Bundle Trust Board (Public Session) 30 July 2026

Agenda attachments
Item 00 Public Trust Board Agenda 30 July 2026-en-cy
Item 00 Public Trust Board Agenda 30 July 2026

0 11:40 - OPENING ITEMS

1 Chair's welcome, apologies and quorum

2 Declarations of interest
Item 02 Board Member Register of Interests 23 June 2026

3 Minutes of the previous meetings

3.1 28 May 2026
Item 03.1 2026-05-28 Public Trust Board Minutes draft

3.2 25 June 2026
Item 03.2 2026-06-25 Extraordinary Public Trust Board Minutes draft

4 Action Log and matters arising
Item 04 Trust Board (Public) Actions Log

5 11:45 - Chair and Vice-Chair's report
Item 05 Chair and Vice-Chair Report - July 2026

6 11:55 - Chief Executive's report
Item 06 Chief Executive's Report

7 12:10 - Questions from members of the public

7.1 FOR APPROVAL, ASSURANCE AND DISCUSSION

8 12:20 - Patient experience: Lucy Burrows on behalf of AJ
Item 08 Patient Experience tracker - Lucy Burrows (on behalf of AJ) updated v3

8.1 12:50 - Previous story follow up: Nic Anderson
Item 08.1 Nic Anderson - Staff Experience Follow Up story

8.2 13:00 - LUNCH BREAK

9 13:40 - Good Governance Institute outcome report
Item 09 Trust Board July 2026 - GGI Report
Item 09 Annex 1 WAST Board Effectiveness GGI Review Final Report

10 13:50 - Finance report month 3 2026/27
Please note documents in Reading Room:
- Month 03 2026 WAST Monitoring Return Final
- WAST M3 2026-27 Day 9 Template - Final
Item 10 Finance Report Month 3 26-27

11 14:00 - Integrated Medium Term Plan (IMTP) 2026/27
Item 11 Trust Board IMTP Q1 26.27 Delivery & Assurance Report_July 2026 Final

12 14:10 - Monthly Integrated Quality and Performance Report (MIQPR)
Item 12 MIQPR May June 2026 final
Item 12 Annex 1 MIQPR TB May June 2026 final

13 14:25 - Board committee AAA highlight reports:

13.1 23 June 2026: Audit, Risk and Assurance Committee
ITEM 13.1 ARAC AAA Report 23 June 2026

13.2 21 July 2026: Finance and Performance Committee
Item 13.2 Finance and Performance Committee Highlight Report July 2026

14 14:35 - Governance report
Item 14 Governance Report July 2026

14.1 14:40 - CLOSING ITEMS

15 Reflections

16 Any other business

17 Exclusion of the press and members of the public. To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).

18 Date and time of the next meeting: 24 September 2026

19 Acronyms
Item 19 Acronyms

Hyd y cyfarfod:	03:05	Statws yr agenda:	BWRDD CYHOEDDUS YR YMDDIRIEDOLAETH: 30 Gorffennaf 2026					Dyddiad cau ar gyfer papurau: 21 Gorffennaf 2026	
Amser	**Munudau a neilltuwyd**	**Agendum**	**Teitl**	**Eitem ar gyfer**	**Cais am eitem gan**	**Fformat**	**Papur wedi'i baratoi gan**	**Eitem wedi'i chyflwyno gan**	**Cydweithwyr i'w cynnwys**
			EITEMAU AGOR						
		1	Croeso gan y Cadeirydd, ymddiheuriadau a chworwm	Gwybodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol
		2	Datganiadau o Fuddiant	I ddatgan gwrthdaro	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol
11:40	00:05	3	Cofnodion y cyfarfodydd blaenorol: - 28 Mai 2026 - 25 Mehefin 2026 (Cadarnhad o ddileu recordiad/trawsgrifiad y cyfarfod blaenorol)	Cymeradwyaeth	Sefydlog	Papur	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol
		4	Cofnodion Gweithredu a materion sy'n codi	Trafodaeth	Sefydlog	Papur	Ddim yn berthnasol	Cadeirydd	AnnaMaria Williams
11:45	00:10	5	Adroddiad y Cadeirydd a'r Is-gadeirydd	Gwybodaeth	Sefydlog	Papur	CorGov	Cadeirydd, Is-gadeirydd	Alex Payne
11:55	00:15	6	Adroddiad y Prif Weithredwr	Gwybodaeth	Sefydlog	Papur	Swyddfa'r Prif Swyddog Gweithredol	Emma Wood	Keith Ellingham
12:10	00:10	7	Cwestiynau gan aelodau'r cyhoedd	Trafodaeth	Sefydlog	Ar lafar	Partneriaethau	Estelle Hitchon	Ddim yn berthnasol
			EITEMAU AT GYFER CYMERADWYAETH, SICRWYDD A THRAFODAETH						
12:20	00:30	8	Profiad y Claf: Lucy Burrows ar ran AJ	Trafodaeth	Sefydlog	Cyflwyniad	QSPE	Andy Swinburn	Alison Kelly, Leanne Hawker
12:50	00:10	8.1	Diweddariad ar y stori flaenorol: Nic Anderson	Trafodaeth	Sefydlog	Ar lafar	QSPE	Angie Lewis	Sarah Parry, Charllie Bosher
13:00	00:40		EGWYL GINIO						
13:40	00:10	9	Adroddiad canlyniad y sefydliad Good Governance Institute	Sicrwydd	Blaengynllun	Papur	CorGov	Trish Mills	Julie Boalch, Alex Payne
13:50	00:10	10	Adroddiad cyllid mis 3 2026/27	Sicrwydd	Sefydlog	Papur	FinCor	Chris Turley	Ed Roberts
14:00	00:10	11	Cynllun Tymor Canolig Integredig 2026/27	Sicrwydd	Sefydlog	Papur	SPP	Rachel Marsh	James Houston
14:10	00:15	12	Adroddiad Ansawdd a Pherfformiad Integredig Misol (MIQPR)	Sicrwydd	Sefydlog	Papur	SPP	Rachel Marsh	Hugh Bennett, Mark Thomas, Georgia Tizzard, Melanie O'Connor
		13	Adroddiadau ar y prif bwyntiau o bwyllgorau'r Bwrdd:	Sicrwydd	Sefydlog	Papur	CorGov	Amrywiol	AnnaMaria Williams, Sarah Harland
14:25	00:10	13.1	23 Mehefin 2026 Pwyllgor Archwilio, Risg a Sicrwydd	Sicrwydd	Sefydlog	Papur	CorGov	Peter Curran	Sarah Harland
		13.2	21 Gorffennaf 2026: Y Pwyllgor Cyllid a Pherfformiad	Sicrwydd	Sefydlog	Papur	CorGov	Jayne Beeslee	AnnaMaria Williams
14:35	00:05	14	Adroddiad Llywodraethu	Cymeradwyaeth	Sefydlog	Papur	CorGov	Trish Mills	AnnaMaria Williams
			EITEMAU CYDSYNIAD At ddibenion gwybodaeth yn unig y mae'r eitemau canlynol. Os bydd aelod yn dymuno trafod unrhyw un o'r eitemau hyn, gofynnir iddo/iddi hysbysu'r Cadeirydd fel y gellir neilltuo amser i wneud hynny. Nid oes unrhyw eitemau cydsyniad						
			EITEMAU CAU						
		15	Casgliadau	Trafodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol
		16	Unrhyw fater arall	Trafodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol
14:40	00:05	17	Gwahardd y wasg ac aelodau'r cyhoedd. Gwahodd y wasg a'r cyhoedd i adael y cyfarfod oherwydd natur gyfrinachol y busnes sydd ar fin cael ei drafod (yn unol ag Adran 1(2) o Ddeddf Cyrff Cyhoeddus (Derbyn i Gyfarfodydd) 1960).	Cymeradwyaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol
		18	Dyddiad ac amser y cyfarfod nesaf: 24 Medi 2026	Gwybodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol
		19	Acronymau	Gwybodaeth	Sefydlog	Papur	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol
14:45	**03:05**		**DIWEDD Y CYFARFOD**						

PRIF GYFLWYNWYR

Enw	Swydd
Colin Dennis	Cadeirydd Bwrdd yr Ymddiriedolaeth
Emma Wood	Prif Weithredwr
Jayne Beeslee	Cyfarwyddwr Anweithredol; Cadeirydd y Pwyllgor Cyllid a Pherfformiad
Peter Curran	Cyfarwyddwr Anweithredol, Cadeirydd y Pwyllgor Archwilio, Risg a Sicrwydd
Penny Durrant	Dirprwy Gyfarwyddwr Nyrsio, Ansawdd a Llywodraethu
Estelle Hitchon	Cyfarwyddwr Partneriaethau ac Ymgysylltu
Angela Lewis	Cyfarwyddwr Pobl a Diwylliant
Rachel Marsh	Dirprwy Brif Weithredwr
Trish Mills	Cyfarwyddwr Llywodraethu Corfforaethol/Ysgrifennydd y Bwrdd
Chris Turley	Cyfarwyddwr Gweithredol Cyllid ac Adnoddau Corfforaethol

Length of Meeting:	03:05	Agenda Status:	PUBLIC TRUST BOARD: 30 July 2026					Deadline for papers: 21 July 2026	
Time	**Mins allotted**	**Agendum**	**Title**	**Item for**	**Item requested by**	**Format**	**Paper prepared by**	**Item presented by**	**Colleagues to cc**
			OPENING ITEMS						
		1	Chair's welcome, apologies and quorum	Information	Standing	Verbal	n/a	Chair	n/a
		2	Declarations of interest	To State Conflicts	Standing	Verbal	n/a	Chair	n/a
11:40	00:05	3	Minutes of the previous meetings: 3.1 28 May 2026 3.2 25 June 2026	Approval	Standing	Paper	n/a	Chair	n/a
		4	Action Log and matters arising	Discussion	Standing	Paper	n/a	Chair	AnnaMaria Williams
11:45	00:10	5	Chair and Vice-Chair's report	Information	Standing	Paper	CorGov	Chair, Vice Chair	Alex Payne
11:55	00:15	6	Chief Executive's report	Information	Standing	Paper	CEO Office	Emma Wood	Keith Ellingham
12:10	00:10	7	Questions from members of the public	Discussion	Standing	Verbal	Partnerships	Estelle Hitchon	n/a
			FOR APPROVAL, ASSURANCE AND DISCUSSION						
12:20	00:30	8	Patient experience: Lucy Burrows on behalf of AJ	Discussion	Standing	Presentation	QSPE	Andy Swinburn	Alison Kelly, Leanne Hawker
12:50	00:10	8.1	Previous story follow up: Nic Anderson	Discussion	Standing	Verbal	QSPE	Angie Lewis	Sarah Parry, Charllie Bosher
13:00	00:40		LUNCH BREAK						
13:40	00:10	9	Good Governance Institute outcome report	Assurance Approval	Forward planner	Paper	CorGov	Trish Mills	Julie Boalch, Alex Payne
13:50	00:10	10	Finance report month 3 2026/27	Assurance	Standing	Paper	FinCor	Chris Turley	Ed Roberts
14:00	00:10	11	Integrated Medium Term Plan (IMTP) 2026/27	Assurance	Standing	Paper	SPP	Rachel Marsh	James Houston
14:10	00:15	12	Monthly Integrated Quality and Performance Report (MIQPR)	Assurance	Standing	Paper	SPP	Rachel Marsh	Hugh Bennett, Mark Thomas, Georgia Tizzard, Melanie O'Connor
		13	Board committee AAA highlight reports:	Assurance	Standing	Paper	CorGov	Various	AnnaMaria Williams, Sarah Harland
14:25	00:10	13.1	23 June 2026: Audit, Risk and Assurance Committee	Assurance	Standing	Paper	CorGov	Peter Curran	Sarah Harland
		13.2	21 July 2026: Finance and Performance Committee	Assurance	Standing	Paper	CorGov	Jayne Beeslee	AnnaMaria Williams
14:35	00:05	14	Governance report	Approval	Standing	Paper	CorGov	Trish Mills	AnnaMaria Williams
			CONSENT ITEMS The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so. There are no consent items						
			CLOSING ITEMS						
		15	Reflections	Discussion	Standing	Verbal	n/a	Chair	n/a
		16	Any other business	Discussion	Standing	Verbal	n/a	Chair	n/a
14:40	00:05	17	Exclusion of the press and members of the public. To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).	Approval	Standing	Verbal	n/a	Chair	n/a
		18	Date and time of the next meeting: 24 September 2026	Information	Standing	Verbal	n/a	Chair	n/a
		19	Acronyms	Information	Standing	Paper	n/a	Chair	n/a
14:45	**03:05**		**CLOSE**						

LEAD PRESENTERS

Name	Position
Colin Dennis	Chair of the Trust Board
Emma Wood	Chief Executive
Jayne Beeslee	Non-Executive Director, Chair of Finance and Performance Committee
Peter Curran	Non-Executive Director, Chair of the Audit, Risk and Assurance Committee
Penny Durrant	Interim Director of Nursing
Estelle Hitchon	Director of Partnerships & Engagement
Angela Lewis	Director of People and Culture
Rachel Marsh	Deputy Chief Executive
Trish Mills	Director of Corporate Governance/Board Secretary
Chris Turley	Executive Director of Finance and Corporate resources

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended
AHMAD, Umar Afthab DR	**Non-Executive Director** * Member of the Remuneration Committee * Member of the the Audit, Risk and Assurance Committee * Member of the Quality, Patient Experience and Safety Committee	GP Partner at Plains View Surgery, Nottingham	Financial Interest	2014	
		Primary Care Network Clinical Director for Arrow Health, Nottingham	Financial Interest	2019	
		Non-executive Director (appointed company director) for Primary Integrated Community Services Ltd, Nottingham and small shareholder [Company number 08763136]	Financial Interest	2023 and 2016	
		Owner and company director of Travel Jab Guru Ltd – online medical travel advice [Company number 14685908]	Financial Interest	2023	
		Local Medical Committee Member	Financial Interest	2019	
		Nottingham Integrated Care Board Cardiovascular Disease and Stroke Prevention Clinical Design Authority Lead	Financial Interest	2025	
		Associate Non-executive Director Nottinghamshire University Hospital Trust (non-voting member of the board)	Financial Interest	2024	
BEESLEE, Jayne	**Non-Executive Director** * Chair of Finance and Performance Committee * Member of the Remuneration Committee * Member of the Remuneration Committee	Employment fro interim assignments via Public Sector Resourcing (an agency) regarding the rev iew of major UK Government programmes (remunerated nex of tax via an umberella company - Danbro Employment Umbrella Ltd)	Financial Interest	01 October 2023	
		Governor on the Finance and General Purposes Committee of Cardiff and Cale Further Education College	Non-Financial Personal	01 February 2024	
		Fellow Chartered Institute of Persennel and Development	Non-Financial Personal	01 April 2006	
BROOKS, Lee	**Executive Director of Operations**	Partner employed by Welsh Ambulance Services NHS Trust	Any Other Interest	July 2019	
		Member of the Order of St John	Any Other Interest	01 March 2023	
CURRAN, Peter	**Non-Executive Director** * Chair of the Audit, Risk and Assurance Committee * Chair of the Charity Committee * Member of the Finance and Performance Committee * Member of the Remuneration Committee	Trustee of Action for Children [1097940]	Position in Charity or Voluntary Organisation	01 February 2021	
		Trustee of Action for Children Pension Board	Position in Charity or Voluntary Organisation	22 May 2023	
		Company Director - Action for Children [04764232]	Directorships	01 February 2021	
		Company Director - Action for Children (Wales) Ltd [10011497]	Directorships	05 April 2022	
		Trustee of National Youth Arts Wales [1170643]	Position in Charity or Voluntary Organisation	06 May 2021	
		Company Director - National Youth Arts Wales [10449512]	Directorships	06 May 2021	
		Chair - Taff Housing Association	Any Other Interest	17 July 2025	
		Member of Governing Body / Independent Member – Kaplan International Colleges UK Ltd [05268303	Non-Financial Professional	01 March 2024	
		Independent Member - Kaplan Open Learning (inc member of the Audit & Risk Committee)	Directorships	21 March 2024	
DENNIS, Colin	**Chair of Trust Board and Non-Executive Director** * Chair of Remuneration Committee	Group Chair of South Central Ambulance Service NHS Foundation Trust and South East Coast Ambulance Service NHS Foundation Trust	Directorships	27 March 2026	
		Chair - Green Square Accord (Housing Association)	Position in Charity or Voluntary Organisation	26 March 2024	
		Company Director - LowCarbonLiving Homes Ltd [04207671]	Directorships	26 March 2024	
		Company Director - Green Square Estates Ltd [8719365]	Directorships	26 March 2024	
DURRANT, Penny	**Deputy Director of Nursing, Quality and Governance**	Nil Declaration		30 May 2026	
EVANS, Bethan	**Non-Executive Director** * Chair of Quality, Patient Experience & Safety Committee * Member of Finance & Performance Committee * Member of People & Culture Committee * Member of Remuneration Committee	Chief Executive Officer (Employed) at My Choice Healthcare Limited.	Any Other Interest	01 June 2019	
		Non-Executive Board Member at Beacon Housing (Social Housing Organisation - Community Benefit Society)	Position in Charity or Voluntary Organisation	01 November 2019	
		Company Director - My Choice Healthcare South Wales Limited	Directorships	11 March 2020	
		Company Director - Moorlands Rehabilitation (Staffordshire) Limited.	Directorships	20 December 2019	
		Company Director - Moorlands Property Ltd	Directorships	16 August 2022	
		Company Director - Springfield (Bargoed) Limited.	Directorships	12 March 2020	
		Companty Director - Springfield Property Lettings Ltd	Directorships	16 August 2022	
		Company Director - Homes of Excellence Limited	Directorships	19 March 2021	
		Company Director - Victoria House Care Property Limited	Directorships	05 March 2020	
		Company Director - My Choice Healthcare (Four) Limited	Directorships	27 April 2022	
		Company Director - Luk Ros Property Limited	Directorships	12 March 2020	
		[Previously called Homes of Excellence Healthcare Limited, Company name changed 12.08.2022 - #12513139]	Directorships	12 March 2020	

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended
EVANS, Bethan	**Non-Executive Director**	Company Director - Hawthorn Court Property Limited	Directorships	27 April 2022	
[continued]	* Chair of Quality, Patient Experience & Safety Committee	[Previously called My Choice Healthcare (Three) Limited, Company name changed 12.08.2022 - #13371375]	Directorships	27 April 2022	
	* Member of Finance & Performance Committee	Company Director - Ocean Living Property Limited	Directorships	22 July 2022	
	* Member of People & Culture Committee	Company Director - Hawthorn Court Care Limited	Directorships	22 July 2022	
	* Member of Remuneration Committee	Company Director - Glyncornel Property Limited	Directorships	01 July 2022	
		Company Director - My Choice Healthcare (Two) Limited	Directorships	01 July 2022	
		Company Director - Carmarthen Care Limited	Directorships	02 January 2024	
		Company Director - Towy Castle Property Limited	Directorships	01 September 2023	
		Company Director - Glamorgan Care Ltd	Directorships	25 October 2024	
		Company Director - The Mountains Care Ltd	Directorships	09 December 2024	
		Company Director - Alexandra House Care Ltd	Directorships	24 June 2024	
		Company Director - Alexandra House Property Ltd	Directorships	24 June 2024	
		Company Director - My Choice Healthcare Seven Ltd	Directorships	22 October 2024	
		Company Director - Danygraig Property Ltd	Directorships	10 December 2024	
		Company Director - The Mountains Property Ltd	Directorships	09 December 2024	
		Longhope Property Ltd	Directorships	12 February 2026	
		My Choice Healthcare England Ltd	Directorships	26 August 2025	
		My Choice Healthcare Ltd	Directorships	26 August 2025	
		Glyncornel Care Ltd	Directorships	16 August 2022	
HITCHON, Estelle	**Director of Partnerships and Engagement**	Member of Academi Wales Expert Panel	Position in Charity or Voluntary Organisation	15 July 2024	
		Independent Governor (Non-Executive Director), Coleg Sir Gar/Coleg Ceredigion	Non-Financial Personal	01 January 2025	
HUTCHINGS, Hayley	**Non-Executive Director**	Emeritus Professor, Swansea University	Non-Financial Professional	31 May 2025	
	* Member of the Remuneration Committee				
	* Member of the Academic Partnership Committee	Consultant Advisor to the FASAR Trial, Nottingham Trent University	Financial Interest	25 March 2026	
	* Member of the People and Culture Committee				
JACKSON, Ceri	**Non-Executive Director & Vice Chair of the Trust Board**	Management Consultant primarily working in third sector	Interest in Companies and Securities	01 May 2019	
	* Chair of the People and Culture Committee	Associate Director of SamKat Consulting Ltd in my capacity as self-employed management consultant	Directorships	01 June 2021	
	* Member of the Charity Committee				
	* Member of Audit Committee				
	* Member of Quality, Patient Experience & Safety Committee				
KNEESHAW, Carl	**Director of People**	Chartered Fellow of Chartered Institute of Personnel and Development	Personal or Departmental Sponsorship	April 2020	
		Fellow of Institute of Leadership	Personal or Departmental Sponsorship	October 2020	
		Safeguarding Lead for local outreach charity, Brunstad Christian Church – Huntworth, Bridgwater, Somerset	Position in Charity or Voluntary Organisation	September 2018	
LEWIS, Angela	**Director of Culture Change**	Chartered Fellow of the CIPD		2005	
MARSH, Rachel	**Deputy Chief Executive/Executive Director of Strategy,**	Nil Declaration			
MILLS, Patricia (Trish)	**Director of Corporate Governance/ Board Secretary**	Nil Declaration			
PARRY, Hugh	**Trade Union Partner**	Nil Declaration			
ROBERTS, Edward	**Interim Finance Director (from 09 September 2025)**	Nil Declaration			
ROWAN, Hannah	**Non-Executive Director**	Director, St Martin's Associates (Business consulting and coaching)	Directorships	04 April 2022	
	* Chair of Academic Partnership Committee	Non -Executive Director Qualifications Wales (regulator for all non degree qualifications in Wales)	Any Other Interest	01 April 2021	
	* Member of Charity Committee				
	* Member of People & Culture Committee	Elected member, The governing body of the church in Wales (Parliament of church in Wales - voting member)	Any Other Interest	01 April 2021	
	* Member of Remuneration Committee				
SAMMUT, Jonathan (Jonny)	**Director of Digital Services [appointed 26.09.2023]**	Fellow of the British Computer Society – FBCS	Any Other Interest	04 March 2024	
		Federation of Informatics Professionals - Leading Practitioner	Any Other Interest	25 April 2024	
		Chair of BCS Hub Wales	Any Other Interest	20 June 2025	
		Co-opted into the BCS Community Board	Any Other Interest	12 August 2025	11 August 2026
		CHIME (College of Healthcare Information Management Executives) Digital Health Fellowship - UK Cohort 2026	Non-Financial Professional	07 May 2026	
		Working With AI, Not Against It book published commercially and generates royalty income from sales.	Financial Interest	24 February 2026	
SWINBURN, Andrew (Andy)	**Executive Director of Paramedicine**	Strategic Advisor to College of Paramedics	Any Other Interest	01 January 2020	
TURLEY, Christopher	**Executive Director of Finance and Corporate Resources**	Nil Declaration			

