in control - SLT will be content to move to control upon completion of implementation of LDUs.				
6. Ministerial Advisory Group (MAG)		6. Providing independent oversight of NHS Wales performance and recommending standardise clinical pathways to reduce delays and improve outcomes. MAG promotes better use of data to monitor patient safety, while its recommendations are embedded into national risk frameworks and Board Assurance processes to ensure system-wide impact. Moved to Gap currently - only 1 meeting has taken place so far. SLT content to move to control once meetings are fully established				

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Internal		Internal			
1. Clinical Model Transformation (CMT) not fully implemented		1. Due to the implementation not being fully established there may be gaps in assurance meaning limited evidence currently or certainty that the controls are working as intended, however, as the model progresses the measurable outcomes will be reviewed and any concerns/issues addressed and monitored through actions. Current methods of monitoring the CMT includes CMT Project Board and an approved governance, reporting structure through T&F Groups.			
Actions to reduce risk score or address gaps in controls and assurances	Action Owner (Internal only)	Completion / Milestone date	Progress Update		
1. 6 weeks test of change Morriston	Sonia Thompson, Assistant Director of Operations	COMPLETE	OCT25 – Test of change now moved to BAU, discussions will be started within Swansea Bay to explore W45 options similar to Cardiff and Vale. July25 - Majority of test of change has remained, still seeing improvements in handover. Work ongoing with the Health Board looking at increase in front door attendance. Jun 25 – Currently in week 6 with average handovers remaining under 50 minutes. WAST qualitative and quantitative data has been shared with Health Boards to continue the trial.		
2. Royal Glamorgan working to 45 minute handover	Sonia Thompson, Assistant Director of Operations	COMPLETE	OCT25 – No progressional update however the 2 CTM sites are still performing well in relation to Notification to Handover Performance. July25 - Ongoing progressing well, monitored locally, new measures put in place are being effective. Taking more of a risk at the front door and implemented a helicopter nurse Jun 25 – Handovers with average of 30 mins. Current ongoing discussion to rollout trial in other areas.		
3. Clinical Model transformation (CMT) - 12 month pilot programme conducted to understand the full implications of the changes, identify issues and provide valuable insights into the effectiveness of the Clinical service model.	Pete Brown, Assistant Director of Operations, Integrated Care		OCT25 - The Clinical Model Transformation (CMT) Programme continues to advance the modernisation of care delivery through the introduction of new 999 call categories, aligned to the 12-month pilot of the new Ambulance Performance Standards. The implementation of these categories is phased, with Phase 1 commencing in July 2025 and Phase 2 in December 2025. These changes represent a significant step towards a more outcomes focused and patient centred model of emergency care. Further detail and supporting rationale are available through CMT Programme reporting. July 25 - The Clinical Model Transformation Programme has made strong progress, including the launch of the Access to Transport for Planned Care initiative, improved emergency call handling with new categories and CAD updates, and the soft launch of the 111.Wales Virtual Assistant. Video consultations are now available for Integrated Care clinicians, and urgent care delivery is being enhanced through new scheduling models, improved Falls Services, and the evaluation of the Mental Health Response Vehicle trial—all contributing to a more responsive, patient-centred system.		
4. Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?	Chief Executive Officer This will be assigned an operational colleague.	COMPLETE	July25 – Audit received and actions being worked through. Audit Wales are supportive of the actions taken by WAST and there is positivity received on what WAST are doing. Jun 25 – Awaiting report from Audit Wales May 25 – Awaiting report from Audit Wales which will come through Audit Committee.		
5. Ongoing monitoring of the 45MR to continue through the winter to ensure consistent delivery	Sonia Thompson, Assistant Director of Operations				

Risk ID 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		Date of Review:	29/12/2025			TREND	OVERALL 25 (5x5)			
			Date of Next Review:	29/01/2026			➔				
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	RESULTING IN patients coming to significant harm and a poor patient experience			External (LxC)			Internal (LxC)		
				Inherent	TBC	TBC	TBC	TBC	TBC	TBC	TBC
				Current	TBC	TBC	TBC	TBC	TBC	TBC	TBC
				Target	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Strategic objective 1: Providing the right care or advice, in the right place, every time A different approach to the Trust's highest scoring risks in a way that describes the internal and external controls, assurances and gaps which have been separated into those that the Trust manages and those that it monitors has been embedded. Testing separate risk scores for internal and external mitigations, to support the demonstration of the impact of actions taken is underway. This will not affect the overall score of 25 (5x5) which reflects the severity of patient harm and death. Each of the assurances against the controls have been described over three lines of assurance. A future piece of work will be undertaken to score the effectiveness of these controls and assurances. The way the data is being presented in themes and categories 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. This working draft is for discussion purposes and to highlight the direction of travel. There is still work to be done on this document.				Risk Appetite Level – Open We are 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 these opportunities to enhance our service delivery.							
EXECUTIVE OWNER		Executive Director of Quality and Nursing		ASSURANCE COMMITTEE		Quality, Patient Experience and Safety Committee					
This risk remains at the highest level despite early indications of improvement in some areas, performance remains variable across Wales and handover delays continue to present a high risk of patient deterioration, harm and poor experience, with ongoing regulatory and public scrutiny. The Trust has a well-established internal control environment, including real time operational and clinical oversight, escalation and release processes, and structured clinical governance. Phase 1 and Phase 2 of the Clinical Model Transformation (CMT) Programme have now gone live, representing an important step in aligning response, triage and clinical decision-making to patient acuity and workforce capability. However, it is too early to determine whether these changes have delivered sustained or system-wide risk reduction, and the risk score has therefore been maintained. Internal controls cannot fully mitigate external system constraints, including Emergency Department capacity, patient flow and inconsistent delivery of national handover standards. Continued engagement with national and regional programmes, including Six Goals and Wait 45, remains essential to support improvement. Until sustained, evidenced system-wide improvement is demonstrated, the risk remains above target and appropriately sits on the Board Assurance Framework. The impact on staff wellbeing is recognised and is managed through the linked workforce risk (Risk 558).											
CONTROLS						ASSURANCES					
MONITOR - External						External - Monitor outcomes and provide regular reports to stakeholders. This ensures while external factors may impact the risk it is monitored and managed effectively.					
1. Welsh Health Circular WHC/2024/041: NHS Wales Hospital Handover Guidance (15-minute standard) National handover standard representing an external system control, with delivery and compliance led by Health Boards. Internal Monitoring Real-time oversight via ODU and Clinical Safety Plan for extended handover delays. Handover performance monitored through routine performance and quality governance reporting.						External Monitoring / Assurance <ul style="list-style-type: none"> Oversight through Welsh Government, including Six Goals and Joint Commissioning arrangements. Independent scrutiny via national audit and regulatory inspection. 					
2. Six Goals for Urgent and Emergency Care Programme <ul style="list-style-type: none"> National system oversight of urgent and emergency care performance, including ambulance handover. 						2. External performance assurance through Welsh Government oversight arrangements, including Six Goals and NHS Wales escalation frameworks.					
3. NHS Wales Performance Framework 2024-25 External monitoring of ambulance handover performance through national performance measures.						External assurance through NHS Wales performance oversight and escalation arrangements.					

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		Date of Next Review:	29/01/2026				
4. NHS Wales Quality and Safety Framework and Duties of Quality and Candour External assurance through NHS Wales quality, safety and candour frameworks.	Statutory reporting and external assurance through Duties of Quality and Candour, supported by national quality and safety monitoring.						
5. Nationally led operational escalation responses External system escalation arrangements to manage periods of sustained pressure.	Assurance through national operational oversight, escalation and review arrangements.						
MITIGATE - Internal How do we know the controls are effective. How will these impact the target risk score?		Internal over the three lines of defence. How do we know the assurances are effective Provide assurance on managing controls to ensure the Trust is doing everything in its capacity to reduce the impact of the risk					
Control 1: Policies / SOPs / Resources <ul style="list-style-type: none"> Regional Escalation Protocol, Immediate Release Protocol, Resource Escalation Action Plan (REAP) and Clinical Safety Plan (CSP). <p>These controls are embedded as business-as-usual and provide a consistent approach to managing clinical and operational risk during periods of handover delay. Effectiveness is demonstrated through routine escalation, oversight and governance reporting, providing assurance that risk is actively managed.</p> <p>While these controls strengthen internal risk mitigation, they do not, in isolation, reduce the overall risk score, which remains dependent on external system performance.</p>	First Line of Assurance (Operational) Real-time operational and clinical oversight through routine escalation and application of agreed escalation and safety protocols.	Second Line of Assurance (Internal Monitoring) Review of handover-related risk and mitigation through internal performance and quality governance reporting, including senior operational and clinical forums.	Third Line of Assurance Independent scrutiny through external audit, regulatory review and national oversight arrangements.				
Control 2: Clinical Guidance for staff <ul style="list-style-type: none"> Trust-approved clinical guidance and notices to support safe clinical decision-making for patients experiencing delayed handover. <p>This guidance provides a consistent framework for managing clinical risk and escalation during periods of handover delay and is embedded within routine clinical practice. It supports timely identification and escalation of deterioration and reinforces professional accountability within agreed scopes of practice.</p> <p>While this control strengthens clinical safety and mitigates the risk of unmanaged harm, it does not, in isolation, reduce the overall risk score, which remains dependent on system-wide factors outside the Trust's direct control.</p>	First Line of Assurance (Operational) Application of clinical guidance and escalation requirements within routine clinical practice.	Second Line of Assurance (Internal Monitoring) Review of handover-related clinical incidents, escalation and learning through internal patient safety and clinical governance reporting.	Third Line of Assurance External scrutiny through regulatory review and national oversight, including MAG.				
Control 3: Clinical Governance mechanisms <ul style="list-style-type: none"> Established clinical governance mechanisms to review learning from patient safety incidents, concerns and mortality related to delayed handover. <p>These mechanisms provide assurance that patient harm associated with delayed handover is identified, reviewed and escalated appropriately, with learning shared internally and, where relevant, with Health Boards to support system improvement. Clinical oversight ensures learning informs risk mitigation and governance decision-making.</p> <p>This control strengthens organisational learning and assurance but does not, in isolation, reduce the overall risk score, which remains dependent on wider system performance.</p>	First Line of Assurance (Operational) Identification and escalation of incidents, concerns and mortality cases through established patient safety processes.	Second Line of Assurance (Internal Monitoring) Review and oversight through clinical governance forums, including SCIF and CAG.	Third Line of Assurance External scrutiny through regulatory review, national oversight and Ministerial Advisory Group (MAG) arrangements.				
Control 4: Implementation of Duty of Quality, Candour & Quality Standards <ul style="list-style-type: none"> Implementation of statutory Duties of Quality and Candour through established internal quality governance arrangements. <p>This control provides assurance that patient harm associated with delayed handover is identified, reviewed and addressed in line with statutory requirements, with appropriate openness and accountability. It supports organisational learning and quality improvement during periods of operational pressure.</p>	First Line of Assurance (Operational) Identification and reporting of harm in line with statutory duties and internal quality processes.	Second Line of Assurance (Internal Monitoring) Oversight through internal quality and safety governance arrangements.	Third Line of Assurance Welsh Government assurance through Duty of Candour/Duty of Quality annual reporting. Statutory reporting and external assurance through Welsh Government, regulatory oversight and MAG arrangements.				

Risk ID 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	Date of Review:	29/12/2025	TREND		OVERALL	25 (5x5)
		Date of Next Review:	29/01/2026				
While this control strengthens internal assurance and transparency, it does not, in isolation, reduce the overall risk score, which remains dependent on wider system performance.							
Control 5: Clinical Model Transformation (CMT) <ul style="list-style-type: none"> Implementation of the Clinical Model Transformation (CMT) to improve clinical triage, decision-making and demand management. <p>CMT provides an internal control to reduce avoidable conveyance, improve early clinical intervention and support more appropriate use of ambulance and hospital resources. It strengthens the Trust's ability to manage risk associated with demand and delayed handover, but its impact on the overall risk score is dependent on sustained system-wide improvement.</p>		First Line of Assurance (Operational) Operational delivery of the Clinical Model Transformation and associated clinical pathways.	Second Line of Assurance (Internal Monitoring) Programme oversight and performance review through established transformation, operational and quality governance arrangements.	Third Line of Assurance External scrutiny through national oversight, performance review and MAG arrangements.			
Control 6: Integrated Medium-Term Plan (IMTP) <ul style="list-style-type: none"> Alignment of IMTP 2025–27 priorities and deliverables with Corporate Risk 224. <p>This control provides strategic assurance that mitigating actions for handover delays are reflected within the Trust's medium-term planning and delivery framework. It supports prioritisation and resourcing of actions but does not, in isolation, reduce the overall risk score. NEW Control – completed Action 29/12/25</p>		First Line of Assurance (Operational) Delivery of IMTP actions aligned to agreed priorities.	Second Line of Assurance (Internal Monitoring) Oversight of IMTP delivery through established planning and performance governance (STB).	Third Line of Assurance External scrutiny through Welsh Government IMTP assurance and performance review arrangements (F&PC).			
GAPS IN CONTROLS		GAPS IN ASSURANCE					
External		External					
1. Inconsistent compliance by Health Boards with national handover standards, limiting WAST's ability to mitigate the risk through internal controls alone.		1. Limited independent assurance on the implementation and effectiveness of Health Board handover improvement actions, resulting in variable confidence in system-wide impact.					
2. Ongoing Emergency Department and inpatient capacity pressures limit consistent delivery of national handover standards by Health Boards.		2. Limited independent assurance on how Health Boards are addressing Emergency Department and inpatient capacity pressures that impact ambulance handover performance.					
Internal		Internal					
1. Limited ability to independently validate the effectiveness of Health Board actions arising from handover-related harm cases shared by WAST.		1. Routine audit of patient deterioration and management during delayed handovers is not yet embedded across all sites, limiting the ability to quantify the full scale of harm and test the effectiveness of mitigation					
2.		2. Limited independent assurance on the effectiveness of Health Board actions arising from joint investigations into delayed handover harm; assurance is largely reliant on Health Board feedback. This gap may be strengthened through Audit Wales and MAG oversight.					
Actions to reduce risk score or address gaps in controls and assurances		Action Owner (Internal only)	Completion / Milestone date	Progress Update			
1. Contribution to the development of a national joint investigation learning repository		Assistant Director of PTR	Q1 2026	Pilot completed with Cardiff and Vale UHB. Evaluation concluded (Sept 2025). National roll-out agreed and to be progressed through the Once for Wales Concerns Management Programme.			
2. Delivery and evaluation of the Clinical Model Transformation (CMT)		Assistant Director of Operations, Integrated Care	Q2 2026	Phase 1 go-live completed (July 2025). Phase 2 go-live completed (November 2025). Public communications issued. Programme delivery and evaluation ongoing. Impact on handover risk to be assessed through programme evaluation and system performance data.			
3. Audit Wales review of the urgent and emergency care system		Executive Director of Operations	May 2025 (report received); implementation ongoing	Audit Wales recommendations are being taken forward through agreed system and Trust governance arrangements, with delivery led by the Executive Director of Operations and oversight through ELT and the Board.			

REPUTATIONAL RISKS TO BE INSERTED IN THIS SECTION IN THE NEXT ROUND – MARCH 2026.

Risk ID 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		Date of Review:	28/10/2025	TREND	20 (4x5)
			Date of Next Review:	28/11/2025	→	
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.		Likelihood	Consequence	Score
			Inherent	5	5	25
			Current	4	5	20
			Target	2	3	6
IMTP Deliverable Numbers:						
Strategic Objective:						
EXECUTIVE OWNER	Executive Director of Operations	ASSURANCE COMMITTEE	Finance & Performance Committee			
Risk Commentary						
<p>Following the Manchester Arena Incident in May 2017, whereby twenty-two (22) innocent people were sadly killed, and the subsequent Public Inquiry (MAI), ambulance services across the UK have reviewed their ability to respond to a Major Incident. WAST has undertaken its own review and has identified sixty-eight (68) of the MAI recommendations as being pertinent to the ambulance service and/or multi-agency preparedness and response. Once these recommendations have been implemented then the risk will be mitigated to target; however, additional financial resources are required to do this.</p> <p>As part of the Trust's ongoing commitment to deliver the necessary change against the MAI recommendations, a dedicated team was established in June 2023 to investigate and assure the Board that all necessary organisational processes were in place should an incident occur in Wales. Since the beginning of this project, significant progress has been made in addressing the recommendations (as identified in the 'Controls' section below) and the Trust is better prepared because of the work undertaken to date.</p> <p>As part of the ongoing work, the Trust has completed a series of investigations and developed a series of 'Capability Reports' to demonstrate and explain where remaining challenges to an anticipated Major Incident could occur. The capability gaps identified are detailed in the below reports, which were shared with the Board, and are supported by a significant base of evidence produced as part of the 'R105' self-review process. The reports are:</p> <ul style="list-style-type: none"> - R106 Capability Report - Capability to Prepare - Capability to Respond - Capability of Specialist Assets <p>The reports identify that a significant proportion of the MAI recommendations remain outstanding, and the Trust is unable to progress these further or fully implement the identified learning without financial support. The reports highlighted what is needed to complete or significantly progress twenty (20) MAI recommendations and forms the basis of the 'Gaps in Controls' and 'Actions' sections. Transitioning these gaps and actions across into the 'Controls' section when achieved will act as a longitudinal method of tracking progress of completion against the MAI recommendations, and the associated risk reduction as this occurs. If the Trust is unable to implement the MAI recommendations fully, there remains a risk to the public, the organisation, and commissioners in the event of a mass casualty incident.</p> <p><i>This Board Assurance Framework (BAF) extract is supported by a more detailed appendix of itemised actions required to permit greater scrutiny of remaining gaps and actions, as well as a detailed repository of control measures that have been successfully implemented.</i></p>						
CONTROLS		ASSURANCES				
		Internal Management (1st Line of Assurance)				
1. Forty-six (46) of the pertinent MAI Recommendations have been implemented into WAST practice through the work undertaken to date.		1. MAI recommendations that have been marked as implemented by the EPRR MAI Project are authorised and ratified by Operations Senior Leadership Team and cascaded via the approved governance route (AAA) to ELT and Trust Board. This forms a documented governance route for rationale for completion and details of this are recorded in the EPRR share drive alongside evidence of compliance. Additional details of assurance are provided in the annex to this Corporate Risk. Ongoing monitoring and assurance of lessons learned is captured through BAU processes and the established debriefing/lessons learned process such as the Organisational Learning Spreadsheet.				
GAPS IN CONTROLS		GAPS IN ASSURANCE				
1. Two (2) outstanding MAI Recommendations, identified as pertinent to WAST by the self-assessment, require action against to implement the associated learning (REF: MAI recommendations 26 & 88). These are not included in the R106 funding request.		1. Work is progressing against these recommendations as part of the ongoing MAI project. It is anticipated that these recommendations can be implemented without additional financial support. Regular updates on these four recommendations are provided through the regular 'touch point' meetings with EPRR HoS, ADO for National Operations & ED of Ops, with periodic updates to SLT that are then cascaded via the approved governance route.				

Risk ID 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	Date of Review:	28/10/2025	TREND	20 (4x5)
		Date of Next Review:	28/11/2025	→	
<p>2. Eighteen (18) outstanding MAI Recommendations that have been submitted to Trust commissioners via the 'R106' process as requiring financial support to implement the learning (REF: MAI recommendations 16, 17, 20, 23, 24, 25, 50, 53, 71, 84, 85, 86, 87, 92, 108, 109, 117, 124).</p>		<p>2. The outstanding recommendations are not able to be implemented independently by WAST and may remain unresolved until such time that additional financial resources and practical arrangements are in place to support this work. Trust commissioners have been notified of this via the formal R106 submission completed in August 2024.</p>			
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:	
<p>1. Implement the learning relating to forty-eight (48) recommendations identified in the MAI report as pertinent for WAST (REF: Outstanding MAI recommendations (26 & 88)).</p>		Assistant Director of Operations, National Operations & Support	CLOSED	<p>This programme of work is underway, with nearly all recommendations completed. 2 recommendations remain outstanding, with a plan in place to implement all these recommendations.</p> <p>May 25 – Progress report has been submitted to SLT and outstanding actions are now monitored through the risk register (Ref: 641). Submission to commissioners and further scrutiny sessions completed and awaiting commissioner outcome expected in August 2025.</p>	
<p>2. Submit evidence to Commissioners demonstrating that additional funding is required to implement a further twenty (20) recommendations identified in the MAI report (REF: MAI recommendation R106).</p>		Assistant Director of Operations, National Operations & Support	CLOSED	<p>March 25- During March and April the Trust has engaged with commissioners on a series of scrutiny sessions to review content of submission for the MAI; following these scrutiny sessions it will be for the commissioners to formally respond to the Trust, determining next steps and any subsequent course of action.</p> <p>A formal submission of requirements has been submitted to commissioners for consideration and approval. Commissioners have been engaged with since early 2024 to raise awareness and facilitate early discussion. The Trust is awaiting a formal response to the submission.</p> <p>May 25 – Progress report has been submitted to SLT and outstanding actions are now monitored through the risk register (Ref: 641). Submission to commissioners completed and awaiting commissioner outcome expected August 2025.</p> <p>Oct25 – A series of scrutiny sessions with Commissioners has been undertaken, the most recent being in September 2025. The original timescales to respond to the Commissioner November 2025 has been extended by 1-month to December 2025.</p>	
<p>3. Implement the necessary amendments to Trust infrastructure, resourcing level and equipment required to address the remaining recommendations once funding has been made available. (REF: MAI recommendations 16, 17, 20, 23, 24, 25, 50, 53, 71, 84, 85, 86, 87, 92, 108, 109, 117, 124).</p>		Assistant Director of Operations, National Operations & Support	March 2029	<p>An assortment of 20 proposals rests with commissioners at present. As these proposals are funded, capabilities gaps will be addressed and an associated reduction in the risk score can be expected. Some of these proposals may take several years to implement (e.g. a North Wales HART Unit) which is reflected in the target date. Other proposals could be accomplished in a much shorter timeframe if funded.</p> <p>Once the implementation of infrastructure, resourcing and equipment has occurred, WAST will either be compliant with the MAI recommendations, or, in some circumstances, may need to undertake further work to integrate the MAI learning into practice (e.g. once the EPRR Training & Exercising Team have established, they will then need to provide sufficient levels of exercising to comply with the exercising-related MAI recs).</p>	