TURNER, Damon	**Trade Union Partner**	Nil Declaration			

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended
Executive Director of Quality and Nursing [from 01 August 2022]	**Executive Director of Quality and Nursing [from 01 August 2022]**	Chair/Director - Thornbury Carnival Community Interest Company Voluntary	Position in Charity or Voluntary Organisation	01 August 2019	
		Member Royal College Nursing	Any Other Interest	01 August 2022	
		Committee member - Royal College Nursing, Nurses in Management and Leadership Forum Steering Committee	Position in Charity or Voluntary Organisation	01 August 2022	
		Vice Chair - Royal College of Nursing, Nurses in Management and Leadership Forum Steering Committee	Position in Charity or Voluntary Organisation	03 February 2025	
WOOD, Emma	**Chief Executive (from 01 October 2025)**	Chartered Fellow of CIPD (Chartered Institute of Personnel and Development)	Non-Financial Professional	2000	
		Member of Yoga Professional Alliance	Non-Financial Personal	July 2025	
		Part-time Yoga Teacher at Burnham Swim and Sports Academy Leisure Centre	Financial Interest	July 2025	
		Sub/Relief Yoga Teacher at Omni Studio, Worle, North Somerset	Financial Interest	04 April 2026	

MINUTES OF THE PUBLIC MEETING OF WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST, TRUST BOARD ON THURSDAY 28 MAY 2026 HELD IN THE CARDIFF MAKE READY DEPOT AND VIA TEAMS

Meeting started at 9.30am

PRESENT:

Colin Dennis	Chair of the Trust Board
Emma Wood	Chief Executive Officer
Dr Umar Ahmad	Non-Executive Director
Jayne Beeslee	Non-Executive Director
Lee Brooks	Executive Director of Operations
Peter Curran	Non-Executive Director
Bethan Evans	Non-Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Professor Hayley Hutchings	Non-Executive Director
Ceri Jackson	Non-Executive Director
Carl Kneeshaw	Director of People
Angela Lewis	Director of Culture Change
Rachel Marsh	Deputy Chief Executive
Hugh Parry	Trade Union Partner
Hannah Rowan	Non-Executive Director
Jonny Sammut	Director of Digital
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources

ATTENDEES:

Nic Anderson	Learning and Development Manager for Volunteering and Community Resilience (for item 8)
Julie Boalch	Assistant Director of Corporate Governance and Risk *(deputising for Trish Mills)*
Penny Durrant	Deputy Director of Nursing, Quality and Governance *(deputising for Liam Williams)*
Fflur Jones	Performance Auditor, Audit Wales (for item 13)
Angela Mutlow	Director of Operations, Llais
Alex Payne	Corporate Governance Manager
Marcus Viggers	Trade Union Representative *(deputising for Damon Turner)*
AnnaMaria Williams	Corporate Governance Officer

APOLOGIES:

Trish Mills	Director of Corporate Governance/Board Secretary
Damon Turner	Trade Union Partner
Liam Williams	Executive Director of Quality and Nursing

OPENING ITEMS

1. CHAIR'S WELCOME, APOLOGIES AND QUORUM

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

2. DECLARATIONS OF INTEREST

2.1 There were no other declarations recorded.

3. MINUTES OF PREVIOUS MEETING 26 MARCH 2026

3.1 The minutes of the public meeting of the Trust Board held on 26 March 2026 were received and approved.

4. ACTION LOG AND MATTERS ARISING

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

5. CHAIR AND VICE CHAIR'S REPORT

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

5.1 The report was received and noted by the board.

6. CHIEF EXECUTIVE'S REPORT

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

6.1 The board received and noted the report. Members heard that ambulance handover delays and the "release to respond" model remain the Trust's most significant operational and patient safety risks. Members were advised of a planned meeting with the Joint Commissioning Committee (JCC) on 2 June 2026 to agree sustainable delivery of the 45-minute handover standard and escalation arrangements, particularly in advance of winter pressures. NHS Performance and Improvement (NHS P&I) are holding discussions with several health boards (Swansea Bay, Aneurin Bevan, and Betsi Cadwaladr) ahead of this as part of a strengthened national focus.

6.2 Members asked about the level of confidence in the current approach to address ambulance handover delays, if this would deliver real and sustained improvement ahead of the winter period and whether any additional preparatory work would be needed internally to ensure the organisation could fully realise those benefits.

6.3 Emma Wood acknowledged that ambulance handover delays had not been successfully resolved to date and advised that the current intervention by NHS P&I represents a different approach, with a requirement for organisations to present delivery plans, provide assurance, and be held to account for implementation. This provides an opportunity to strengthen escalation arrangements during periods of pressure and increases the likelihood of meaningful and sustained improvement.

6.4 Members heard that engagement with health board colleagues in developing the plans had been constructive and collaborative and the development of Single Points of Access (SPOAs) and flow centres presented an opportunity to improve system working. Members were assured that a material improvement in handover delays should lead to clear service improvement, particularly through seeing more patients, reducing unmet need, improving the Trust's Orange category performance, and lowering risk and harm. It was noted however, that improvements in the most urgent categories may take longer to be realised.

6.5 Members asked how reduced patient harm can be evidenced to demonstrate the impact to health boards sufficiently. Committee were advised that there are specific indicators the Trust can use to evidence the impact of handover delays on patient outcomes; for example, call-to-door times for time-critical conditions, where delays are known to result in poorer outcomes. The greatest opportunity for improvement lies in reducing time-to-scene times, which depends both on internal efficiency and the availability of ambulance resources. Longer waits were noted to increase the likelihood of conveyance to hospital, including in cases where this may not otherwise have been clinically required. Greater linkage of patient data across the system would enable a more complete understanding of the full patient pathway and impact.

6.6 Members discussed the £1.23m recurrent funding for 111 online development and whether this will be allocated directly to the Trust or is shared, and whether there is sufficient funding and internal capacity to deliver the planned multi-year development programme. Members were advised that this funding is expected to be allocated directly to the Trust, however formal confirmation has not yet been received; without the

additional funding, only limited digital developments can be delivered. Formal confirmation of the funding will enable the Trust to deliver the programme, with initial work focusing on foundational elements, including content management tools and integration of symptom checkers into the website. Future opportunities include expanding functionality, including the use of agentic AI within symptom checkers and broadening the scope of the 111 offer, including integration with wider directory services and the NHS Wales App. Members noted the significant potential for digital transformation in how patients access and navigate services, the substantial and growing use of the website and digital tools, including sustained engagement with the AI chatbot and emphasised the importance of implementing changes in a safe, controlled and clinically appropriate way.

6.7 The board noted that the Trust is widely recognised for innovation, particularly in relation to the Ambulance Performance Framework and the development of a clinically focused operating model, with colleagues from other UK systems seeking to understand how aspects of the Welsh model could be applied elsewhere. The 111 service is part of an integrated remote clinical offer, unlike in other areas of the UK, and further opportunities were noted to strengthen the Trust's strategic positioning by aligning its 111 and digital offer with current Welsh Government (WG) priorities, including digitisation, telehealth and development of the NHS Wales App. It was recognised that there remains work to do to better demonstrate the full value of the Trust's national infrastructure and integrated model to commissioners and wider system partners.

6.8 Members discussed whether the board should formally review pandemic preparedness and learning from the UK Covid-19 Inquiry on an annual basis, to provide ongoing assurance that lessons have been learned and resilience arrangements remain in place. They were assured that that the Finance and Performance Committee receives the annual Emergency Planning, Resilience and Response report together with the incident response plan and a broader update on resilience, business continuity and emergency preparedness. Members heard that a 12-month programme of internal pandemic-plan exercises will commence in September 2026. An action was taken for the Pandemic Plan document to include pandemic related learning and progress; this will be presented to the Finance and Performance Committee alongside the annual EPRR reports. A further action was taken for governance colleagues to advise on whether a substantive item on annual pandemic planning will be required for board assurance, and for these items to be added to the forward planner and cycle of business as appropriate.

6.9 Members asked how far primary care providers are involved in SPOA discussions with health boards to ensure alignment, particularly in relation

to access to GP services, and the impact this may have on people seeking help through 111 or emergency departments. Members were assured that engagement with primary care is intrinsic to the development of SPOAs, and that health boards are considering the full range of access routes across the system, including primary care. This work aligns with the wider *Community by Design* programme, which is focused on defining and coordinating access points across the system. The Trust is actively working with individual health boards to shape how SPOAs should operate in practice and to support demand management.

6.10 Members discussed the public perception of the ambulance service being largely focused on emergency activities. They asked whether the Trust could provide insight into what proportion of its activity relates to ongoing, repeat, or community-based interactions, particularly for patients with long-term conditions, regular treatment needs or recurring episodes of care. Members were advised that emergency response constitutes approximately 20% of overall ambulance activity, with the service responding to a wide range of care needs that do not necessarily constitute emergencies but still require timely intervention.

6.11 Emma Wood thanked Carl Kneeshaw for his work and support, noting that this was his final board meeting with the Trust.

7. QUESTIONS FROM MEMBERS OF THE PUBLIC

7.1 There were no questions received.

ITEMS FOR ASSURANCE, DISCUSSION OR APPROVAL

8. STAFF EXPERIENCE [NIC ANDERSON]

Nic Anderson joined the meeting

8.1 The board welcomed Nic Anderson, Learning and Development Manager for Volunteering & Community Resilience and a Paramedic, to present her personal and professional experience of volunteering titled 'The Selfish Volunteer'.

8.2 Nic highlighted how volunteering provides mutual benefit, offering volunteers purpose, skills, confidence and community, while strengthening service delivery. She outlined the scale and value of the Trust's volunteer network, supporting nearly 1,000 volunteers across Wales.

8.3 Nic emphasised the importance of culture, leadership and inclusion; highlighting initiatives to improve staff support, embed positive

behaviours, and address inequalities, including targeted work on CPR provision for women. She described the role of civility and human factors in improving decision-making, teamwork and patient outcomes, noting that poor behaviours can adversely impact both staff performance and patient safety.

8.4 Members noted the successful development and roll-out of the Community Welfare Responder (CWR) model, providing an accessible entry point into volunteering and enabling volunteers to support patient care in the community. This model has expanded capacity, improved patient support, and created clear progression pathways into more advanced roles. The board noted the broader contribution of volunteering in supporting system resilience and patient care by proxy, and the importance of continuing to invest in volunteer development, inclusive culture and community engagement as key enablers of improved outcomes.

8.5 Members discussed opportunities to attract young people into volunteering and the value of volunteer work in building skills, confidence and experience; they were advised that Llais has started to explore this, particularly for young people aged 18 to 25 and is working with universities to engage students in volunteering opportunities. Nic suggested further opportunities to broaden access, including the inclusion of volunteers in internal recruitment opportunities across the Trust, targeting individuals without traditional academic pathways and encouraging peer recruitment to widen participation.

8.6 Members were advised that the Trust's five-year Volunteer Strategy has concluded, with future focus shifting toward integrating volunteering within the IMTP rather than treating it as a standalone programme. Positive progress has been seen through initiatives such as *Volunteer to Care*, including evidence of volunteers progressing into employed roles within the Trust. Future priorities include expanding staff volunteering opportunities, increasing shadowing and exposure of volunteers to wider parts of the organisation as well as broadening the range of non-clinical volunteering roles. Members noted that delivery ambition must be balanced with capacity, highlighting that a team of approximately 12 staff are currently supporting around 1,000 volunteers.

8.7 Members provided overwhelmingly positive feedback, describing Nic's presentation as inspiring, powerful, and impactful. Members commended her openness and willingness to share personal experiences, recognising the authenticity and vulnerability in her story. The presentation effectively demonstrated the importance of volunteering, inclusion, and positive behaviours in improving patient outcomes and organisational culture.

8.8 Members reflected on the wider value of the volunteer service, recognising both the contribution volunteers make to the organisation and the personal benefits they gain. There was strong support for further developing volunteering opportunities, including engaging younger people, broadening non-clinical roles, and strengthening strategic focus on volunteering within the Trust.

Nic Anderson left the meeting

8.9 PREVIOUS STORY FOLLOW UP: STAFF EXPERIENCE, JUDITH PARFITT

8.9.1 The board noted the learnings from Ms Parfitt's patient story, which highlighted the risk of "harm after harm", where processes can add to distress, and noted that this had informed ongoing improvements.

8.10 PREVIOUS STORY FOLLOW UP: PATIENT EXPERIENCE, KEVIN CLARKE

8.10.1 The board noted the actions taken following Mr Clarke's patient story and noted that he had been provided with an accessible Summary of Harm review, which was positively received.

8.10.2 Members were advised that following observations at Trust Board in March 2026, the Good Governance Institute (GGI) will use case studies of the Trust's approach to patient stories in their professional materials as examples of good practice.

9. MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT (MIQPR)

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

9.1 The board received the refreshed MIQPR report for March and April 2026, noting the revised format following board development discussions, to provide a clearer overview of performance against strategic objectives. The report highlighted continued challenges across urgent and emergency care, particularly in 999 and 111 demand and response, while showing examples of productivity improvements linked to Integrated Medium Term Plan (IMTP) initiatives.

9.2 Members were advised that further refinement is ongoing and will include clearer presentation of metrics and terminology, distinguishing between targets and longer-term ambitions, and development of trajectories to demonstrate expected improvement over time. Further work to complete data, refine measures, and align with new national metrics where applicable is also taking place.

9.3 The executive emphasised that the MIQPR should function as a high-level assurance tool, enabling the board to identify areas of concern and commission more detailed scrutiny through committees, which would receive more granular data. The introduction of Statistical Process Control (SPC) charts was positively received, with members commenting that they significantly enhance understanding of performance trends. However, it was also recognised that this represents a different way of interpreting data, and further support or development sessions may be needed to ensure consistent understanding by Members.

9.4 Members asked how the performance trajectory in the report could better reflect the impact of WG expectations and system commitments on handover delays, so that the Trust's projected performance is shown in that context. The board was assured that performance trajectories are influenced by several factors such as ambulance patient handovers, reducing unnecessary dispatch through clinical assessment and alternative pathways, and improvements in other operational measures. It was noted that the Trust intends to use modelling support to develop more realistic and meaningful performance trajectories.

9.5 Members discussed the level of detail that is appropriate for consideration by the board and committees and queried whether long ambulance wait times, for example, can be seen in the metrics presented. An action was taken for the board to use the refreshed MIQPR to identify issues requiring deeper scrutiny and to request deep dives on these from committees, with each committee potentially having responsibility for a certain set of indicators. It was specifically agreed for this to include a deep dive on longer patient wait times to be considered by the Quality, Patient Experience and Safety (QuEST) committee.

9.6 The board discussed the differential performance between 'hear and treat' and 'see and treat,' noting that while 'hear and treat' metrics are performing broadly in line with expectations, 'see and treat' metrics remain significantly lower. It was clarified that decisions to convey patients are clinically appropriate, and the primary constraint on improving 'see and treat' times is wider system capacity and the limited availability of alternative care pathways and services to support patients safely outside of Emergency Departments. The 'hear and treat' pathway is less reliant on these external pathways and can be delivered more consistently through call centre processes.

9.7 Members asked if there were measures in place to assess user satisfaction levels for Albot and were advised that there is opportunity to leave feedback after every user engagement. The patient feedback outcomes

from these interactions going forward will be reported to Finance and Performance Committee.

9.8 The board welcomed the refreshed March/April 2026 MIQPR and actions being taken, and were assured that it provides a clearer, more structured and integrated view of organisational performance, highlighting its stronger alignment to strategic objectives and governance pillars. Members suggested that clearer benchmarks for certain indicators would strengthen assurance and it was considered that the report format should be allowed to settle into a stable format for a period of time before being reviewed further.

10.1 FINANCIAL PERFORMANCE AT MONTH 12, 2025/26

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

10.1.1 The board received the month 12 financial update, reflecting the final position for 2025/26 following year-end. Members heard that the Trust year-end position is broadly in line with the reported position, with a minor adjustment since submission of the initial outturn to WG. The external financial audit is underway, with the majority of key areas substantially complete and no material issues identified. Members were assured that the accounts are on track for completion in line with planned timelines.

10.1.2 The board noted and gained assurance in relation to the Month 12 revenue financial position and performance of the Trust as at 31 March 2026, noted the delivery of the 2025/26 savings plan, the capital programme for 2025/26 and the Month 12 WG monitoring return submission (as required by WG).

10.2 FINANCE REPORT MONTH 1 2026/27

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

10.2.1 The board received the month 1 financial update, reflecting an early balanced position for 2026/27, consistent with the approved financial plan.

10.2.2 Members were advised that this position is underpinned by several assumptions and emerging risks; there is an assumed allocation of additional funding from WG in relation to the Welsh Risk Pool, which is in line with expectations but for which formal confirmation is awaited. It was noted that new financial risks, most notably rising fuel costs, could create

a significant in-year pressure if sustained. These emerging pressures have increased the overall risk profile, with some risks now moving towards a medium rating. Members heard that the financial outlook will be closely monitored as the year progresses.

10.2.3 Members questioned the assumption around WG funding and the level of confidence that this funding will not change, as has happened in previous years. Members were assured that the underlying cost estimate was more robust than in the previous year, reflecting learning from prior volatility. The risk will be closely monitored throughout Q1 2026/27, with the expectation that clarity on funding would be secured by that point.

10.2.4 Members queried the reported Month 1 overspend on non-pay of £0.3m, asking whether this was attributable to fuel costs and whether there was any concern about the remaining variance. Members were advised that the overspend relates to fuel pressures and fleet maintenance costs and were assured that the remaining non-pay variance was not a significant concern, noting that actions were in place to manage costs and mitigate pressures going forward. Fuel costs remain the primary emerging financial risk and the key area of concern if sustained at the current level.

10.2.5 The board noted and gained assurance in relation to the Month 1 revenue financial position and performance of the Trust as at 30 April 2026, noted the delivery of the 2025/26 savings plan, and the context of this within the overall financial position of the Trust, noted the initial capital programme for 2026/27 and noted the Month 1 WG monitoring return submission.

11. INTEGRATED MEDIUM-TERM PLAN 2025/26 Q4 (END OF YEAR REPORT)

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

11.1 The board received the Integrated Medium-Term Plan (IMTP) for 2025/26 Q4 and noted the delivery of a substantial number of commitments and deliverables, with a large proportion of actions completed or on track. This reflected significant effort across the organisation and members welcomed the overall level of progress.

11.2 Members highlighted that the programme is now moving into a more mature phase, particularly in relation to the Clinical Model Transformation Programme where the focus is shifting from delivery to benefits realisation, and that this phase requires robust mechanisms to evidence impact and outcomes. It was noted that benefits realisation would remain a key area of focus for the board going forward, given the complexity of measuring and demonstrating the impact of large-scale transformation programmes.

12. TRUST BOARD QUALITY AND GOVERNANCE REVIEW 2025/26

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

12.1 The board received the Quality and Governance Review report, the suite of 2025/26 board committee annual reports and the Audit, Risk and Assurance Committee (ARAC) 2026/27 terms of reference. Members noted that the programme of reviews has concluded across all Board Committees with the exception of the Welsh Ambulance Services Partnership Team which will be considered at its meeting in June 2026 and which was deferred to allow further engagement from members.

12.2 Members were advised that the reviews have shown the Trust Board continues to demonstrate effectiveness of its core responsibilities with strong leadership, transparency and challenge with appropriate assurance being provided to the Board in line with our commitment to the Duty of Quality.

12.3 The 2025/26 reviews have coincided with a broader period of governance development that have included several Trust Board approved adjustments to the committee framework alongside an externally commissioned Good Governance Institute (GGI) review. The final report and action plan from GGI is expected in July 2026. This will provide further assessment of the effectiveness of committee structures, board effectiveness, and maturity matrix aligned to characteristics of a high performing board.

12.4 Members discussed the disbandment of the Academic Partnership Committee and queried how oversight will be retained when this work is subsumed into other committees. It was noted that the intent is to integrate academic, research, and engagement responsibilities in a way that ensures these areas continue to receive appropriate focus and scrutiny.

12.5 The executive provided assurance that agenda time will be allocated within receiving committees and engagement mechanisms maintained to ensure clear visibility and assurance of the research and innovation portfolio. It was further noted that University Trust status requires ongoing evidence of academic activity and engagement.

12.6 Members took assurance that its corporate governance framework continues to operate effectively, supported by a well-established committee structure, strong leadership, and a culture of openness, transparency, and constructive challenge.

The board:

- **Approved the suite of 2025/26 board committee annual reports, noting that all committee quality and governance reviews have been completed, save for the WASPT review.**
- **Approved the ARAC 2026/27 terms of reference.**

13. ANNUAL AUDIT PLANS AND ARRANGEMENTS AUDIT WALES 2026/27

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

Fflur Jones joined the meeting.

13.1 Fflur Jones presented the 2026 Audit Wales Annual Audit Plan, noting that it had been considered in detail by ARAC. Members heard that the plan is based on a risk-based approach, which will be kept under review throughout the year.

13.2 The board were advised that work for the audit on the 2025/26 financial statements is ongoing, with no specific risks for the Trust identified. The final audit report will be received by the board with the annual report and accounts for 2025/26 in late June 2026.

The board approved the Annual Audit Plan for 2026/2027.

14. PARTNERSHIPS AND INFLUENCING: AN UPDATE

14.1 The board received an overview of the Trust's partnership and influencing activity and noted the content of the paper.

14.2 Members asked whether ongoing briefing and support to executives can be provided, so that every external engagement has strategic impact, and queried whether any further support is needed from the board to strengthen the partnership and influencing work, acknowledging the limited resources available for this. Members were advised that the aim is to work collaboratively across the organisation to align partnership activity with wider organisational priorities, including long-term strategy development and Government engagement. It was confirmed that work is underway to strengthen alignment and ensure consistent messaging both internally and externally.

14.3 Members emphasised the need for a more deliberate and strategically owned approach to external relationships, including clearer prioritisation of high-impact stakeholders, stronger alignment between engagement activity and organisational objectives, and greater consistency in the messages brought to external meetings. The importance of focusing on

relationships and engagement opportunities most likely to deliver strategic value, including opportunities to strengthen relationships with government, special advisers, the charity sector and other key partners, was highlighted.

14.4 Members sought assurance regarding engagement with primary care. It was confirmed that this is being progressed through wider team links with primary care networks and local medical committees across Wales, including through dedicated clinical leadership.

15. BOARD COMMITTEE AAA HIGHLIGHT REPORTS

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

15.1 7 May 2026: Quality, Patient Experience and Safety Committee

15.1.1 Bethan Evans provided an overview of the meeting, highlighting key areas of discussion and noting that while there are clear areas of progress and assurance, significant system pressures, particularly related to handover delays, continue to present challenges.

15.1.2 The committee endorsed the Duty of Quality Annual Report for 2025/26. The board noted that it had enhanced levels of accessibility by virtue of it being presented via Sway, and a greater focus on patient safety, more clarity around governance matters and broader oversight arrangements.

The Board approved the Duty of Quality Annual Report for 2025/26.

15.2 5 May 2026: People and Culture Committee

15.2.1 Ceri Jackson, Chair of the People and Culture Committee, highlighted several important areas of discussion and noted improving assurance in key workforce areas; alongside ongoing challenges relating to staff experience and system pressures, with continued focus on wellbeing, culture, and workforce sustainability.

15.2.2 The committee recognised the contribution and positive impact of Director of People, Carl Kneeshaw, and expressed their appreciation to him.

15.3 28 April 2026: Audit, Risk and Assurance Committee

15.3.1 Peter Curran, Chair of the Audit, Risk and Assurance Committee (ARAC), advised that the April ARAC meeting was largely focused on undertaking the detailed Quality and Governance Review. The committee received appropriate assurance across its areas of responsibility and was assured that audit activity continues to

support the Trust's move toward stronger strategic governance and risk management arrangements. The consistent theme of capacity and system pressures was noted.

15.4 19 May 2026: Finance and Performance Committee

15.4.1 Jayne Beeslee, Chair of the Finance and Performance Committee, reported that the committee received strong assurance across the areas addressed while recognising ongoing risks, particularly in relation to the external financial environment and capacity to deliver longer-term strategic priorities.

15.4.2 The committee reviewed the Commercial Plan in detail and endorsed it for approval. The committee was confident in the plan's contribution to the Trust's financial sustainability and advised that it will retain oversight of its implementation.

The Board approved the Commercial Plan.

15.5 6 March 2026: Academic Partnership Committee

15.5.1 Hannah Rowan, Chair of the Academic Partnership Committee, provided an update from the meeting, noting that the committee is currently in transition, with its scope reducing as its functions are expected to transfer into other committees as part of wider governance changes.

15.5.2 Attention was drawn to the Research Impact Report included within the papers, noting that this had been developed in response to previous challenge from the committee to better demonstrate the tangible impact of research activity. The focus is now on evidencing how that activity translates into benefits for patients, staff and services, rather than simply reporting activity levels.

15.5.3 Members welcomed the report, finding it informative and valuable and noting that it clearly demonstrated the breadth of research activity across the Trust with a range and diversity of research topics illustrating the scale and relevance of the Trust's work in this area.

16. GOVERNANCE REPORT

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

16.1 The board received and noted the report outlining the formal governance matters for board consideration and detailing the request for the application of the Trust Seal on documents relating to the approval of participation of the Trust in a new NHS Wales Microsoft Enterprise

Agreement and a lease agreement for retrospective licensing for alterations, with the relevant parties being Welsh Ministers and the Trust.

The Board approved the application of the Trust Seal for the transaction as detailed in the report.

CLOSING ITEMS

17. REFLECTIONS

17.1 Members reflected on the good balance of strategic, governance and operational points discussed at the meeting.

18. ANY OTHER BUSINESS

18.1 There was no other business.

19. EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC

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

20. DATE AND TIME OF THE NEXT MEETING

20.1 The next meeting will be held on 30 July 2026 at 11:00.

The meeting closed at 12:57

MINUTES OF THE EXTRAORDINARY PUBLIC MEETING OF WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST, TRUST BOARD ON THURSDAY 25 JUNE 2026 HELD IN THE CARDIFF MAKE READY DEPOT

The meeting started at 9.30am

ATTENDEES:

Colin Dennis	Chair of the Trust Board
Jayne Beeslee	Non-Executive Director
Judith Bryce	Deputy Director of Operations *(deputising for Lee Brooks)*
Peter Curran	Non-Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Professor Hayley Hutchings	Non-Executive Director
Ceri Jackson	Non-Executive Director
Carl Kneeshaw	Director of People
Angela Lewis	Director of Culture Change
Rachel Marsh	Deputy Chief Executive *(deputising for Emma Wood)*
Trish Mills	Director of Corporate Governance/Board Secretary
Hannah Rowan	Non-Executive Director
Jonny Sammut	Director of Digital
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Hugh Parry	Trade Union Partner
Damon Turner	Trade Union Partner

APOLOGIES:

Dr Umar Ahmad	Non-Executive Director
Lee Brooks	Executive Director of Operations
Bethan Evans	Non-Executive Director
Emma Wood	Chief Executive Officer

OPENING ITEMS

1. CHAIR'S WELCOME, APOLOGIES AND QUORUM

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

2. DECLARATIONS OF INTEREST

2.1 There were no other declarations recorded.

ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION

3. 2025/26 ANNUAL ACCOUNTS AND ANNUAL REPORT

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

3.1 2025/26 Annual Audited Accounts and Annual Report
3.2 Audit Report, 2025-26 Accounts (including Letter of Representation)

3.2.1 The board received the 2025/26 Annual Audited Accounts. The draft accounts were submitted to Welsh Government on 1 May 2026 and audited in line with required timelines, with Audit Wales certification deadline for final accounts for all NHS Wales bodies being 30 June 2026.

3.2.2 Members were advised that the Trust achieved a break-even position with a small, retained surplus of £78k. Total income and expenditure were each approximately £346m, demonstrating a balanced position. All statutory financial duties were met, including compliance with the Public Sector Payment Policy and delivery of the capital expenditure target set by Welsh Government.

3.2.3 Total income had increased year-on-year, primarily driven by Joint Commissioning Committee (JCC) and Welsh Government funding, pay awards and employer National Insurance changes. Total expenditure had increased in line with income, with pay costs representing the largest proportion, reflecting pay uplifts, workforce developments and previously identified pressures. Non-pay expenditure reduced slightly, supporting delivery of savings while minimising impact on frontline services.

3.2.4 The balance sheet reflected growth in assets linked to capital investment, alongside expected movements in cash, creditors and provisions. Capital expenditure was delivered in line with the approved programme.

3.2.5 Audit Wales issued an unqualified audit opinion, confirming that the accounts provide a true and fair view. There were no uncorrected misstatements and no significant issues requiring escalation to management or board. A small number of corrected disclosure-level adjustments were made, with no impact on the overall financial position.

3.2.6 The board received the Annual Report, noting the two parts: the Performance Report, which summarises the Trust's performance over the year and the Accountability Report, which includes the Director's report, governance statement and supporting disclosures. The board acknowledged:

- The governance statement, which sets out the Trust's governance framework, system of internal control and risk management arrangements, including a review of effectiveness
- The Remuneration and Staff report
- The Audit Certificate and report

3.2.7 The board noted that Welsh Government and Audit Wales had reviewed the draft Annual Report and proposed minor, non-material amendments, which were incorporated into the final report. Members were advised that the Welsh language version of the report was in progress and would be available for the Trust's AGM on 30 July 2026.

3.2.8 Peter Curran, Chair of the Audit, Risk and Assurance Committee (ARAC), confirmed that the committee had undertaken detailed scrutiny of the Annual Accounts and Annual Report at their meeting on 23 June 2026. The committee received strong assurance, highlighting a clean audit outcome, high-quality financial reporting, and giving full endorsement for board approval.

3.2.9 Members expressed their appreciation for the amount of work involved in preparing the Annual Accounts and Annual Report and noted the significant achievement in producing a balanced budget.

The board approved the Trust's draft 2025/26 Annual Audited Accounts and Annual Report and the Letter of Representation. The board agreed for these documents to be signed by the Chair, Chief Executive and Director of Finance before submission to Welsh Government via the Auditor General for Wales ahead of the 30 June 2026 deadline.

4. ANNUAL HEAD OF INTERNAL AUDIT OPINION

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

4.1 The board noted the positive report, which provided reasonable assurance on the Trust's governance, risk management and internal control arrangements.

4.2 Members were advised that the internal audit programme for 2025/26 was risk-based, aligned to the Trust's highest-rated risks and was fully delivered. 20 audits were completed, with 17 reasonable assurance outcomes, two substantial assurance outcomes and one audit with no opinion as it was a routine follow-up audit. A further two internal audits, Emerging Technology and Digital Business Continuity, were finalised following the ARAC meeting and subsequently circulated to members.

CLOSING ITEMS

5. REFLECTIONS

5.1 There were no reflections shared at the meeting.

6. ANY OTHER BUSINESS

6.1 There was no other business.

7. DATE AND TIME OF THE NEXT MEETING

7.1 The next meeting will be held on 30 July 2026 at 9.30am.

The meeting closed at 9.59am

ACTION LOG
WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST BOARD

Minute Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
10.6 - 26/03	26 March 2026	Monthly Integrated Quality and Performance Report (MIQPR)	It was agreed that Jonny Sammut will bring an update to next Trust Board meeting regarding the ongoing work on consent to approach patients for feedback; Jonny advised that the Data Protection Impact Assessment has been completed and is going through internal governance processes. It is hoped that go-live with SMS messages will happen in the next few months.	Jonny Sammut	30 July 2026	Update at Trust Board 28 May 2026 Jonny advised this work is expected to be completed by the next meeting on 30 July 2026. Update from Jonny Sammut on 14 May 2026 The consent to approach work is now live for Ambulance Care services. SMS surveys are being issued, and this has recently been extended to include cancelled journeys, which is providing broader feedback coverage. For 999 services, the Data Protection Impact Assessment has been completed and the work is extremely close to go live. There are a small number of final actions outstanding, primarily agreement of the communications plan and receipt of confirmation documentation relating to the Civica CSA. Once these are complete, we expect to proceed.	Open
6.8-1-28/05	28 May 2026	6. Chief Executive's Report	An action was taken for the Pandemic Plan document to include pandemic-related learning and progress; this will be presented as a distinct item to Finance and Performance Committee alongside the annual EPRR reports.	Lee Brooks	30 July 2026	Update 5 June 2026 Added to the FPC forward planner for September FPC meeting. AW.	Complete
6.8-2-28/05	28 May 2026	6. Chief Executive's Report	Governance to advise on whether a substantive item on the annual pandemic planning report will be required for board assurance, following its presentation at Finance and Performance Committee; the items to be added to the forward planner and cycle of business as appropriate.	Trish Mills [Julie Boalch]	30 July 2026	Update 10 June 2026 JB advised that it will not be necessary for the report to come to board; this item will be covered sufficiently in reports to Finance and Performance committee.	Complete
9.7 - 28/05	28 May 2026	9. MIQPR	Patient feedback outcomes from Albot interactions will be reported going forward to Finance and Performance Committee; this item to be added to the forward planner for the meeting.	Jonny Sammut/Trish Mills	30 July 2026	Update 5 June 2026 Added to the FPC forward planner for September FPC meeting. AW.	Complete
9.2 - 28/05	28 May 2026	9. MIQPR	An action was taken for the board to use the refreshed MIQPR to identify issues requiring deeper scrutiny and to request deep dives on these from committees, with each committee potentially having responsibility for a certain set of indicators; it was specifically agreed for this to include a deep-dive on longer wait times for patients to be considered by the QuEST committee.	Rachel Marsh	30 July 2026	Update 9 June 2026 The action for a deep-dive on patient waiting times shared with QuEST Secretariat to inform the forward planner for the August QuEST meeting.	Complete

Agenda Item No.	5

REPORT TITLE

Chair and Vice-Chair's Report: July 2026

MEETING

Name of meeting	Trust Board
Date of meeting	30 July 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

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

PURPOSE OF REPORT

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

REPORT SUMMARY:

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

CHAIR'S REPORT

1. The Trust Board met for its bi-monthly Board Development activity on 25 June 2026 and received the draft Good Governance Institute outcome report for discussion. The final outcome report, with associated recommendations and action plan, is programmed for receipt at today's board meeting. The board also held a formal Trust Board meeting on the 25 June to approve the Trust's 2025/26 annual report and accounts ahead of the Annual General Meeting.

2. Since our last meeting I have been busy with the following activity: -
   - Regular meetings and briefings Emma Wood, Chief Executive, and other executives.
   - Chaired a meeting of the Remuneration Committee on the 9 June.
   - Chaired a meeting of the Trust Board on the 25 June, in addition to board development.
   - Attended a meeting of the Association of Ambulance Chief Executive's Chairs' network on the 1 July.
   - Attended WAST Live on 3 July.
   - Met with the Chief Executive of Health Inspectorate Wales on 20 July.
   - Met with the Chair of Aneurin Bevin University Health Board on 21 July.
   - Joined the meeting of the Finance and Performance Committee on 21 July.
   - Conducted annual appraisal meetings with the board non-executive directors.
   - Regular communication with Ceri Jackson, Vice-Chair.
   - Routine meetings with Trade Union partners.
   - Routine meetings with Internal Audit.
   - Routine meetings with Audit Wales.
   - Routine meetings with Health Inspectorate Wales.
   - Routine monthly meetings with non-executive director colleagues.

VICE-CHAIR'S REPORT

3. Since our last meeting I have been busy with the following activity: -
   - Attended a meeting of the Remuneration Committee on 9 June.
   - Attended a meeting of NHS Welsh leaders on 16 June.
   - Attended the Vice-Chairs' Peer Group meeting on the 17 June and 8 July.
   - Attended the Vice-Chairs' and Chairs Group development session on 23 June.
   - Attended the Trust Board meeting on the 25 June.
   - Attended the Board Development session on 25 June.
   - Engaged in the recruitment activity for the Chief People Officer.

- Acted as a panel member for the Chief People Officer interviews on 1 July.
- Visted the Clinical Contact Centre at Vantage Point House on 1 July
- Attended a meeting of the Charity Committee on 7 July.
- Visited UHW Cardiff Emergency Department on the 7 July to meet WAST crews.
- Attended the Audit, Risk and Assurance Committee members' meeting on 20 July.
- Held routine meetings with the Chair of the Trust Board.
- Held routine meetings with people and culture colleagues and Trust executives.
- Held routine meetings with the Trust's Speaking Up Safely Guardian.
- Routine monthly meetings with non-executive director colleagues.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Trust Board is requested to:

1. Receive and note the report.

ADDITIONAL PAPER(S)

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

N/A

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

RISK(S) THIS REPORT MITIGATES

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

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

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

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
n/a	

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

Agenda Item No.	6

REPORT TITLE

Chief Executive Report: July 2026

MEETING

Name of meeting	Trust Board
Date of meeting	30 July 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

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

PURPOSE OF REPORT

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

REPORT SUMMARY

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

This report is presented to the Trust Board to provide awareness of the Chief Executive's activities and key service issues since the last Trust Board meeting held on 28 May 2026. It is intended that this report will provide a strategic briefing as linked to our strategic objectives.

RECOMMENDATION(S)

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

ADDITIONAL PAPER(S)

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

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
The report references updates which relate to the following risks. Risk 223 - The Trust's inability to reach patients in the community, causing patient harm and death. Risk 224 - Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients. Risk 558 - Deterioration of staff health and well-being in the face of continued system pressures as a consequence of workplace experiences.

Risk 139 - Failure to deliver our Statutory Financial Duties in accordance with legislation.

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

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

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
n/a	n/a

SITUATION

1. This report provides an update to the Trust Board on recent key activities, matters of interest and material issues since the last report dated 28 May 2026.

BACKGROUND

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

- WAST remains Tier 1 under the new accountability framework;
- Financial stewardship appears strong with an unqualified audit opinion;
- Significant operational resilience was demonstrated during the June heatwave;
- Digital and workforce programmes continue to progress;
- WAST continues to learn together with our patients to improve the quality of our services;
- WAST continues to influence and participate in national and system programmes of work, with a growing presence and seat at the table;
- WAST continues to drive the Handover 45 agenda to improve patient outcomes and mitigate risks;
- A programme of work to deliver the measurable benefits of the Clinical model transformation has been defined and embedded into business as usual governance.

ASSESSMENT

Strategic update

1.0 Accountability Framework meeting

3. Executives met NHS Wales Performance and Improvement (NHS P&I) on 29 June for our first accountability meeting under the new accountability and governance framework arrangements. The meeting served as an introductory performance review between NHS P&I and WAST.

4. The meeting confirmed that WAST remains a Tier 1 organisation, with no concerns to warrant a change in oversight status. However, there was significant discussion about the need for greater clarity around commissioning arrangements, performance management responsibility, our quality agenda

especially the higher than anticipated 'Now' categories, the evaluation of our ambulance performance framework and WASTs role in the wider Urgent and Emergency care (UEC) system.

5. A number of actions were agreed which and a follow up discussion will be set for September 2026.

2.0 Partnership and engagement update

MS Senedd engagement

6. A number of meetings have taken place with new Senedd members since the election, including a Senedd drop in event with NHS leaders and a meeting of the three health and care ministers and Chairs and CEOs from across the NHS.

7. Alongside members of the Executive team, WAST attended the Graduate and Primary care summit hosted by the Cabinet Minister for Health and Care and the First Minister. We presented our approach to ring fencing opportunities for Newly Qualified paramedics to our peers at the Graduate summit confirming 62 Newly Qualified Paramedics had been offered EMT posts and the first cohort of twenty-one would join the Trust in September. All trusts are being asked to actively support the development and delivery of an all-Wales graduate transition programme to assist those who do not gain a post on graduation.

8. At the primary care summit, we participated in discussions on mechanisms and ways to shift prevention and care closer to home. Actions will be led and delivered through the community by design programme which continues at pace with three work programmes: prevention and population health management, chronic conditions and urgent and same day care. Health Boards have been set the priority to increase spending on primary care by 0.5% each year from 2027-2028.

National programmes

9. WAST continues to play a key role in national programmes of work. We play an active role in the UEC pillar. Phil Kloer, CEO Hywel Dda is chair of the programme, and I am supporting his work to ensure we can offer a national alongside local view of the UEC system. A newly formed UEC improvement board will replace the 6 goals programme and will be overseen by NHS P&I. Becci Jones, Associate Medical Director, will be our clinical lead on this programme board.

10. In other national work. Andy Swinburn, Executive Director of Paramedicine, has been nominated to be an AHP lead for the National Clinical Plan and will represent WAST and AHPs across the system.

National reach

11. I continue to meet national partners and seek opportunities to collaborate further. A meeting this month with Dawn Docx, North Wales Chief Fire Officer, led to an interesting discussion on their plans to build a North training facility in the next 3 years and extend the use of this to partners. Some synergies with our ambition to improve HART deployment in the North (subject to business case approval) alongside other opportunities will be explored.

12. National work with AACE continues and I was pleased to endorse the early work of AACE to create a draft framework for the withdrawal of care where colleagues are in fear of their safety. The draft framework has been developed between AACE and the Royal College of Paramedics following a number of high-profile critical events. It aims to set out a framework within which individual clinicians may consider withdrawing from the provision of care, when faced with violence, abuse or are in fear for their safety. It seeks to balance the rights of patients with health and safety considerations for staff by supporting safe decision making.