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service			Date of Review:	15/10/2025	TREND	16 (4x4)
				Date of Next Review:	15/11/2025		
IF there are high levels of absence e.g., sickness and alternative duties.	THEN there is a risk that there is reduced resource capacity	RESULTING IN an inability to deliver services which adversely impacts on quality, safety, and patient/staff experience			Likelihood	Consequence	Score
				Inherent	4	4	16
				Current	4	4	16
				Target	3	4	12
IMTP Deliverable Numbers: 13, 14, 15, 22, 24, 25, 26							
Strategic Objective:							
EXECUTIVE OWNER		Director of People	ASSURANCE COMMITTEE	People and Culture Committee			
Risk Commentary							
Sickness absence remains one of the key challenges for the organisation. Whilst there has been a significant reduction in absence levels over the past 18 months, rates remain higher than desired and therefore a continued focus on supporting good attendance at work is needed by both managers and the People and Culture team. Increased pressures on our people like handover delay, missed breaks and cost of living impact on health and wellbeing. The Health and Wellbeing Plan 2025-2029 and People and Culture Plan 2023-2026 provide strategic direction for relevant initiatives. The risk has been reviewed and the Likelihood score reduced to 4 from the current 5 therefore reducing the overall score from 20 to 16. It is recognised 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.							
CONTROLS				ASSURANCES			
				Internal Management (1st Line of Assurance)			
1. Significant policy frameworks and strategies embedded across the organisation including Managing Attendance at Work Policy, R&R, Speaking Up and the Health and Wellbeing Plan in place and followed with support from the P&C team.				1. (a) Audits undertaken by People Services Team (b) Outputs reviewed (c) Process reviews (d) PS team engagement on additional activities which could be delivered (e) Case support, advice and guidance with action planning to reduce absence R&Rs addressed in timely way to reduce risks of sickness absence. Compassionate Practices approach engaged. Referral of colleagues to appropriate levels of support Policy reviews to ensure policies and procedures are fit for purpose in line with agreed time frames Completed - 28/11/23 Speak Up Safely process introduced from the start of October 2023 including the appointment of one Trust guardian. The Health and Wellbeing Plan 2025-2029 and People and Culture Plan 2023-2026 provide strategic direction for initiatives to improve the workplace, in line with HEIW Best Practice Guide for Organisations. These documents support us in ensuring that our offer is focused, and evidence driven.			
2. Operational Workforce Recruitment Plans, roster reviews and implementation to actively address demand and capacity and ensure sufficient resources to meet workload pressure				2. Maintenance of the workforce establishment to seek to ensure that colleagues are not unnecessarily stretched through vacancies			
3. Return to Work interviews are undertaken - SharePoint Sway document ensuring accurate reporting of reason for absence and identifying any additional support required				3. Process regularly reviewed and managers are trained and coached on the need to complete returns to work promptly			
4. Training for managers on all aspects of Managing Attendance – ensures focus is high and understanding of why this is important is maintained				4. Managing Attendance training register of attendees.			
5. Reporting to Board, CASC, PCC, ELT, SLT, SOT, Directors and managers on sickness data. Leadership reporting includes deep dives and analysis of data.				5. Appropriate reporting for assurance to a range of audiences with feedback and support for further action.			
6. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme- providing professional support				6. Managers have access to specialist advice and guidance from People and Culture team colleagues			
7. Suicide first aiders, TRIM, Peer Support Networks, coaching and mentoring framework in place giving additional layers of support, Health and Wellbeing Steering Group in place.				7. Reporting in place on numbers of suicide first aiders and demand for support. Reporting on access to TRIM and Wellbeing Service, including reporting themes and user experience feedback. Promotion of wellbeing support across WAST.			
8. Staff surveys- assess levels of engagement and wellbeing				8. Use of HIVE survey tool and insight data from the NHS Wales staff survey provides feedback on overall engagement and wellbeing			

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	Date of Review:	15/10/2025	TREND	16 (4x4)
		Date of Next Review:	15/11/2025	➔	
9. Stress risk assessments- identify measures that can be taken to address issues	9. Reference to the assessments during attendance management line manager training and to the use of stress risk assessments promoted to managers				
10. External agencies support e.g., St John Ambulance, Fire and Rescue- if needed at times of increased demand pressure	10. SLA Agreements.				
11. Guidance for managers on alternative duties and monthly reviews of colleagues on Alternative duties	11. Action planning and timeboxed activities to support in a timely way.				
12. Sickness audits for localities- provides additional level of detail and additional support for areas with higher sickness levels to support work to reduce those levels	12. Delivery of audits and follow up actions				
13. Support by PS project lead with relevant PS team then supporting line managers and tracking actions on longest absence cases	13. Provides a focus on higher risk cases where more intense action or support may be required.				
14. Delivery of specific projects and pieces of work to support the reduction of sickness absence across the organisation.	14. Offers assurance to ELT on the activities and measures in place. Figures on absence are being reported monthly to ELT which is reflected in the minutes and AAA reports				
15. Work in Confidence system implemented and Guardian appointed to support colleagues coming forward with concerns and potentially reducing levels of stress and avoiding sickness absence.	15. External Management (2nd Line of Assurance) and Audit.				
16. Strengthen Speaking Up Safely Arrangements policy and advice and roll out of increased awareness of routes to speak up and raising concerns.	16. Monitor SUS concerns and they are dealt with in agreed timeframes and assessed whether absence related to mental health and anxiety reduces.				
17. Actions identified from the Managing Attendance Audit implemented	17. Agendas, minutes etc.				
18. PADR review undertaken and now including wellness questions	18. Underway and now BAU – ensures managers are talking about individuals' wellbeing and what additional support or signposting can be provided				
19. Specific interventions on all long-term sickness absence cases to ensure there is a tailored, individual action plan which identifies interventions that will support a return to work as soon as reasonably possible.	19. PADRs undertaken and questions asked; Discussion on levels of long-term sick absence is undertaken in a variety of forums including JCC, ELT and PCC.				
20. Accountability meetings on attendance management between People Services and senior ops managers to ensure this issue is given sufficient focus on priorities and ADs hold their senior teams accountable for their team figures	20. Meetings taking place and active on operational areas experiencing high levels of absence				
21. TU engagement on attendance issues e.g. muscular skeletal conditions is discussed regularly at the H&S Committee and relevant additional interventions are identified	21. Included on agendas and outcomes are available for discussion at H&SC.				
22. Wellbeing team have a referral pathway for mental ill health and are confident liaising with local services when necessary.	22. Regular reporting and the introduction of a user experience survey.				
23. Guidance and training available for line managers to equip them with the confidence and skills to have meaningful and sensitive conversations related to attendance.	23. Incorporated in Our WAST Way and measured through ongoing participation in development sessions				
24. Targeted culture change reviews are undertaken in areas of the business where levels of absence are high and other metrics such as turnover indicates concerns.	24. Culture review action plans are produced and taken forward. Sick absence in these areas is evaluated and monitored to assess whether reductions are achieved.				
25. Culture work on creating the sense of team and peer responsibility / ownership	25. Incorporated in Our WAST Way – Leadership at all levels and through the culture champions network, with focus on Our Best behaviours.				
26. Health Diagnostic Programme available for those over 46 to identify undiagnosed conditions	26. Launched and staff trained. Clinics to commence end June 2025.				
27. Reporting on All Wales OH KPIs	27. Reporting in place, additional reports alongside the All Wales OH KPIs.				
28. Men's Health Support	28. Links available within siren and via the wellbeing practitioners to support mental health				
29. Implementation of new approach to regularly checking in with staff. Piloting a simple conversation framework for Managers to use with their staff on a monthly basis which provides a focus on wellbeing, goals and personal development.	30. Part of Our WAST Way; all those with management responsibility are expected to complete the sessions.				
31. Areas of business where attendance management has improved significantly to share learning across WAST	30. Ongoing tool being utilised as BAU				
32. Connect to other Ambulance sector organisations to identify additional interventions they have implemented to address attendance management, share learning and consider whether to adopt in WAST	31. Continued discussions as part of our ongoing culture change.				
32. Review patterns of absence	35 Reported to ELT and PCC in Feb 25 on findings. Completed and now BAU				

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	Date of Review:	15/10/2025	TREND	16 (4x4)
		Date of Next Review:	15/11/2025	➔	
36 Development of a refreshed stress risk assessment is underway. This will be relaunched with managers when completed		Source of assurance to be identified			
		Independent Assurance (3 rd Line of Assurance)			
		1b. Internal Audits scheduled through Shared Services Partnership. Last audit on attendance was November 2022 and the last actions from this due at the end of December 2023. (last audit November)			
		2. Internal audit of Occupational Health and Wellbeing completed with reasonable assurance, completed March 2025			
GAPS IN CONTROLS		GAPS IN ASSURANCE			
(a) Consistency and Application in Managing Attendance at Work Policy		There are other factors that impact on sickness which are difficult to control as they are linked to system wide challenges			
		Absence data is not updated in a timely manner into ESR by managers			
Opportunities to improve education and communication with managers about resources available and how to implement it e.g., stress risk assessments		Further roll out and access to learning around sickness absence on process, supporting docs and on how to approach managing attendance			
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:	
1. Development of the 2024/25 Managing Attendance Plan (see below for individual actions.		Deputy Director of People	To commence 30/05/24	Key plan actions noted below	
2. Increase manager support on data interpretation and analysis		Deputy Director of People	31.09.2025 revised date 31.03.26	Data analyst appointed in Workforce Planning team who will look at sickness data and reporting opportunities at a local level	
3. Analyse link between hot spots and the culture in these areas to address cultural issues		AD for Culture, Inclusion & Wellbeing	31.03.2025 revised date 31.12.2025	111 and 999 sickness levels reviewed: link to repetitive roles, exposure to distressed patients. Additional management layers in CCC should start to show positive impact on attendance. Consideration to be given to whether change management approach being applied in these areas is having an impact. New date due to focus on launch of Our WAST Way by the team	
4. Identify opportunities to improve roles – flexibility, control, confidence		Deputy Director of People / ADs, Operations	31.09.2025	Work to be undertaken to review whether any correlation between approved flexible working requests and attendance rates. Tracking of flexible working requests has seen an increase in requests and approvals, especially within operations.	
5. Opportunities to adapt the work environment. Link to Risk 224 and Risk 558 regarding the risk with the impact on WAST colleagues of overruns as well as patients.		Deputy Director of People ADs, Operations Directorate colleagues	31.03.2025		
6. Review workloads and hours of work undertaken by colleagues. Including colleagues not on GRS.		Deputy Director of People /ADs, Operations	31.03.2025 Revised date 31.12.25	Yet to start due to other key projects and task and finish groups underway. Also linked to overrun work.	
7. Develop the team around the person model / individual support network		Deputy Director of People and Culture	31.03.2025 Revised date 13.12.25	Closer working with P&C team and managers on supporting colleagues who are off. Case reviews undertaken where appropriate Happening in the majority of LTS cases. Will ask Head of PS to pick up and tighten up arrangements / process	
8. Increase lifestyle advice and guidance		AD for Culture, Inclusion and Wellbeing	31.03.2025 30 November 2025	Occupational Health and Wellbeing Team developing expertise in specific areas; calendars of events; health promotion. 1 April 2025 – Plans in place but team capacity means postponed. 11 August 2025 – Health Diagnostics launched.	

Risk ID 542	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan		Date of Review:	04/12/2025	TREND	16 (4x4)
			Date of Next Review:	04/01/2026	→	
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 reputational damage		Likelihood	Consequence	Score
			Inherent	5	4	20
			Current	4	4	16
			Target	2	4	8
IMTP Deliverable Numbers: 17, 18, 33						
Strategic Objective:						
EXECUTIVE OWNER	Executive Director of Finance and Corporate Resources	ASSURANCE COMMITTEE	Finance and Performance Committee			
Risk Commentary						
Challenges continue around resources and technology, and currently there is not an ability to reduce this score. Decarbonisation Programme Board continue to meet. Noting some progress on positive movement to actions within the DAP. Recent progress is focussing on implementation of PHEV and BEV SRVs. WG is refreshing the Strategic Delivery Plan – final version now received but discussion is required on the Trust response, the next steps, and the resources required to further progress this. It should be noted that as work in this space increases, so too does the volume of BAU management required e.g. on the development of EV charging infrastructure, the Trust now has an EV Network which needs to be formally managed (contract management with suppliers, remedial action on faults, warranty renewal, liaison with suppliers, use of network and prevention of fraudulent use, reporting on charging capacity used, financial implications etc).						
CONTROLS			ASSURANCES			
			Internal Management (1st Line of Assurance)			
1. Oversight of implementation and delivery of Decarbonisation project and monitoring of action plan at Decarbonisation Programme Board and Capital Management Board			1. Regular meetings of the Decarbonisation Programme Board quarterly. Requirements of the Decarbonisation project have been presented to the Trust Board & Finance and Performance Committee. Challenges of the project have also been highlighted. Report goes regularly to FPC and then onto Trust Board. Next update will be January FPC meeting			
2. Capital and Estates directorate lead support – Director of Finance (DOF)			2. Regular briefings to DOF			
3. Partnership working via Communications/Stakeholder liaison group with NHS Wales, Welsh Government and other bodies to gain support and knowledge- with the anticipation of working in collaboration.			3. Sharing of knowledge via partnership working through various forums is documented in minutes of meetings held. Requirements also form part of the action plan			
4. Approach changed for heating/lighting/energy systems to become more energy efficient- replacing old inefficient plant with more sustainable technology such as natural gas boilers for air source heat pumps			4. (i) Estate Survey undertaken every 5 years. This is a 6-facet survey to understand where the back log is and the requirements for energy systems. Next survey round to take place in 2025/26 which will inform the update of the Estates SOP. (ii) Approved Estates SOP (iii) Estate Retrofit Guide and framework used to prepare schemes			
5. Changing procurement practices for fleet, Estates, equipment, supplies, and ICT to reduce emissions			5. Fleet SOP shows move to ULEV vehicles. BJC 2025/26 details intention for move to EV for smaller and support vehicles. Ambitions for further decarbonisation of fleet to be included in 2026/27 Business Justification Case (approved by Trust Board on 27th Nov and submitted to WG on 28th Nov 2025)			
6. Board Development sessions with respect to Decarbonisation to raise awareness of decarbonisation requirements, additional sessions will be required.			6. Board Development session occurred on 8th November 2021 – presentation slides are available.			
7. Finance & Performance Committee has oversight of decarbonisation project, decarbonisation to become a standard agenda item.			7. (i) Routine updates at every other FPC meeting (3 times a year) (ii) Annual report (which includes a Sustainability section) is approved by the Finance & Performance Committee			
8. KPIs with respect to energy transmissions are communicated to Estates team annually by sustainability manager			8. KPIs to Estates team includes energy use at all WAST managed buildings			
9. ISO14001 accreditation in place			9. ISO14001 – Annual audits are undertaken against the accreditation. Environmental Coordinators act as champions in the organisation.			
10. Environment Strategy in place			10. Environment strategy has been approved by the Trust Board. This covers the next 5 years			
11. Programme Board Risk Register			11. Programme Risk Register reviewed at every Decarbonisation Programme Board meeting			
12. Reporting to WG via DCR reporting, qualitative, and quantitative reports and emissions reporting			12. Submissions to WG – quarterly DCR reporting. Annual qualitative and quantitative reporting			
13. Membership of National Programme Board (WG), Transport Task and Finish Group and BELP Project Board			13. Minutes and papers of meeting			
14. Full engagement in Strategic Development Plan (SDP) refresh process undertaken by Welsh Government			15. WAST specific comments provided. Full engagement in support of influencing future SDP (and therefore DAP) actions.			

Risk ID 542	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan	Date of Review:	04/12/2025	TREND	16 (4x4)
		Date of Next Review:	04/01/2026	→	
		External - Independent Assurance:			
		<ul style="list-style-type: none"> Sustainability section in Annual Report audited by Internal Audit. Annual audits by BSI on accreditation 			
GAPS IN CONTROLS		GAPS IN ASSURANCE			
1. Establishment of further workstreams to address a Programme Plan to support strategy requirements					
2. Ability to deliver on EV infrastructure plan including electrical capacity issues for the purposes of electronic charging points for vehicles					
3. Procurement of an electronic fleet of vehicles – this is not currently possible for anything other than a car/van (limited)					
4. Resources to be able to deliver extent of DAP – work ongoing to establish actions required and potential cost impacts. Note detailed schemes are challenging to work up without appropriate resource which in turn allow for realistic financial estimates to be made about cost.					
Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:		
1. Ability to deliver on EV infrastructure plan including electrical capacity issues for the purposes of electronic charging points for vehicles: develop an investment strategy/prioritised list of sites where further EV charging is required. Will need further investment.	Decarbonisation Programme Board	Ongoing programme of investment. Next phase to be complete by March 2026	<p>Actions taken in line with investment provided to implement rapid charging by end of March 2025 at a small number of sites. Confirmed adequate charging provision for the replacement of 20 x PHEV and 10 x BEV in March/April 2025. This action is ongoing. Further consideration of the increasing resource requirements will be highlighted at the Transport Project Board, Decarbonisation Programme Board and through the Capital Management Board. Specific action in relation to development of investment plan was closed on the Audit Tracker in March 2025, given that this has been absorbed within other strategic investment plans. To note, as the Trust further implements infrastructure, there is a greater BAU workload which the team is currently not resourced to manage. With the development of EV charging infrastructure, the Trust now has an EV Network which needs to be formally managed (contract management with suppliers, remedial action on faults, warranty renewal, liaison with suppliers, use of network and prevention of fraudulent use, reporting on charging capacity used, financial implications etc)</p>		
2. Procurement of an electronic fleet of vehicles – this is not currently possible for anything other than a car/van (limited): development of specifications for vehicles considering achievable and safe ULEV options where possible. NOTE: will be dependent on confirmation of 2024/25 BJC funding	Fleet Team	Ongoing programme of investment. Next phase to be completed by March 2026	<p>Position remains that only vans can currently be purchased. This will be delivered by March/April 2025. Further PHEV SRVs and full BEV small NEPTS vehicles to be procured in 2025/26 for implementation by end March 2026.</p>		
3. Resources to be able to deliver extent of DAP – work ongoing to establish actions required and potential cost impacts. Note detailed schemes are challenging to work up without appropriate resource which in turn allow for realistic financial estimates to be made about cost: Development of an investment requirements schedule (also aligned to IA recommendations). Contribute resources to support the Decarbonisation Strategy action plan	Director of Finance & Corporate Resources	31.03.25 March 2026	<p>Discussions ongoing regarding enhanced resource requirements to implement low carbon emission vehicles. Targeted Estate Fund (TEF) bids were submitted, and it has been confirmed that 3 of the 6 submitted projects have been supported. Work is well underway on delivery of the 2025/26 schemes.</p> <p>Further Executive level and Trust Board discussion will be required on the Trust response to the new SDP, and the ability for the Trust to resource this appropriately. Given the developmental nature of this work, it is now not possible to sustain the current governance, infrastructure, progress without additional resource.</p>		

Risk ID 671	Unauthorised or Inappropriate use of AI technologies		Date of Review:	02/12/2025	TREND	16 (4x4)
			Date of Next Review:	19/01/2026	➡	
IF staff use Gen-AI tools (e.g. ChatGPT, Copilot, Gemini) or other AI-enabled platforms (including standalone apps, algorithms or built-in functionality) 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 leakage (staff, public and business sensitive information), damage to Trust reputation through such a breach or through FOI responses, and non-compliance with other EU, UK or Welsh legislation, regulation and standards		Likelihood	Consequence	Score
			Inherent	5	4	20
			Current	4	4	16
			Target	2	4	8
IMTP Deliverable Numbers:						
Strategic Objective: Being at the forefront of innovation and technology						
EXECUTIVE OWNER		Director of Digital	ASSURANCE COMMITTEE		Finance & Performance Committee	
Risk Commentary						
<p>The current risk is high due to the appetite of WAST to adopt new AI technologies, the ease of access by individuals to a breadth of (freely) available Generative-AI tools offered by tech start-ups and companies globally, and the currently limited guidance and regulation offered in this sector for health & care providers.</p> <p>Given the evolving nature of AI technologies, it will not be possible to fully mitigate this risk. The consequences will remain, but with greater awareness, confidence and support for staff, the chance of breach, bias, or reputation damage from AI output can be reduced.</p> <p>An AI Steering Group (AISG) has been established, reporting into Information Governance Steering Group, which already has delegated authority from the Executive Leadership Team, and provides AAAs monthly, and additional reporting for assurance through to Finance & Performance Committee. The AISG met for the first time in October 2025, and again in November, and will continue monthly with a regular cycle of business including oversight of existing tooling, projects and implementations, advice on strategic alignment of future use cases, and responsibility to support the development of guidance and frameworks to ensure the approach of "responsible AI" across the Trust.</p>						
CONTROLS			ASSURANCES			
1. Guidance & Awareness <ul style="list-style-type: none"> a) Gen-AI guidance + Engagement sessions (small audience) b) Procurement toolkit 			1. Guidance & Awareness <ul style="list-style-type: none"> a) Gen-AI guidance issued to all WAST (January 2025); Copilot guidance issued to Copilot licence holders (as onboarded to the pilot); Copilot Pilot feedback form b) Toolkit for Procurement of AI in health and social care sector in Wales (v1.2 2025), has been published by the AI Working Group of Health & Social Care in Wales, 2025. 			
2. Strategic Alignment <ul style="list-style-type: none"> a) IMTP reference to use cases 			2. Strategic Alignment <ul style="list-style-type: none"> a) AI safety and adoption updates reported via Digital Report to Finance & Performance Committee bi-monthly b) IGSG maintain responsibility for data protection and information security, including in respect to AI. IGSG report via AAA to ELT monthly and an IG report passes to Finance & Performance Committee bi-monthly. 			
3. Technical Controls <ul style="list-style-type: none"> a) Digital issued and managed Copilot licences (and pilot) b) Deactivation of licences not regularly used 			3. Technical Controls <ul style="list-style-type: none"> a) Monitoring of Copilot users via MS Purview b) Copilot pilot evaluation feedback allows scrutiny of use cases and applications at regular intervals 			
4. Processes <ul style="list-style-type: none"> a) Cyber Assurance of suppliers during procurement processes through existing mechanisms e.g. cyber essentials b) Data Protection related to AI projects / tools covered by existing DPIA c) Alignment with NHS Wales guidance and position including e.g. procurement routes 			4. Processes <ul style="list-style-type: none"> a) Cyber risks and Data Protection logs reported to IGSG. b) Monitoring of Datix incidents related to data breaches and security 			
5. Expertise <ul style="list-style-type: none"> a) Ability to draw on Digital expertise for advice (including data science, algorithmic, cyber, data protection, data quality and other relevant domains) 			5. Expertise <ul style="list-style-type: none"> a) AI risks and issues informally reported via IGSG to date in lieu of dedicated forum b) - 			