Celtic Alliance

13. As part of our developing Celtic Alliance, WAST and the Scottish Ambulance Service jointly met with industry partners to explore emerging opportunities in AI-enabled contact centre technology. Discussions considered future capabilities such as multilingual support, real-time decision support for call handling and triage, and broader opportunities to harness large language models and AI to enhance patient access, clinical decision-making, and operational efficiency. The session highlighted areas with the potential to be internationally leading, subject to further exploration and appropriate governance. Both organisations have agreed to continue sharing learning and exploring opportunities that could benefit patients, staff and ambulance services, with further updates expected as this work develops.

Local engagement

14. This month I commence ‘tea break’ talks visiting stations in various locations throughout the summer to meet colleagues to hear from them and discuss our

opportunities and challenges. Last week I visited Ty Elwy Clinical Contact Centre, Rhyl Station and Newtown Station and this week Newport station and Beacon House.

3.0 System Performance and Urgent & Emergency Care delivery: handover 45

15. Progress continues on the delivery of the 45-minute ambulance handover (H45) with NHS P&I coordinating the response to the latest agreement to meet this target for winter. All Health Boards have set their plan for achieving a H45 position by September 2026 with most achieving compliance of 95%. Betsi Cadwaladr University Health Board and Hywel Dda University Health Board are outliers but working with NHS P&I to achieve H45 by site.

16. We recognise Health Board delivery remains constrained by:

    - Emergency Department capacity and optimising flow including discharge;
    - Variation in access to alternative pathway design (e.g. SDEC, primary care);
    - Workforce and estate constraints across hospital some sites.

17. Early modelling and system planning indicate improvements in handover performance will significantly increase ambulance availability and patient reach. In return for improved system compliance with H45, WAST will need to meet unmet demand and reduce long community waits. Failure to deliver sustained improvement in handover performance continues to present a material risk to patient safety and access in the community and is essential to mitigate risks 223, 234 and 558 and enable the Trust to reduce risk exposure. WAST must offer confidence to partners that we are managing the parts of the system and our organisation well to deliver improved performance and patient outcomes.

4.0 Operations

Heat wave impact

18. The June 2026 extreme heat period created exceptional and sustained pressure across 999, NHS 111 Wales and wider urgent care pathways. The Board will be aware that the Trust escalated to REAP Level 4 and declared a Critical Incident on 26 June to protect response capacity for the highest acuity patients. 999 demand rose by 31%, peaking at c.2,500 calls in one day, around 1,000 above normal,

with around 450 additional Purple and Emergency incidents. NHS 111 Wales also received circa 10,000 calls over the following weekend, extending pressure beyond the heatwave peak.

19. We saw increased falls and heat-related presentations, particularly among older people, combined with hospital handover delays which constrained ambulance availability and system flow. NEPTS demand remained broadly stable, although wider flow pressures drove a 4% increase in non-WAST cancellations. Additionally, workforce availability was affected by reduced overtime uptake and special leave linked to school closures.

20. Our escalated response included enhanced command arrangements, prioritisation of emergency capacity, redeployment of skilled staff, additional clinical and operational hours, extra falls response and NEPTS support. We were pleased to be able to stand the critical incident down on 29 June 2026 as pressures subsided.

21. A formal debrief process was held on 16 July 2026 and learning identified which will feed into the National Debrief process managed by NHS P&I on 29 July 2026.

Clinical Model Transformation (CMT) and Performance Framework

22. The Ambulance Performance Framework (APF) continues to embed, placing outcomes at the centre of improvement. Early benefits include improved response to life-threatening incidents, reduced cancellations, and increased rates of remote clinical resolution.

23. Our next phase of implementation will focus on call flow optimisation, responding directly to staff feedback and operational learning. Six areas will be prioritised - breathing difficulties pathways, orange now, call to door times, on scene times, dispatch optimisation and clinical navigation flow.

24. Structured programme governance is in place to ensure the benefits of the CMT are realised and the first draft findings of the external evaluation of phase 1 is scheduled for autumn 2026.

5.0 Finance and estates.

25. In July we saw the opening of the Bangor Workshop, increasing fleet maintenance capacity and development of Dolgellau ambulance station, both will have a positive impact on staff and greatly improve operational facilities.

26. Financial performance remains stable, with strong controls in place and clear planning assumptions which seek to mitigate risk 139. There is confidence that we can meet our financial plan. The Trust's 2025/26 annual report and audited financial accounts were approved by the board at its meeting on 25 June 2026, signed by the Auditor General on 26 June 2026 and submitted to Welsh Government.

27. The Audit Wales ISA 260 report confirmed a very positive audit outcome, including an unqualified audit opinion and no uncorrected misstatements. The annual report and audited financial accounts will be presented at our annual general meeting on 30 July 2026.

28. The Trust is operating within a balanced financial plan for 2026/27, including delivery of a 3% Savings target and a 2% non-cashable productivity gain. Teams have been working to identify the productivity opportunities and these include NEPTS re-roster and increased utilisation, expanded advanced paramedic practitioner (APP) capacity, reduction in handover delays amongst others. The latter giving us the greatest opportunity to become more efficient and productive.

29. The JCC have benchmarked our services with UK trusts and produced a productivity pack which we will work through with a view to agreeing further opportunities. The ambulance and 111 service review is anticipated to start next month.

6.0 People and Culture

30. Workforce remains a relative organisational strength, with continued focus on culture, engagement and leadership development.

31. Momentum continues to build around Essential Conversations, with more than 350 leaders and managers completing workshops to strengthen supportive and

effective workplace conversations. Preparations are also underway for the introduction of a digital tool designed to support colleagues following traumatic incidents through earlier identification of wellbeing concerns and timely intervention.

32. The Trust's Speaking Up Safely Team has been recognised by Welsh Government as an example of leading practice and has been invited to share its approach through the Welsh Partnership Forum, supporting wider learning and adoption of best practice across NHS Wales.

33. The BEAM Network is entering an exciting new phase, with a renewed focus on strengthening its visibility, reach and impact across WAST. Building on the commitment and energy of its members, the Network is refreshing its vision, mission and objectives, introducing a more inclusive membership model that actively welcomes allies, and creating new opportunities for colleagues to connect, contribute and have their voices heard. This includes one-to-one listening conversations, the launch of a new monthly newsletter, The BEAM Voice, and a growing programme of engagement and awareness activities.
34. The People Services and Wellbeing Team is working in partnership with Bangor University and Cardiff University to develop a research project exploring absence within the Trust's Clinical Contact Centres, helping strengthen the evidence base for future wellbeing and workforce interventions.

35. The Education and Development Team successfully completed External Quality Assurance activity with FutureQuals and Agored Cymru, receiving positive assurance regarding the quality of learning delivery and operational processes.

36. And finally, June saw completion of the Emergency Ambulance Practitioner Induction Programme, with 532 Emergency Ambulance Practitioners achieving the ILM Level 3 Effective Mentoring qualification over the last 18 months. Preparations are also progressing for the introduction of the NEPTS Net Centre Onboarding Apprenticeship and EMSC Call Handler Apprenticeship, further strengthening development pathways across the Trust.

7.0 Quality and Safety

37. The Trust’s third annual WASTQ event, ‘Quality Without Barriers: Driving Impact Through Inclusion’ took place in Cardiff on 9 July 2026, bringing together colleagues, leaders, volunteers, service users and partners from across Wales for a

day of learning, reflection and collaboration focused on improving quality outcomes. The event featured Dr James Calvert, Deputy Chief Medical Officer for Wales, as guest speaker, alongside a diverse range of presentations, workshops and service user contributions that reinforced the importance of quality, inclusion and continuous improvement across all aspects of service delivery.

38. The Trust will commence delivery of its internal Quality Improvement (QI) Refresher Programme on 29 July 2026, marking an important milestone in strengthening organisational improvement capability. Delivery has been enabled through the Trust's Memorandum of Understanding with Improvement Cymru and the development of an internal faculty, with members of the Quality Improvement Team undertaking the Certificate in Education and Training (CET) qualification to enable the delivery of accredited quality improvement education within WAST.

39. Demand for the programme has been strong, with the inaugural cohort fully subscribed and a waiting list established for future programmes. Initially aimed at members of the existing Quality Improvement Network, the programme will expand over time to provide wider access across the Trust. By equipping colleagues with the knowledge, skills and confidence to lead and support improvement activity, the programme will strengthen organisational capability and support the Trust's ambition to embed a culture of continuous improvement across all services.

8.0 Digital Update

40. Digital transformation continues to support the Trust's wider clinical model ambitions, with good progress across the 111 Wales Online programme. Development and testing of enhanced online symptom checkers continues, alongside evaluation of the recent live webchat pilot and further work to expand digital access channels. The programme was also recognised as a finalist in the HSJ Digital Awards category for empowering patients through digital, providing valuable external recognition of the Trust's growing leadership in developing more accessible and innovative ways for people to access care and advice.

41. The Trust's work on responsible artificial intelligence has also received further external recognition, with a paper evaluating the implementation and learning from AIBot, the NHS 111 Wales Online conversational AI assistant, accepted for publication in BMJ Innovations. The publication will share the Trust's practical

experience and learning from deploying conversational AI in urgent care, contributing to the wider evidence base for the safe and effective adoption of AI in healthcare.

42. The Trust's electronic Patient Care Record refresh programme also continues to progress well and remains on track for deployment later this financial year. WAST has recently been designated as the UK's official TerraPACE reference site, providing early access to next-generation platform capabilities and an opportunity for the Trust to influence future product development. This recognition further strengthens WAST's position as a leading organisation for digital innovation within the ambulance sector.

43. Important progress has also been made in strengthening the resilience of critical operational technology. The Trust successfully migrated its 999 clinical decision support and prioritisation systems onto upgraded infrastructure, improving capacity, performance and resilience through enhanced high-availability arrangements. In parallel, the Trust continues to progress its preparations for the next phase of the Emergency Services Network, working with Ambulance Radio Programme partners and aligning with the wider UK ambulance sector.

44. The Trust's digital transformation work has also been featured in a national HTN special report exploring digital transformation across Wales. The report brought together perspectives from digital leaders across NHS Wales, including the Welsh Ambulance Service, and provided an opportunity to highlight the Trust's approach to digital innovation, transformation and the evolving role of technology in supporting new models of care.

45. The Trust is continuing to strengthen its approach to digital governance, responsible AI and information governance. Preparations are nearing completion for the launch of the new Digital Oversight Group, which will provide a transparent Trust-wide approach to prioritising digital demand and aligning available specialist capacity to organisational priorities.

9.0 Executive team appointments

46. Following recent leadership changes within the Clinical and Quality, Safety and Patient Experience Directorate, interim arrangements have been implemented to provide continuity, stability and leadership capacity while the substantive

structure is finalised. Andy Swinburn has assumed executive oversight of the Quality, Safety and Patient Experience Directorate. Penny Durrant will undertake the role of Interim Director of Nursing, supported by Ceri Griffiths as her Deputy.

47. Further to a competitive recruitment process at the start of this month, I am pleased to announce we have appointed Alex Nestor as our new Chief People Officer. Alex joins us from Bristol NHS Foundation Trust, where she was Director of People, and brings extensive experience of workforce strategy, organisational development and leading cultural change across complex NHS organisations. She is expected to join us on the 12 October 2026.

RECOMMENDATION

48. The recommendation(s) are as set out on the front cover above.

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

Trust Board –30 July 2026

Patient Story: Lucy Burrows – AJ's experience

Patient experience insight highlighting person-centred care

peci.team@Wales.nhs.uk

Lucy Burrows – AJ's story

Summary of Patient Experience Story

AJ's story – https://youtu.be/4dybPa1MQSE?si=RwizdtDL4-Fe4PFW

Compliment received (10 March 2026) recognising exceptional care by Aiden and Paul.

Feedback highlighted:

- Clear, reassuring communication
- Empathy and respect shown towards a child who was nonverbal and had multiple diagnoses, including autism, ADHD and PDA
- Sensitive and adaptable management of a complex physical health presentation in the context of communication differences and additional needs
- Positive contrast to previous healthcare experiences, highlighting the importance of individualised approaches and communication adaptation when caring for neurodiverse patients.

This case provides positive assurance that when staff adapt communication and tailor care to individual needs, patient safety, patient experience and public confidence are strengthened. It also reinforces the importance of embedding this approach consistently across the organisation to reduce unwarranted variation in care.

Timeline:

- **10/03/2026**
  Compliment received and shared
- **01/04/2026**
  Parent (Lucy Burrows) contacted to record experience
- **30/04/2026**
  Story recorded with Lucy Burrows

Lucy Burrows – AJ's story

Positive Impact Observed

- Safer, more effective clinical care
- Increased confidence for patient and family
- Improved engagement with wider healthcare services
- Reduced distress and improved patient experience
- This experience demonstrates how person-centred assessment and adapted communication can mitigate recognised patient safety risks associated with communication barriers and neurodiversity

Organisational Enablers

- Mandatory equality, diversity and inclusion training
- Neurodiversity awareness and communication training
- Learning from patient stories through QuESt and governance processes
- Listening to People programme supporting organisational learning
- Patient experience insights informing quality improvement

Staff Insight

- Staff feedback suggests that whilst mandatory training provides an essential foundation, confidence is strengthened through practical experience, reflective learning and exposure to diverse patient groups. This reinforces the importance of continued education, sharing positive practice and embedding inclusive communication across services.

- Current evidence provides assurance that existing organisational approaches are supporting positive patient experiences, whilst recognising opportunities to strengthen consistency and staff confidence across the Trust.

Risks when Task-Focused Care overrides Person-Centred Care

- Failure to recognise and respond to the needs of neurodiverse individuals and those with communication differences.

- Reduced opportunity for personalised assessment and reasonable adjustments.

- Increased risk of:
  - Miscommunication and clinical errors
  - Patient distress and behavioural escalation
  - Safety incidents and avoidable harm
  - Long-term disengagement from care
  - Reduced trust and confidence in healthcare services

Lucy Burrows – AJ's story

Assurance Themes and Actions

Learning Themes:

- Person-centred, tailored communication
- Compassion and empathy
- Professionalism building trust
- Autism-aware and inclusive practice
- Improved patient safety and outcomes
- Strengthened confidence in services

Actions Taken / In Progress

- Patient story recorded and shared through patient experience and quality governance routes.
- Positive practice highlighted and promoted through organisational learning channels.
    - Learning considered within ongoing work relating to patient experience, quality improvement and equitable access.

Areas of Continued Focus

- Strengthen communication approaches for neurodiverse patients
- Embed person-centred care consistently across teams
- Enhance practical training and exposure
- Strengthening staff confidence in caring for neurodiverse patients and those with communication differences.

Intended Outcomes

- Improved patient experience and safety
- Consistent delivery of inclusive care
- Increased staff confidence and capability
- Sustained trust from patients and families
- The experience provides assurance that compassionate, person-centred and adaptive approaches to care can positively influence patient outcomes and experience, whilst reinforcing areas for continued organisational development.

Evidence base for system wide learning

Children with autism, ADHD and communication differences may experience increased anxiety during healthcare encounters, particularly when faced with unfamiliar environments, professionals or assessment processes.

Nonverbal children may communicate distress, pain or illness differently, requiring clinicians to adapt communication, work collaboratively with parents/carers and use behavioural and contextual cues to inform assessment.

Research suggests that clinicians can experience lower confidence when managing paediatric patients, particularly those with complex needs, communication differences or neurodevelopmental conditions.

This may contribute to anxiety, reliance on standardised approaches and challenges in building rapport.

Positive healthcare interactions that prioritise trust, communication adaptation and person-centred care can reduce distress, improve cooperation and support safer assessment and clinical decision-making.

Despite growing evidence regarding paediatric patient safety and clinician confidence, there remains limited research exploring what constitutes a positive ambulance service experience for neurodiverse children and their families.

Collectively, this evidence reinforces the Trust's strategic focus on person-centred care, health equity and effective communication as important contributors to patient safety, patient experience and quality of care.

Lucy Burrows – AJ's story

Board Reflection and Assurance

What does this story tell us?

- Person-centred care improves patient experience and confidence.
- Adapted communication supports safer clinical assessment.
- Compassionate care remains a key contributor to quality outcomes.
- Positive experiences can strengthen future engagement with healthcare services.

What does this experience tell us?

- Staff are demonstrating the values and behaviours expected by the Trust.
- Learning from lived experience is being captured and shared.
- The story supports organisational priorities relating to quality, equity and patient experience.

What remains a focus?

- Embedding consistent person-centred practice across all services.
- Strengthening confidence in caring for neurodiverse patients.
- Using patient stories and experience data to drive improvement.

This patient story provides positive assurance that Trust values relating to compassion, inclusion and person-centred care are being demonstrated in practice. Learning has been captured and shared through established governance arrangements, with further opportunities identified to strengthen consistency, communication and staff capability. There are no immediate strategic concerns arising from this case, although continued oversight of equitable care, communication and patient experience remains appropriate.

Wider Organisational Learning and Strategic Assurance

What this story demonstrates

- Person-centred care improves outcomes.
- Adapted communication enhances patient safety.
- Reasonable adjustments support equitable care.
- Positive experiences build trust and confidence.

Contribution to Trust Priorities

Trust Priority	Evidence from this story
Listening to People	Lived experience informs improvement.
Duty of Quality	Feedback translated into learning.
Patient Safety	Communication supports safer assessment.
Health Equity	Care adapted to individual needs.
Person-centred Care	Trust values demonstrated in practice.

Organisational Learning

•Shared through governance.
•Positive practice recognised.
•Learning supports education.
•Reinforces inclusive practice.
•Contributes to continuous improvement.

Assurance Summary

This patient story provides assurance that positive patient experiences are being systematically captured and used to inform organisational learning and quality improvement. Alongside incidents, concerns, legal claims and mortality reviews, these insights strengthen the Trust's understanding of quality and support delivery of equitable, person-centred care.

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

Trust Board Update briefing
Staff Follow Up Story: Nic Anderson

Updated: 23rd July 2026

Staff Story Follow-Up – Nic Anderson

Since presenting The Selfish Volunteer to Trust Board, Nic has continued to develop the themes of volunteering, leadership and creating opportunities for others.

A significant milestone has been the successful design, development and implementation of the new Enhanced Community First Responder (ECFR) programme.

Following the pilot, the Trust now has its first eight Enhanced Community First Responders trained and operational, providing additional capability and resilience during major incidents.

Key Themes Identified

- Volunteering and community resilience
- Leadership development
- Innovation in responder capability
- Human factors and patient safety
- Positive workplace culture and civility
- Developing people to reach their potential

Nic Anderson

Impact

- Successful launch of the ECFR programme, creating an enhanced volunteer capability within the Trust.
- Eight ECFRs now trained and operational, strengthening major incident resilience.
- Continued role as a Civility Saves Lives Ambassador, promoting psychological safety and positive workplace cultures.
- Human factors education embedded within the ECFR programme to support safe and effective decision-making during major incidents.
- Increased organisational profile through invitations to present at national and leadership events.

Themes for Assurance

- Value of volunteer development.
- Leadership through service and influence.
- Staff wellbeing and psychological safety.
- Human factors and non-technical skills.
- Building organisational resilience through innovation.

Nic Anderson

Required Areas of Continued Focus

- Continue development and evaluation of the ECFR programme.
- Maintain advocacy for Civility Saves Lives and positive workplace cultures.
- Share learning and best practice at the Civility Saves Lives Conference.
- Deliver presentations at the Welsh Ambulance Service Leadership Conference and Wonderful Women development event.
- Continue supporting volunteers and colleagues to develop their leadership potential.

Intended Outcomes

- Stronger leadership culture across the organisation.
- Greater volunteer engagement and development opportunities.
- Improved psychological safety and staff experience.
- Enhanced resilience and capability during major incidents.
- Continued promotion of volunteering, leadership and positive organisational culture to improve outcomes for staff, patients and communities

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Agenda Item No.	9

REPORT TITLE

External Board Effectiveness – the Good Governance Institute

MEETING

Name of meeting	Trust Board
Date of meeting	30 July 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Trish Mills, Director of Corporate Governance
Author(s) of report	Trish Mills, Director of Corporate Governance

PURPOSE OF REPORT

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

REPORT SUMMARY:

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

1. The Trust commissioned the Good Governance Institute (GGi) to undertake an external effectiveness review of the board and its supporting governance arrangements. The review has now been completed and is attached at annex 1.

2. The review concludes that the Trust is operating from a strong governance foundation and identifies a number of significant strengths across board culture, leadership, governance processes, patient focus and the developing maturity of risk and assurance arrangements.

3. **GGi's overall assessment is that this is a good board with the potential to be a really great one.**

4. Importantly, the review does not identify fundamental governance weaknesses or failures requiring remediation. Rather, it highlights opportunities to strengthen strategic oversight, simplify governance arrangements and further enhance assurance across the wider governance framework.

5. The findings are significant in the context of the Trust's ongoing governance evolution. They provide independent validation of a number of improvement themes already being progressed through revised IMTP reporting, the integrated governance programme and related workstreams, whilst also providing a structured framework through which the board can consider its future governance ambitions and maturity.

6. This paper presents the headline findings of the review, outlines the Trust's initial response and proposed governance arrangements for oversight of implementation, and describes how a more detailed roadmap will be developed over the coming months. Whilst a number of improvement initiatives are already underway or planned, the review is intended to inform and shape a longer-term programme of governance maturity over the next two to three years.

7. The significance of the review extends beyond the individual recommendations. Collectively, the findings provide an opportunity to consider how the Trust wishes to evolve its governance model, ensuring that board time, committee structures, assurance arrangements and reporting processes are increasingly aligned to strategic priorities, organisational risk and delivery of outcomes. The review therefore represents an important milestone in the Trust's governance journey and provides a framework against which future progress can be assessed.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Board is asked to:

1. Note receipt of the Good Governance Institute (GGi) external effectiveness review of the board and their conclusion that the Trust is operating from a strong governance foundation with the potential to further enhance board effectiveness.

2. Endorse the six priority improvement areas identified by GGi:

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

3. Agree that implementation of the recommendations should be progressed through the Trust's integrated governance programme, recognising the significant alignment between the review findings and existing improvement activity

4. Agree that oversight of implementation should be provided through the Audit and Risk Assurance Committee, with regular progress reports provided to the board

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance here regarding materiality and use of the Reading Room
Annex 1 - GGi external effectiveness review report

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
No risks on the BAF to which this relates

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

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

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
17 June 2026	Executive Leadership Team
25 June 2026	Board Development Session

SITUATION

1. The Trust commissioned the Good Governance Institute (GGi) to undertake an external effectiveness review of the board and its supporting governance arrangements. The review has now been completed and is attached at **annex 1**.

BACKGROUND

2. The review formed part of the board's commitment to continuous improvement and good governance. The assessment included observation of board and committee meetings, review of documentation, stakeholder engagement and structured feedback from board members and senior leaders.

3. The review was considered at a board development session on 25 June 2026. During that session, board members discussed both the strengths identified and the opportunities for further development within the context of the Trust's wider integrated governance programme.

ASSESSMENT

Areas of Strength

4. The review identifies a number of significant strengths which provide a good platform for further development.

- *Board culture and leadership*

  GGi found that the board benefits from a healthy culture characterised by openness, mutual respect and psychological safety. Discussions are described as constructive and meetings well-chaired, with challenge generally welcomed and appropriately received.

- *Strong patient focus*

  The review identifies the Trust's use of patient stories and lived experience as a particular strength, and this was further evidenced by a recent GGi article highlighting the Trust's approach. This focus was recognised as helping to ground board discussions in the real impact of decisions on patients, carers and communities.

- *Maturing risk and assurance arrangements*

GGi noted clear progress in the board's approach to risk management and assurance, including improved articulation of risks, controls and assurance mechanisms. The review recognises that the Trust is building on a good foundation and moving towards greater assurance maturity.

- *Strong governance processes*

  The report highlights disciplined meeting management, good quality papers and effective governance support arrangements. The established practice of taking papers as read was identified as helping to focus discussion on key issues and decisions.

- *Cohesive executive leadership*

  Executives were observed to work collaboratively across organisational boundaries and present a coherent leadership narrative to the board.

Areas for Development

5. While recognising the quality of the board's existing arrangements, GGi identified key areas where further development would increase effectiveness.

- *Governance structures under strain*

  Committee meetings were considered lengthy and often focused on operational matters, limiting time available for strategic discussion. The review concludes that redesigning committee structures, agendas and reporting arrangements would provide the single greatest opportunity for improvement.

- *Strategy not consistently driving discussion*

  GGi observed that while the Trust's strategic direction is understood, strategy is not always consistently used as the organising principle for Board and committee discussions, prioritisation and decision-making. The report refers to a "subtle but important gap" between understanding strategic direction and consistently using it to guide choices and trade-offs.

- *Information volume reducing insight*

  The review identified that reporting arrangements can generate significant amounts of information but do not always provide sufficient synthesis, insight or focus on organisational implications. There is an opportunity to strengthen the "so what?" element of reporting and assurance.

- *Assurance below executive level*

GGi identified complexity within governance arrangements beneath Executive Leadership Team level, resulting from structures that have evolved over time. This complexity can reduce confidence in assurance routes and drive unnecessary escalation of detail through the governance framework.

- *Digital and future readiness*

  The report notes that board-level consideration of digital, data and technology-enabled transformation is less mature than other areas of governance and represents an opportunity for future development.

- *Limited time for strategic reflection*

  The volume and duration of meetings constrain opportunities for board development, reflection and horizon scanning, limiting the Board's capacity to operate fully as a strategic forum.

6. A notable feature of the review is the extent to which the recommendations align with work already planned or underway through by the Strategy Planning and Performance team and the integrated governance programme. In particular, there is strong alignment with:

   - board and committee redesign as recommended by the Audit, Risk and Assurance Committee (ARAC) in January 2026
   - enhancement of assurance arrangements
   - strategic reporting redesign
   - improvements to the Board Assurance Framework
   - governance refresh beneath ELT

7. The review therefore provides an externally validated framework through which existing improvement activity can be prioritised and accelerated.

8. The key findings for each of the themes set out above are described in detail within the report, together with a series of recommendations intended to support the Trust's continued governance maturity and effectiveness.

9. Whilst a number of actions have already been identified and are progressing through existing workstreams, these plans should be regarded as the initial phase of implementation rather than a finalised roadmap. The next stage will be to refine priorities, sequencing, dependencies, measures of success and reporting

arrangements, informed by the board's consideration of the GGi maturity matrix, learning from implementation and organisational capacity.

10. The executive leadership team will be responsible for monitoring delivery and ensuring prioritisation and alignment with the wider integrated governance programme and related improvement activity. ARAC will provide oversight of implementation and seek assurance that actions are translating into measurable and sustainable improvements in governance effectiveness.

11. It is important to recognise that, whilst all six improvement areas will be progressed over the next 12-18 months, not all will be fully implemented or mature within that timeframe. Some improvements, such as board and committee redesign, reporting reform and aspects of strategic oversight, can be developed and implemented relatively quickly. Others represent more significant changes in governance practice, organisational behaviours and assurance arrangements that will require progressive implementation and embedding over a number of years.

12. Given that this programme of work was not expressly included within the 2026/27 IMTP, delivery will need to be prioritised alongside existing organisational commitments and available resources. A more detailed implementation paper will therefore be presented to ARAC in September 2026

Shaping the Next Phase of Governance Development

13. The appointment of a new Trust Chair provides an important opportunity to consider the next phase of the organisation's governance development. Whilst the findings of the review and the associated improvement themes provide a clear basis for action, it is recognised that the incoming Chair will wish to contribute to shaping the pace, ambition and areas of focus within the programme.

14. Accordingly, implementation of existing improvement activity will continue, particularly where work is already underway or where there is clear alignment with existing strategic priorities. However, sufficient flexibility will be retained within the programme to allow the incoming Chair's perspectives and priorities to inform the longer-term roadmap and the organisation's future governance aspirations.

Maturity Matrix

15. The GGi report includes a governance maturity matrix which provides a structured framework for assessing the Trust's current position across each of the six priority themes and identifying the characteristics of increasing governance maturity.

16. The maturity matrix is particularly valuable because it shifts the discussion from the delivery of individual recommendations to a broader consideration of governance maturity. It recognises that improvement is not simply a matter of implementing discrete actions, but of progressively strengthening behaviours, assurance arrangements, strategic focus, organisational decision-making and governance effectiveness over time.

17. The matrix also recognises that different elements of the governance framework will progress at different rates and that not every recommendation needs to be delivered at the same pace. This provides an opportunity for the board to determine where effort should be focused, the pace at which improvement should be pursued and what level of maturity is both desirable and achievable within the Trust's context.

18. Following the appointment of the new Trust Chair, a future board development session will be convened to consider the maturity matrix collectively and agree the organisation's longer-term governance ambitions, priorities and trajectory. The outputs from this discussion will help inform the refinement of implementation plans and future reporting arrangements.

RECOMMENDATION

19. As set out in the front cover.

NEXT STEPS

20. Delivery plan reviewed and endorsed by ELT in August and ARAC in September and subject to ongoing monitoring by both.

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

Welsh Ambulance Services University NHS Trust

Board effectiveness review

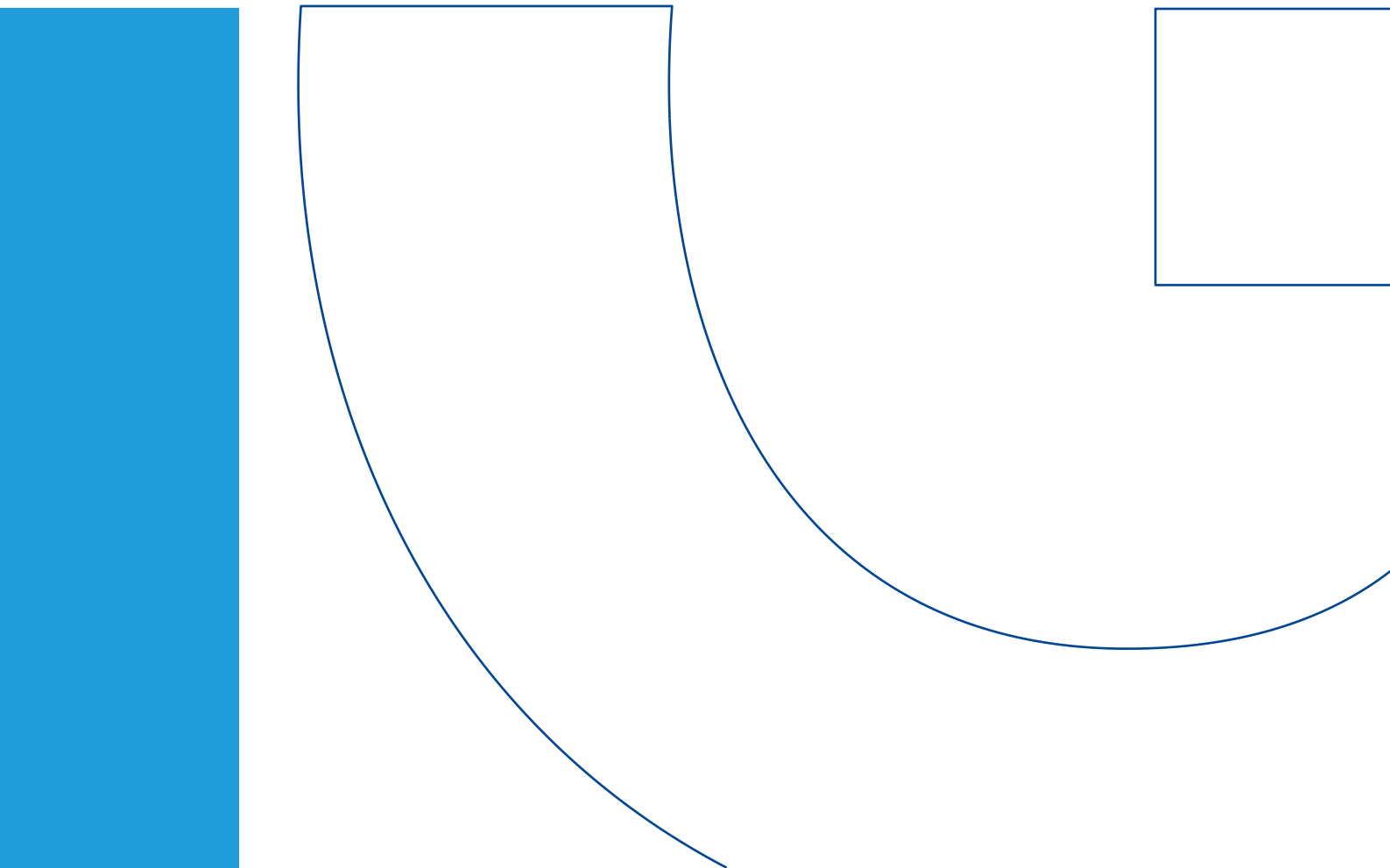
A report from GGi

June 2026

GGi exists to help create a fairer, better world. Our part in this is to support those who run the organisations that will affect how humanity uses resources, cares for the sick, educates future generations, develops our professionals, creates wealth, nurtures sporting excellence, inspires through the arts, communicates the news, ensures all have decent homes, transports people and goods, administers justice and the law, designs and introduces new technologies, produces and sells the food we eat – in short, all aspects of being human.

We work to make sure that organisations are run by the most talented, skilled and ethical leaders possible and to build fair systems that consider all, use evidence, are guided by ethics and thereby take the best decisions. Good governance of all organisations, from the smallest charity to the greatest public institution, benefits society as a whole. It enables organisations to play their part in building a sustainable, better future for all.

www.good-governance.org.uk



Welsh Ambulance Services University NHS Trust

Board effectiveness review report

Date:	June 2026
Author/s:	Aidan Rave, Partner Janice Smith, Principal Consultant Sophia Adesoye, Consultant
Reviewed by:	Martin Thomas, Communications Manager

This report has been prepared by GGI Development and Research LLP (T/A GGi) for the Board of Welsh Ambulance Services University NHS Trust. The report highlights the conclusions drawn from the board effectiveness review commissioned by the board and an outline of future suggested actions and improvements to address the identified shortcomings and strengthen the organisation's governance.

The matters raised in this report are limited to those that came to our attention during this assignment and are not necessarily a comprehensive statement of all the opportunities or weaknesses that may exist, nor of all the improvements that may be required. GGI Development and Research LLP has taken every care to ensure that the information provided in this report is as accurate as possible, based on the information provided and documentation reviewed. However, no complete guarantee or warranty can be given with regard to the advice and information contained herein. This work does not provide absolute assurance that material errors, loss or fraud do not exist.

This report is prepared solely for use by Welsh Ambulance Services University NHS Trust. It may be used and referenced internally, including within board papers, annual reporting, and organisational communications. Details may also be shared with specified external stakeholders, including regulators and auditors. Any wider external use or direct quotation attributed to GGi should be agreed in advance. No responsibility to any third party is accepted, as the report has not been prepared for any other purpose.

GGi has carried out client work with around 1,000 organisations over the last decade and a half. We are part-owned by the Good Governance Institute, the EU-based independent governance reference centre focusing on the public and third sectors. We have specific expertise in governance reviews of complex public purpose organisations. Our high-quality and ethical governance consultancy is carried out by our specialist staff team, supported by subject matter expert associates and partners.

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index

introduction

Context

GGi was commissioned by Welsh Ambulance Services University NHS Trust (WAST) to undertake a developmental review of the effectiveness of its board at a critical point for both the organisation and the wider health and care system in Wales.

WAST operates at the sharpest end of public service delivery. It provides urgent and emergency care, NHS 111 services, and non-emergency patient care services across a national footprint, functioning both as a front-line responder to immediate patient need and as a critical connector within the broader health and care system. Its performance is therefore shaped not only by its own operational capability, but by the resilience, capacity and alignment of the wider system in which it operates.

This creates a uniquely complex governance environment. The board is required to:

- maintain grip on high-volume, high-risk operational delivery
- assure itself on quality, safety and performance in real time
- navigate significant external dependencies and system constraints
- set and sustain a clear strategic direction under conditions of uncertainty.

At the same time, the expectations placed on NHS boards have evolved. There is an increasing emphasis on:

- system leadership, rather than organisational optimisation alone
- population outcomes, rather than service activity
- prevention and transformation, alongside immediate delivery
- financial sustainability in the context of constrained resources.

For WAST, these pressures are particularly acute. The trust sits at a point of constant interface between organisations, with demand patterns, patient flow and performance outcomes heavily influenced by factors beyond its direct control. This increases the importance of the board's ability to operate not only as a steward of the organisation, but as an active leader and influencer within the system; shaping priorities, influencing behaviour and contributing to collective solutions.

Within this context, strong governance is not simply about assurance and compliance. It is about:

- clarity of purpose and direction

- effective prioritisation and decision-making
- the ability to balance short-term pressure with long-term sustainability
- the confidence to lead, challenge and collaborate across organisational boundaries, shape outcomes and ultimately move the dial in relation to constant operational pressure.

This review has therefore been conducted with a deliberate focus on how the board can continue to evolve from a position of sound governance and operational oversight towards a more strategically focused, outward-looking and system-oriented leadership model.

It is important to note that this is not a board in difficulty. Rather, it is a board that has established a solid platform and is now seeking to strengthen its effectiveness in the face of increasing complexity and demand.

Purpose and scope

GGi was appointed by Welsh Ambulance Services University NHS Trust to undertake a thorough and developmental review of its board's effectiveness to ensure it is positioned to meet the complex challenges of today and the future.

Specifically, the review was designed to:

- assess the effectiveness of the board and its supporting committee structure
- evaluate the alignment between governance arrangements and organisational purpose
- examine board culture, behaviours and quality of discussion
- consider the board's ability to provide assurance and maintain strategic oversight
- identify opportunities to strengthen system leadership and future readiness.

Approach and report structure

The findings presented in this report are based on the triangulation of multiple sources of evidence, including:

- semi-structured interviews with board members, executives and key stakeholders
- observation of board and committee meetings
- review of documentation, including board papers and governance frameworks
- benchmarking against characteristics of high-performing boards.

The report is structured to provide an overall assessment followed by detailed analysis across key domains of board effectiveness.

Acknowledgements

The GGi review team would like to thank everyone who made themselves available for interviews and those who provided project support and documentation for review, in particular Trish Mills, Director of Corporate Governance and Alex Payne, Corporate Governance Manager.

Limitations

The review is limited to the documentation that was provided to GGi during the period described, and to the information provided by those we interviewed as part of this process or observed at those meetings we were able to attend. This, together with the other limitations, provides a caveat to the report's findings.

1. Executive summary

"...the board of WAST is a good board, with clear evidence of maturity, professionalism and a shared commitment to improving patient outcomes."

Background

WAST operates in one of the most complex and demanding areas of public service delivery. The board is required to maintain firm operational grip in a high-pressure environment, while also navigating longer-term questions about service model, financial sustainability and system integration.

In this context, the effectiveness of the board is a critical determinant of organisational performance and its ability to improve outcomes for patients.

Headlines

Our overall assessment is that the board of WAST is a good board, with the potential to be a really great one. There is clear evidence of maturity, professionalism and a shared commitment to improving patient outcomes. It is well chaired, well supported and operates with a strong sense of collective responsibility, maturity and intent.

Importantly, the foundations for high performance are already in place:

- a constructive and inclusive culture
- strong executive cohesion
- disciplined processes and generally high-quality inputs.

The opportunity at this stage is not fundamental redesign, but targeted refinement, focusing on a relatively small number of structural and behavioural shifts that would materially improve overall governance effectiveness and ultimately patient outcomes.

Key strengths

The review identified a number of consistent and reinforcing strengths:

- **Healthy board culture and effective chairing**: the board is well chaired and the tone of board discussion is respectful, open and constructive, with clear evidence of psychological

safety. Challenge is present and generally well received, creating an environment conducive to learning and improvement.

- **Strong use of patient voice**: the use of patient stories is a particular strength, grounding discussion in lived experience and reinforcing the board's focus on quality and impact.
- **Disciplined processes and good quality papers**: board processes are well established, with papers generally clear and focused. The discipline of taking papers as read is embedded and supports efficient use of time.
- **Collegiate and coherent executive team**: executives work effectively across organisational boundaries, presenting a consistent and joined-up leadership narrative.
- **Improving maturity of risk and assurance**: there is clear progress in the board's approach to risk, with improved articulation of risks, controls and assurance mechanisms.

Key development areas

Alongside these strengths, a number of themes emerged consistently:

- **Governance structures are under strain**: committee meetings are lengthy and often overly operational, limiting the board's capacity to focus on strategic matters.
- **Strategy is not consistently used to shape outcomes**: while strategic intent is understood, it is not always actively used to structure discussion, prioritisation and decision-making.
- **Insight is often obscured by volume of data**: reporting contains substantial information but does not always provide clear synthesis or actionable insight.
- **Assurance routes lack clarity below executive level**: complexity in governance below ELT reduces confidence and drives upward escalation of detail.
- **Digital and future readiness are underdeveloped at board level**: this represents a strategic governance gap given the Trust's reliance on technology-enabled service models.
- **Limited space for reflection and development**: the volume and length of meetings constrain opportunities for the board to operate as a developmental forum.

Overall direction of travel

Taken together, these findings point to a clear next phase of development:

- creating space for strategy and forward thinking
- simplifying and strengthening governance architecture
- improving the quality of insight and assurance
- enhancing the board's confidence as a system leader.

These shifts would enable the board to move from a position of strong operational oversight to one of more balanced, strategic and system-focused leadership.

Maturity

We have designed and included a bespoke maturity matrix for the board to consider further developing on the 'good to great' trajectory. This matrix will give the board the opportunity to assess its current level of maturity in relation to a number of relevant themes uncovered within this report – and set out where it would wish to be within a set timeframe.

We strongly suggest this is undertaken as part of a board development process.

Progress can then be tracked, assessed, corrected and subjected to regular review, enabling the board to have clear sight of its progress towards high performance.

The matrix is included within the appendices to this document.

2. Key findings and analysis

Board purpose, strategy and outcomes

The board of WAST demonstrates a clear and shared understanding of the organisation's purpose and the pressures under which it operates. There is a strong – and explicit – sense of commitment to improving patient outcomes and a recognition of the organisation's distinctive role within the wider health system. However, this clarity of purpose is not yet consistently translated into a disciplined, strategy-led approach at board level. In practice, discussions are often shaped by immediate operational pressures rather than structured explicitly through strategic priorities and intended outcomes. This creates a subtle but important gap between knowing the direction of travel and consistently using it to guide decisions, trade-offs and focus. The opportunity for the board is therefore to sharpen the connection between purpose, strategy and delivery, so that strategy becomes a more active and visible organising framework for its work.