Risk ID 671	Unauthorised or Inappropriate use of AI technologies	Date of Review:	02/12/2025	TREND	16 (4x4)
		Date of Next Review:	19/01/2026	➔	
<ul style="list-style-type: none"> b) Leverage support from existing suppliers with technical expertise (e.g. Microsoft) c) AI Steering Group established to advise and guide on AI-related decisions and progress 		c) First meeting of monthly AISG occurred in October 2025, with AAA to be shared at next meeting of IGSG, and routinely thereafter.			
GAPS IN CONTROLS		GAPS IN ASSURANCE			
1. Guidance & Awareness <ul style="list-style-type: none"> a) Copilot rollout and chat requires guidance for all WAST staff b) General awareness sessions / e-learning for all WAST staff c) Ethics and responsible AI frameworks 		1. Guidance & Awareness <ul style="list-style-type: none"> a) eLearning compliance b) Pulse check or other mechanism to understand staff views on AI c) Approval and monitoring of any developed or adopted frameworks by AISG and IGSG 			
2. Strategic Alignment <ul style="list-style-type: none"> a) AI Mission Statement / strategy b) Clear set of 'approved' use cases c) Steering Group to maintain alignment of use cases and horizon scan (for opportunity and risk) 		2. Strategic Alignment <ul style="list-style-type: none"> a) Regular reporting and clear governance route from AI Steering Group to Board 			
3. Technical Controls <ul style="list-style-type: none"> a) MS 365 Copilot chat offer for all staff (without need for upgraded licence) - needs monitoring for appropriate use b) Sanctioned / unsanctioned apps list to be maintained c) Monitoring and auditing of users d) Sensitivity tagging project for all digital documents to support access management e) Metadata / data quality project to support accurate AI use 		3. Technical Controls <ul style="list-style-type: none"> a) Escalation route established for inappropriate use of Copilot chat and other available tooling b) SharePoint access and controls to be tested and confirmed 			
4. Processes <ul style="list-style-type: none"> a) Procurement to consider AI specific requirements b) IG x AI Programme to be developed c) WAST AI Policy to consider UK and Welsh position across several domains (data protection, cyber security, WBFGA, Equality Act, Welsh Language etc) 		4. Processes <ul style="list-style-type: none"> a) Processes to be identified, developed and maintained by AI steering group 			
5. Expertise <ul style="list-style-type: none"> a) AI lead to be determined and position filled b) Connection in with NHS Wales and public sector specialist groups. 		5. Expertise <ul style="list-style-type: none"> a) DTIP forum in development to support governance routes and in decisions related to capacity, planning and prioritisation of Digital expertise to WAST projects b) 			
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:	
1. Publication of WAST AI Policy		Leanne Smith	November 2025	AI Policy in development with support from TU Partner; in agreement with Policy Group this has been deferred until February meeting to allow inclusion of recent guidance and external policy updates.	
2. Agreement on sanctioned and unsanctioned apps, and block of certain apps / sites		James Rowland	Q4 25/26	WAST to align with national steer on sanctioned / unsanctioned apps	
3. Awareness campaign (including ethics, DP, shadow IT risks)		Leanne Smith	Q1 26/27	To be managed by AISG	
4. Board Development Day and AI Mission Statement development with Trust Board		Leanne Smith	February 2026		
5. Copilot rollout to avoid ChatGPT risk – requires usage monitoring mechanism		Aasha Cowey	June 2026 (current pilot licences run until this time)	Dependent on funding Dec-25: copilot pilot evaluation underway, and decision to be made on reallocation of unused licences and associated process.	
6. Alignment with WG and NHS Wales AI policy positions		Leanne Smith	Q4 25/26	Proactively engage with WG AI Commission	
7. eLearning for all staff		Leanne Smith	Q4 25/26	Supported by AISG	

Risk ID 671	Unauthorised or Inappropriate use of AI technologies	Date of Review:	02/12/2025	TREND	16 (4x4)
		Date of Next Review:	19/01/2026	➔	
				Dec-25: AISG to support Digital Learning Manager (Education & Development team) in development of AI e-learning module. Leanne Smith as Chair of AISG to be responsible for updates on this action.	
8. IG x AI programme (confirming DPIA and checklists are appropriate)	Kelly Holding	Q4 25/26		Will be a requirement of the 26/27 IG Toolkit	
9. WG AI Commission membership / alignment	Leanne Smith	Q3 25/26		Proactively engage with WG and NSW AI groups Dec-25: Welsh Government are redesigning the AI Commission, and considering membership (likely to include Directors of Digital). An AI policy and plan is also in draft for Wales. Further updates are expected in Q4 25/26.	
10. Document sensitivity / confidentiality tagging project (linked to SharePoint migration project)	Leanne Smith / Aled Williams	Q4 26/27		Large scale project across digital	
11. AI Lead to be identified and agreed	Leanne Smith	Q3 25/26		AISG to have oversight	
12. Monitor usage	Kara Walsh	Ongoing from Q3 25/26		AISG to have oversight Dec-25: AISG now regularly monitor the use cases, tooling and uptake of AI tools. This will form part of regular reporting through to IGSG in future months.	

Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences		Date of Review:	15/10/2025	TREND	15 (3x5)
			Date of Next Review:	15/11/2025	➔	
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		Likelihood	Consequence	Score
			Inherent	4	5	20
			Current	3	5	15
			Target	2	5	10
IMTP Deliverable Numbers: 13, 14, 21, 26						
Strategic Objective:						
EXECUTIVE OWNER		Director of People	ASSURANCE COMMITTEE		People & Culture Committee	
Risk Commentary						
<p>This risk should be considered alongside Risk 160 as the resulting increased sickness levels mentioned above will be addressed by the same controls and assurances. The ongoing system pressures including long handover delays, overruns and missed breaks continues to remain a challenge to mitigate this risk. WAST continues to work in partnership with the system to pilot viable options for addressing the external factors. Although there has been some success in some areas, we are yet to see these being scaled to an extent that the employee experience has been impacted. Since 2020 we have not seen the previous pattern of easing over the summer months and with the current public health risk of measles and continuing risks of covid this risk remains static. The People and Culture Plan 2023-2026 is a good summary of the controls and actions addressing this risk. Work on reducing shift overruns continues with various pilots being run to test viable options which could be implemented. Proposed increase in score as a result of system pressures. Whilst we are seeking to address this, and it will take time to have an impact. Adding in the potential future financial pressures (leaving vacant posts open for longer), will further exacerbate this issue.</p>						
CONTROLS			ASSURANCES			
			Internal Management (1st Line of Assurance)			
13. The new Health and Wellbeing Plan 2025-2029 has now been drafted and is out for consultation. The aim of the new plan is to expand on consideration of employee experience to recognise that individual wellbeing interventions are not sufficient in mitigating system wide pressures.			13. New Health and Wellbeing Plan 2025-2029 is aligned closely to People and Culture Plan and delivery monitored via the Health and Wellbeing Steering Group, reporting into the People and Culture Business Meetings. This plan was created in line with the HEIW Best Practice Guide for Organisations			
14. Occupational Health & Wellbeing team with range of support options for individual mental health intervention signposting, MSK support, reasonable accommodations and recommendations, supported by mental and physical health expert clinicians.			16. Current waiting times are just above the national SLA of 29 days, at 31 days. , External providers meet quarterly and provide monthly engagement figures. Reporting into OHW operational team meeting and MIQPR.			
15. Wellbeing Service providing training, consultation and advice to line managers supporting members of staff with severe and complex health and wellbeing challenges. Including REACT training that supports managers with difficult conversations.			17. Rolling programme of workshops, attendance at team events when requested, evaluation and numbers trained reported at OHW operational meetings. Diarised meetings, webinars and workshops in place through a rolling programme. These offers are now evaluated via user experience questionnaires which are reported to the health and wellbeing steering group. Wellbeing training uptake numbers is reported into the OHW Operational Team Meetings.			
16. TRiM (Trauma Risk Management Network) in place to support staff following exposure to potential traumatic events and materials. The approach of watchful waiting by a clinician or peer supporter means we can support those who have been exposed to such events and escalate to support if required.			18. TRiM is facilitated by the Wellbeing Service Assistant Psychologists supervised by a Clinical Psychologist to provide appropriate professional oversight. Numbers of referrals, assessments, follow-ups and further support needs are reported to the Health and Wellbeing Steering Group			
17. Acting on results of staff surveys relating to staff experience, data triangulated with pulse surveys and other cultural metrics as detailed in the People and Culture Plan.			19. Each Directorate has developed their own action plan to address staff surveys. NHS staff survey high level results released 19/02/24 with directorate specific data released in April 2024. The survey was repeated in Autumn 2024, and we are awaiting the next set of results.			
18. HSE stress risk assessments			20. Undertaken by managers and advice is provided on how to use them by Occupational Health and Health and Safety teams.			
19. KPIs are reported fortnightly regarding Occupational Health and Wellbeing activity			21. Received at OHW operational team meeting and reported in MIQPR.			
20. Wellbeing drop-in sessions for CCC and 111 staff			22. These sessions are now part of business as usual across services and a user experience form is collating more formal quantitative feedback for OHW operational team meetings. Data to date has been qualitative and the quantitative has been measured by engagement with the service. Themes of staff concerns are also collated by wellbeing staff attending WAST sites.			
21. Fast track physiotherapy to address MSK issues.			23. Regular review meetings with physiotherapy provider and monthly monitoring information received at People and Culture Business meetings and MIQPR			
22. Occupational Health team inclusion in sickness and absence meetings			24. Qualitative anecdotal feedback has been positive, and it has strengthened relationships with the OH team. More formal feedback mechanisms are in development in line with our overhaul of service feedback.			
23. Stress risk assessments			25. These are part of the IOSH Managing Safely Training.			
			External - Independent Assurance - Audit Wales – Taking Care of the Carers report in October 2021 – all actions complete			

Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences		Date of Review:	15/10/2025	TREND	15 (3x5)
			Date of Next Review:	15/11/2025		
GAPS IN CONTROLS		GAPS IN ASSURANCE				
11. Need to increase the education and communication with managers about stress risk assessments. Presentation developed and shared with people services. Delivery dates being agreed in conjunction with Health and Safety, along with a new policy. These discussions have restarted, and colleagues are directed to the stress risk assessment information and education sessions will be started in Q1 & Q2.		Lack of awareness about staff wellbeing services, this continues to be a challenge due to small team, non-wired colleagues and competing communication messages.				
		Effects of elevated REAP status affecting the ability of staff to engage with staff health and wellbeing services. Important to recognise the consistent reports of the impact of culture on wellbeing. Attendance at all events by operational staff consistently low due to service pressures.				
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:		
1. People and Culture Plan 2023-2026 relevant Actions		Assistant Director for Inclusion, culture and wellbeing	Annual Plan December 2026	First year reviewed at People and Culture Committee May 2024 23/7/24 Final year review included in consultation process for new plan		
2. Health and Wellbeing Plan 2025-2029		Assistant Director for Inclusion, Culture and Wellbeing	Approved by Board Q3 2024/25 2025/2026	Plan has been approved by Board. The delivery period begins 2025/2026. Promotion of the plan and key deliverables will commence then. 2 June 2025 Plan being delivered and overseen by the Health and Wellbeing Steering Group which meets quarterly.		

RISK ID 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		Date of Review:	28/10/2025	TREND	15
			Date of Next Review:	28/11/2025	→	(3x5)
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 due to vehicles not being released from hospital sites	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		Likelihood	Consequence	Score
			Inherent	4	5	20
			Current	3	5	15
			Target	2	5	10
IMTP Deliverable Numbers: 1, 5, 6, 7,14, 15, 24						
Strategic Objective:						
EXECUTIVE OWNER	Director of Operations		ASSURANCE COMMITTEE	Finance & Performance Committee		
Risk Commentary Q1 2024/2025						
<p>The challenges across the unscheduled care system. Handover lost hours in October were 12,497 and November were 14,513. There is a direct correlation with ambulance availability and high levels of resources unavailable due to protracted waits at hospital E.Ds. Several incidents declared have failed to provide sufficient on the ground assurance that vehicles would be released. Health Boards have declined to incorporate testing of vehicle release into a recent mass casualty exercise. Further, a recent workshop undertaken by the EPRR team as part of the Manchester Arena Inquiry assurance process which has tested our ability to fulfil the PDA in North and South Wales, both in and out of hours, has confirmed that we would only meet the PDA in one of these four mass casualty scenarios.</p> <p>After a thorough review and assessment of Risk 594 within the Corporate Risk Register at SLT on 02/10/2024, we propose reducing the risk score from 20 to 15 (likelihood from 4 to 3) due to the following reasons:</p> <ul style="list-style-type: none"> · Mitigation/Controls have been Implemented: We have several controls measures that directly address the identified risk and are content we have exhausted all opportunities for additional controls. These controls are embedded within the corporate risk register. · Immediate Release Protocol: The revised version of the IR protocol v1.3 has been agreed and shared at COO group and published which has included the release schedule for ambulances at the declaration of an incident as set out below: <ul style="list-style-type: none"> ·50% of vehicles released within 10 minutes · 75% of vehicles released within 20 minutes · 100% of vehicles released within 30 minutes · Monitoring and Review: We will continue to monitor the risk within the normal governance channels (SOT/SLT/ADLT etc) to ensure that mitigations are still in place and any emerging risks are promptly identified and addressed. <p>22/01/25 - In light of the critical incident declared earlier this month, a review of the risk scoring is scheduled for this at SLT on 11th February in the first instance and this will be updated following conversations.</p> <p>March 25 – following review at SLT, it has been agreed to maintain the score as it stands currently.</p>						
CONTROLS			ASSURANCES			
			Internal Management (1st Line of Assurance)			
1. Immediate release protocol			1. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Dated by WAST and compliance report provided weekly to the DG for Health & Social Services. V1.3 has been reviewed, updated and released (August 2024).			
2. Resource Escalation Action Plan (REAP)			2. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure. REAP has undergone an annual review with v5.1 released in January 2025			
3. Regional Escalation Protocol			3. Daily conference calls to agree RES levels in conjunction with Health Boards			
4. Incident Response Plan			4. The Incident Response Plan has been ratified via EMT			
5. Mutual Aid arrangement with NARU			5. AACE National Policy on mutual aid in place			
6. Clinical Safety Plan			6. CSP adopted by EMT and operational; reviewed annually by SLT in December 2023, Version 2.21 of the Clinical Safety Plan was released. The reduction in the demand is the assurance which is dynamically monitored via ODU. New version 3.3 released in December 2024.			
7. Operational Delivery Unit 24/7 cover			7. Shift reports from ODU & ODU Dashboard received by Exec, SOT, and On-Call Team at start/end of shift and cover review at weekly performance meeting			
8. In hours and Out of hours command cover			8. Civil Contingency requirement as set out in the Command Policy and Incident Response Plan. Cover review at weekly performance meetings			
9. Notification and Escalation Procedure			9. Published procedure in operation, reviewed 3 yearly by SLT			
10. Continued escalation of risk to partners and stakeholders			10. Referenced by the Executive Director of Operations in correspondence sent to health board Chief Operating Officers dated 30 March 2023. It was further emphasised at the face-to-face COO Peer Group meeting on 14 April 2023.			

RISK ID 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	Date of Review:	28/10/2025	TREND	15 (3x5)
		Date of Next Review:	28/11/2025	➔	
		External Independent Assurance			
		N/A			
11. CEO letter to Health Boards dated 3 Jan 2023, and DOO letter to Chief Operating Officers dated 30 March 2023 to seek assurance on plans.		11. Acknowledgement and acceptance of risk by HBs and balancing the risk across the whole system. Improvement in handovers in C&VHB and ABUHB. This has been sustained form some months across C&V in a phased programme of improvement with no delays more than 2 hours. Programme of improvement underway in ABUHB commencing at 4-hour tolerance with a plan to reduce over time. In other HBs there remains little or no controls with variation in both handovers and risk levels across HBs.			
12. Health boards are asked to provide assurance of existing and tested plans to immediately reduce emergency ambulances on incident declaration.		12. All Health Boards responded with assurance of plans except BCU.			
13. Multi Agency Exercise to be arranged.		13. This exercise has taken place although Health Boards declined to incorporate vehicle release plans			
14. Meeting with Welsh Government to outline this risk; WG agreed to write to HBs seeking assurance from EPRR leads in HBs on the ability to clear EDs and release vehicles. WG agreed to incorporate testing into the forthcoming mass casualty exercise, and a timeframe for vehicle release was proposed by WAST with 30% of vehicles released within 10 minutes of an incident declaration, 50% within 20 minutes and 100% within 40 minutes.		14. WG have confirmed that they have written to HB EPRR leads. Health Board COOs approved the proposals for vehicle release as outlined.			
GAPS IN CONTROLS		GAPS IN ASSURANCE			
Despite the controls listed, the single most limiting factor in providing a pre-determined response in line with the Incident Response Plan is the lost capacity due to hospital handover delays. In this area, WAST has no control. – link to CRR 223 on CRR.		The Trust is not assured that Hospital sites have plans in place that are trained and tested to release ambulances effectively and immediately in the event of an incident declaration.			
		Following two incidents (Pembroke Dock Ferry fire on 11 th February 2023 and the Swansea gas explosion on 13 March 2023), The Trust is not assured by the effectiveness of assurances given by Health Boards (responses provided following correspondence from WAST CEO – formal returns received from LHBs except BCU). Despite these two incidents being lower-level incident declarations where the pre-determined attendance was met, the experience does not add confidence to the ability to release all resources from hospitals which would support assurance. Further testing of the pre-determined attendance levels has been undertaken as part of the Manchester Arena Inquiry recommendations; This tested the Trust's ability to fulfil the PDA in North Wales and South Wales in the event of a mass casualty scenario both in hours and out of hours. This simulation concluded that in three of these four scenarios, the Trust would be unable to fulfil the PDA. A further declared major incident at Treforest Industrial Estate in December 2023 following an explosion, failed to release resources from Morryston Hospital, Wales's dedicated burns unit (formal debrief still to be conducted).			
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:	
1. Review of Manchester Arena Inquiry		Assistant Director of Operations	CLOSED	This programme of work is underway, and a workshop has confirmed that the PDA would be unable to be met in three out of four simulated mass casualty scenarios. The financial case associated with MAI is planned to be familiarised with ELT and JCC during Jan and Feb 2024, with the final outline case to ELT in March 2024. A revised timeline for the governance process for the final MAI reports has been agreed, commencing in May 2024 and finalising at Trust Board the end of July 2024. 01/10/2024 - Progress against the 68 recommendations, directly or through partnership working, that relate to the Trust continues. The Trust has undertaken a detailed review of its provision as part of its obligation under recommendations 105 and 106 and has recently produced an evidence-based series of reports aimed at addressing the identified gaps. This has been supported further by the development of three Quality Impact Assessments that have been approved by the Clinical Quality Governance Group. The work identified 20 recommendations for which there is a financial dependency. The submission to commissioners of the Trust's reports relating to these recommendations has now occurred and the Trust awaits their considered response. The remaining recommendations continue to be progressed, and it is anticipated these will conclude within the next six months. To ensure the continued visibility of these report findings within the Trust, a corporate risk is being developed for inclusion in the Trust's risk register. This will enable the alignment of outstanding MAI recommendations with a clearly defined business-as-usual framework, ensuring proper governance of capability gaps while awaiting financial decisions from commissioners and the implementation of necessary changes.	

RISK ID 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		Date of Review:	28/10/2025	TREND	15 (3x5)
			Date of Next Review:	28/11/2025	➔	
			<p>Jan 2025 - Progress against the 68 recommendations, directly or through partnership working, that relate to the Trust, continues. We expect to complete all recommendations that do not rely on financial investment by the end of this financial year. To ensure the continued progression and completion of the recommendations with financial dependency (18 recommendations), a corporate risk has been developed for inclusion in the Trust's Corporate Risk Register and Board Assurance Framework. As the risk progresses through the internal governance route, culminating in final approval at Trust Board in January 2025, there is an alignment of the outstanding MAI recommendations with a clearly defined business-as-usual framework, which will support the governance of capability gaps whilst awaiting financial decisions from commissioners and the implementation of necessary changes.</p> <p>Mar25 – Progress of MAI will now be reviewed within CRR 641. During March and April the Trust has engaged with commissioners on a series of scrutiny sessions to review content of submission for the MAI, following these scrutiny sessions it will be the commissioners to determine next steps and any subsequent course of action.</p> <p>May 25 – Actions complete subject to closure report to SLT with outstanding actions monitored through the risk register (Ref: 641). Submission to commissioners completed and awaiting commissioner outcome expected August 2025.</p>			
2. Further correspondence to Welsh Government to seek assurance of testing plans following recent mass casualty exercise where Health Boards declined to incorporate vehicle release plans	Assistant Director of Operations	CLOSED	<p>Immediate Release Protocol Developed and Released August 2024. Correspondence with Welsh Government remains ongoing.</p> <p>22/02/2024 - Risk 594 has also been referenced in the context of MAI presentation to Welsh Government (6th Feb 2024). Further follow up will be provided as MAI progresses. Welsh Government has been and will continue to be kept up to date on the developing case, as have the JCC.</p> <p>May25 – Further correspondence submitted to the NHS Executive dated 28 April 2025, highlights that plans remain untested in the context of a continued deterioration on handover delays.</p>			
3. Request from COO network to share Action cards related to risk	Executive Director of Operations	Q1 CLOSED	<p>May24 – LB will follow up with COO network on the sharing of their action cards to WAST.</p> <p>March 24 – This risk was discussed at both JCC management and in the COO meeting.</p> <p>May25 – The Trust has now exhausted its influence on this risk, and with further correspondence to NHS Executive in April 2025 highlighting the outstanding risk and untested plans, the Trust considers all actions closed.</p>			
4. Ongoing monitoring of the 45MR continues, as reducing handover delays is expected to decrease the number of ambulances waiting outside hospitals, particularly within BCU.	Assistant Director of Operations					

Risk ID 623	Failure to comply with Data Protection Legislation		Date of Review:	05/12/2025		TREND	10 (2x5)
			Date of Next Review:	25/01/2026		➔	
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		Likelihood	Consequence	Score	
			Inherent	4	5	20	
			Current	2	5	10	
			Target	2	5	10	
IMTP Deliverable Numbers: 1, 13, 14, 18, 19							
Strategic Objective:							
EXECUTIVE OWNER		Director of Digital Services	ASSURANCE COMMITTEE		Finance & Performance Committee		
Risk Commentary							
<p>The consequences of this risk depend on the worst-case scenario which crosses a number of Domains on the Risk Scoring Matrix e.g. Loss of, or access to mass clinical data, the reputational damage this would cause, subsequent high-level involvement of ICO, Regulatory Body and Government involvement the subsequent fall out, fines and reduction in the level of clinical care. The likelihood would be small NB Just like pandemics. However, there are lower consequences of failure of statutory compliance which would warrant a higher level of likelihood even daily but in this case like near misses they indicate the need for change/improvement to demonstrate managing the risks. Therefore, the consequences will always be 5 but improvements are needed to lower the risk; if we demonstrate Statutory Requirements are met, even if a serious incident/event/failure arises, evidence provided would help reduce / mitigate against the consequences (e.g. penalty).</p> <p>In March 2025 the Trust submitted a self-assessment under the Welsh IG Toolkit, and met or exceeded expectations in all areas, except for the Training & Awareness category (for which minimum expectations were not met.) Last measured on the 02/12/25, WAST had achieved 91.21% compliance against an 85% target for statutory IG training. The Confidentiality Advisory Group (CAG), an independent body advising the UK's Health Research Authority on the use of confidential patient information in research projects, and the Secretary of State for Health for non-research uses, require organisations across NHS Wales to demonstrate compliance with legislation via the IG Toolkit, or risk requests for using sensitive patient information being rejected – this compliance achievement helps protect WAST's academic partnerships and reputation, strategic research endeavours, and patient data linkage initiatives should CAG support be pursued, but must now be maintained until the Toolkit is submitted in March 2026. This is in addition to now meeting a new category of compliance covering video surveillance.</p> <p>If the Trust fails to meet the Minimum Expectations of the IG Toolkit, this highlights that the organisation may not be meeting its obligations under the accountability principle. The accountability principle places a responsibility on organisations to not only comply with the UK GDPR, but that they must also to be able to demonstrate compliance. If an organisation cannot show good data protection practices, it may leave them open to administrative fines (irrespective of a data breach), reputational damage and affect patients' trust in the organisation handling their data.</p> <p>Recently, several projects have seen delays due to outstanding IG queries, late engagement with the IG team, and project scope change impacting data protection. These have been escalated and are being managed but demonstrate some risk still in the understanding and awareness of IG and data protection requirements and responsibilities of staff, despite the increase in training compliance. In addition, there has been an increase in inappropriate use of social media and non-corporate communication channels (e.g. Whatsapp) resulting in reportable breaches to the Information Commissioner's Office.</p> <p>A new IG Priority Framework has been developed as a risk mitigation action. The framework applies a clear, risk-based prioritisation of tasks, ensuring that high-risk areas receive immediate attention and resources as a risk-based approach to compliance. This has resulted in further and more detailed risks being identified and raised (e.g. data sharing gaps, inappropriate social media use etc). Improvements in recent months include the maintaining of compliance levels above target for mandatory IG training, investment in the IG team and improved resilience of the specialist profession, increased visibility and reporting to IGSG, and a plan to address the final three areas of proactive auditing, data sharing gaps, and more in-depth breach investigations. Given these significant improvements, and active progress with the remaining gaps in controls, the likelihood score of this risk has been reduced to 2, reaching target score. Noting however IG and data protection risk can fluctuate quickly, this risk will continue to be managed locally and monitored regularly via IGSG.</p>							
CONTROLS				ASSURANCES			
				Internal Management (1st Line of Assurance)			
1. Expertise: Data Protection Expertise: 2 x FTE Data Protection and Compliance Managers (DPCM); 1 FTE Information Governance Officer, 4 x FTE in the Cyber Security team				1. Two new permanent Data Protection and Compliance Managers have been in post since November 2024, bringing capacity of this skillset up to 3 x FTE. 2. Additional DPCM role now being recruited (Dec 26) plus a new job description being designed to provide more resilience and career pathways through the Information Governance team to support with succession planning and long-term capacity.			