In practice:

- discussions are often driven by immediate operational (horizon 1) pressures
- strategic priorities are not always used explicitly to frame decisions or trade-offs
- the connection between performance, quality, finance and workforce is not consistently articulated as a coherent outcomes narrative.

This results in a board that is highly engaged in organisational performance, but less consistently positioned as the strategic 'true north' of the organisation. The Integrated Medium Term Plan 2025 – 2028 reiterates the strategic objectives and while the board discusses this regularly it is only for a short time and does not lead the direction of the agenda.

Recommendations

1. Position strategy explicitly as the primary framework for board agendas and decision-making.
2. Align all board and committee discussions to a set of clear strategic objectives and outcomes.
3. Develop a more integrated narrative linking performance, finance, workforce and patient outcomes.
4. Protect dedicated time for forward-looking strategic discussion.

Board composition, skills and behaviours

The board benefits from a broadly well-balanced composition, combining experience, insight and a clear commitment to the organisation's mission. Members consistently describe a culture that is inclusive, supportive and conducive to participation, particularly for newer appointees. This provides a strong platform for effective governance. At the same time, the evolving context in which WAST operates, particularly the increasing importance of emerging technologies, digital capability, data-driven decision-making and system working, places new demands on board-level skills and confidence. While these areas are recognised, they are not yet fully embedded as areas of collective strength.

As a result, the board's ability to provide consistent, confident challenge on future-facing issues is somewhat constrained. The opportunity is therefore not to rebalance the board wholesale, but to be more explicit and deliberate about capability development and how key gaps are mitigated over time. This should be viewed as a huge opportunity. Given the trust's dependency on digital infrastructure and transformation, this is an area of strategic governance development rather than technical.

We understand that the external appointment process constrains the board's ability to shape its own composition. This makes it particularly important to be explicit about priority capability gaps, including digital, and how they are mitigated through development or external support. There is scope here for more deliberate board development, particularly to build confidence and literacy in digital, system working and future service models enabling stronger strategic challenge and foresight.

Recommendations

5. Agree a clear statement of priority board capabilities.
6. Implement a targeted development programme focusing on digital, data and system working.
7. Consider use of external advisers or panels to strengthen oversight.
8. Increase exposure to innovation and emerging service models.

Relationships, culture and system working

Relationships within the board and between executive and non-executive members are a clear strength of WAST's governance. The culture is characterised by trust, openness and a high degree of psychological safety, with individuals feeling able to contribute, question and reflect without defensiveness. This provides an important foundation for effective collective leadership.

However, there are occasions where the same cultural strengths, particularly collegiality and mutual respect, can temper the effectiveness of challenge, especially on complex or system-wide issues. In addition, while there is clear recognition of the organisation's dependence on the wider system, this can at times translate into a degree of acceptance of external constraints rather than a more assertive stance on shaping outcomes. The next stage of development is therefore about sustaining this positive culture while increasing clarity, confidence and intent in both internal challenge and external system leadership. The opportunity is for the board to be more explicit about what it will own, what it will influence and where it will actively shift the system rather than accommodate it.

So, overall, the board's internal culture is a clear strength, characterised by trust, openness and constructive engagement.

However, there is some evidence that:

- challenge can occasionally lack focus
- system constraints are sometimes accepted rather than actively shaped.

This reflects a board that is collaborative and mature, but which could operate with greater clarity of intent in its system role.

Recommendations

9. Strengthen the consistency and effectiveness of challenge. Sharper challenge in this context includes:
    - linking questions explicitly to strategic objectives and outcomes
    - testing underlying assumptions and use of evidence
    - maintaining focus on areas of greatest risk or impact
    - ensuring clarity on what decisions or actions are required.
10. Clarify the board's ambition in relation to system leadership.
11. Be explicit about areas of influence and control.
12. Use external perspectives to test assumptions and stretch thinking.

Governance structures and assurance

The formal governance framework within WAST is well established and broadly aligned with expected standards for an organisation of its size and complexity. Committees are well supported, roles are understood, and there is a clear commitment to maintaining robust oversight. However, in practice, the system is currently carrying a significant operational load. Committees – particularly the quality, patient experience and safety committees – cover too much ground. Committee agendas are extensive, papers are detailed, and discussions are often drawn into operational territory. Long committee meetings reduce decision quality, limit strategic focus and crowd out reflection. Time spent does not consistently translate into better assurance or clearer direction. This is compounded by a lack of consistent clarity and confidence in assurance routes below executive level, which drives additional reporting and escalation.

The cumulative effect is a governance structure that, while fundamentally sound in design, is overly complex and inefficient in operation, limiting strategic focus and placing considerable demand on board and executive capacity. The opportunity is to simplify, clarify and rebalance the system so that it provides assurance more effectively while freeing up space for strategic leadership.

Key issues include:

- excessive length and operational focus of committee meetings
- high volume of reporting
- lack of confidence in assurance routes below ELT.

This drives escalation of detail and reduces the board's ability to focus on its core role of oversight and direction.

Consideration of previous committee streamlining proposals

As part of this review, we have considered the proposal previously developed through the audit, risk and assurance committee (ARAC), and subsequently recommended to the board, regarding the streamlining of committee structures and associated adjustments to remit.

The evidence gathered through this review strongly reinforces the underlying rationale for simplification. In particular, the current extent of committee agendas, the operational depth of discussion, and the volume of reporting all suggest that the governance system is carrying unnecessary complexity and is not always optimised for strategic oversight or effective assurance.

However, the effectiveness of any restructuring will depend less on the specific configuration adopted, and more on the clarity of purpose and discipline applied within it. Streamlining should therefore be guided by a small number of design principles:

- **Clarity of purpose:** each committee should have a clearly defined role aligned to strategic priorities and key risks

- **Focus on value:** agendas should be structured around decision-making, assurance and learning, rather than comprehensive reporting
- **Avoidance of duplication:** responsibilities should be clearly delineated to reduce repetition between committees and the board
- **Alignment to assurance flows:** committee structures should support a clear and coherent pathway from operational risk to board-level assurance.

The earlier ARAC proposal provides a credible starting point for this work. The opportunity now is to ensure that any structural adjustments are explicitly aligned to the wider objective of creating a more streamlined, strategically focused and effective governance system.

Further redesign of committee structures should be explicitly driven by strategic priorities and the board assurance framework, ensuring that governance architecture reinforces rather than dilutes the organisation's strategic intent.

Recommendations

13. Undertake a fundamental review of committee purpose and structure.
14. Redesign agendas to focus on key strategic risks and decisions.
15. Simplify assurance routes and clarify escalation pathways.
16. Strengthen governance below ELT to improve confidence and reduce reporting burden.

Performance, quality and patient experience

The board demonstrates a strong and visible commitment to patient care, quality and safety. This is reflected in the consistent use of patient stories, which are handled with seriousness and empathy and serve to ground discussion in lived experience.

Performance and quality are a regular and substantive part of board and committee agendas, and there is clear intent to understand and respond to areas of concern. However, the way in which information is currently presented can limit the board's ability to extract maximum value from these discussions.

Reporting is often characterised by high volumes of data, with relatively less emphasis on synthesis, insight and forward-looking analysis. As a result, it can be more difficult to identify underlying trends, root causes and the most impactful areas for intervention. The opportunity is therefore to shift from a model of comprehensive reporting to one of focused insight, enabling the board to engage more strategically with performance and quality issues.

The key rate limiting factors are principally:

- high volumes of data
- limited synthesis
- insufficient focus on forward risk and preventative action.

This makes it harder for the board to consistently focus on where it can have the greatest impact.

Recommendations

17. Refocus reporting on insight, trends and implications.
18. Strengthen analysis of causation and forward risk.
19. Integrate reporting across quality, performance and workforce.
20. Increase emphasis on learning and improvement actions.

Innovation and future-readiness

The board shows a clear awareness of certain aspects of organisational risk, most notably in relation to cyber security, where oversight and attention are relatively well developed. However, broader considerations of digital maturity, data capability and future service models are less consistently embedded in board-level thinking and governance. Responsibility for digital and innovation is dispersed across structures, which can dilute ownership and make it more difficult to develop a coherent view of risk, opportunity and investment.

Given the scale of change facing urgent and emergency care, and the increasing reliance on technology-enabled solutions, this represents a strategic area of relative underdevelopment. The opportunity is not simply to strengthen technical oversight, but to ensure that future readiness – particularly digital and data capability – is treated as a core strategic concern at board level.

Recommendations

21. Establish clearer governance of digital and innovation.
22. Improve board visibility of digital strategy and investment.
23. Build confidence and literacy in digital issues.
24. Embed structured horizon-scanning in Board activity.

Board dynamics, decision making and reflection

Board meetings are well conducted, with a calm, respectful and constructive tone that supports participation and orderly discussion. Newer members describe the environment as safe and inclusive, and which supports participation and confidence. Decision-making processes are generally clear and transparent, and there is evidence of thoughtful consideration of issues as they arise. However, the overall effectiveness of board discussion is influenced by the volume and density of material being considered. Routinely long agendas, detailed papers and extended committee reporting can make it more difficult to distinguish between general oversight and those issues requiring focused attention and decision. The risk should be obvious; if everything is important, then nothing is important.

In addition, while there is genuine capacity for reflection, the current structure of meetings allows limited space for deeper collective consideration or development. The result is a board that is functioning well, but which could operate with greater clarity and impact through reduced volume, sharper prioritisation and more deliberate use of reflective time.

Critically:

- volume of material can dilute focus
- time for reflection and development is limited
- strategic prioritisation is not always explicit.

This includes creating more deliberate space for:

- structured board development sessions
- forward-looking discussions (horizons 2 and 3)
- reflection on areas of influence and control, plus the use of external perspectives to test assumptions
- development in key strategic areas such as digital, data and system working.

The intention is not simply to create more time, but to use that time more explicitly for collective reflection, learning and strategic development.

Recommendations

25. Reduce volume and increase clarity of board material.
26. Make prioritisation and trade-offs more explicit.
27. Create structured opportunities for board reflection.
28. Protect time for development and collective learning.

3. Conclusions

The board of Welsh Ambulance Services University NHS Trust is operating from a position of clear underlying strength. It is well led, well supported and characterised by a positive, respectful and constructive culture. There is a strong and visible commitment to patient care, and a genuine willingness among board members to reflect, learn and improve.

These are not trivial assets. In an environment as pressured and complex as that faced by WAST, the presence of a stable, mature and values-driven board provides an essential foundation for effective governance and organisational resilience.

However, the context in which the board is operating is evolving rapidly. Demand continues to rise, system constraints remain significant, and expectations of NHS organisations, particularly in relation to integration, transformation and long-term sustainability, are increasing. In this environment, the requirements of board leadership are also changing.

The central finding of this review is that the board's next phase of development is not about addressing fundamental weaknesses, but about making a set of focused, deliberate shifts that will enable it to operate with greater clarity, confidence and impact. In keeping with the current NHS vernacular, we've deliberately chosen to describe these as shifts, but they should not be seen merely as signals, rather as critical components of a clear route map towards a high-performing board.

These shifts can be summarised as follows:

- **From operational dominance to strategic balance**
  While maintaining necessary grip, the board will need to create and protect more space for strategic thinking, prioritisation and forward planning.
- **From volume of information to clear insight**
  Strengthening the translation of data into meaningful analysis, trends and actionable intelligence will materially improve the quality of discussion and decision-making.
- **From complex structures to streamlined assurance**
  Simplifying governance arrangements and strengthening confidence in assurance routes will reduce unnecessary burden and sharpen focus at board level.
- **From organisational focus to system leadership**
  The board has an opportunity to define more explicitly how it will act as a leader within the wider system – shaping, influencing and, where necessary, challenging the environment in which it operates.

- **From capability gaps to future readiness**
  Addressing areas such as digital, data and innovation will be essential to ensuring the board is equipped to lead the organisation through the next phase of service transformation.

Importantly, these are all within the board's gift to address. They do not require wholesale redesign or structural upheaval, but rather a combination of:

1. Clear intent
2. Collective discipline
3. Targeted adjustment to ways of working

If these changes are made, the impact will be significant. The board will be better positioned to:

- focus its time and attention on what matters most
- make clearer and more confident decisions
- strengthen its contribution to system-wide outcomes
- support the organisation in navigating an increasingly complex future.

In summary, WAST is governed by a board that is already good and has many of the characteristics required for high performance. With a relatively small number of well-judged changes, it has a clear opportunity to become a consistently high-performing, strategically confident and system-leading board, capable of meeting the challenges ahead and improving outcomes for the patients and communities it serves.

Priority actions for the next 12-18 months

These actions are not all deliverable in the immediate term. Improvements in areas such as insight, reporting quality and governance redesign will require sequencing and sustained focus over time, with some changes implemented incrementally.

1. Reset committee structures and ways of working

Undertake a focused redesign of committee purpose, agendas and reporting to:

- reduce meeting length and operational detail
- sharpen focus on strategic risks, assurance and decision-making
- improve the flow of information between committees and the board.

This is likely to have the single greatest impact on releasing time and improving effectiveness.

2. Re-anchor strategy as the primary organising principle for the board

Ensure that strategy is consistently used to frame:

- board agendas and forward planning
- decision-making and prioritisation
- the articulation of outcomes and success.

This will support a clearer line of sight between purpose, delivery and impact.

3. Improve the quality of insight and reporting

Shift the emphasis of reporting from volume of data to clarity of insight by:

- strengthening analysis of trends, causation and forward risk
- reducing duplication and unnecessary detail
- presenting a more integrated narrative across performance, quality, workforce and finance.

This will enable more focused discussion and better-informed decisions.

4. Simplify and strengthen assurance routes below ELT

Clarify governance and assurance arrangements beneath executive level to:

- increase confidence in the robustness of assurance
- reduce unnecessary escalation of detail

- enable committees and the board to focus on key issues

This will help address current system 'drag' within governance structures.

5. Build on the development of the board skills matrix to identify and actively mitigate priority capability gaps

This should include not only identifying gaps (e.g. digital, clinical, infrastructure, decarbonisation), but agreeing how these will be addressed through a combination of:

- targeted development for existing members
- use of external expertise or advisory input
- structured exposure to relevant areas (e.g. site visits, briefings).

The focus should move from identification of gaps to active mitigation and ongoing capability development.

6. Create protected space for strategic thinking and board development

Deliberately rebalance board time to include:

- forward-looking strategic discussion
- system-level considerations and partnerships
- collective reflection and development.

This will support the transition from a predominantly operational focus to a more balanced, high-performing board.

How these priorities should be approached

These actions are interdependent and should be approached as a coherent programme of improvement, rather than a set of isolated initiatives. Progress is likely to be most effective where:

- there is clear sponsorship from the chair and chief executive
- the board secretary is empowered to lead governance redesign
- changes are sequenced and tested, rather than implemented all at once.

Taken together, these priorities provide a practical route for the board to build on its existing strengths and move confidently to the next phase of its development.

Appendices

Methodology

This review was undertaken using a well-established technique grounded in the triangulation of evidence. GGi's review process used a variety of materials, templates and benchmarking tools to guide various review activities, which have included:

- semi-structured interviews with key board members, executives and stakeholders
- a review of relevant governance documentation
- six meeting observations
- an effectiveness survey of board members.

Key Lines of Enquiry (KLoE)

Area	
Board purpose, strategy & outcomes	1. How clearly does the board articulate a shared purpose and long-term ambition for the trust? 2. How well does the board balance urgent operational pressures with strategic, future-focused oversight? 3. In what ways does the board ensure strategy is shaped by evidence, patient need, community insight, and system-wide collaboration? 4. How effectively does the board monitor outcomes and adjust course when needed?
Board composition, skills & behaviours	5. Does the board have the right blend of skills, experience, and diversity for the challenges facing WAST and the wider Welsh NHS? 6. How effectively are board members supported through induction, ongoing development, and reflection? 7. Are board behaviours conducive to positive challenge, curiosity, and psychological safety? 8. How well does the board assure itself about succession planning and talent development at senior levels?
Relationships, culture & system working	9. How strong and trust-based are relationships between board members, the executive team, and wider leadership? 10. Does the board model and promote a culture of openness, learning, and improvement?

	11. How effectively does the trust work with partners (e.g., other NHS Wales organisations, local authorities, emergency services) to deliver system-wide impact? 12. How well does the board hear and act on staff voice?
Governance structures & assurance	13. Are governance structures (committees, reporting lines, controls) proportionate, effective, and clearly understood? 14. How well does the board gain meaningful assurance on quality, patient safety, workforce, finance, digital, and transformation? 15. Does the board receive information that is timely, concise, insightful, and forward-looking? 16. How effectively are risks identified, escalated, owned, and mitigated?
Performance, quality & patient experience	17. How well does the board understand operational pressure points and system constraints? 18. Does the board maintain a clear line of sight from performance to patient experience and staff wellbeing? 19. How well does the board encourage a learning culture around incident reporting, innovation, and service improvement? 20. How effectively does the board ensure equality, diversity, and inclusion are embedded in care and decision-making?
Digital, innovation & future readiness	21. How effectively does the board oversee digital transformation and data strategy? 22. Is there a clear vision for the future ambulance service, including integrated urgent care, alternative clinical pathways, and technology-enabled models? 23. How strong is the board's oversight of cyber security, data quality, and digital literacy?
Board dynamics, decision-making & reflection	24. How well does the board use its time – balance between assurance, strategy, and learning? 25. Are decisions timely, transparent, and based on high-quality insight? 26. Does the board regularly evaluate its own effectiveness? 27. How well does the board learn from internal and external feedback?

Interviews

Name	Role
Emma Wood	Chief Executive
Lee Brooks	Executive director of operations
Liam Williams	Executive director of quality and nursing
Andy Swinburn	Executive director of paramedicine
Rachel Marsh	Executive director of strategy, planning and performance
Chris Turley	Executive director of finance and corporate resources
Angela Lewis	Director of culture change
Carl Kneeshaw	Director of people
Estelle Hitchon	Director of partnerships and engagement
Trish Mills	Director of Corporate Governance/Board Secretary
Leanne Smith	Interim director of digital

Name	Role
Colin Dennis	Chair
Ceri Jackson	Vice Chair
Rhiannon Beaumont-Wood	Non-executive director
Jayne Beeslee	Non-executive director
Peter Curran	Non-executive director
Bethan Evans	Non-executive director
Hayley Hutchings	Non-executive director
Hannah Rowan	Non-executive director
Meshack Ezeadim	Aspiring board member
Fflur Jones	Performance auditor, Audit Wales
Osian Lloyd	Head of internal audit
Ross Whitehead	JCC
Hugh Parry	Trade union partner
Damon Turner	Trade union partner

Meeting observations

Meeting	Date
WAST Board meeting	26 March
Quality, Patient Safety and Experience Committee (I and II)	3 February
People and Culture Committee (I and II)	10 February
Finance and Performance Committee (I)	17 March
Audit, Risk and Assurance Committee	2 March
Executive leadership meeting (formal)	4 March

Documents reviewed

- Board and committee papers
- Board and committee cycle of business
- Board development plans
- Board and committee effectiveness annual reports
- Board and committee attendance records
- Board skills assessments
- Previous board workshop reports
- Report writing guides and templates
- Scheme of reservation and delegation
- Board assurance framework and risk management documentation
- Board and committee induction programme
- Board visibility and engagement plans

Full list of recommendations

Area	Recommendations
Board purpose, strategy and outcomes	1. Position strategy explicitly as the primary framework for board agendas and decision-making. 2. Align all board and committee discussions to a set of clear strategic objectives and outcomes. 3. Develop a more integrated narrative linking performance, finance, workforce and patient outcomes. 4. Protect dedicated time for forward-looking strategic discussion.
Board composition, skills and behaviours	5. Agree a clear statement of priority board capabilities. 6. Implement a targeted development programme focusing on digital, data and system working. 7. Consider use of external advisers or panels to strengthen oversight. 8. Increase exposure to innovation and emerging service models.
Relationships, culture and system working	9. Strengthen the consistency and effectiveness of challenge. Sharper challenge in this context includes: a. linking questions explicitly to strategic objectives and outcomes b. testing underlying assumptions and use of evidence c. maintaining focus on areas of greatest risk or impact d. ensuring clarity on what decisions or actions are required. 10. Clarify the board's ambition in relation to system leadership. 11. Be explicit about areas of influence and control. 12. Use external perspectives to test assumptions and stretch thinking.
Governance structures and assurance	13. Undertake a fundamental review of committee purpose and structure. 14. Redesign agendas to focus on key strategic risks and decisions. 15. Simplify assurance routes and clarify escalation pathways. 16. Strengthen governance below ELT to improve confidence and reduce reporting burden.
Performance, quality and patient experience	17. Refocus reporting on insight, trends and implications. 18. Strengthen analysis of causation and forward risk. 19. Integrate reporting across quality, performance and workforce. 20. Increase emphasis on learning and improvement actions.
Innovation and future-readiness	21. Establish clearer governance of digital and innovation. 22. Improve board visibility of digital strategy and investment. 23. Build confidence and literacy in digital issues. 24. Embed structured horizon-scanning in Board activity.

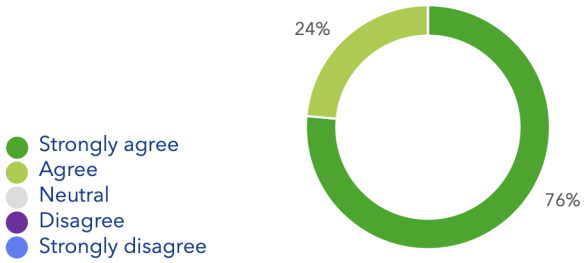
Board dyanmics, decision making and reflection	25. Reduce volume and increase clarity of board material. 26. Make prioritisation and trade-offs more explicit. 27. Create structured opportunities for board reflection. 28. Protect time for development and collective learning.

Board effectiveness survey responses

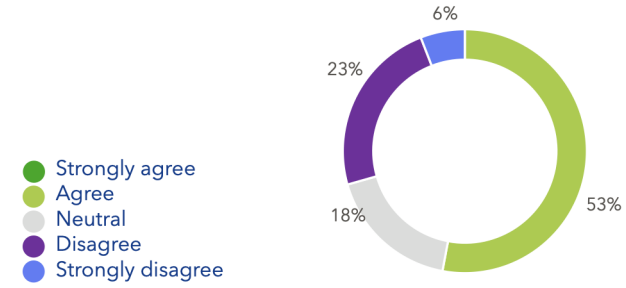
The board effectiveness survey conducted as part fo this review was completed by 17 individuals. Seven executive directors of the board, six non-executive directors, and fouth "other" members.

Survey responses

I understand the organisation's purpose and strategic priorities



The Board spends sufficient time on long-term strategy rather than short-term operational issues



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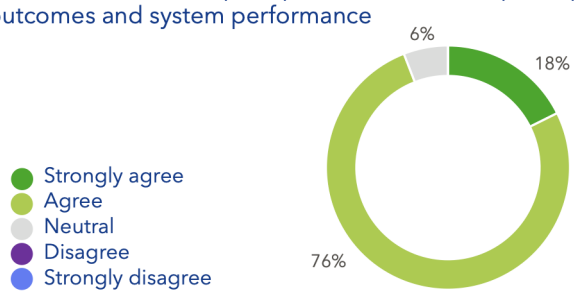
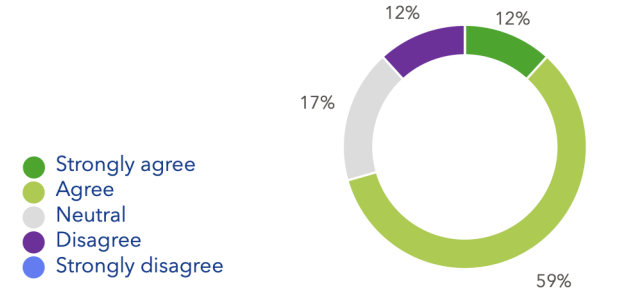
Survey responses

Board discussions help shape decisions that improve patient outcomes and system performance



The Board has a shared view of what success looks like over the next 3–5 years



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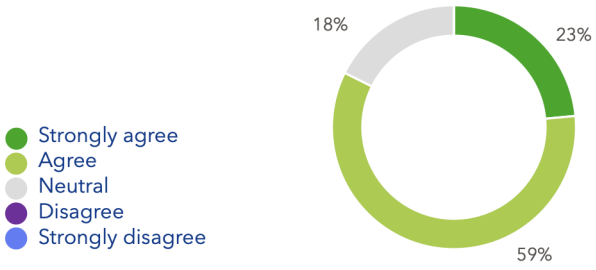
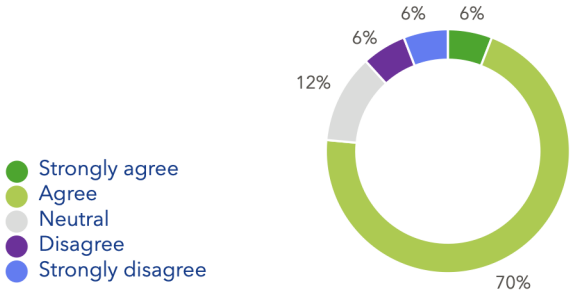
Survey responses

The Board has a clear understanding of the key risks to achieving strategic objectives

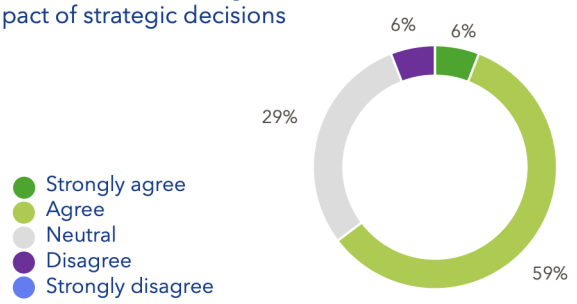


The Board receives appropriate data and insight to assess whether strategic objectives are being delivered

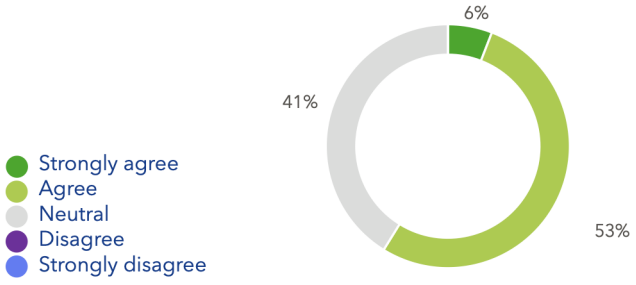


Survey responses

The Board uses meaningful outcome measures to understand the impact of strategic decisions

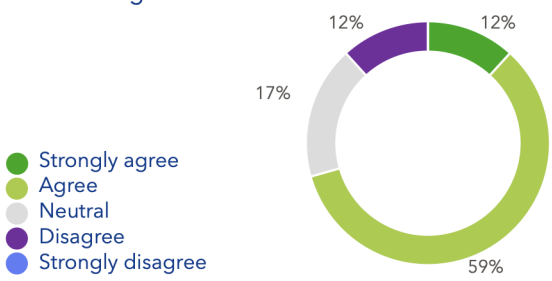


Outcome and performance data are used by the Board to inform future strategic decisions and adjustments

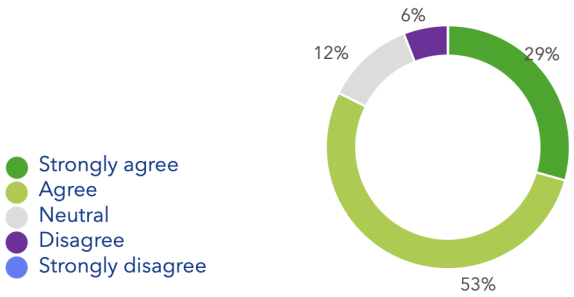


Survey responses

The Board has an appropriate mix of skills and experience for its current challenges

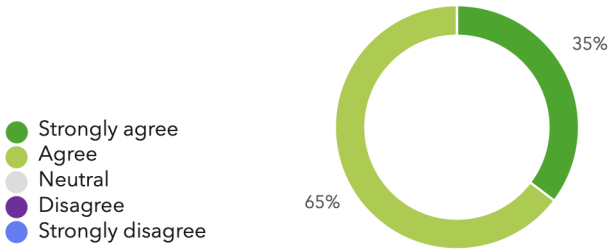


I have the support, induction, and development I need to be effective in my role

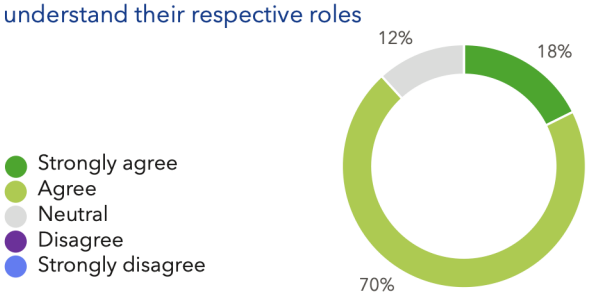


Survey responses

Board members treat each other with respect and demonstrate constructive challenge

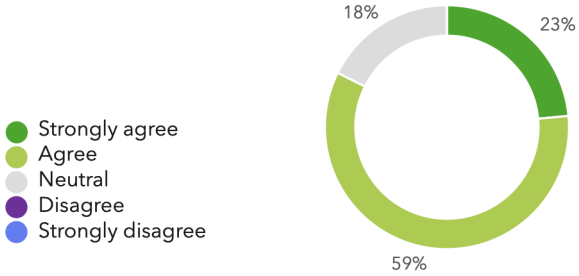


Non-executives and Executives work together effectively and understand their respective roles

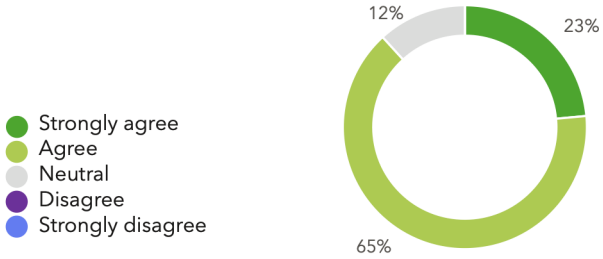


Survey responses

The tone of meetings encourages open, honest, and psychologically safe contributions

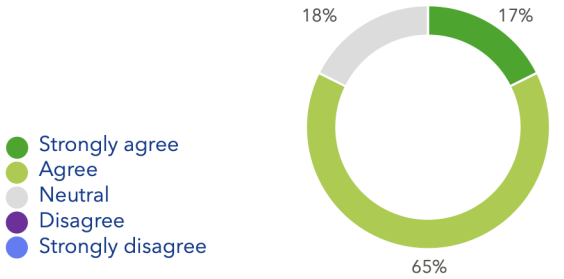


The Chair ensures balanced discussion, includes all voices, and keeps the Board focused on its role

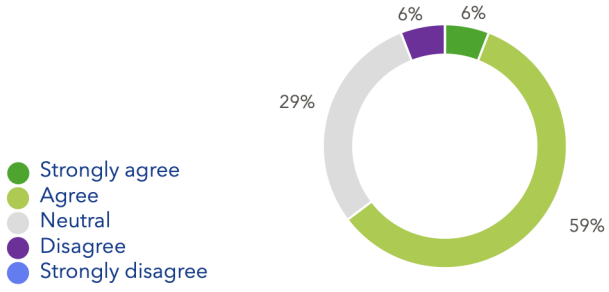


Survey responses

Board papers are clear, timely, and provide the right information for decision-making

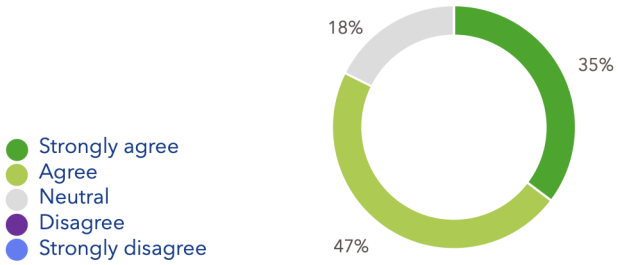


Performance and quality dashboards (MIQPR) give me confidence that I understand the organisation's true position

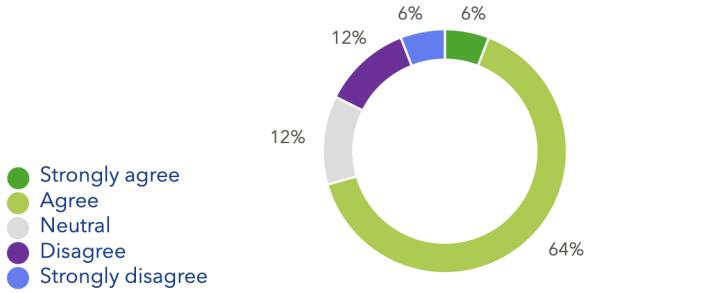


Survey responses

Risk registers and risk dashboards give me confidence that I understand and the organisation's true position

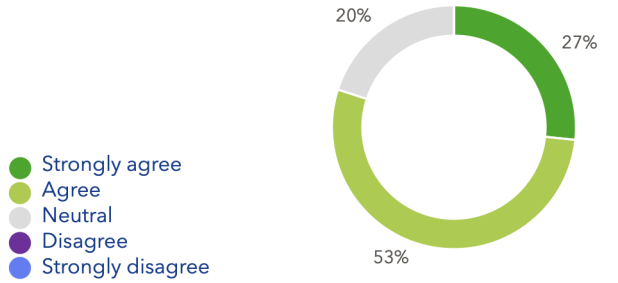


I am satisfied with the quality of reporting on patient safety, quality, and operational performance

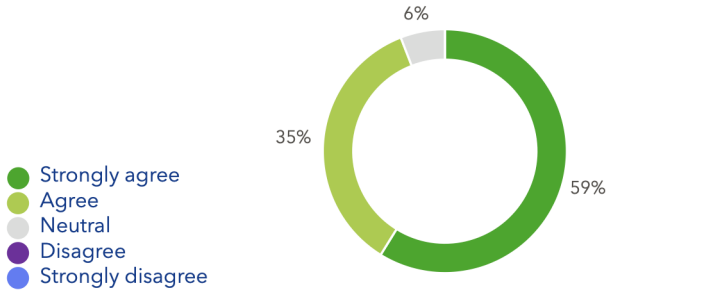


Survey responses

The Board has a strong grasp of the organisation's key risks and mitigations

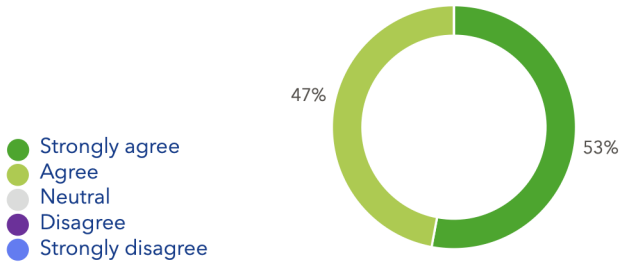


Committees provide effective assurance and escalate issues appropriately

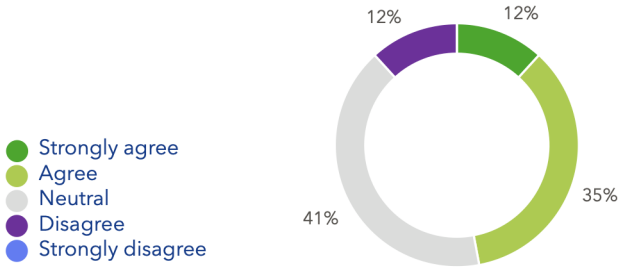


Survey responses

Committee escalations to board are clear, consistent, and appropriate

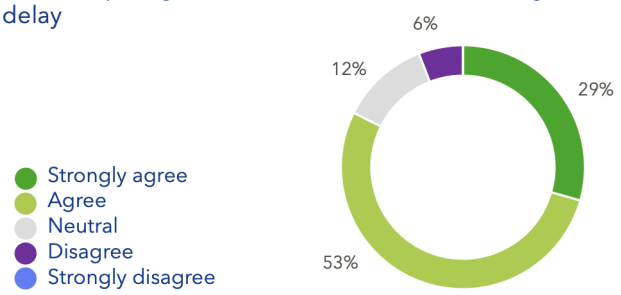


Escalated issue focus on the board's strategic oversight role and do not pull the board into operational management

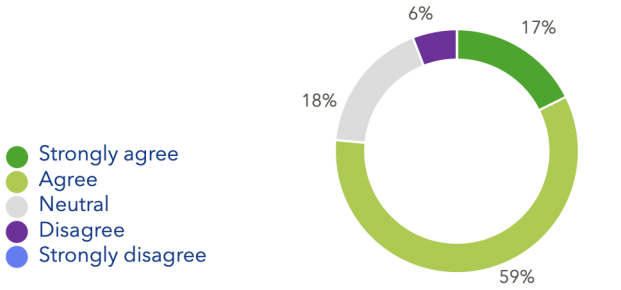


Survey responses

Issues requiring escalation are escalated at the right time and without delay

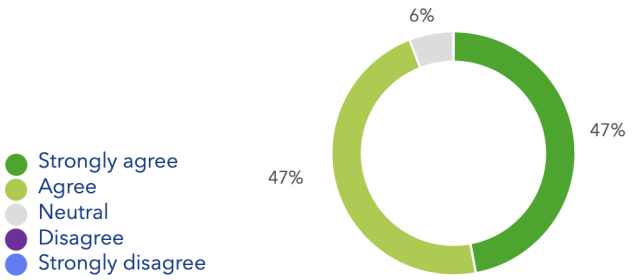


The current governance cycle (committee to board) supports tim ely and effective decision-making



Survey responses

Escalations from committees provide sufficient context, analysis, and assurance for the Board to understand the significance of the issue



Survey qualitative responses

Q1: What one behavioural change would most improve board effectiveness?

- Undertaking deep dives in directorates to get a detailed understanding of issues and having sufficient time in respective committees to discuss
- Wider understanding of the financial position
- Recognition of our challenges, which require calmness of decision making and a keen focus on delivering the changes required
- Opportunities for relationships to forge stronger ties as a unitary board between the various representative groups
- There is a tendency to curtail conversation, more as a function of time rather than of importance. I would like to see this happen less often.
- Reduced length of committee meetings. There are also sometimes many attendees to meetings not necessarily contributors. This must be absorbing much needed capacity. There is arguably opportunity to be more focused.
- Spending more time surfacing debate and thinking about how we can all use our forum to improve system work and contributions
- Truly recognising the competing challenges that occur for partners across the NHS in considering how we play our part in the system
- A shift in NEDs focus from too much of the operational detail and instead focusing more on strategic direction.

- Don't close down discussion too quickly. It sometimes feel we are rushing to get through the agenda.
- More time on development as a team
- Active participation from all board members
- Not rushing through agendas and ensuring sufficient time to discuss the important issues.
- As a board to spend more time together so as to get to know ourselves better including understanding the full skills and experience we have collectively. I don't feel we know this currently. This would help shape contributions at board.
- More constructive challenge from NEDs and more support from executives

Q2: What strategic areas should the board focus on more?

- Clinical outcomes
- Ensuring the Clinical Model Transformation keeps the current pace of delivery as this will be the prime method of addressing our day to day challenges
- Area for focus would be to ensure Board and Committee agenda and reporting takes account overall of strategic direction rather than individual deliverables linked to the annual plans.
- A full appreciation of WAST's position in the system, external reputation, the dynamics at play and need for greater influencing and acceptance of the requirement for improvement within the organisation would lead to a more acute focus on the importance of strategy, strategic decision-making and more constructive challenge.
- The Board should look to review data with a forward look and not just a look back. The board understanding how improvement can be made and then measured would be useful and is critical for offering assurance that it knows the issues, how to resolve them and when such improvements will be made.
- Population outcomes and how WAST can increase the role it plays in reducing inequalities in outcomes
- The one SO that is weakest is probably this: SO6b: Commercial/Foundation Economy, Value-Based Healthcare & Environmental Sustainability
- Defining more clearly what delivery of a strategic objective looks like in any one year. i.e. what does good look like. We seem to have moved away from that. Whilst we now have a smaller number of deliverables which are better aligned to SOs, the delivery of those will not routinely provide assurance that SOs are being achieved - we need some strategic outcome focused statements.
- Culture
- System collaboration and integration
- ROI & benefits realisation of CMT and APF
- Board could have a particular focus on one strategic area at each meeting
- Future Employee satisfaction

Q3: What one improvement to committee escalations or governance flow would most strengthen board assurance?

- Concise reporting by committee chairs to full board
- Committee focusing the majority of their meetings on strategic delivery, risks, outcomes and learning, with the board receiving the full picture on strategic delivery, risks and outcomes in a digestible form.
- Clearer and more direct language use in terms of the nature of the issue and the action required by the Board
- Committee's spend time in operational detail and having a strategic BAF and then focusing agenda's on the delivery of strategy and mitigation of risk would be useful. Board packs are too long and repetitive and could be more focused
- Automated data reporting and visualisation at strategic level with opportunity for segmented drill down
- The cadence of meetings and therefore the timeliness of reporting (with there often being a gap between Committees and Board meetings).
- Need to avoid duplication. FPC can feel like a rehearsal for Trust board and clarity of the boundaries of each would provide more efficient governance. Some matters e.g. finance could spend less time in FPC and more in TB as it is often repetitious.
- Improved flow of KPIs with board focus on strategic indicators and committee focus on delegated remits (in progress)
- Time to discuss the issue being escalated

Q4: If you were chair for a day, what is the single most important improvement you would make to the board?

- Focus our agenda more on the primary role of the Board, which is strategic development, delivery, risks and outcomes. Also a focus on how we are influencing the system, working with a new government and horizon-scanning at levels 2 and 3, more than level 1.
- Recalibrate some of the agenda to be more strategic/future-focused (horizon-scanning)
- There are too many pages in Committee and Trust Board papers. There is a need to strip back papers so that real matters receive the focus.
- Being able to answer the question - how can we measure the improvements and offer assurance that the actions we are taking will mitigate risks and deliver patient improvements
- Ensuring the most appropriate balance of strategic assurance and reporting against the capacity of the organisation to generate content
- Greater focus on delivery of organisational strategy, with appropriate alignment of plans and metrics across the organisation to support it in discharging its duties. The board agendas and operations would then change to reflect this shift in focus.
- Allocate real time for horizon scanning both of the NHS system (Wales and UK) and the societal changes that are evolving over the next 5 years.
- Allow sufficient time for discussions and assurance, meetings can often feel quite rushed - not just TB but some of the Committees too
- More time on bringing together NEDs and Directors

- Increase strategic focus to inform longer term strategic priorities.
- Determine what the purpose of board development sessions really is.
- Fully align Board members' skills & experience to Chair roles
- Actively seek broader opinion from participants
- More time for strategic conversations.

A bespoke WAST maturity matrix

The board maturity matrix is intended as a practical tool to support collective reflection and development. Boards typically derive most value when it is used in a facilitated session, allowing members to discuss and agree where they believe the organisation sits across each dimension.