Risk ID 623	Failure to comply with Data Protection Legislation	Date of Review:	05/12/2025	TREND	10 (2x5)
		Date of Next Review:	25/01/2026		
2. Expertise: Permanent Data Protection Officer	3. Temporary Data Protection Officer responsibilities held by Head of ICT up to December 2024. A full-time, permanent DPO has been recruited, and the position has been filled since December 2024.				
3. Documentation: Data Protection and Information Governance Policies and Procedures (Incl. DPIAs and Cloud Assessments)	4. Procedure for auditing Welsh Clinical Portal usage (by WAST staff) updated (Jun24). Monthly Information Governance Steering Group which includes progress updates on: - DPC, DSA and DPIA reviews (I) IG Training IG Toolkit (System for providing a level of assurance of compliance (I)) Incident Reporting Accountability to ELT Development of reporting (dashboard) which supports IGSG, ELT and Finance & Performance Board Committee for scrutiny.				
4. Documentation: Contracts and agreements: Data processing, Data Sharing and Employment & Consultancy	5. Add: Template Model Data Processor Agreements and Data Sharing Agreements which are able to be produced when IG are engaged.				
5. Ownership: Register of information assets and data flows (outdated)	6. New Information Asset Management Group has been established with TOR developed.				
6. Awareness: Staff training on updated training module (Apr 2023)	7. Training compliance monitored monthly via IGSG (captured on ESR and LMS365)				
7. Monitoring: Incident Reporting and management (DATIX)	8. Summary statistics reported monthly via IGSG and <u>MIQPR</u>				
8. Monitoring: NIIAS (national intelligent integrated audit solution) for auditing access to personal information on national systems such as WCP and WDS.	9. New performance reporting now being collected to increase visibility.				
9. Awareness: Digital Notices / comms Ongoing (see Siren & recent Lock-screen notices)	10. Regular publication of IG related comms: Lock screen image issued 04/24 in relation to WhatsApp and training_Lock screen image in relation to physical security as ongoing recurring screen. Digital Notice on Whatsapp issued 04/25. AI Guidance issued 01/25. Cyber & IG procurement guidance drafted and available on SharePoint and shared to ADLT. Information Governance Factsheet produced and shared to new users of WCP, WDS, and Secure File Share Portal (and as and when needed to other groups). Presentations on Data Breaches and DPIAs are provided to groups. Inappropriate use of social media Digital Notice issued 10/25.				
10. Collaboration: Proactive engagement outbound (not inbound to team)	10a. Regular comms issued across WAST in Q3 and Q4 of 2024/25, explaining the importance and encouraging uptake of IG Training – this included targeted messages to non-compliant individuals, and their line managers, and escalations to Executive level as required. 10b. Requests made for IG representatives to sit on project boards of critical workstreams and other Directorate forums, helping improve understanding, and collaboration, reducing risk of non-compliant go-lives or deliverables. Delivery of training and awareness on 'Information Governance & Transformation: What You Need to Know' to the Transformation Support Office.				
11. Compliance: Trust meeting mandatory IG training compliance threshold of 85%	11. The Trust has seen increasing compliance for the past several months – this must now be maintained				
12. Ownership: documented risk for physical security with mitigating action plan	12. This risk was approved by IGSG in June 2025 and will now pass through usual Trust risk management cycles.				
GAPS IN CONTROLS		GAPS IN ASSURANCE			
1. Succession Planning and appropriate capacity within the team to manage the incoming demand from across the Trust and wider NHS Wales system (particularly in respect to national data sharing)	1. Additional investment sought for IG team to bolster capacity and ensure career progression through the specialist team (tbc in October 25). Now captured under controls (1).				
2. Documentation: Resource capacity constraints to update, implement or monitor the controls; and lack of engagement by management and staff which either bypass the requirements, policies or procedures.	2. Expertise: Even with increased capacity without engagement by managers and staff to meet their compliance requirements there will continue to be information reported to IGSG which will demonstrate low levels of assurance i.e. Reports on DPIA log, DSA log, Training Levels, IG Toolkit, and Implementation Plan. Now captured under controls (2).				
3. Documentation: Personal identifiable information (PII) is being processed or shared with no data processing contracts (DPC) or data sharing agreements (DSA) when legally required; or incomplete DPC or DSA due to stalled engagement.	3. Documentation: Lack of Data Protection pre procurement controls which form part of Data Protection by Design and Default means that Departments could engage third parties and/or purchase IT systems, hire document scanning companies, external data consultants and analytical firms and bypass WAST's controls for appropriate due diligence or legislative required controls in managing these risks. Gaps in data sharing governance (lack of agreements for all outgoing flows). Capacity constraints continue to impact ability to undertake audits of systems and access, timely completion of DPIAs, data breach investigations and management, and data flow mapping (Records of Processing Activity documentation.)				
4. Ownership: New data, or new data processes which have either bypassed the controls or there are no information asset owners identified and therefore asset doesn't get on	4. Ownership: Data Protection and Compliance Risks not fully realised.				

Risk ID 623	Failure to comply with Data Protection Legislation	Date of Review:	05/12/2025	TREND	10 (2x5)
		Date of Next Review:	25/01/2026		
to the asset register or the dataflow is not mapped and creates a weakness in assurance (See 3)	IGSG have approved the establishment of a sub-group to manage activities related to Information Asset Register and Ownership, however, due to vacancies and limited capacity in the IG team, this action will not be able to be progressed until January-25. (Information Asset Management Group has now been established. Captured under controls 5.)				
6. Documentation & Awareness: Lack of Data Protection pre procurement controls which form part of Data Protection by Design and Default means that Departments could purchase non-compliant IT systems.					
7. Awareness: The Confidentiality Advisory Group (CAG) notified WAST (via DHCW) in June 24 that for organisations with a 23-24 IG Toolkit outcome of “standards not met”, any CAG approvals for research & non-research requests are likely to be rejected unless the organisations’ IG Toolkit Improvement Action Plan can be met and evidenced by Nov 24 (instead of the original target date for this plan of Mar 25).	7. Awareness: The Confidentiality Advisory Group (CAG) required WAST to submit an IG Toolkit Improvement Action Plan (via DHCW) with adjusted timelines to show a path to a “minimum standards met” position by Nov 24. The Improvement Action Plan has been adjusted and shared, and internal stakeholders notified. This will be managed by ADLT and monitored via IGSG. The Improvement Plan Actions were met by the Nov 24 deadline, satisfying the requirements of the CAG up to March 2025. However, with the IG Toolkit submission in March-25 this view will be reset, and WAST failed to meet the minimum expectations for Training and Awareness.				
Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:		
<p>1. Ensure compliance with the appropriate IG level training across all Directorate and Departments</p> <ul style="list-style-type: none"> a. Demonstrate a regular series of comms on IG and DP - complete b. Regular monitoring of training compliance through IGSG – evidence of ongoing c. Targeted training compliance reporting to line manager on individuals to ensure that 85% target is reached by March 2025. - achieved in July 2025. This must now be maintained and will be monitored for the next few months to ensure progress does not slip. d. BAU on Siren training notices and specific guidance or advice – evidence of ongoing e. IG checklist to be complete for all projects, and DPIAs ahead of project design / development, and critically all go-lives to have IG approval 	Leanne Smith	<p>Q4 2024/25 Q2 2025/26</p> <p>Ongoing monitoring of Trust-wide compliance (will need to be demonstrated by March 2026) and current escalations for non-compliant individuals.</p> <p>Q3 2025/26</p>	<p>IG training compliance required to meet 85% target. An Action Plan for training has been created, and a training needs analysis being progressed with L&D team.</p> <p>3d. Procedures, such as audit of Welsh Clinical Portal usage, has been updated.</p> <p>Previous actions: April 2024 - Lock screen issued in relation to WhatsApp and training, refreshed 06/24. May 2024 - Siren notice drafted for ELT. Jan 2025 - AI guidance issued. Mar 2025 - Cyber & IG procurement guidance in development. Evidence that regular comms is being published, and so action complete, and assurances added to Controls. May 2025 - Ongoing comms on the importance of early engagement with IG to ensure legal required documents and risk assessment are completed will continue to be raised across forums.</p> <p>Jun 2024 - Paper to ADLT seeking support for increased awareness & training compliance</p> <p>Mar 2025 - Direct contact to individuals who have been non-compliant for a significant period of time, with escalation through their line management structures as required.</p> <p>Latest actions: July 2025 - Letters have been issued to individuals and training is requested to be completed by end of August 2025.</p> <p>Several potential data breach incidents remain under investigation, and there has been an increase in inappropriate use of social media by staff – further work is required to give confidence in Trust compliance beyond threshold met.</p> <p>September 2025 – reduction from 290 to 194 staff with overdue mandatory training. IGSG continue to offer oversight and a route for escalation of non-compliance, with support given to further investigate staff with a professional registration who are out of compliance.</p> <p>December 2025 - Escalations for overdue, non-compliant training are ongoing, and formal actions are now being considered as the next steps. A DPIA backlog remains with 42 DPIAs due for review and an additional 35 in progress (Nov 25) meaning potential privacy issues remain unidentified and unmanaged. Without DPIAs, high risk projects may proceed without adequate safeguards, increasing the possibility of data breaches and misuse. A DPIA Backlog Recovery Plan is in development as a result.</p> <p>The IG Priority Framework designates data breaches as the highest priority. A rapid triage process has been implemented to ensure all breach</p>		

Risk ID 623	Failure to comply with Data Protection Legislation	Date of Review:	05/12/2025	TREND	10 (2x5)
		Date of Next Review:	25/01/2026		
				<p>notifications receive an appropriate and timely response. Additionally, DPCMs will attend specialised Data Breach Management training (Dec 25) to strengthen capability and compliance.</p> <p>Following the recruitment of additional roles, increased capacity will enable us to address the remaining outstanding areas, including: Proactive audits on WAST systems to strengthen assurance. Closing data sharing gaps by implementing agreements and improving visibility of outgoing data flows. Enhancing data breach investigations and management to ensure timely and robust responses.</p>	
2. Report on physical security to IGSG – working with fleet and estates team	Leanne Smith and Aled Williams	Q2 2024/25 Q1 2025/26 Complete		<p>Reporting to IGSG and FPC. A risk has been drafted by members of IGSG, and agreed, but action plan now to be developed in collaboration with Fleet & Estates.</p> <p>The draft risk was approved by IGSG in July 2025 and will now progress through risk management cycles.</p>	
3. Assurance of “standards met” for all IG Toolkit requirements: gain support of all Directorates’ leadership to complete the IG Toolkit Improvement Action Plan and ensure compliance for the 2025/26 IG Toolkit submission	Leanne Smith	<p>Nov24 for IG Toolkit Improvement Action Plan (with evidence to CAG) - complete</p> <p>March 2025 for 24/25 submission complete</p> <p>March 2026 for 25/26 submission – ahead of plan</p>		<p>Paper to ADLT Jun24 seeking support for completion of the IG Toolkit improvement action plan.</p> <p>To ensure no impact to CAG approvals for WAST research, this improvement action plan must now be met and evidenced by Nov24.</p> <p>The improvement plan actions resulting from the “standards not met” results of the 23/24 IG Toolkit submission were met ahead of the Nov24 deadline to assure CAG, however, to meet the requirements of the 24/25 IG Toolkit submission, further improvement work was required before the Mar25 deadline.</p> <p>All other improvement work was complete, and the submission of the IG Toolkit in March 2025 saw standards either met or exceeded in all categories except for Training & Awareness, where standards were not met due to the IG Training compliance being below the 85% target.</p> <p>Progress on the 2025/26 improvement plan, to support the IG Toolkit submission in March 2026 is approximately 90% complete. However, the remaining 10% relates to Video Surveillance compliance and actions are needing to be addressed.</p>	

Risk ID 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		Date of Review:	05/12/2025	TREND	12 (3x4)
			Date of Next Review:	05/03/2025		
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 & staff and key outcomes in the IMTP not being delivered		Likelihood	Consequence	Score
			Inherent	4	4	16
			Current	3	4	12
			Target	2	4	8
IMTP Deliverable Numbers: 7, 9, 11, 12, 14, 15, 20, 24, 25, 32						
Strategic Objective:						
EXECUTIVE OWNER	Executive Director of Strategy, Planning & Performance		ASSURANCE COMMITTEE	Finance and Performance Committee		
Risk Commentary						
<p>From the 01 April 2024 111, emergency ambulance and Ambulance Care are all commissioned by the Joint Commissioning Committee (JCC). This is viewed as a positive development by the Trust, supporting the development of an organisational ambition.</p> <p>The ambition is appropriate levels of patient safety and good working conditions for our staff across the 111 pathway, emergency ambulance care pathway and Ambulance Care pathway. Clearly neither of these are currently being achieved in the emergency ambulance care pathway as evidenced by the long waits, shift overruns and volume of concerns and reportable incidents. The Trust is currently commissioned on the assumption of 6,000 hours of handover lost hours, with current levels at 12,560 (Jul-25). The extant WG policy is 15 minute handover i.e. no lost hours, with the current WG focus on W45 i.e. 45 minute handover, which equates to approximately 6,000 hours. There is evidence of some material handover lost reduction in some health boards in recent months. The Trust had almost recruited up to the modelled 153 CHARU FTEs and connected to this focus on CHARU productivity. CHARU UHP in January 2025 was 94%, which is the highest it has achieved, and it is now seeking to close the remaining gap through the recruitment of fully qualified paramedics (current levels are staff in post to establishment for CHARUs at 85%). The Trust delivered on its ambition to switch on key aspects of its clinical model transformation programme in 2024/25, in particular, rapid clinical screening, which included the recruitment of 28 FTES to EMSC (clinical navigators) and increasing the APP establishment to APPs. The 111-call abandonment rate has stabilised post 111 CAS go live, as the Trust has recovered its call handler staff in post to establishment, but the commissioned levels are not sufficient to achieve the 5% abandonment rate. Ambulance Care performance is stable, but the level of capacity management plan cancellations are running at c20,000 per annum. For 2025/26 the Trust's ambitions are set out in its IMTP, with a particular focus on delivering further aspects of the clinical model transformation programme: the re-categorisation of 999 demand (purple, red and RCS0 etc), remote clinical care and further see & treat capability. The EA skills mix (no funding from JCC) and Manchester Area Inquiry (MIA) submission are also important considerations.</p> <p>The JCC is now becoming more established. Current areas of focus for the JCC (in relation to WAST) include: a scrutiny exercise on the Trust's MAI submission, consideration of the Future Vision for NEPTS, the Emergency Ambulance Measures Review Task Group and Ambulance Patient Handover Improvement Implementation (APHID) Group. The Trust has received the JCC commissioning intentions 25/26 for 111, 999 and NEPTS, which are reflected in the Trust's IMTP. These are broadly supportive of the Trust's ambitions, but the financial pressures within NHS Wales means that there's limited financial support of the Trust's ambitions.</p>						
CONTROLS			ASSURANCES			
			Internal & External Management (1st Line of Assurance)			
1. JCC/WAST Forward Plan for EMS and NEPTS in place and monitored at JCC meetings			1. Minutes of meetings and a standard agenda item			
2. JCC and its 2 sub-committees established as a forum to discuss WAST's strategy (sub-committees currently under review as part of move into JCC).			2. Minutes of meetings and a standard agenda item. Sub-committees now established, with report on commissioning arrangements to July Finance & Performance Committee.			
3. Weekly catch up between Interim Director of 111 & Ambulance Commissioning /CEO			3. Meetings are diarised every week			
4. Collaboration between JCC and WAST on specific projects			4. Representatives are co-opted onto meetings and frequency is between 3-6 weeks. Set agendas with NCCU reps co-opted.			
5. Joint WAST Executive/JCC SLT Monthly Meeting			5. 02/12/25 This meeting has now restarted with the first one held on 26 Nov-25.			
6. Patient Safety information e.g. Appendix B incidents, weekly/monthly patient safety reports produced			6. These reports supplied to Director of Quality and Nursing in Health Boards and other senior stakeholder's fortnightly			
7. Commissioning intentions.			1. In year progress reported each quarter to the relevant commissioning meeting and 24/25 commissioning intentions approved for 111 Wales and expected to be approved by Mar-24 JCC (approved).			
8. Governance arrangements for JCC Committee, Ambulance & 111 Commissioning Management Group and NEPTS DAG			2. Minutes of meetings and a standard agenda item			
			External Management (1st Line of Assurance)			
			1. Plans go to every bi-monthly meeting			

Risk ID	Failure to persuade JCC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience		Date of Review:	05/12/2025	TREND	12
100			Date of Next Review:	05/03/2025	➔	(3x4)
		2. Meet bi-monthly and agendas, minutes and action logs available				
GAPS IN CONTROLS		GAPS IN ASSURANCE				
1. JCC remit is wider than just ambulances and will reduce the agenda time dedicated to WAST's three patient pathways.		1. A shorter provider brief will go to the JCC with more detailed discussions taking place at its sub-committees. There is no provider brief going at this time, but the Trust does produce extensive slides for the bi-monthly WG Integrated Quality, Planning & Delivery accountability meeting, with the Director of Commissioning for Ambulance & 111 Services in attendance. 02/12/25 It is anticipated that the new Joint WAST/JCC SLT Monthly Executive Meeting will provide dedicated time for discussion on the three pathways and will likely be supported by a quality, performance & information pack from WAST.				
2. Governance coordination between the JCC and WAST to be improved.		2. Identified need for a governance meeting between JCC and WAST to manage the overall commissioner/provider interface. Actioned, but has lapsed due to capacity and resourcing in NCCU team (now the JCC team). This will be further reviewed as the JCC goes live in April-24 (period of transition likely to extend through Q1). This has lapsed at this time, but request to re-establish it sent to commissioners. This meeting has now been restarted and continues to function.				
3. WAST's ability to influence hospital handover delays (this is outside of the Trust's control and a Health Board responsibility)		3. Ministerial direction on handover reduction with significant pressure being applied to health boards through the NHS Leadership Board and NHS Executive accountability arrangements. The Welsh Government target is no waits > one hour, which equates to 7,000 lost hours. WG has now established an Ambulance Patient Handover Improvement Implementation (APHID) Group to take forward this ambition. This has led to the W45 initiative i.e. 45 minute handover, with handover lost hours in July 2025 being their lowest since July 2021. A continued focus by health boards is required to achieve the ambition and sustain it. 02/12/25 14,512 hours were lost to hospital handover in Nov-25. Previous year's performance would suggest this will increase further in Dec-25. Whilst there has been a material reduction in handover lost hours, they are some distance from the 6,000 hours on which the roster keys are predicated.				
4. Funding does not flow in a manner to balance demand with capacity (outside of WAST's control)		4. Strategic demand and capacity review completed and reported to Finance & Performance Committee. Whilst the Director of 111 & Ambulance Commissioning is sighted on the findings, it has not yet been formally reported to the JCC, in agreement with WAST. This remains the case. 02/12/25 2026/27 is expected to be flat cash, with a significant savings target for the Trust. The Trust is also expecting the JCC to carry out a review of WAST during the remainder of Q3 and into Q4.				
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:		
1. Agree and influence JCC/Health Boards that sufficient funding to be provided to WAST		CEO WAST	As part of 25/26 budget setting process in Q4 this year (18/03/25 F&P Committee). IMTP now with WG awaiting approval, timeframe dependent on WG.	26.06.24 Funding for a 32 FTE APPs secured for 2024/25 and 23.2 FTEs into Integrated Care. 06/08/24 WAST briefing on evolved CRM and 2023 EMS Demand & Capacity Review to JCC Board Development session in Aug-24. 21/01/25 ELT has considered the draft commissioning intentions and responded to the Director of Commissioning. 14/04/25 Commissioning intentions built into the Trust's 2025-28 IMTP with FTE additionality planned in the remote care and see & treat space. MAI scrutiny exercise on-going. Skills Mix Task & Finish on-going, due to report into ELT end of April 2025, no funding from JCC expected. 19/08/25 Q1 commissioning intentions reported to JCC sub-committee. EA Skills Mix paper went to ELT in June 2025 with further paper on 27/08/25. 02/12/2025 The Trust has responded to the draft review by the JCC, the draft 2026/27 commissioning intentions and has submitted a presentation on its outline 2026-29 IMTP identifying risks, cost pressures, emerging deliverables etc. Whilst the Trust is actively influencing the commissioning process, this is within the construct of flat cash for 2026/27.		
2. Agree and influence JCC/Health Board of the need for significant reduction in hospital handover hours		CEO WAST	IQPD 12/02/25 The APHID is a WG led group, so timeframe is dependent on WG.	26/04/24 This modelling has been further supplemented by modelling the Ministerial target of no handovers of more than one hour. 26/06/24 May-24 levels at 24,000, which is higher than 2023 and concerning as an indicator of the winter the Trust may expect. Trust moving at pace to evolve clinical response model, with Welsh Government full sighted on impact of handover hours on the Trust. 21/01/25 The Trust experienced 26,000 ambulance unit hours lost to hospital handover in December 2025, in line with its prediction, but significantly above the WG target of no waits over one hour, which equates to approximately 7,500 hours.		

Risk ID	Failure to persuade JCC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience		Date of Review:	05/12/2025	TREND	12
			Date of Next Review:	05/03/2025		(3x4)
			<p>14/04/25 WG has now established an Ambulance Patient Handover Improvement Implementation (APHID) Group to take forward this ambition.</p> <p>19/08/25 This has led to the W45 initiative i.e. 45 minute handover, with handover lost hours in July 2025 being their lowest since July 2021. A continued focus by health boards is required to achieve the ambition and sustain it.</p> <p>02/12/25 As above, hospital handover lost hours have seen a material reduction, however, 14,512 hours were lost to hospital handover in Nov-25. Previous year's performance would suggest this will increase further in Dec-25. Whilst there has been a material reduction in handover lost hours, they are some distance from the 6,000 hours on which the roster keys are predicated.</p>			
3. Increased understanding of NEPTS by JCC	Executive Director of Strategy Planning and Performance	02/08/23 30/06/24 20/08/24 21/02/25 Timeframe tbc, subject to current discussion with JCC.	<p>16/04/24 Workshop arranged for April 2024 (completed).</p> <p>26/06/24 Workshop results reported to newly established Interim Ambulance Commissioning Committee.</p> <p>06/08/24 The WAST briefing to the JCC Board Development session in Aug-24 includes coverage of five workstreams, one of which is Health Transport, which includes NEPTS and UCS.</p> <p>21/01/25 Consideration of Future Vision for NEPTS at JCC meeting on 21/02/25.</p> <p>14/04/25 On-going discussions with JCC on the Future Vision, in particular, next steps, with possible development of a service blueprint connected to the Vision.</p> <p>18/08/25 The Director of Commissioning for Ambulance & 111 Services has raised a concern about the level of capacity management cancellations and asked for options for mitigating these, which the Trust is currently exploring.</p> <p>02/12/25 The Trust is currently undertaking modelling on different options for increasing NEPTS capacity within the current resource envelope.</p>			
4. Governance meeting between NCCU and WAST to manage the commissioner provider interface	Assistant Director Commissioning & Performance	02/08/23 Checkpoint Date Timeframe for establishing a replacement for CASC Assurance is a JCC responsibility.	<p>30.09.22 Meeting in place and meeting regularly. 12/01/23 Meetings continue. 02.05.23 These have lapsed due to pressures and sickness absence in the NCCU. HB to reboot, subject to ability of NCCU to undertake. 28.07.23 Availability remains a challenge, but there is regular informal dialogue between WAST and NCCU. 18.01.24 This specific meeting remains lapsed, but the Trust is currently meeting every two weeks with the NCCU on the development of the IMTP. As the Trust moves into the new JCC from 01 April 2024 there will be a further opportunity to address this control.</p> <p>16/04/24 The new commissioning arrangements are in transition and still quite fluid at the moment.</p> <p>26/06/24 Request to commissioners to re-establish this meeting.</p> <p>06/08/24 Meeting now re-established. 21/01/25 Meeting continues to operate.</p> <p>14/04/25 Meeting continues, but the monthly CASC Assurance meeting has lapsed and needs to be restarted. This is anticipated by the Trust but is dependent on the Director of 111 & Ambulance Commissioning discussion with JCC colleagues.</p> <p>19/08/25 As above, the WG IQPD meeting operates bi-monthly and provides an accountability mechanism, but the Trust is anticipating the resumption of a JCC mechanism in the second half of the year.</p> <p>02/12/25 The first Joint WAST Executive/JCC SLT Monthly Meeting was held on 26 Nov-25</p>			
5. Develop and roll out the Stakeholder Influencing Plan	Director of Partnerships & Engagement AD Planning & Transformation	Q2 24/25 onwards	<p>15/03/24 This action is captured in Risk 201 on the CRR. The reputation audit being repeated in Q1 will inform the development and roll out of this plan in Q2.</p> <p>14/04/25 The CMT Programme Engagement Plan (PEP) is live. During Q4 the programme has undertaken a series of priority engagement sessions with key clinical groups and stakeholders on the Clinical Services Model proposals. The next steps are to undertake wider system engagement.</p> <p>19/08/25 System wider engagement was undertaken as part of the phase one Ambulance Performance Framework go live on 01 July, with further communications planned as part of the phase 2 go live on 01 December 2025.</p>			

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships			Date of Review:	15/10/2025	TREND	12 (4x3)
				Date of Next Review:	15/01/2025	➡	
IF the response to tensions and challenges in the relationships with TU partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained	THEN there is a risk that TU 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			Likelihood	Consequence	Score
				Inherent	5	3	15
				Current	4	3	12
				Target	4	3	12
IMTP Deliverable Numbers: 1, 13, 14, 19, 22, 30, 32							
Strategic Objective:							
EXECUTIVE OWNER		Director of People		ASSURANCE COMMITTEE		People & Culture Committee	
Risk Commentary							
<p>A tailored bespoke development programme for managers and Trade Union Partners at all levels has been delivered with further training and activities to be developed for first line managers. The programme of engagement and relationship building will continue throughout 2025/26.</p> <p>Work continues on improving partnership working through the delivery of the action plan. The engagement structures below WASPT are in place and running. The Deputy Director of People and Head of Culture and OD have delivered workshop sessions for TU partners and managers across the organisation in senior and local roles. Personal relationships with TUPs are generally very good. At a local level there are ongoing discussions on a range of organisational change issues and currently engagement and partnership working is operating well and as a result the score has been reduced to 12 (3x4) . However, there is a recognition that the nature of partnership working and the issues that arise mean that the level of risk fluctuates more regularly than others and will be kept under review. It is noted that work required on financial sustainability to meet savings requirements and projects such as reviewing the skill mix has the potential to disrupt relationships and may lead to a review of the score. Also, the departure of the CEO may cause some concerns amongst TU partners in terms of the risk of a change in approach to partnership working. On a national level, TUPs have not confirmed acceptance of the 2025 pay offer of 3.6% and there is a risk for industrial action.</p>							
CONTROLS				ASSURANCES			
				Internal Management (1st Line of Assurance)			
1. Agreed (Refreshed) TU Facilities Agreement developed in partnership				1. Agreed document which states governance arrangements and the criteria for time off for TU activity etc.			
2. Go Together Go Far (GTGF) statement and CEO/TU Partners statement				2. Both parties refer to the documents and are signed up/committed to it			
3.				3.			
4. Trade Union representation at Trust Board, Committees				4. Committee or Board ask TU representative for feedback or whether they have been consulted. Big issues items progress as planned because of TU partner buy in			
5. Monthly Informal Lead TU representatives and Chief Executive meetings				5. Diarised meetings			
6. TU partners in Task & Finish and Project Groups				6. Good attendance and commitment are observed at the meetings. TU partners listed as members in terms of reference			
				7. Diarised meetings with a formal agenda. Any business needed to be discussed is included in the agenda. Good attendance and commitment observed at meetings.			
7. Local Partnership Forums, Corporate Partnership Forums and SLT/TUP and SOT/TUP well established and running and informal monthly meetings between TUPs and Senior Operations Team in place and operating				8. Consistency of invitation and good attendance/commitment observed at meetings. Trade Union representations on SOT meetings			
8. Quarterly Report on TU activity to People and Culture Committee				9. Report at every P& C committee meeting regarding activities TUPs involved with which is noted. Whenever Partnerships are discussed, the value of these is formally minuted in the Board and Committee minutes			
9.				10. Triple A reports through to WASPT and to PCC. Any escalations are appropriately noted.			
11. Ongoing project plan in place to support the improvement in relationships based on the ACAS report from 2022 updated and reported to WASPT				11. Development of mentoring and training opportunities for TUPs to support their roles.			
12. AAA report of formal Partnership Forum (WASPT) reported to PCC or Board in future (return to BAU).				12. Training for managers and TUPs delivered			
13. AAA from SLT Partnership Forum and Corporate Partnership Forum reported to WASPT				13. Stability in senior TU team			

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships	Date of Review:	15/10/2025	TREND	12
		Date of Next Review:	15/01/2025	→	(4x3)
14. Externally facilitated mediation session(s) building on the IPA workshops and specifically to address the thorny issue of what happens when we fail to agree. Completed	14. Action plan developed and shared with TUPs. Implementation underway. A series of partnership working sessions (5) have been delivered to around 120 colleagues – managers and TU partners. Feedback from the sessions was captured and next steps were reviewed. Completed There is an ACAS action plan which is a live doc and is reported to WASPT to update progress.				
15. Rhythm of meetings to curate and focus on relationships	15. AAA, minutes, monthly sessions with CEO, DoP and DoO. Informal sessions with CEO, DoP and Branch Chair and Sec on a quarterly basis. 6 weekly meetings with DoP on other partnership forum arrangements.				
16. Increased mutual respect and TU partner understanding and appreciation of challenges and pressures facing the Trust					
17. Rollout of partnership training across WAST now to be extended to first line managers					
18. Observation of partnership forums and development work on embedding partnership training is ongoing. Additional actions have been added to the action plan, and WASPT was updated on 27.01.25.					
19. Consider how we celebrate success and capture the positive learning	Captured as part of social partnership conference and subsequent comms But BAU in terms of partnership approach				
20. Delivery of Social Partnership Conference – completed					
21. Task and Finish group to be established to work on mitigating the impact of EAP Band 5 post introduction and wider skill mix discussions.	Email to TUPs from Director of Strategy and Planning. Meetings completed business case in development for feedback to ELT				
22. Output from Conference informing next steps in developing maturity of relationship					
GAPS IN CONTROLS		GAPS IN ASSURANCE			
1. In maintenance and further improvement mode	None identified				
2.					
Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:		
1. Refresh of engagement programme post Industrial Action and establish work	Deputy Director of People	Q2 2025/26	Plan agreed and being monitored via WASPT. The plan is dynamic with actions being completed and additional actions added to the plan as they arise. Draft training development underway in partnership with TUPs – list of training needs shared from TUPs. - Completed Principles on engagement being developed (in part from the training) and as a result the partnership statement will be updated. eLearning courses created by WG Social Partnership Team to be added to Learn365 Further session of partnership training to be scheduled in Q2 2025/6 Development of learning events for first line managers including content in Our WAST Way Task and Finish group to develop a partnership development day for first line managers has been re-established and work is underway.		
2. Learning and Development opportunities for TU partners e.g. shadowing, digital skills, coaching and mentoring	Deputy Director of People	31/03/25 30.09 25	Awaiting refresh of the online learning by WG prior to publishing in WAST. Online learning on 365 published and advertised via Siren		
3. Develop consultation guidance for managers	Deputy Director of People	31/06/25 30/12/25	Date pushed out due to team capacity.		
4. Produce a report for ELT with a range of options on Skills Mix	Director of People	31/05/25 30.06.25 31/08/25 (completed)	Delay due to extended discussions with TUPs and second report for ELT in August 25 Second report provided in August. Third report provided in September including a QIA and EIA completed and shared back to ELT with a risk register and communications strategy.		

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation	Date of Review:		19/11/2025	TREND	8 (2x4)																
		Date of Next Review:		19/02/2026	➔																	
IF the Trust does: <ul style="list-style-type: none"> 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 		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		<table border="1"> <thead> <tr> <th></th> <th>Likelihood</th> <th>Consequence</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Inherent</td> <td>3</td> <td>4</td> <td>12</td> </tr> <tr> <td>Current</td> <td>2</td> <td>4</td> <td>8</td> </tr> <tr> <td>Target</td> <td>2</td> <td>4</td> <td>8</td> </tr> </tbody> </table>		Likelihood	Consequence	Score	Inherent	3	4	12	Current	2	4	8	Target	2	4	8	
	Likelihood	Consequence	Score																			
Inherent	3	4	12																			
Current	2	4	8																			
Target	2	4	8																			
IMTP Deliverable Numbers: 9, 12, 15, 18, 24, 25, 30, 31, 32																						
Strategic Objective:																						
EXECUTIVE OWNER		Executive Director of Finance and Corporate Resources	ASSURANCE COMMITTEE	Finance and Performance Committee																		
Risk Commentary: To end of November 2025 of the 2025/26 financial year. The risk has now been further reviewed in conjunction with the level of financial risk detailed in the Trust's financial monitoring returns submitted to WG year to date to Month 7 of the 2025/26 Financial Year. The score is consistent with that of Qtr. 2 2025/26 due to presenting an opening balanced financial plan for 2025/26, full allocation of the £8.5m savings delivery target and YTD overachievement. Reported Financial position is currently in deficit (£0.135m) but revised year end forecast is one of balance. It must be noted though that clear monitoring of the savings target for 25/26 will be needed as this is £2m increase from the 24/25 delivered position and also the recovery of the current deficit albeit in a challenging financial climate for all public sector organisations.																						
CONTROLS			ASSURANCES																			
			Internal Management (1st Line of Assurance)																			
1. Financial governance and reporting structures in place			1. Risk is reviewed quarterly at FPC, and a report is submitted bi-monthly to Trust Board																			
2. Financial policies and procedures in place																						
3. Budget management meetings			3. Diarised dates for budget management meetings and delegation of budgets has occurred																			
4. Regular financial reporting to ADLT, EFG, ELT, FPC and Trust Board in place			4. Diarised dates for ADLT, FPC and Trust Board and monthly reports with budget managers. EFG meetings held in July and August 25																			
5. Welsh government reporting			5. MMR submitted monthly to WG and monthly catch ups with F&P Delivery unit																			
6. Monthly review of savings targets			6. ADLT updated via core reporting. Reporting included in finance reports to committees and boards																			
7. Regular review monitoring and challenge via WAST and JCC / CASC quality and delivery meeting with commissioners.																						
8. Monthly ICMB (Internal Capital Monitoring Board) meetings to monitor and review progress against capital programme and engagement with WG and capital leads.			8. Diarised dates for ICMB meetings with regular monthly report																			
9. PSPP monthly reporting and regular engagement with P2P colleagues and periodic Trust Wide communications			9. Regular PSPP communications (Trust wide) on Siren																			
10. Forecasting of revenue and capital budgets			a) Monthly monitoring returns to ELT (EFG) and FPC (b) Reliance on available intelligence to inform future forecasting.																			
11. Business cases and benefits realisation (both revenue and capital)			11. Business cases – scrutiny and approval at senior management team which are submitted to ELT, FPC prior to Trust Board for approval as appropriate according to value.																			
			External Assurances Management (1st Line of Assurance)																			
			5. Monthly Monitoring Returns to Welsh Government																			
			7. JCC management meetings and at bi-monthly meeting with JCC Finance teams																			
			8. Capital meetings with Trust and WG capital leads																			
			9. Regular P2P meetings diarised (bi-monthly)																			
			10. Monthly monitoring returns into Welsh Government																			
			Independent Assurances (3rd Line of Assurance)																			
			1-10 Internal audit reviews covering																			

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation	Date of Review:	19/11/2025	TREND	8 (2x4)
		Date of Next Review:	19/02/2026		
		1-10 External audit reviews			
GAPS IN CONTROLS			GAPS IN ASSURANCE		
1. Lack of formalised service contracts between Commissioner and WAST as a commissioned body			1. None identified.		
Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:		
1. Continuing negotiations with Commissioners	Director of Finance and Corporate Resources/ Director of Strategy Planning and Performance	31/03/25 31/03/26	Supported financial plan included in IMTP for 25/26. At least bi-monthly meetings with WAST finance and JCC in relation to contract payments.		
2. Embed a transformative savings plan and ensure organisational buy in	Savings subgroup / FSP	31/03/25 31/03/26	The Financial Sustainability Program (FSP) will continue to be a key vehicle for the Trust to monitor and develop its savings program. Over delivery was achieved for the 24/25 financial year and the point of strong delivery is further highlighted with the programs ability to fully identify the 25/26 £8.5m savings plan before the start of the financial year.		
3. Embed value-based healthcare working through the organisation	Executive Leadership Team and Value Based Healthcare Group	31/03/25 31/03/26	Work to identify the PROMS & PREMS evaluation criteria for Emergency based services via the Value-Based Healthcare working group continues.		
4. Foundational economy, Decommissioning, and procurement to mitigate social and economic wellbeing of Wales	Estates, Capital and Fleet Groups, NHS Wales Shared Services Partnership	31/03/25 31/03/26	The organisation utilises the NWSSP Shared Services Procurement framework to ensure contracts tendered provide best value for money while ensuring criteria within the tender docs ask bidders to highlight their ability to serve the aims of FE, Decommissioning, Decarbonisation and social as well as the economic wellbeing of Wales. Ad hoc reports are received from Shared Services on WAST's progress in switching more expenditure to Welsh suppliers to keep the Welsh pound in Wales.		

Key - List of Strategic and IMTP objectives

Strategic Objective 1: Providing the right care or advice, in the right place, every time		BAF risks
1.	A modern, easily accessible, user-friendly and integrated digital offer	223, 224, 623, 260, 201,163
2.	Rapid (111) call answering, initial triage and onward referral	223
3.	Timely, high quality clinical assessment, advice and referral	223, 224
4.	Seamless transfer of 111 callers to wide range of available pathways	223
5.	Immediate 999 call answering, and efficient and effective dispatch of the right resource	223
6.	High quality, timely, clinical triage, assessment and consultation, with personalised response	223
7.	High quality, immediate or timely on scene assessment, care and conveyance where needed	223, 100
8.	A range of 24/7 pathways available for further assessment or treatment, closer to home	223, 224
9.	A flexible, user-centred Non-Emergency Patient Transport Service with the right capacity in place to meet demand	100,139
10.	A dedicated and timely transfer & discharge service supporting HBs with their transformation agendas	223
11.	A clear vision for Ambulance care services that supports wider health and care transformation	100, 201
12.	A high quality, safe (NEPTS) service with improved patient experience	100, 139
Strategic Objective 2: Enabling our people to be the best they can be		
13.	Culture: <ul style="list-style-type: none"> Enhance and strengthen internal capacity for delivering culture change Develop amplify employee voice to increase employee engagement Continue the implementation of our compassionate practices approach 	160, 558, 623, 201, 163
14.	Capacity: <ul style="list-style-type: none"> Implement our Strategic Workforce Plan Continue to embed a culture of positive attendance management Continue our focus on 'getting the basics right.' 	100, 160, 163, 223, 224, 558, 594, 623
15.	Capability: <ul style="list-style-type: none"> Grow and develop our leadership and management capability Reinforce and promote career pathways and professional development. Create an environment centred around effective, ongoing conversations ('Check Ins') 	100, 139, 160, 223, 224, 260, 594
16.	Strengthen Welsh Language compliance through strong leadership, enabling Welsh language to flourish	201
Strategic Objective 3: Being at the forefront of innovation and technology		
17.	The right buildings in the right place, enabling our staff to provide the best and safest care across Wales	542
18.	The right fleet in the right place, enabling our staff to provide the best and safest care across Wales	139, 542, 623
19.	Develop & agree Digital Plan <ul style="list-style-type: none"> Everyday essentials Security, Safety & Cyber Digital Pioneers Transformation Data, Information & Insight 	163, 260, 623
Strategic Objective 4: Developing services in collaboration		
20.	Well-placed to influence system thinking / strategy development	100, 223
21.	Meet the requirements of the Wellbeing of Future Generations Act	558
22.	University Trust Status in collaboration with WG, embracing a 'democratised culture' of learning, research and innovation	160, 163, 223, 224
Strategic Objective 5: Being quality driven and clinically led		
23.	Systems that meet the requirements of the Duty of Quality and Duty of Candour	224
24.	Excellent clinical leadership	100, 139,160, 223, 224, 260, 594
25.	A culture of quality improvement with robust quality management systems	100, 139, 160, 201, 223, 224
26.	High quality Putting Things Right, Safeguarding and Health & Safety systems	160, 224, 558
27.	Meaningful engagement and co-production with communities	223, 224
28.	A risk management framework as a key enabler of our long-term strategy and decision making	No corporate/principal risks
29.	An integrated governance framework	No corporate/principal risks
Strategic Objective 6: Delivering exceptional value		
30.	Sustainable savings & efficiencies	139, 163, 224
31.	Generate income alongside our core commissioned functions	139, 224
32.	A Value-Based approach across the organisation which is embedded in culture	100, 139, 163
33.	Developing and implementing our plans for Environmental Sustainability and Adaptation	542

VALIDATION SUMMARY 2025-26

Your organisation is showing as :	WELSH AMBULANCE TRUST
Period is showing :	DEC 25
TABLE A : MOVEMENT	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A1 : UNDERLYING POSITION	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A2: RISKS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B : MONTHLY POSITIONS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B3 : PAY & AGENCY/LOCUM	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE C, C1 & C2 : SAVINGS SCHEMES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE C3 : TRACKER	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E : RESOURCE LIMITS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E1 : INVOICED INCOME	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE F : STATEMENT OF FINANCIAL POSITION	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE G : MONTHLY CASHFLOW	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE I : CAPITAL RESOURCE / EXPENDITURE LIMIT	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE J: CAPITAL IN YEAR SCHEMES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE K : CAPITAL DISPOSALS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE L : EFL	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE N : GENERAL MEDICAL SERVICES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE O : GENERAL DENTAL SERVICES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE Q: IFRS 16	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TOTAL ERRORS FOR YOUR DEC 25 RETURN IS	YOUR RETURN HAS ZERO ERRORS

Welsh Ambulance Trust

Period : Dec 25

Summary Of Main Financial Performance

Revenue Performance

	Actual YTD £'000	Annual Forecast £'000
1 Under / (Over) Performance	180	(0)

Welsh Ambulance Trust

Period : Dec 25

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
 Lines 1 - 12 should not be adjusted after Month 1

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-2,278	0	-2,278	-2,278
2 Cost Pressures (Negative Value)	-27,549	0	-27,549	-27,549
3 Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	16,100	0	16,100	16,100
4 Other Income Uplift / (Reduction)	5,227	0	5,227	5,227
5 RRL Profile - phasing only (in-year effect should total nil /Column C)	0	0	0	0
6 Planned (Finalised) Green and Amber Savings Plan	8,350	2,275	6,075	6,075
7 Planned (Finalised) Net Income Generation	150	0	150	150
8 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
9 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
10	0	0		
11 Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	0	0		
12 Opening IMTP / Annual Operating Plan	0	2,275	-2,275	-2,275
13 Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	0	0	0	0
14 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
15 Other Movement in Month 1 Planned & In Year Net Income Generation	-98	0	-98	-98
16 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	99	360	-261	-110
17 Additional In Year Identified Savings - Forecast	0	0	0	0
18 Variance to Planned RRL	0	0		
19 Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	0	0		
20 In Year Accountancy Gains	0	0	0	0
21 Unplanned Spend Reductions	1,200	1,200	0	0
22 Unplanned Cost Pressures	-1,200	0	-1,200	-1,200
23 Planned Mitigations Yet To Be Finalised	0	0	0	0
24 Unplanned Additional Required Mitigations Yet To Be Finalised	0	0	0	0
25 Other	0	0	0	0
26 Minor movements to plan	0	0		
27 Impact of WRP additional forecast	0	0		
28 Income shortfall at 7% ERN	0	0		
29	0	0		
30	0	0		
31	0	0		
32	0	0		
33	0	0		
34	0	0		
35 Forecast Outturn (- Deficit / + Surplus)	0	3,834	-3,834	-3,684

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000
1	-236	-187	-186	-185	-186	-185	-186	-185	-186	-186	-185	-185	-1,722
2	-2,254	-2,207	-2,337	-2,316	-2,281	-2,322	-2,280	-2,309	-2,332	-2,284	-2,285	-2,342	-20,638
3	1,342	1,338	1,342	1,342	1,342	1,342	1,342	1,342	1,342	1,342	1,342	1,342	12,074
4	436	441	435	436	436	435	435	435	435	435	435	433	3,924
5												0	0
6	659	660	741	719	685	726	685	713	712	664	664	723	6,300
7	4	4	4	4	4	4	4	4	29	29	29	29	62
8													0
9													0
10													0
11													0
12	-50	50	0	0	0	0	0	0	0	0	0	0	0
13	0	0	0	0	0	0	0	0	0	0	0	0	0
14													0
15	0	0	0	0	2	0	0	0	-25	-25	-25	-25	-23
16	54	24	-14	24	7	-52	24	110	-23	22	-37	-40	153
17	0	0	0	0	0	0	0	0	0	0	0	0	0
18													0
19													0
20	0	0	0	0	0	0	0	0	0	0	0	0	0
21	0	0	0	348	166	201	168	132	-66	64	91	95	950
22	0	0	0	-400	-100	-100	-100	-100	-100	-100	-100	-100	-900
23	0	0	0	0	0	0	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0	0	0	0	0	0	0
26		-73	107	-34									0
27			-213	-69	-58	-6	-41	-73	460				0
28			-82	82									0
29													0
30													0
31													0
32													0
33													0
34													0
35	4	1	-202	-49	17	43	51	69	246	-39	-71	-70	180

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

Monthly Positions (- Deficit / + Surplus) reconciles to Table B Monthly Positions	Ok
Recurring & Non Recurring Analysis of In Year items is not greater than In Year Items	Ok
FYE of Recurring items are greater than, or equal to, the In Year Recurring amount	Ok
FYE of Recurring items only reported against Recurring items	Ok
Has Organisation name being selected	Ok

Table A1 - Underlying Position

This Table is currently showing 0 errors

Section A - By Spend Area		IMTP	Full Year Effect of Actions		Subtotal	New, Recurring, Full Year Effect of Unmitigated Pressures (-ve)	IMTP
		Underlying Position b/f	Recurring Savings (+ve)	Recurring Allocations / Income (+ve)		£'000	Underlying Position c/f
		£'000	£'000	£'000	£'000	£'000	£'000
1	Pay - Administrative, Clerical & Board Members				0		0
2	Pay - Medical & Dental				0		0
3	Pay - Nursing & Midwifery Registered				0		0
4	Pay - Prof Scientific & Technical				0		0
5	Pay - Additional Clinical Services	(2,278)			(2,278)	(1,406)	(3,684)
6	Pay - Allied Health Professionals				0		0
7	Pay - Healthcare Scientists				0		0
8	Pay - Estates & Ancillary				0		0
9	Pay - Students				0		0
10	Non Pay - Supplies and services - clinical				0		0
11	Non Pay - Supplies and services - general				0		0
12	Non Pay - Consultancy Services				0		0
13	Non Pay - Establishment				0		0
14	Non Pay - Transport				0		0
15	Non Pay - Premises				0		0
16	Non Pay - External Contractors				0		0
17	Health Care Provided by other Orgs – Welsh LHBs				0		0
18	Health Care Provided by other Orgs – Welsh Trusts				0		0
19	Health Care Provided by other Orgs – JCC				0		0
20	Health Care Provided by other Orgs – English				0		0
21	Health Care Provided by other Orgs – Private / Other				0		0
22	Total	(2,278)	0	0	(2,278)	(1,406)	(3,684)

Section B - By Directorate		IMTP	Full Year Effect of Actions		Subtotal	New, Recurring, Full Year Effect of Unmitigated Pressures (-ve)	IMTP
		Underlying Position b/f	Recurring Savings (+ve)	Recurring Allocations / Income (+ve)		£'000	Underlying Position c/f
		£'000	£'000	£'000	£'000	£'000	£'000
1	Scheduled Care				0		0
2	Unscheduled Care	(2,278)			(2,278)	(1,406)	(3,684)
3	Mental Health				0		0
4	Community Services				0		0
5	Primary Care				0		0
6	Continuing Health Care				0		0
7	Specialised Services				0		0
8	Commissioned Services - Other				0		0
9	Clinical Support Services				0		0
10	Non-Clinical Support Services				0		0
11	Executive / Corporate Areas				0		0
12	Total	(2,278)	0	0	(2,278)	(1,406)	(3,684)

Welsh Ambulance Trust

Period : Dec 25

This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
1			
2			
3			
	Risks (negative values)		
4	Under delivery of Amber Schemes included in Outturn via Tracker		
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	Joint Commissioning Committee Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12			
13	Increase in handover delays (Increase in overrun costs, due to HB reducing services)	(500)	Low
14	Winter Pressure	(500)	Low
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	Total Risks	(1,000)	
	Further Opportunities (positive values)		
27			
28			
29			
30			
31			
32			
33			
34	Total Further Opportunities	0	
35	Current Reported Forecast Outturn	(0)	
36		(0)	
37	Worst Case Outturn Scenario	(1,000)	
38	Best Case Outturn Scenario	(0)	

Welsh Ambulance Trust

Table B - Monthly Positions

Period : Dec 25

This Table is currently showing 0 errors

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000	
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
1	Revenue Resource Limit	Actual/F'cast												0	0	
2	Capital Donation / Government Grant Income (Health Board only)	Actual/F'cast												0	0	
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast	587	573	566	619	501	593	578	566	588	472	472	473	5,171	6,588
4	JCC Income	Actual/F'cast	23,875	23,923	23,290	21,409	23,281	24,763	24,819	25,050	25,270	25,587	25,589	25,589	215,680	292,445
5	Welsh Government Income (Non RRL)	Actual/F'cast	661	624	1,487	4,224	6,356	1,085	2,153	287	1,677	1,699	1,700	1,700	17,044	22,143
6	Other Income	Actual/F'cast	404	491	335	452	490	580	430	614	368	377	378	378	4,164	5,297
7	Income Total		25,527	25,611	25,678	26,704	30,628	27,021	27,990	26,518	26,393	28,136	28,138	28,140	242,060	326,474
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast												0	0	
9	Primary Care - Drugs & Appliances	Actual/F'cast												0	0	
10	Provided Services - Pay	Actual/F'cast	19,195	19,408	19,349	19,190	22,456	20,285	20,242	20,196	20,478	20,752	20,665	20,555	180,779	242,751
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	3,897	3,835	3,818	4,495	3,544	3,784	4,716	4,022	3,519	4,524	4,645	4,753	35,630	49,552
12	Secondary Care - Drugs	Actual/F'cast	32	34	29	44	35	58	65	71	20	46	46	46	388	526
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast												0	0	
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast												0	0	
15	Continuing Care and Funded Nursing Care	Actual/F'cast												0	0	
16	Other Private & Voluntary Sector	Actual/F'cast	1,049	945	912	995	1,034	1,087	1,137	1,076	1,190	1,350	1,350	1,350	9,425	13,475
17	Joint Financing and Other	Actual/F'cast												0	0	
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast	69	99	455	171	136	271	234	176	(476)	141	141	141	1,135	1,588
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast												0	0	
20	Total Interest Receivable - (Trust Only)	Actual/F'cast	(120)	(91)	(72)	(64)	(58)	(78)	(94)	(94)	(83)	(83)	(83)	(83)	(750)	(999)
21	Total Interest Payable - (Trust Only)	Actual/F'cast	20	20	20	20	20	19	19	20	20	18	19	20	178	235
22	DEL Depreciation/Accelerated Depreciation/Impairments	Actual/F'cast	1,382	1,382	1,382	1,592	1,598	1,598	1,598	1,836	1,479	1,569	1,568	1,569	13,847	18,553
23	AME Donated Depreciation/Impairments	Actual/F'cast				328	1,880	21	21	(842)	0	36	36	37	1,408	1,517
24	Uncommitted Reserves & Contingencies	Actual/F'cast												0	0	
25	Profit/Loss Disposal of Assets	Actual/F'cast	(11)	(22)	(13)	(18)	(36)	(49)	(9)	(12)	0	(175)	(175)	(175)	(180)	(694)
26	Cost - Total		25,523	25,610	25,680	26,753	30,611	26,978	27,929	26,449	26,147	28,175	28,209	28,210	241,880	326,474
27	Net surplus/ (deficit)		4	1	(202)	(49)	17	43	51	69	246	(39)	(71)	(70)	180	(0)

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)	£'000	
28. Actual YTD surplus/ (deficit)	180	
29. Actual YTD surplus/ (deficit) last n	(68)	
30. Current month actual surplus/ (deficit)	246	
		Trend
31. Average monthly surplus/ (deficit)	20	
32. YTD remaining months	60	

Full-year surplus/ (deficit) scenarios	£'000
33. Extrapolated Scenario	918
34. Year to Date Trend Scenario	239

c. DEL/AME Depreciation & Impairments

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000	
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
DEL																
41	Baseline Provider Depreciation	Actual/F'cast	1,382	1,382	1,382	1,271	1,230	1,230	1,230	1,080	1,271	1,271	1,271	11,438	15,251	
42	Strategic Depreciation	Actual/F'cast				114	113	113	113	116	118	115	114	687	1,030	
43	Accelerated Depreciation	Actual/F'cast				0	0	0	0	4	0	3	3	4	13	
44	Impairments	Actual/F'cast				0	0	0	0	0	0	0	0	0	0	
45	IFRS 16 Leases	Actual/F'cast				207	255	255	255	656	90	180	180	181	1,718	2,259
46	Total		1,382	1,382	1,382	1,592	1,598	1,598	1,598	1,836	1,479	1,569	1,568	1,569	13,847	18,553
AME																
47	Donated Asset Depreciation	Actual/F'cast				3	3	3	3	5	3	3	3	4	20	30
48	Impairments (including Reversals)	Actual/F'cast				316	1,859	0	0	(842)	0	0	0	0	1,333	1,333
49	IFRS 16 Leases (Peppercom)	Actual/F'cast				9	18	18	18	(5)	(3)	33	33	33	55	154
50	Total		0	0	0	328	1,880	21	21	(842)	0	36	36	37	1,408	1,517

Welsh Ambulance Trust

Table B1 - SOCNE / SOCNI Movement

This table needs completing monthly from Month 2

Period : Dec 25

Ref	TABLE B: MONTHLY POSITIONS - MONTHLY MOVEMENT ANALYSIS	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Total
1	Income & Expenditure Categories													
3	Revenue Resource Limit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
4	Capital Donation / Government Grant Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
5	Welsh NHS Local Health Boards & Trusts Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
6	ICC Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.3)	0.2	0.2	0.2	0.3
7	Welsh Government Income (Non RRL)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(1.4)	0.2	0.2	0.2	(0.7)
8	Other Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.2	0.2	0.2	0.8
9	Total Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(1.2)	0.6	0.6	0.6	0.4
10	Primary Care Contractor (excl. drugs, incl. NRL expenditure)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11	Primary Care - Drugs & Appliances	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
12	Provided Services - Pay	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.2	0.2	0.7
13	Provider Services - Non Pay (excluding drugs & depreciation)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.8)	0.3	0.3	0.3	0.1
14	Secondary Care - Drugs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.9)	0.0	0.0	0.0	(0.9)
15	Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
16	Non Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
17	Continuing Care and Funded Nursing Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
18	Other Private & Voluntary Sector	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.3	0.3	0.3	1.1
19	Joint Financing and Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20	Losses, Special Payments and Irrecoverable Debts	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.7)	(0.1)	(0.1)	(0.1)	(1.0)
21	Exceptional (Income) / Costs - (Trust Only)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
22	Total Interest Receivable - (Trust Only)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.9)	(0.9)	(0.9)	(0.9)	(3.6)
23	Total Interest Payable - (Trust Only)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
24	DLL Depreciation/Accelerated Depreciation/Impairments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	(0.1)
25	AME Donated Depreciation/Impairments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.9)	0.0	0.0	0.0	0.0
26	Uncommitted Reserves & Contingencies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
27	Profit/Loss Disposal of Assets	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	(0.6)	(0.6)	(0.6)	0.0
28	Total Expenditure	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(1.4)	0.7	0.7	0.7	0.4
29	Forecast Outturn	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	(0.1)	(0.1)	(0.1)	(0.1)	(0.0)

VARIANCE ANALYSIS £m				VARIANCE ANALYSIS %			
v PMA	v PMF	v PMFY		v PMA	v PMF	v PMFY	
0.0	0.0	0.0		0.0%	0.0%	0.0%	
0.0	0.0	0.0		0.0%	0.0%	0.0%	
0.0	0.1	0.1		3.9%	23.3%	6.6%	
0.0	0.0	0.0		0.0%	-0.6%	0.4%	
(0.3)	(1.4)	(0.7)		-41.9%	-89.1%	-16.2%	
(0.7)	0.2	(0.5)		-46.1%	15.0%	30.7%	
(0.1)	(1.2)	0.4		-0.5%	-43.3%	0.7%	
0.0	0.0	0.0		0.0%	0.0%	0.0%	
0.0	0.0	0.0		0.0%	0.0%	0.0%	
0.3	0.0	0.3		1.4%	0.2%	1.3%	
(0.5)	(0.8)	0.1		-12.5%	-18.9%	0.4%	
(0.1)	(0.0)	(0.0)		-71.8%	-56.5%	-18.8%	
0.0	0.0	0.0		0.0%	0.0%	0.0%	
0.0	0.0	0.0		0.0%	0.0%	0.0%	
0.0	0.0	0.0		0.0%	0.0%	0.0%	
0.1	0.2	1.1		10.6%	15.1%	35.6%	
0.0	0.0	0.0		0.0%	0.0%	0.0%	
(0.7)	(0.9)	(1.6)		-370.5%	-305.2%	-241.1%	
0.0	0.0	0.0		0.0%	0.0%	0.0%	
0.0	(0.0)	(0.1)		-11.7%	66.0%	88.0%	
0.0	0.0	0.0		0.0%	5.3%	0.0%	
(0.4)	(0.1)	(0.1)		-18.4%	-6.1%	-1.7%	
0.8	(0.0)	0.0		-100.0%	-100.0%	0.0%	
0.0	0.0	0.0		0.0%	0.0%	0.0%	
0.0	0.1	0.0		-100.0%	-100.0%	-0.2%	
(0.1)	(1.0)	0.4		-3.1%	-5.1%	0.7%	
0.2	0.2	(0.0)		258.6%	654.6%	-1.8%	

PMA = Prior Month Actuals

PMF = Prior Month Forecast

PMFY = Prior Month Full Year Forecast

Ref	TABLE B: MONTHLY POSITIONS - PRIOR MONTH	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Total	Forecast
31	Income & Expenditure Categories														
32	Revenue Resource Limit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
33	Capital Donation / Government Grant Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
34	Welsh NHS Local Health Boards & Trusts Income	0.6	0.6	0.6	0.6	0.5	0.6	0.6	0.6	0.5	0.5	0.5	0.5	6.5	1.6
35	ICC Income	23.9	23.9	23.3	21.4	23.3	24.8	24.8	25.1	25.4	25.4	25.4	25.4	292.1	76.3
36	Welsh Government Income (Non RRL)	0.7	0.6	1.5	4.2	6.4	1.1	2.2	0.3	1.5	1.5	1.5	1.5	22.9	4.4
37	Other Income	0.4	0.5	0.3	0.5	0.6	0.4	0.6	0.1	0.1	0.1	0.1	0.1	4.4	0.4
38	Total Income	25.5	25.6	25.7	26.7	30.6	27.0	28.0	26.5	27.6	27.5	27.5	27.5	325.9	82.6
39	Primary Care Contractor (excl. drugs, incl. NRL expenditure)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
40	Primary Care - Drugs & Appliances	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
41	Provided Services - Pay	19.2	19.4	19.3	19.2	22.5	20.3	20.2	20.2	20.4	20.5	20.5	20.3	242.1	61.4
42	Provider Services - Non Pay (excluding drugs & depreciation)	3.8	3.8	3.8	4.5	3.5	3.8	4.7	4.0	4.3	4.2	4.1	4.5	49.5	13.0
43	Secondary Care - Drugs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
44	Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
45	Non Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
46	Continuing Care and Funded Nursing Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
47	Other Private & Voluntary Sector	1.0	0.9	0.9	1.0	1.0	1.1	1.1	1.1	1.0	1.0	1.0	1.0	12.4	3.1
48	Joint Financing and Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
49	Losses, Special Payments and Irrecoverable Debts	0.1	0.1	0.5	0.2	0.1	0.3	0.2	0.2	0.2	0.2	0.2	0.2	2.5	0.7
50	Exceptional (Income) / Costs - (Trust Only)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
51	Total Interest Receivable - (Trust Only)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.9)	(0.2)
52	Total Interest Payable - (Trust Only)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
53	DLL Depreciation/Accelerated Depreciation/Impairments	1.4	1.4	1.4	1.6	1.6	1.6	1.6	1.8	1.6	1.6	1.6	1.6	18.6	4.7
54	AME Donated Depreciation/Impairments	0.0	0.0	0.0	0.3	1.9	0.0	0.0	0.0	(0.8)	0.0	0.0	0.0	1.5	0.1
55	Uncommitted Reserves & Contingencies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
56	Profit/Loss Disposal of Assets	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.1)	(0.1)	(0.1)	(0.1)	(0.7)	(0.4)
57	Total Expenditure	25.5	25.6	25.9	26.8	30.6	27.0	27.9	26.4	27.6	27.5	27.5	27.5	325.9	82.6
58	Forecast Outturn	0.0	0.0	(0.1)	(0.0)	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0

The 'Current Month' figures would come from the from the existing Table B:

Ref	TABLE B: MONTHLY POSITIONS - CURRENT MONTH	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Total
60	Income & Expenditure Categories													
61	Revenue Resource Limit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
62	Capital Donation / Government Grant Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
63	Welsh NHS Local Health Boards & Trusts Income	0.6	0.6	0.6	0.6	0.5	0.6	0.6	0.6	0.5	0.5	0.5	0.5	6.4
64	ICC Income	23.9	23.9	23.3	21.4	23.3	24.8	24.8	25.1	25.3	25.6	25.6	25.6	292.4
65	Welsh Government Income (Non RRL)	0.7	0.6	1.5	4.2	6.4	1.1	2.2	0.3	0.2	1.7	1.7	1.7	22.1
66	Other Income	0.4	0.5	0.3	0.5	0.6	0.4	0.6	0.1	0.1	0.1	0.1	0.1	4.4
67	Total Income	25.5	25.6	25.7	26.7	30.6	27.0	28.0	26.5	27.6	27.5	27.5	27.5	326.5
68	Primary Care Contractor (excl. drugs, incl. NRL expenditure)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
69	Primary Care - Drugs & Appliances	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
70	Provided Services - Pay	19.2	19.4	19.3	19.2	22.5	20.3	20.2	20.2	20.5	20.8	20.7	20.6	242.8
71														

Section I: Other Private & Voluntary Sector	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD £'000	Forecast year-end position £'000
	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
121 Annual Plan (plus finalised savings identified at month 1) - Fixed after month 1 (Positive Value)	1,049	1,154	1,154	1,154	1,154	1,154	1,154	1,154	1,154	1,154	1,153	1,153	10,281	13,740
122 Remove Red. Pipeline and Planning Assumptions - Fixed after month 1 (Positive Value)													0	0
123 Latest Month Actual / Forecast	Actual/Pcast	1,049	945	912	995	1,034	1,087	1,137	1,078	1,190	1,350	1,350	0,425	13,475
124 Variation From Opening Annual Plan	Actual/Pcast	0	(200)	(242)	(159)	(120)	(87)	(17)	(78)	36	197	197	(866)	(265)
Explanation of Variation:														
125 Additional Spend Associated with In Year Funding / Income above plan (Positive Value)	Actual/Pcast												0	0
126 Savings Delivery (i.e. M1 schemes movements to plan plus additional In Year schemes)	Actual/Pcast	0	0	0	0	0	0	0	0	0	0	0	0	0
127 Accountancy Gains	Actual/Pcast	0	0	0	0	0	0	0	0	0	0	0	0	0
128 Unplanned Spend Reductions (i.e. re-assessment of original planned spend assumption) (Negative Value)	Actual/Pcast												0	0
129 Unplanned Cost Pressures (b/d required in narrative) (Positive Value)	Actual/Pcast												0	0
130 Viewments of Planned (included in annual plan line above) Spend Between Categories or Periods (Positive or Negative values)	Actual/Pcast	(200)	(242)	(159)	(120)	(87)	(17)	(78)		36	197	197	(850)	(265)
131 Planned Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	Pcast												0	0
132 Unplanned additional required Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	Pcast												0	0
133 Other (Positive or Negative Value) - (b/d required in narrative)	Actual/Pcast												0	0
134 Total Variation Explanation	Actual/Pcast	0	(200)	(242)	(159)	(120)	(87)	(17)	(78)	36	197	197	(850)	(265)
135 Check Variation Fully Explained:		ok	ok	ok	ok	ok	ok	ok	ok	ok	ok	ok		

Section J: Joint Financing and Other	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD £'000	Forecast year-end position £'000
	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
136 Annual Plan (plus finalised savings identified at month 1) - Fixed after month 1 (Positive Value)													0	0
137 Remove Red. Pipeline and Planning Assumptions - Fixed after month 1 (Positive Value)													0	0
138 Latest Month Actual / Forecast	Actual/Pcast	0	0	0	0	0	0	0	0	0	0	0	0	0
139 Variation From Opening Annual Plan	Actual/Pcast	0	0	0	0	0	0	0	0	0	0	0	0	0
Explanation of Variation:														
140 Additional Spend Associated with In Year Funding / Income above plan (Positive Value)	Actual/Pcast												0	0
141 Savings Delivery (i.e. M1 schemes movements to plan plus additional In Year schemes)	Actual/Pcast	0	0	0	0	0	0	0	0	0	0	0	0	0
142 Accountancy Gains	Actual/Pcast	0	0	0	0	0	0	0	0	0	0	0	0	0
143 Unplanned Spend Reductions (i.e. re-assessment of original planned spend assumption) (Negative Value)	Actual/Pcast												0	0
144 Unplanned Cost Pressures (b/d required in narrative) (Positive Value)	Actual/Pcast												0	0
145 Viewments of Planned (included in annual plan line above) Spend Between Categories or Periods (Positive or Negative values)	Actual/Pcast												0	0
146 Planned Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	Pcast												0	0
147 Unplanned additional required Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	Pcast												0	0
148 Other (Positive or Negative Value) - (b/d required in narrative)	Actual/Pcast												0	0
149 Total Variation Explanation	Actual/Pcast	0	0	0	0	0	0	0	0	0	0	0	0	0
150 Check Variation Fully Explained:		ok	ok	ok	ok	ok	ok	ok	ok	ok	ok	ok		

Section K: Total Analysis	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD £'000	Forecast year-end position £'000	
	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			
151 Annual Plan (plus finalised savings identified at month 1) - Fixed after month 1 (Positive Value)	24,173	24,538	24,538	24,332	24,122	24,533	24,685	24,642	24,584	24,884	24,784	24,793	220,145	294,606	
152 Remove Red. Pipeline and Planning Assumptions - Fixed after month 1 (Positive Value)													0	0	
153 Latest Month Actual / Forecast	Actual/Pcast	24,173	24,222	24,108	24,724	27,069	25,184	26,161	25,365	25,207	26,872	26,706	26,704	226,222	306,394
154 Variation From Opening Annual Plan	Actual/Pcast	0	(316)	(428)	392	2,947	661	1,476	723	623	1,788	1,922	1,911	6,077	11,698
Explanation of Variation:															
155 Additional Spend Associated with In Year Funding / Income above plan (Positive Value)	Actual/Pcast	0	(238)	(424)	364	3,020	710	1,567	865	434	1,774	1,876	1,866	6,288	11,798
156 Savings Delivery (i.e. M1 schemes movements to plan plus additional In Year schemes)	Actual/Pcast	(54)	(24)	14	(24)	(7)	62	(24)	(110)	23	(22)	37	40	(163)	(99)
157 Accountancy Gains	Actual/Pcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
158 Unplanned Spend Reductions (i.e. re-assessment of original planned spend assumption) (Negative Value)	Actual/Pcast	0	0	(348)	(196)	(201)	(168)	(152)	66	(64)	(91)	(90)	(950)	(1,200)	
159 Unplanned Cost Pressures (b/d required in narrative) (Positive Value)	Actual/Pcast	0	0	0	400	100	100	100	100	100	100	100	900	1,200	
160 Viewments of Planned (included in annual plan line above) Spend Between Categories or Periods (Positive or Negative values)	Actual/Pcast	54	(54)	0	0	0	0	0	0	0	0	0	0	0	0
161 Planned Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	Pcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
162 Unplanned additional required Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	Pcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
163 Other (Positive or Negative Value) - (b/d required in narrative)	Actual/Pcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
164 Total Variation Explanation	Actual/Pcast	0	(316)	(428)	392	2,947	661	1,476	723	623	1,788	1,922	1,911	6,077	11,698
165 Check Variation Fully Explained:		ok	ok	ok	ok	ok	ok	ok	ok	ok	ok	ok			
166 Check: The planned assumed mitigations yet to be identified profiles agrees with Line 11 of Table A		ok	ok	ok	ok	ok	ok	ok	ok	ok	ok	ok			

In Year Recurring Impact £'000	FYE Recurring Impact £'000

In Year Recurring Impact £'000	FYE Recurring Impact £'000

In Year Recurring Impact £'000	FYE Recurring Impact £'000

In Year Recurring Impact £'000	FYE Recurring Impact £'000
0	0
1,200	1,200
0	0
0	0
0	0

Welsh Ambulance Trust

Period : Dec 25

This Table is currently showing 0 errors

Table B3 - Pay Expenditure Analysis

A - Pay Expenditure

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	year-end position £'000
1	Administrative, Clerical & Board Members	3,322	3,487	3,380	3,420	4,048	3,632	3,618	3,626	3,663	3,600	3,600	3,600	32,196	42,996
2	Medical & Dental	12	12	12	13	13	12	12	12	12	12	12	12	110	146
3	Nursing & Midwifery Registered	1,210	1,257	1,221	1,239	1,459	1,330	1,348	1,393	1,390	1,390	1,390	1,390	11,847	16,017
4	Prof Scientific & Technical	23	20	18	17	21	18	18	19	21	24	24	24	175	247
5	Additional Clinical Services	7,615	7,732	7,789	7,620	8,831	8,061	7,857	7,789	8,035	8,197	8,153	8,094	71,329	95,772
6	Allied Health Professionals	6,787	6,672	6,708	6,662	7,842	6,997	7,162	7,125	7,118	7,289	7,247	7,196	63,073	84,806
7	Healthcare Scientists			0	0	0	0	0	0	0	0	0	0	0	0
8	Estates & Ancillary	226	228	221	219	242	215	227	232	221	240	239	239	2,049	2,767
9	Students			0	0	0	0	0	0	0	0	0	0	0	0
10	TOTAL PAY EXPENDITURE	19,195	19,408	19,349	19,190	22,456	20,265	20,242	20,196	20,478	20,752	20,665	20,555	180,779	242,751

Analysis of Pay Expenditure

11	LHB Provided Services - Pay	19,195	19,408	19,349	19,190	22,456	20,265	20,242	20,196	20,478	20,752	20,665	20,555	180,779	242,751
12	Other Services (incl. Primary Care) - Pay													0	0
13	Total - Pay	19,195	19,408	19,349	19,190	22,456	20,265	20,242	20,196	20,478	20,752	20,665	20,555	180,779	242,751

B - Agency / Locum (premium) Expenditure

- Analysed by Type of Staff

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	year-end position £'000
1	Administrative, Clerical & Board Members	62	66	58	76	78	83	74	56	49	70	0	0	602	672
2	Medical & Dental													0	0
3	Nursing & Midwifery Registered													0	0
4	Prof Scientific & Technical													0	0
5	Additional Clinical Services	10	9	9	0	0	0	0	(15)	11	0	0	0	24	24
6	Allied Health Professionals				20									20	20
7	Healthcare Scientists													0	0
8	Estates & Ancillary	5	6	6	7	5	5	7	6	7	0	0	0	54	54
9	Students													0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	77	81	73	103	83	88	81	47	67	70	0	0	700	770

11	Agency/Locum (premium) % of pay	0.4%	0.4%	0.4%	0.5%	0.4%	0.4%	0.4%	0.2%	0.3%	0.3%	0.0%	0.0%	0.4%	0.3%
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C - Agency / Locum (premium) Expenditure

- Analysed by Reason for Using Agency/Locum (premium)

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast
REF	REASON	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	year-end position £'000
1	Vacancy	77	81	73	103	83	88	81	47	67	70	0	0	700	770
2	Maternity/Paternity/Adoption Leave													0	0
3	Special Leave (Paid) – inc. compassionate leave, interview													0	0
4	Special Leave (Unpaid)													0	0
5	Study Leave/Examinations													0	0
6	Additional Activity (Winter Pressures/Site Pressures)													0	0
7	Annual Leave													0	0
8	Sickness													0	0
9	Restricted Duties													0	0
10	Jury Service													0	0
11	WLI													0	0
12	Exclusion (Suspension)													0	0
13	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	77	81	73	103	83	88	81	47	67	70	0	0	700	770

Welsh Ambulance Trust

Period : Dec 25

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY		Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Green	Amber	non recurring	recurring				
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000	£'000		£'000
1	Pay	Budget/Plan	483	482	560	518	484	525	479	473	472	419	419	478	4,475	5,790							
2		Actual/F'cast	524	547	602	480	522	507	505	552	446	456	397	461	4,684	5,998	78.10%	5,998	0	2,635	3,363		3,513
3		Variance	41	65	41	(36)	38	(18)	26	79	(26)	37	(22)	(17)	209	208	4.67%	5,998	0				
4	Non-Pay	Budget/Plan	176	178	181	201	201	206	240	240	245	245	245	1,825	2,560			2,560	0				
5		Actual/F'cast	189	137	125	263	170	167	204	271	243	230	230	222	1,769	2,451	72.18%	2,451	0	0	2,451		2,451
6		Variance	13	(41)	(56)	62	(31)	(34)	(2)	31	3	(15)	(15)	(23)	(56)	(109)	(3.05%)	-109	0				
7	Primary Care - Drugs & Appliances	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
10	Secondary Care Drugs	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
13	CHC/FNC	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
16	Primary Care Contractor	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
19	Healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
20		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
22	Non-healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
23		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
25	Other Private & Voluntary Sector	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
26		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
28	Joint Financing & Other	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
29		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
34	Total	Budget/Plan	659	660	741	719	685	726	685	713	712	664	664	723	6,300	8,350			2,560	0			
35		Actual/F'cast	713	684	727	743	692	674	709	822	688	685	627	683	6,453	8,449	8.44%	8,449	0	2,635	5,814		5,964
36		Variance	54	24	(14)	24	7	(52)	24	110	(23)	22	(37)	(40)	153	99		5,889	0				
37	Variance in month		8.26%	3.64%	(1.94%)	3.29%	1.01%	(7.13%)	3.52%	15.40%	(3.27%)	3.26%	(5.56%)	(5.46%)	2.44%								
38	In month achievement against FY forecast		8.44%	8.10%	8.61%	8.79%	8.19%	7.98%	8.39%	9.73%	8.15%	8.11%	7.42%	8.09%									

Welsh Ambulance Trust

Period : Dec 25

Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings	
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Green	Amber	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000		£'000
1	Pay - General & Substantive	Budget/Plan	190	190	190	198	198	199	198	198	199	198	198	199	1,756	2,350						
2		Actual/F'cast	232	284	247	155	236	248	206	271	209	228	169	225	2,087	2,710	2,710	0	2,635	75		75
3		Variance	42	94	57	(43)	38	49	73	11	30	(26)	26	331	360	2709.577	0					
4	Pay - Variable	Budget/Plan	293	292	371	321	286	326	281	275	273	221	221	279	2,719	3,440			0	0		
5		Actual/F'cast	292	264	355	325	286	259	299	281	236	228	228	236	2,597	3,288	3,288	0	0	3,288		3,438
6		Variance	(1)	(28)	(16)	4	(0)	(67)	18	6	(37)	7	7	(43)	(122)	(152)	3,288	0				
7	Pay - Agency	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0
10	Total	Budget/Plan	483	482	560	518	484	525	479	473	472	419	419	478	4,475	5,790			0	0		
11		Actual/F'cast	524	547	602	480	522	507	505	552	446	456	397	461	4,684	5,998	5,998	0	2,635	3,363		3,513
12		Variance	41	65	41	(38)	38	(18)	26	79	(26)	37	(22)	(17)	209	208	5,998	0				

Welsh Ambulance Trust

Period : Dec 25

Table D - Income/Expenditure Assumptions

Annual Forecast

	LHB/Trust	Contracted Income £'000	Non Contracted Income £'000	Total Income £'000	Contracted Expenditure £'000	Non Contracted Expenditure £'000	Total Expenditure £'000
1	Swansea Bay University	526	194	720	0	145	145
2	Aneurin Bevan University	372	218	590	0	175	175
3	Betsi Cadwaladr University	865	1,022	1,887	255	229	484
4	Cardiff & Vale University	0	308	308	0	102	102
5	Cwm Taf Morgannwg University	0	733	733	0	87	87
6	Hywel Dda University	1,407	90	1,497	0	98	98
7	Powys	0	20	20	0	58	58
8	Public Health Wales	0	92	92	35	0	35
9	Velindre	1,024	53	1,077	1,164	1,084	2,248
10	DHCW	241	0	241	1,613	0	1,613
11	Welsh Ambulance Services			0			0
12	JCC	291,488	0	291,488	0	0	0
13	HEIW	500	775	1,275	0	16	16
14	NHS Executive			0			0
15	Total	296,423	3,505	299,928	3,067	1,994	5,061

Welsh Ambulance Trust

This Table is currently showing 0 errors

Period : Dec 25

Table E - Resource Limits

	STATUS OF ISSUED RESOURCE LIMIT ITEMS				Total Revenue Resource Limit £'000	Recurring (R) or Non-Recurring (NR)	Total Revenue Drawing Limit £'000	Total Capital Resource Limit £'000	Total Capital Drawing Limit £'000	WG Contact and Date Item First Entered into Table
	HCHS £'000	Pharmacy £'000	Dental £'000	GMS £'000						
1. BASE ALLOCATION										
1 LATEST ALLOCATION LETTER/SCHEDULE REF:										
2 Total Confirmed Funding					0					
2. ANTICIPATED ALLOCATIONS										
3 DEL Non Cash Depreciation - Baseline Surplus / Shortfall					0					
4 DEL Non Cash Depreciation - Strategic					0					
5 DEL Non Cash Depreciation - Accelerated					0					
6 DEL Non Cash Depreciation - Impairment					0					
7 DEL Non Cash Depreciation - IFRS 16 Leases					0					
8 AME Non Cash Depreciation - IFRS 16 Leases (Peppercorn)					0					
9 AME Non Cash Depreciation - Donated Assets					0					
10 AME Non Cash Depreciation - Impairment					0					
11 AME Non Cash Depreciation - Impairment Reversals					0					
12 Removal of Donated Assets / Government Grant Receipts					0					
13 Removal of IFRS-16 Leases (Revenue)					0					
14 Real Living Wage (Care Homes)					0					
15					0					
16					0					
17					0					
18					0					
19					0					
20					0					
21					0					
22					0					
23					0					
24					0					
25					0					
26					0					
27					0					
28					0					
29					0					
30					0					
31					0					
32					0					
33					0					
34					0					
35					0					
36					0					
37					0					
38					0					
39					0					
40					0					
41					0					
42					0					
43					0					
44					0					
45					0					
46					0					
47					0					
48					0					
49					0					
50					0					
51					0					
52					0					
53					0					
54					0					
55					0					
56					0					
57					0					
58					0					
59 Revenue Working Balances Request					0					
60 Capital Working Balances Request					0					
61 Capital IFRS16 Leases Working Balances Request					0					
62 Total Anticipated Funding	0	0	0	0	0		0	0	0	
3. TOTAL RESOURCES & BUDGET RECONCILIATION										
63 Confirmed Resources Per 1. above	0	0	0	0	0		0	0	0	
64 Anticipated Resources Per 2. above	0	0	0	0	0		0	0	0	
65 Total Resources	0	0	0	0	0		0	0	0	

Welsh Ambulance Trust

Period : Dec 25

This Table is currently showing 0 errors

Table E1 - Invoiced Income Streams - TRUSTS ONLY

Ref	Swansea Bay ULHB £'000	Aneurin Bevan ULHB £'000	Betsi Cadwaladr ULHB £'000	Cardiff & Vale ULHB £'000	Cwm Taf Morgannwg ULHB £'000	Hywel Dda ULHB £'000	Powys LHB £'000	Public Health Wales NHS Trust £'000	Welsh Ambulance NHS Trust £'000	Velindre NHS Trust £'000	NWSSP £'000	DHCW £'000	HEIW £'000	WG £'000	JCC £'000	Other (please specify) £'000	Total £'000	WG Contact, date item first entered into table and whether any invoice has been raised.
1	720	590	1,887	308	733	1,497	20	92		1,077		241	1,275	18,563	291,488	5,431	323,922	
Details of Anticipated Income																		
2																	0	
3														1,105			1,105	Based on latest Non cash submission
4																	0	
5																	0	
6														958			958	Based on latest Non cash submission - less amount received to date
7														154			154	Based on latest Non cash submission
8														30			30	Based on latest Non cash submission
9														1,333			1,333	Based on latest Non cash submission
10																	0	
11														(1,379)			(1,379)	Per table Q
12																	0	
13																	0	
14																	0	Now included in above total
15																	0	
16														350			350	Assumed income for PIBS Email from JG to JS 05/01/26
17																	0	
18																	0	
19																	0	
20																	0	
21																	0	
22																	0	
23																	0	
24																	0	
25																	0	
26																	0	
27																	0	
28																	0	
29																	0	
30																	0	
31																	0	
32																	0	
33																	0	
34																	0	
35																	0	
36	720	590	1,887	308	733	1,497	20	92	0	1,077	0	241	1,275	21,114	291,488	5,431	326,474	



Welsh Ambulance Trust

This table needs completing monthly from Month: 3
This Table is currently showing 0 errors

Period : Dec 25

Table F - Statement of Financial Position For Monthly Period

	Opening Balance Beginning of Apr 25 £'000	Closing Balance End of Dec 25 £'000	Forecast Closing Balance End of Mar 26 £'000
Non-Current Assets			
1 Property, plant and equipment	109,202	105,651	126,342
2 Intangible assets	3,662	2,586	2,596
3 Trade and other receivables	401	388	400
4 Other financial assets	0	0	0
5 Non-Current Assets sub total	113,265	108,625	129,338
Current Assets			
6 Inventories	2,114	2,115	2,200
7 Trade and other receivables	15,163	32,432	17,000
8 Other financial assets	0	0	0
9 Cash and cash equivalents	8,036	9,831	326
10 Non-current assets classified as held for sale	0	0	0
11 Current Assets sub total	25,313	44,378	19,526
12 TOTAL ASSETS	138,578	153,003	148,864
Current Liabilities			
13 Trade and other payables	29,488	21,812	10,290
14 Borrowings (Trust Only)	1,900	1,361	3,000
15 Other financial liabilities	0	0	0
16 Provisions	4,617	22,057	22,057
17 Current Liabilities sub total	36,005	45,230	35,347
18 NET ASSETS LESS CURRENT LIABILITIES	102,573	107,773	113,517
Non-Current Liabilities			
19 Trade and other payables	0	0	0
20 Borrowings (Trust Only)	5,890	4,741	5,000
21 Other financial liabilities	0	0	0
22 Provisions	6,580	6,387	6,387
23 Non-Current Liabilities sub total	12,470	11,128	11,387
24 TOTAL ASSETS EMPLOYED	90,103	96,645	102,130
FINANCED BY: Taxpayers' Equity			
25 General Fund	0	0	0
26 Revaluation Reserve	13,054	15,416	13,054
27 PDC (Trust only)	80,343	84,343	92,370
28 Retained earnings (Trust Only)	(3,294)	(3,114)	(3,294)
29 Other reserve	0	0	0
30 Total Taxpayers' Equity	90,103	96,645	102,130

EXPLANATION OF ALL PROVISIONS	Opening Balance Beginning of Apr 25	Closing Balance End of Dec 25	Closing Balance End of Mar 26
31 Clinical Negligence	1,758	18,943	18,943
32 Personal Injury and special payments	830	1,087	1,087
33 Personal Injury-PIBS	7,133	6,967	6,967
34 Defence legal fees and other administration	345	440	440
35 Pensions-other staff PIBS	57	47	47
36 Redress	201	87	87
37 Restructurings	0	0	0
38 Other	873	873	873
39			
40 Total Provisions	11,197	28,444	28,444

ANALYSIS OF WELSH NHS RECEIVABLES (current month)	£'000
41 Welsh NHS Receivables Aged 0 - 10 weeks	8,465
42 Welsh NHS Receivables Aged 11 - 16 weeks	43
43 Welsh NHS Receivables Aged 17 weeks and over	0

ANALYSIS OF TRADE & OTHER PAYABLES (opening, current & closing)	£'000	£'000	£'000
44 Capital	5,331	606	5,331
45 Revenue	24,157	21,206	4,959

ANALYSIS OF CASH (opening, current & closing)	£'000	£'000	£'000
46 Capital	5,331	606	50
47 Revenue	2,705	9,225	276

Welsh Ambulance Trust

Period : Dec 25

This Table is currently showing 0 errors

This table needs completing monthly from Month: 2

Table G - Monthly Cashflow Forecast

	April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
RECEIPTS													
1													0
2													0
3	549	20	1,335	18	3,558	1,749	0	1,024	47	9,394	2,407	2,696	22,797
4													0
5	25,011	23,490	24,610	24,034	23,866	30,320	25,132	25,227	24,766	24,884	25,475	25,476	302,291
6													0
7	0	0		0	4,000	0	0	0	0	0	10,838	0	14,838
8	120	91	71	63	56	76	95	94	83	85	85	81	1,000
9	1	22	13	18	36	49	9	12	0	178	178	178	694
10	1,864	715	1,712	148	1,096	604	867	748	1,449	679	679	683	11,244
11	27,545	24,338	27,741	24,281	32,612	32,798	26,103	27,105	26,345	35,220	39,662	29,114	352,864
PAYMENTS													
12													0
13													0
14													0
15													0
16													0
17	18,471	19,066	18,996	18,889	20,289	21,007	19,843	19,940	20,038	22,071	22,071	22,070	242,751
18	4,428	9,109	6,088	8,827	4,801	5,744	5,459	6,272	7,400	7,593	7,594	7,594	80,909
19													0
20	0											0	0
21	3,453	1,383	620	289	330	1,096	1,532	1,797	1,353	8,604	7,744	8,026	36,227
22	133	139	0	133	15	0	134	0	0	133	0	0	687
23	26,485	29,697	25,704	28,138	25,435	27,847	26,968	28,009	28,791	38,401	37,409	37,690	360,574
24	1,060	(5,359)	2,037	(3,857)	7,177	4,951	(865)	(904)	(2,446)	(3,181)	2,253	(8,576)	
25	8,036	9,096	3,737	5,774	1,917	9,094	14,045	13,180	12,276	9,830	6,649	8,902	
26	9,096	3,737	5,774	1,917	9,094	14,045	13,180	12,276	9,830	6,649	8,902	326	

Welsh Ambulance Trust

Period : Dec 25

Table H - PSPP

This table needs completing on a quarterly basis

NOTE: Data to 1 decimal place

30 DAY COMPLIANCE		ACTUAL Q1			ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
		Target %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Forecast %	Variance %
PROMPT PAYMENT OF INVOICE PERFORMANCE														
1	% of NHS Invoices Paid Within 30 Days - By Value	95.0%	90.7%	-4.3%	98.6%	3.6%	96.3%	1.3%		-95.0%	95.3%	0.3%	95.3%	0.3%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%	96.4%	1.4%	91.0%	-4.0%	96.1%	1.1%		-95.0%	94.3%	-0.7%	94.3%	-0.7%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%	98.8%	3.8%	99.5%	4.5%	98.3%	3.3%		-95.0%	99.0%	4.0%	99.0%	4.0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%	98.7%	3.7%	98.8%	3.8%	97.7%	2.7%		-95.0%	98.4%	3.4%	98.4%	3.4%

10 DAY COMPLIANCE		ACTUAL Q1		ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
		Actual %		Actual %		Actual %		Actual %		Actual %		Actual %	
PROMPT PAYMENT OF INVOICE PERFORMANCE													
5	% of NHS Invoices Paid Within 10 Days - By Value	40.7%		24.5%		39.1%				32.7%		32.7%	
6	% of NHS Invoices Paid Within 10 Days - By Number	34.9%		33.5%		55.6%				38.6%		38.6%	
7	% of Non NHS Invoices Paid Within 10 Days - By Value	39.9%		29.6%		56.8%				39.9%		39.9%	
8	% of Non NHS Invoices Paid Within 10 Days - By Number	58.9%		54.0%		52.1%				54.9%		54.9%	

Welsh Ambulance Trust

Period : Dec 25

This Table is currently showing 0 errors

Table I - 2025-26 Capital Resource / Expenditure Limit Management

£'000 32,274
 Approved CRL / CEL issued at : 27/11/25

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	Gross expenditure						
	All Wales Capital Programme:						
	Schemes:						
1	ESMCP - Control Room Solutions	94	94	0	421	421	0
2	MDVS	0	0	0	72	72	0
3	Special Operational Response Teams (SORT) Enhancement Equipment	2	2	0	290	290	0
4	Welsh Ambulance Services NHS Trust – Vehicle Replacement Programme – 2025-26	6,701	6,701	0	22,452	22,452	0
5	TEF - Infrastructure	74	74	0	300	300	0
6	TEF - Decarbonisation	80	80	0	707	707	0
7	Replacement PC/Laptops, Server & Switch upgrades - End of Year Digital funding 2025-	0	0	0	550	550	0
8	EA Chassis 26-27 - End of Year funding 2025-26	0	0	0	1,290	1,290	0
9				0			0
10				0			0
11				0			0
12				0			0
13				0			0
14				0			0
15				0			0
16				0			0
17				0			0
18				0			0
19				0			0
20				0			0
21				0			0
22				0			0
23				0			0
24				0			0
25				0			0
26				0			0
27				0			0
28				0			0
29				0			0
30				0			0
31				0			0
32				0			0
33				0			0
34				0			0
35				0			0
36				0			0
37				0			0
38				0			0
39				0			0
40				0			0
41				0			0
42	Sub Total	6,950	6,950	0	26,082	26,082	0
	Discretionary:						
43	I.T.	545	545	0	1,149	1,149	0
44	Equipment	147	147	0	250	250	0
45	Statutory Compliance	0	0	0	0	0	0
46	Estates	597	597	0	4,350	4,350	0
47	Mental Health			0			0
48	Other	23	23	0	199	199	0
49	Sub Total	1,312	1,312	0	5,948	5,948	0

	Other (Including IFRS 16 Leases) Schemes:						
50	IFRS16 – 2025- 26 Tranche	0	0	0	244	244	0
51				0			0
52				0			0
53				0			0
54				0			0
55				0			0
56				0			0
57				0			0
58				0			0
59				0			0
60				0			0
61				0			0
62				0			0
63				0			0
64				0			0
65				0			0
66				0			0
67				0			0
68				0			0
69				0			0
70	Sub Total	0	0	0	244	244	0
71	Total Expenditure	8,262	8,262	0	32,274	32,274	0
	Less:						
	Capital grants & Capital AME (e.g. dilapidations):						
72				0			0
73				0			0
74				0			0
75				0			0
76				0			0
77	Sub Total	0	0	0	0	0	0
	Donations:						
78				0			0
79	Sub Total	0	0	0	0	0	0
	Asset Disposals:						
80				0			0
81				0			0
82				0			0
83				0			0
84				0			0
85				0			0
86				0			0
87				0			0
88				0			0
89				0			0
90				0			0
91	Sub Total	0	0	0	0	0	0
92	Technical Adjustments			0			0
93	CHARGE AGAINST CRL / CEL	8,262	8,262	0	32,274	32,274	0
94	PERFORMANCE AGAINST CRL / CEL (Under)/Over		(24,012)			0	

Welsh Ambulance Trust

Period : Dec 25

This Table is currently showing 0 errors

Table J - In Year Capital Scheme Profiles

Ref:	All Wales Capital Programme: Schemes:	Project Manager	In Year Forecast		Capital Expenditure Monthly Profile												YTD £'000	Total £'000	Risk Level
			Min. £'000	Max. £'000	April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			
1	ESMCP - Control Room Solutions	A WILLIAMS	421	421	0	0	0	0	71	0	0	23	0	0	77	250	94	421	Low
2	MDVS	A WILLIAMS	72	72	0	0	0	0	0	0	0	0	0	0	0	72	0	72	Low
3	Special Operational Response Teams (SORT) Enhanceme	D HOLMES	290	290	0	0	0	0	0	0	1	1	0	288	0	0	2	290	Low
4	Welsh Ambulance Services NHS Trust – Vehicle Replacem	D HOLMES	22,452	22,452	1,142	226	256	379	236	875	1,363	1,529	695	5,250	5,250	5,251	6,701	22,452	Low
5	TEF - Infrastructure	R DAVIES	300	300	0	0	2	6	21	19	6	11	9	75	75	77	74	300	Low
6	TEF - Decarbonisation	R DAVIES	707	707	0	0	0	8	21	(8)	4	4	51	209	209	209	80	707	Low
7	Replacement PC/Laptops, Server & Switch upgrades - End	A WILLIAMS	550	550	0	0	0	0	0	0	0	0	0	183	183	184	0	550	Low
8	EA Chassis 26-27 - End of Year funding 2025-26	D HOLMES	1,290	1,290	0	0	0	0	0	0	0	0	0	0	0	1,290	0	1,290	Low
9																	0	0	
10																	0	0	
11																	0	0	
12																	0	0	
13																	0	0	
14																	0	0	
15																	0	0	
16																	0	0	
17																	0	0	
18																	0	0	
19																	0	0	
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34																	0	0	
35																	0	0	
36																	0	0	
37																	0	0	
38																	0	0	
39																	0	0	
40																	0	0	
41																	0	0	
42	Sub Total		26,082	26,082	1,142	226	256	392	349	886	1,374	1,568	755	6,005	5,794	7,333	6,950	26,082	
Discretionary:																			
43	I.T.	A WILLIAMS	1,149	1,149	(32)	177	29	12	66	111	41	49	92	201	201	202	545	1,149	Low
44	Equipment	D HOLMES	250	250	90	11	17	(82)	10	33	36	13	19	73	30	0	147	250	Low
45	Statutory Compliance	R DAVIES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Low
46	Estates	R DAVIES	4,350	4,350	12	(16)	110	(132)	(135)	52	57	163	487	1,251	1,251	1,251	597	4,350	Low
47	Mental Health	N/A															0	0	Low
48	Other	E ROBERTS	199	199	5	2	4	0	0	5	3	4	0	38	38	100	23	199	Low
49	Sub Total		5,948	5,948	75	173	160	(202)	(69)	201	137	229	598	1,563	1,520	1,553	1,312	5,948	
Other Schemes (Including IFRS 16 Leases):																			
50	IFRS16 – 2025- 26 Tranche	R DAVIES	244	244	0	0	0	0	0	0	0	0	0	0	0	244	0	244	Low
51																	0	0	
52																	0	0	
53																	0	0	
54																	0	0	
55																	0	0	
56																	0	0	
57																	0	0	
58																	0	0	
59																	0	0	
60																	0	0	
61																	0	0	
62																	0	0	
63																	0	0	
64																	0	0	
65																	0	0	
66																	0	0	
67																	0	0	
68																	0	0	
69																	0	0	
70	Sub Total		244	244	0	0	0	0	0	0	0	0	0	0	0	244	0	244	
71	Total Capital Expenditure		32,274	32,274	1,217	399	418	190	290	1,087	1,511	1,797	1,353	7,568	7,314	9,130	8,262	32,274	

Table K - Capital Disposals

This Table is currently showing 0 errors

A: In Year Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only) MM/YY (text format, e.g. Apr 25)	Date of Ministerial Approval to Retain Proceeds > £0.5m MM/YY (text format, e.g. Apr 25)	Date of Disposal MM/YY (text format, e.g. Feb 26)	NBV £'000	Sales Receipts £'000	Cost of Disposals £'000	Gain/ (Loss) £'000	Comments
1	Overage vehicles and equipment	n/a	n/a	25-26	0	694		694	
2								0	
3								0	
4								0	
5								0	
6								0	
7								0	
8								0	
9								0	
10								0	
11								0	
12								0	
13								0	
14								0	
15								0	
16								0	
17								0	
18								0	
19								0	
	Total for in-year				0	694	0	694	

B: Future Years Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only) MM/YY (text format, e.g. April 26)	Date of Ministerial Approval to Retain Proceeds > £0.5m MM/YY (text format, e.g. April 26)	Date of Disposal MM/YY (text format, e.g. Feb 27)	NBV £'000	Sales Receipts £'000	Cost of Disposals £'000	Gain/ (Loss) £'000	Comments
20								0	
21								0	
22								0	
23								0	
24								0	
25								0	
26								0	
27								0	
28								0	
29								0	
30								0	
31								0	
32								0	
33								0	
34								0	
35								0	
36								0	
37								0	
38								0	
	Total for future years				0	0	0	0	

Welsh Ambulance Trust

Period : Dec 25

This Table is currently showing 0 errors

This table needs completing monthly from Month: 3

Table L: EXTERNAL FINANCING LIMIT

		Full Year Per WG £'000	Full Year Per Trust £'000	Planning Variance £'000	Actual to date £'000
REF	<i>NET FINANCIAL CHANGE</i>	A	B	C	D
1	Retained surplus/(deficit) for period			0	180
2	Depreciation	18,539	18,553	14	13,847
3	Depreciation on Donated Assets			0	
4	DEL and AME Impairments		1,517	1,517	1,408
5	Net gain/loss on disposal of assets		(694)	(694)	(160)
6	Profit/loss on sale term of disc ops			0	
7	Proceeds of Capital Disposals		694	694	160
8	Other Income (specify)			0	
9	<i>APPLICATION OF FUNDS</i>				
10	Capital Expenditure	(32,030)	(32,030)	(0)	(8,262)
11	Other Expenditure/ IFRS 16 Lease Payments Exc. Interest & VAT (ROU)	(1,347)	(1,347)	0	0
	<i>MOVEMENTS IN WORKING CAPITAL</i>				
12	Inventories			0	(2)
13	Current assets - Trade and other receivables			0	(17,256)
14	Current liabilities - Trade and other payables			0	(7,678)
15	Non current liabilities - Trade and other payables			0	0
16	Provisions			0	17,246
17	Sub total - movement in working capital	0	0	0	(7,690)
18	NET FINANCIAL CHANGE	(14,838)	(13,307)	1,531	(517)
	<i>EFL REQUIREMENT TO BE MET BY</i>				
19	Increase in Public Dividend Capital	14,838	13,307	(1,531)	4,000
20	Net change in temporary borrowing			0	
21	Change in bank deposits and interest bearing securities			0	(1,795)
22	Net change in finance lease payables			0	(1,688)
23	TOTAL EXTERNAL FINANCE	14,838	13,307	(1,531)	517

Table N - General Medical Services
Table to be completed from Q1 / Month: 3

This Table is currently showing 0 errors

Operating Expenditure - ring fenced GMS budget

SUMMARY OF GENERAL MEDICAL SERVICES FINANCIAL POSITION

	LINE NO.	WG Allocation £000's	Current Plan £000's	Forecast Outturn £000's	Variance £000's	Year to Date £000's
Global Sum	1					
Practice support payment	2					
Total Global Sum and MPIG	3				0	0
QIF Aspiration Payments	4					
QIF Achievement Payments	5					
QIF - Access Achievement Payments	6					
Total Quantity	7				0	0
Direct Supplementary Services (To equal data in Section A (i) Line 30)	8				0	
National Supplementary Services (To equal data in Section A (ii) Line 40)	9				0	
Local Supplementary Services (To equal data in Section A (iii) Line 93)	10				0	
Total Supplementary Services (To equal data in section A Line 94)	11		0	0	0	0
LHB Administered (To equal data in Section B Line 108)	12				0	
Premises (To equal data in section C Line 137)	13				0	
IM & T	14				0	
Out of Hours (including OOHDF)	15				0	
Dispensing (To equal data in Line 153)	16				0	
Total	17	0	0	0	0	0

SUPPLEMENTARY INFORMATION

Directed Enhanced Services Section A (i)	LINE NO.	£000's	£000's	£000's	£000's	£000's
Childhood Immunisation Scheme	18				0	
Mental Health	19				0	
Influenza & Pneumococcal Immunisations Scheme	20				0	
Services for Violent Patients	21				0	
Minor Surgery Fees	22				0	
MENU of Agreed DSS						
Asylum Seekers & Refugees	23				0	
Care of Diabetes	24				0	
Care Homes	25				0	
Extended Surgery Opening	26				0	
Gender Identity	27				0	
Homeless	28				0	
Oral Anticoagulation with Warfarin	29				0	
TOTAL Supplementary Services (must equal line 8)	30		0	0	0	0

National Supplementary Services A (ii)	LINE NO.	£000's	£000's	£000's	£000's	£000's
INR Monitoring	31				0	
Shared care drug monitoring (Near Patient Testing)	32				0	
Drug Misuse	33				0	
IUCD	34				0	
Alcohol misuse	35				0	
Depression	36				0	
Minor injury services	37				0	
Diabetes	38				0	
Services to the homeless	39				0	
TOTAL National Supplementary Services (must equal line 9)	40		0	0	0	0

Local Supplementary Services	A (iii)	LINE NO.	£000's	£000's	£000's	£000's	£000's
ADHD		41					0
Asylum Seekers & Refugees		42					0
Cardiology		43					0
Care Homes		44					0
Care of Diabetes		45					0
Chiropody		46					0
Counselling		47					0
Depo - Provera (including Implanon & Nexplanon)		48					0
Dermatology		49					0
Dietetics		50					0
DOAC/NOAC		51					0
Drugs Misuse		52					0
Extended Minor Surgery		53					0
Gonaderlins		54					0
Homeless		55					0
HPV Vaccinations		56					0
Immunisations (inc Pertussis excluding DES - Childhood Imm & Influenza & Pneumococcal Imm)		57					0
Learning Disabilities		58					0
Lithium / INR Monitoring		59					0
Local Development Schemes		60					0
Mental Health		61					0
Minor Injuries		62					0
MMR		63					0
Multiple Sclerosis		64					0
Muscular Skeletal		65					0
Nursing Homes		66					0
Orthopaedic (Upper Limb GPwSi/Clinical Assessments)		67					0
Osteopathy		68					0
Phlebotomy		69					0
Physiotherapy (inc MT3)		70					0
Referral Management		71					0
Respiratory (inc COPD)		72					0
Ring Pessaries		73					0
Sexual Health Services		74					0
Shared Care		75					0
Smoking Cessation		76					0
Substance Misuse		77					0
Suturing		78					0
Swine Flu		79					0
Transport/Ambulance costs		80					0
Vasectomy		81					0
Weight Loss Clinic (inc Exercise Referral)		82					0
Wound Care		83					0
Zoladex		84					0
		85					0
		86					0
		87					0
		88					0
		89					0
		90					0
		91					0
		92					0
TOTAL Local Supplementary Services (must equal line 10)		93		0	0	0	0
TOTAL Supplementary Services (must equal line 11)		94		0	0	0	0
GENERAL MEDICAL SERVICES Operating Expenditure							
			WG Allocation	Current Plan	Forecast	Variance	Year to Date
LHB Administered	Section B	LINE NO.	£000's	£000's	£000's	£000's	£000's
Seniority		95					
Doctors Retention Scheme Payments		96					
Locum Allowances consists of adoptive ,paternity & maternity		97					
Locum Allowances : Cover for Sick Leave		98					
Locum Allowances : Cover For Suspended Doctors		99					
Prolonged Study Leave		100					
Recruitment and Retention (including Golden Hello)		101					
Appraisal - Appraiser Costs		102					
Primary Care Development Scheme		103					
Partnership Premium - GP partners		104					
Partnership Premium - Non GP Partners		105					
Supply of syringes & needles		106					
Other (please provide detail below, this should reconcile to line 127)		107					
TOTAL LHB Administered (must equal line 12)		108				0	0

Analysis of Other Payments (line 107)	LINE NO.	£000's	£000's	£000's	£000's	£000's
Additional Managed Practice costs (costs in excess of Global Sum/MPIG)	109					
CRB checks	110					
GP Locum payments	111					
LHB Locality group costs	112					
Managing Practice costs (LHB employed staff working in GP practices to improve GP services)	113					
Primary Care Initiatives	114					
Salaried GP costs	115					
Stationery & Distribution	116					
Training	117					
Translation fees	118					
COVID vaccination payments to GP practices	119					
	120					
	121					
	122					
	123					
	124					
	125					
	126					
TOTAL of Other Payments (must equal line 107)	127					0

Premises Section C	LINE NO.	£000's	£000's	£000's	£000's	£000's
Notional Rents	128					
Actual Rents: Health Centres	129					
Actual Rents: Others	130					
Cost Rent	131					
Clinical Waste/ Trade Refuse	132					
Rates, Water, sewerage etc	133					
Health Centre Charges	134					
Improvement Grants	135					
All other Premises (please detail below which should reconcile to line 145)	136					
TOTAL Premises (must equal line 13)	137					0

Analysis of Other Premises (Line 136)	LINE NO.	£000's	£000's	£000's	£000's	£000's
	138					
	139					
	140					
	141					
	142					
	143					
	144					
TOTAL of Other Premises (must equal line 136)	145					0

Memorandum item	LINE NO.	£000's	£000's	£000's	£000's	£000's
Supplementary Services included above but in dispute with LMC (TOTAL)	146					
Supplementary Services included above but not yet formally agreed LMC	147					

GENERAL MEDICAL SERVICES
Dispensing

Dispensing Data	LINE NO.	WG Allocation £000's	Current Plan £000's	Forecast Outturn £000's	Variance £000's	Year to Date £000's
Cost of Drugs and Appliances, after discounts and plus container allowance (and plus VAT where applicable)						
Dispensing Doctors	148					
Prescribing Medical Practitioners - Personal Administration	149					
Dispensing Service Quality Payment	150					
Professional Fees and on-cost						
Dispensing Doctors	151					
Prescribing Medical Practitioners - Personal Administration	152					
TOTAL DISPENSING DATA (must equal line 16)	153					0

Welsh Ambulance Trust

Period : Dec 25

Table O - General Dental Services

This Table is currently showing 0 errors

Table to be completed from Q1 / Month: 3

Operating Expenditure from the revenue allocation for the dental contract

SUMMARY OF DENTAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
Expenditure / activities included in a GDS contract and / or PDS agreement	LINE NO.	£000's	£000's	£000's	£000's	£000's
Gross Contract Value - Personal Dental Services	1				0	
Gross Contract Value - General Dental Services	2				0	
Emergency Dental Services (inc Out of Hours)	3				0	
Additional Access	4				0	
Business Rates	5				0	
Domiciliary Services	6				0	
Maternity/Sickness etc.	7				0	
Sedation services including GA	8				0	
Seniority payments	9				0	
Employer's Superannuation	10				0	
Oral surgery	11				0	
OTHER (PLEASE DETAIL BELOW)	12				0	
TOTAL DENTAL SERVICES EXPENDITURE	13		0	0	0	0
OTHER (PLEASE DETAIL BELOW) - Activities / expenditure not included in a GDS contract and / or PDS agreement. This includes payments made under other arrangements e.g. GA under an SLA and D2S, plus other or one off payments such as dental nurse training						
	LINE NO.		£000's	£000's	£000's	£000's
Emergency Dental Services (inc Out of Hours)	14					
Additional Access	15					
Sedation services including GA	16					
Continuing professional development	17					
Occupational Health / Hepatitis B	18					
Gwen Am Byth - Oral Health in care homes	19					
Refund of patient charges	20					
Design to Smile	21					
Other Community Dental Services	22					
Dental Foundation Training/Vocational Training	23					
DBS/CRB checks	24					
Health Board staff costs associated with the delivery / monitoring of the dental contract	25					
Oral Surgery	26					
Orthodontics	27					
Special care dentistry e.g. WHC/2015/002	28					
Oral Health Promotion/Education	29					
	30					
	31					
	32					
	33					
	34					
	35					
	36					
	37					
	38					
	39					
	40					
	41					
	42					
TOTAL OTHER (must equal line 12)	43			0		0
RECEIPTS						
TOTAL DENTAL SERVICES INCOME (Enter as a negative value)	44				0	

This table needs to be completed from month 3

Table A: Allocation Paper (2526 New Work Forecast)	WG Annual Allocation	Current Plan	Expenditure (£000s) - Variance (deficit/surplus)												Total YTD	Total Annual	Total	Variance against WG Allocation (Forecast - under spend)	
			April	May	June	July	August	September	October	November	December	January	February	March					
Learning Disabilities (£78.6m)	Plan																0	0	0
	Actual/Forecast - not yet committed																0	0	0
	Actual/Forecast - committed																0	0	0
	Variance against current plan																0	0	0
Mental Health Services (£71.9m)	Plan																0	0	0
	Actual/Forecast - not yet committed																0	0	0
	Actual/Forecast - committed																0	0	0
	Variance against current plan																0	0	0
Palliative care/Bereavement Hospice (£3.0m)	Plan																0	0	0
	Actual/Forecast - not yet committed																0	0	0
	Actual/Forecast - committed																0	0	0
	Variance against current plan																0	0	0
Genetics for Precision Medicine Strategy (£15.6m)	Plan																0	0	0
	Actual/Forecast - not yet committed																0	0	0
	Actual/Forecast - committed																0	0	0
	Variance against current plan																0	0	0
Critical care funding (£19.7m)	Plan																0	0	0
	Actual/Forecast - not yet committed																0	0	0
	Actual/Forecast - committed																0	0	0
	Variance against current plan																0	0	0
Planned Care Recovery (£50.0m)	Plan																0	0	0
	Actual/Forecast - not yet committed																0	0	0
	Actual/Forecast - committed																0	0	0
	Variance against current plan																0	0	0
Planned and Unscheduled Care Sustainability (£120.0m)	Plan																0	0	0
	Actual/Forecast - not yet committed																0	0	0
	Actual/Forecast - committed																0	0	0
	Variance against current plan																0	0	0
Value based Recovery (£14.0m)	Plan																0	0	0
	Actual/Forecast - not yet committed																0	0	0
	Actual/Forecast - committed																0	0	0
	Variance against current plan																0	0	0
Regional Integration Fund (£132.9m)	Plan																0	0	0
	Actual/Forecast - not yet committed																0	0	0
	Actual/Forecast - committed																0	0	0
	Variance against current plan																0	0	0
Further Fastr (£12.0m)	Plan																0	0	0
	Actual/Forecast - not yet committed																0	0	0
	Actual/Forecast - committed																0	0	0
	Variance against current plan																0	0	0

Table B: Additional In-Year (2526 Anticipated & Allocated)	WG Annual Allocation	Current Plan	Expenditure (£000s) - Variance (deficit/surplus)												Total YTD	Total Annual	Total	Variance against WG Allocation (Forecast - under spend)	
			April	May	June	July	August	September	October	November	December	January	February	March					
Urgent Emergency Care Allocations	Plan																0	0	0
	Actual/Forecast - not yet committed																0	0	0
	Actual/Forecast - committed																0	0	0
	Variance against current plan																0	0	0
Mental Health Allocations	Plan																0	0	0
	Actual/Forecast - not yet committed																0	0	0
	Actual/Forecast - committed																0	0	0
	Variance against current plan																0	0	0
Planned Care	Plan																0	0	0
	Actual/Forecast - not yet committed																0	0	0
	Actual/Forecast - committed																0	0	0
	Variance against current plan																0	0	0
Value Based Health Care	Plan																0	0	0
	Actual/Forecast - not yet committed																0	0	0
	Actual/Forecast - committed																0	0	0
	Variance against current plan																0	0	0
Spare	Plan																0	0	0
	Actual/Forecast - not yet committed																0	0	0
	Actual/Forecast - committed																0	0	0
	Variance against current plan																0	0	0
Spare	Plan																0	0	0
	Actual/Forecast - not yet committed																0	0	0
	Actual/Forecast - committed																0	0	0
	Variance against current plan																0	0	0

List below which allocations have been included in the In-Year Plan Sections (state if received or anticipated)

Urgent Emergency Care Allocations (Confirm in below text 'Allocated' or 'Anticipated')	£000s	WG Annual Allocation	Current Plan	Expenditure Profile by programme (£000s)												Total YTD	Total Annual	
				April	May	June	July	August	September	October	November	December	January	February	March			
																	0	0
																	0	0
																	0	0
																	0	0
Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Mental Health Allocations (Confirm in below text 'Allocated' or 'Anticipated')	£000s
Total	0

Planned Care (Confirm in below text 'Allocated' or 'Anticipated')	£000s
Total	0

Value Based Health Care (Confirm in below text 'Allocated' or 'Anticipated')	£000s
Total	0

Spare (Confirm in below text 'Allocated' or 'Anticipated')	£000s

This Table is currently showing 0 errors

Table Q - IFRS16 & CAME - Dilapidations

Table to be completed from Q1 / Month 3:

	Lease Payments Exc. Interest & VAT (Value to be repaid to WG) £000	Interest £000	DEL Non Cash Depreciation - IFRS 16 Leases £000	AME Non Cash Depreciation - IFRS 16 Leases (Peppercorn) £000
1 Transitioning from 22/23 plus new/renewals approved prior to 25/26	1,287	88	2,194	82
2 25/26 New/Renewal - Approved	60	12	64	72
3 Total Approved	1,347	100	2,259	154
4 25/26 New/Renewal - Unapproved	32	14	-52	0
5 Total Approved/Unapproved	1,379	115	2,207	154

	£000
6 CAME Dilapidations	1,275