This can be undertaken either through a structured board development session or via a short survey approach (e.g. MS Forms), with results then discussed collectively.

It is recommended that the matrix is revisited annually as part of the board effectiveness cycle, enabling the board to track its development over time and identify priority areas for focus.

WAST board effectiveness maturity matrix

A maturity matrix to support development and improvement

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

Progress levels / Key elements	1 BASIC LEVEL – PRINCIPLE ACCEPTED AND COMMITED TO ACTION	2 EARLY PROGRESS – IN DEVELOPMENT	3 FIRM PROGRESS – IN DEVELOPMENT	4 RESULTS BEING ACHIEVED	5 MATURITY – COMPREHENSIVE ASSURANCE IN PLACE	6 EXEMPLAR
Reset committee structures and ways of working	Agreement to review committee purpose, structure and duplication; initial mapping of current committees and reporting lines	Revised committee terms of reference drafted; duplication reduced; clearer forward plans introduced	Committee structure streamlined and aligned to strategic priorities; consistent agenda discipline and reporting formats embedded	Committees demonstrably add value, with improved decision-making, reduced cycle time and clearer escalation routes	Committees operate as an integrated system supporting Board assurance and strategy, with regular review of effectiveness	Committee model recognised as sector-leading; routinely adapted in response to organisational need and shared externally as best practice
Re-anchor strategy as the primary organising principle for the Board	Shared agreement that Board focus should shift toward strategy; gaps identified between strategy and current agendas	Board agenda and cycle redesigned to prioritise strategy; initial alignment of papers to strategic objectives	Strategy consistently drives Board and committee work; decisions explicitly linked to strategic intent	Clear line of sight between strategy, delivery and outcomes; Board actively shapes and challenges strategic direction	Strategy is dynamic, regularly refreshed, and clearly understood across the organisation; Board role in stewardship is well established	Organisation recognised for clarity of strategic governance; Board seen as a strategic asset influencing wider system direction
Improve the quality of insight and reporting	Recognition of inconsistency and volume issues in reporting; initial agreement on need for improvement	Standardised reporting templates introduced; focus on reducing volume and improving clarity	Reports provide clearer insight, trends and risks; reduced reliance on narrative-only reporting	Board receives high-quality, actionable insight enabling better scrutiny and decision-making	Insight is predictive, integrates qualitative and quantitative data, and supports forward-looking governance	Reporting approach seen as best practice; organisation widely recognised for high-quality, insight-led governance
Simplify and strengthen assurance routes below ELT	Mapping of current assurance landscape completed; duplication and gaps identified	Clearer assurance framework designed; initial rationalisation of groups and reporting lines below ELT	Assurance routes streamlined, with defined ownership, escalation points and reduced duplication	Board and ELT receive coherent, reliable assurance; risks are escalated appropriately and in a timely way	Assurance is systematic, proportionate and trusted; clear 'golden thread' from frontline to Board	Assurance framework is highly effective and externally recognised; approach informs wider system practice
Strengthen capability in digital, data and future readiness	Acknowledgement of capability gaps in digital, data and horizon scanning; initial assessment undertaken	Acknowledgement of capability gaps in digital, data and horizon scanning; initial assessment undertaken	Improved capability evidenced in decision-making and operational delivery; data increasingly informs strategy	Digital and data capabilities actively drive performance improvement and innovation	Organisation consistently anticipates future challenges and adapts using strong digital and analytical capability	A clear leader in digital and data-enabled governance; contributing to, and shaping, system-wide innovation and learning
Create protected space for strategic thinking and board development	Agreement on need for dedicated Board development and strategic time; initial planning underway	Regular Board development sessions introduced; some protected time for strategic discussion established	Strategic sessions are structured, high-quality and well attended; Board development linked to organisational needs	Board demonstrates improved cohesion, capability and quality of strategic discussion	Continuous Board development embedded; reflective practice and learning culture well established	Board recognised for high performance and self-improvement; approach to development shared as leading practice

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Agenda Item No.	10

REPORT TITLE

Financial Performance as at Month 3 – 2026/27

MEETING

Name of meeting	Trust Board
Date of meeting	30 July 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Chris Turley, Executive Director of Finance & Corporate Resources
Author(s) of report	Edward Roberts, Interim Assistant Director of Finance Steph Taylor, Deputy Head of Financial Business Intelligence & Capital Planning

PURPOSE OF REPORT

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

REPORT SUMMARY:

1. This paper presents to the Board the latest Financial Performance Report of the 2026/27 financial year, the reported position as at Month 3 (June 2026).

2. The Board is asked to review, comment, note and receive assurance on the financial position and 2026/27 outlook and forecast of the Trust, noting the risks to in year delivery in doing so.

3. Key highlights from the report for the Board to note are:
   - The Trust is reporting a breakeven position for month 3 2026/27, but the assumptions made in doing so need to be noted;
   - Capital expenditure plans are being finalised with plans to fully achieve in year;
   - In line with the balanced financial plan approved as part of the submitted 2025-28 IMTP, the Trust continues to forecast a breakeven position by the 2026/27 financial year end;
   - In line with the financial plans that support the IMTP, gross savings of £2.142m have been achieved in month 3 against a target of £2.019m;
   - Public Sector Payment Policy is on track with performance, against a target of 95%, of 98.1% for the number, whilst slightly off track in terms of value at 90.0% of non-NHS invoices paid within 30 days.

RECOMMENDATION(S)

The Board is requested to:

1. **Note** and gain **assurance** in relation to the Month 3 revenue financial position and performance of the Trust as at 30 June 2026.

2. **Note** the delivery of the 2026/27 savings plan, and the context of this within the overall financial position of the Trust.

3. **Note** the initial capital programme for 2026/27.

4. **Note** the Month 3 Welsh Government monitoring return submission (as required by WG).

ADDITIONAL PAPER(S)

The Board is requested to receive the following:

1. Monitoring return submitted to Welsh Government for month 3 – as required by WG

2. Monitoring return letter submitted to Welsh Government for month 3 – as required by WG

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

RISK(S) THIS REPORT MITIGATES

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

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

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

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
21 July 2026	Finance & Performance Committee (presentation)

SITUATION

1. This report provides the Board with a summary of the revenue financial performance of the Trust as at 30 June 2026 (Month 3 2026/27), along with a brief update on the initial 2026/27 capital programme.

BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for 2025/26** (1 April 2026 – 30 June 2026) are that:

   - The revenue financial position reported is **breakeven,** based on some key assumptions consistent with that within the IMTP financial plan and the Board approved budget for 2026/27. The underlying year-end forecast for 2026/27 is currently a balanced position;

   - In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of **£2.142m** have been achieved against a target of **£2.019m**;

   - Public Sector Payment Policy is on track with performance**, against a target of 95%, of 98.1% for the number,** whilst slightly off track in terms of value at **90.0% of the value** of non-NHS invoices paid within 30 days.

3. At the planning stage of the 2026/27 financial year the Trust assumed it would need to cover in full the emerging cost pressure of the increase in the Welsh Risk Pool (WRP) costs, as such the Trust strove to identify savings to cover the whole £2.355m estimated cost increase, as part of the £9.000m total savings requirement. However, following the submission of the plan, Welsh Government (WG) confirmed that if organisations could deliver a balanced position other than for the WRP element then WG would fund this pressure. As such, the Trust is now assuming cover for this. Whilst work continues to seek delivery of the full opening savings plan, including the residual shortfall (£1.200m) that existed at the time of the plan sign off, there may be some shortfall in the delivery of this, noting that this element of that required was solely driven by the estimated increase in WRP costs in the first place.

4. In terms of the current reported position, this is further compounded by the cost pressure that has materialised following the completion of the plan in relation to fuel price increases, due to the impact of the war in the Middle East. Should prices

remain as they are throughout the financial year, this would translate into a c.£1.500m additional cost pressure not recognised in the original financial plan.

5. Whilst reporting a balanced position therefore at the outset of the financial year, which is clearly encouraging, it is key to also note the following assumptions that have been made in reporting this current and forecast position:

   - The ability to deliver a minimum of at present £7.800m (£9.000m per the IMTP and initial budget setting) in savings and efficiencies in year. Work continues to progress the residual gap of £1.200m, in the context of other emerging issues, pressures and potential additional funding.

   - Assumed financial cover from WG for the increased WRP costs – at a value of £2.355m.

   - No other developments, enhancements or cost increases not currently funded within budgets will be able to be progressed until a confirmed funding source for them is found, or an agreed equivalent value of cost is stopped or reduced elsewhere.

   - The ability to manage any other in year cost pressures as they arrive, within the small contingency the Trust continues to hold, as per the IMTP / 2026/27 financial plan.

   - Income assumptions in opening financial plan are fully funded via commissioners and Welsh Government (i.e. pay awards / Employers National Insurance increases)

6. As we know, no plan, forecast or reported delivery at this stage of the financial year is risk free. The risks included in the Welsh Government Monitoring Return at Month 3 are set in line with the submitted IMTP and summarised later in this report. Accepting that it is early in the new financial year, as we go through the next few months these will continue to be scrutinised and amended accordingly, with mitigations and management plans in place.

7. However, the key updates from the Trust Board approved financial plan and budget set needs to be understood in reviewing the detail of this Month 3 position, and in particular the additional income now assumed and the emerging impact on the costs and forecast spend of current fuel pump prices. Without making some of these assumptions the Trust would have been in a deficit.

ASSESSMENT

REVENUE FINANCIAL PERFORMANCE – MONTH 3 2026/27

8. The table below presents an overview of the financial position for the period 1 April 2026 to 30 June 2026.

Revenue Financial Position for the period 1st April - 30th June				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-333,931	-81,897	-82,043	-146
Expenditure				
Pay	252,044	62,739	62,315	-424
Non-pay	65,002	15,010	15,592	582
Total pay & non-pay expenditure	317,046	77,749	77,907	158
Depreciation & Impairments / interest payable & receivable	16,885	4,148	4,136	-12
Total	**0**	**0**	**0**	**0**

Income

9. Reported Income against the initial budget set to Month 3 shows an overachievement of **£0.146m**.

Pay Costs

10. Overall, the total pay variance at Month 3 is an underspend of **£0.424m**.

Non-pay Costs

11. The non-pay position at Month 3 is an overspend of **£0.582m**. In addition, for reporting purposes Depreciation, Impairment and Interest is excluded from the above figure, which underspent by **£0.012m,** hence the total overspend to budget of **£0.570m**.

Savings

12. As above, the 2026/27 financial plan identifies that a minimum of **£9.000m** of planned savings (including income generation) are required to achieve financial balance in 2026/27, of which all is reported as recurrent.

13. Month 3 in month performance was, plan of £0.677m and £0.719m achieved, therefore an overachievement of £0.042m (as per the below table).

	Annual	In Month			Cumulative			Forecast		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
BX01-Chief Executive Directorate	107	5	1	-4	16	11	-5	107	107	0
BX02-Corporate Governance	39	1	1	0	3	3	0	39	39	0
CX01-Partnerships & Engagement Directorate	40	3	3	0	10	10	0	40	40	0
DX01-Operations Directorate	4,337	394	395	2	1,207	1,206	0	4,337	4,348	11
FX01-Finance and Corporate Resources Directorate	1,064	94	92	-2	244	220	-25	1,064	1,031	-33
HX01-Planning and Performance Directorate	267	10	32	23	29	107	78	267	356	89
JX01-Quality, Safety and Patient Experience Directorate	420	35	33	-2	105	90	-15	420	397	-23
KX01-Digital Directorate	720	60	78	18	180	254	74	720	710	-10
PX01-People and Culture Directorate	402	41	58	17	123	186	63	402	500	98
RR01-Trust Reserves	1,220	2	2	0	5	5	0	1,220	-66	-1,286
UX01-Medical & Clinical Services Directorate	384	32	24	-8	96	51	-45	384	339	-45
Totals	**9,000**	**677**	**719**	**42**	**2,019**	**2,142**	**123**	**9,000**	**7,800**	**-1,200**

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

14. ***Appendix 1*** provides the overall detail for Month 3 by theme.

Financial Performance by Directorate

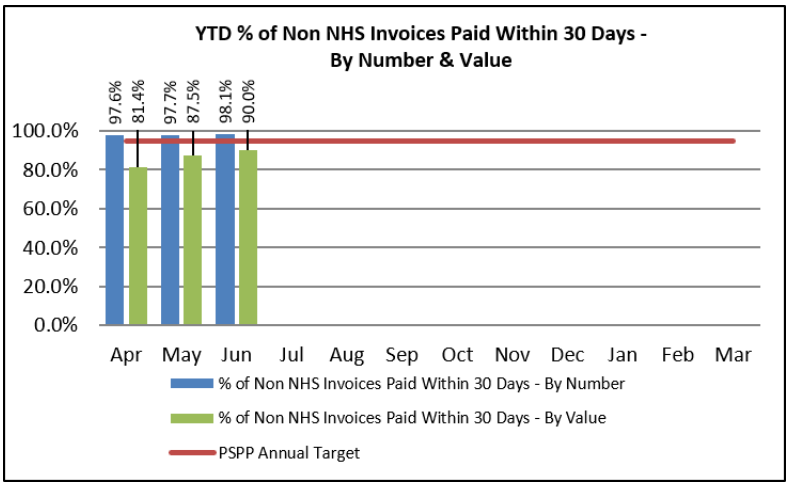
15. Whilst there is a breakeven position at Month 3, there are some small variances between Directorates, as shown in the table below, when compared to the budgets set at the outset of the financial year. These are fairly minor in nature, given we are so early in the financial year, but they will be continued to be closely monitored.

Financial position by Directorate @ 30th June	Annual Budget	Year to date			
		Budget	Actual	Variance	Tolerance 5%
	£000	£000	£000	£000	%
Directorate					
Operations Directorate	226,700	56,505	56,530	24	0.0%
Chief Executive Directorate	2,189	571	570	-1	-0.2%
Board Secretary	781	197	196	-1	-0.6%
Partnerships & Engagement Directorate	716	158	144	-14	-8.7%
Finance and Corporate Resources Directorate	38,594	9,620	9,848	228	2.4%
Planning and Performance Directorate	3,242	837	752	-85	-10.2%
Quality, Safety and Patient Experience Directorate	8,368	2,060	1,985	-75	-3.6%
Digital Directorate	17,304	3,689	3,575	-115	-3.1%
People and Culture	6,993	1,549	1,533	-16	-1.0%
Medical & Clinical Services Directorate	6,782	1,621	1,632	11	0.7%
Trust Reserves	4,040	116	159	43	37.1%
Trust Income (mainly JCC)	-315,710	-76,925	-76,925	-0	0.0%
Overall Trust Position	**0**	**0**	**-0**	**-0**	

PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

16. Public Sector Payment Policy (PSPP) compliance to Month 3 was **98.1%** against the **95%** WG target set for non-NHS invoices by number and **90.0%** by value.

17. Whilst the number is in line with the target, due to an AP issue with the system one large value invoice failed to process correctly in month 1, resulting in the 30 day target for value being missed.



2026-27 INITIAL CAPITAL PROGRAMME

18. The discretionary capital programme and resulting budgets have only recently been finalised, and work is ongoing to go through the required Tendering processes to commence work on these schemes.

19. At Month 3, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2026/27 is **£30.928m**. This includes **£24.133m** of All Wales Approved schemes and **£6.795m** for Discretionary schemes.

RISKS AND ASSUMPTIONS

20. Understandably this early in the financial year, the risks reported are still being fully assessed. However, at present, it is considered that there are no medium or high likelihood risks as reported to WG, but as we continue to move through the financial year we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value. Depending on the outcome of some of the issues highlighted, we may be moving towards higher risks having to be reported in due course. This will also inform a further review of risk 139 in the BAF.

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

22. A low risk has been included around any JCC additional saving request. Whilst nothing further has been formally raised in relation to this risk, and work is in development to quantify the performance improvements, the Trust has included a low risk of **£2.000m** based on the possibility that there may be a request we go further with our savings. However, the Trust does now have a signed agreement for

the core monies from the JCC so this was reduced in month 2 and is now reported as a low risk.

23. Given the pressures the Trust is already seeing in relation to the war in the Middle East, the Trust has included a low risk around further increases in energy prices. Whilst the forecast for WAST via Shared Services was a reduction for WAST, this was based on the baskets of energy already secured, which have again increased since month 2. In addition to this, the Trust has a number of sites which are outside of this supply, one with a high usage amount which is recharged via the landlord and is more heavily impacted by these rate increases. In light of the additional baskets secured by Shared Services, the risk has been reduced to **£0.400m**.

24. At this stage it is prudent to include a risk of the WRP funding not being provided by Welsh Government, as such a risk has been included for the full amount of **£2.355m**. However, given the assurance from WG that if we achieve our forecast, it will be covered in full, it has been reduced to a low risk.

25. In addition to the current forecast around the Risk Pool, given the additional work being undertaken and the change in methodologies being applied by the courts, an unquantified low risk has been included.

26. As noted above, there are therefore no current individually assessed high financial risks, however when this is then considered alongside continuing significant service pressure and the likely balancing of this risk against patient safety, quality and experience, it is clear that, as expressed within the IMTP, this will likely be another challenging financial year, despite the initially reported financial performance in M03, based on the assumptions made in reporting this.

27. Full consideration and management of all these risks will clearly be high on the agenda for the Trust Board and its relevant Committees.

RECOMMENDATION

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

NEXT STEPS

29. Monitor the ongoing revenue and capital position as we move through 2026/27, linking in with key stakeholders, to ensure delivery to plan.

30. Continue to closely monitor risks and ensure plans are developed to ensure the Trust can meet its statutory duties.

Appendix 1

The first table is the total savings delivery, which is then broken down into that being delivered recurrently and non-recurrently in the subsequent two tables.

Welsh Ambulance Services NHS Trust

Savings Performance by Theme 26-27

Reporting Month 3

	Annual	In Month			Cumulative			Forecast		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Income Commercialisation Opportunities	150	0	0	0	0	0	0	150	150	0
Non Pay Estates Efficiencies - Corporate	135	11	11	0	34	29	-5	135	135	0
Non Pay Fleet Efficiencies - Corporate	250	21	0	-21	62	10	-52	250	168	-82
Non Pay Local Schemes - Corporate	471	39	23	-17	118	77	-41	471	313	-158
Non Pay Local Schemes - Operations	915	52	55	3	167	183	16	915	906	-9
Non Pay Local Schemes - Operations Contract Reviews	415	30	18	-12	139	103	-36	415	415	0
Non Pay Unallocated Balance - to be further identified Qtr 1 26/27	600	0	0	0	0	0	0	600	0	-600
Pay Agency Reduction	89	7	7	0	22	22	0	89	89	0
Pay Cost Management (Variable Cost reductions) - Operations	1,100	96	96	0	238	238	0	1,100	1,100	0
Pay End of Shift Overrun - Operations	110	9	20	11	29	49	20	110	130	20
Pay Skill Mix Modernisation - Operations	500	42	42	0	126	126	0	500	500	0
Pay Unallocated Balance - to be further identified Qtr 1 26/27	600	0	0	0	0	0	0	600	0	-600
Pay Vacancy Management - Corporate	2,368	204	283	78	576	798	222	2,368	2,597	230
Pay Vacancy Management - Operations	1,297	165	165	0	508	508	0	1,297	1,297	0
Totals	**9,000**	**677**	**719**	**42**	**2,019**	**2,142**	**123**	**9,000**	**7,800**	**-1,200**

Savings Performance by Theme 26-27 - Recurrent

Reporting Month 3

	Annual	In Month			Cumulative			Forecast		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Income Commercialisation Opportunities	150	0	0	0	0	0	0	150	150	0
Non Pay Estates Efficiencies - Corporate	135	11	11	0	34	29	-5	135	135	0
Non Pay Fleet Efficiencies - Corporate	250	21	0	-21	62	10	-52	250	168	-82
Non Pay Local Schemes - Corporate	471	39	23	-17	118	77	-41	471	313	-158
Non Pay Local Schemes - Operations	915	52	55	3	167	183	16	915	906	-9
Non Pay Local Schemes - Operations Contract Reviews	415	30	18	-12	139	103	-36	415	415	0
Non Pay Unallocated Balance - to be further identified Qtr 1 26/27	600	0	0	0	0	0	0	600	0	-600
Pay Agency Reduction	89	7	7	0	22	22	0	89	89	0
Pay Cost Management (Variable Cost reductions) - Operations	1,100	96	96	0	238	238	0	1,100	1,100	0
Pay End of Shift Overrun - Operations	110	9	20	11	29	49	20	110	130	20
Pay Skill Mix Modernisation - Operations	500	42	42	0	126	126	0	500	500	0
Pay Unallocated Balance - to be further identified Qtr 1 26/27	600	0	0	0	0	0	0	600	0	-600
Pay Vacancy Management - Corporate	2,368	204	283	78	576	798	222	2,368	2,597	230
Pay Vacancy Management - Operations	1,297	165	165	0	508	508	0	1,297	1,297	0
Totals	**9,000**	**677**	**719**	**42**	**2,019**	**2,142**	**123**	**9,000**	**7,800**	**-1,200**

Savings Performance by Theme 26-27 - Non Recurrent

Reporting Month 3

	Annual	In Month			Cumulative			Forecast		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Income Commercialisation Opportunities	0	0	0	0	0	0	0	0	0	0
Non Pay Estates Efficiencies - Corporate	0	0	0	0	0	0	0	0	0	0
Non Pay Fleet Efficiencies - Corporate	0	0	0	0	0	0	0	0	0	0
Non Pay Local Schemes - Corporate	0	0	0	0	0	0	0	0	0	0
Non Pay Local Schemes - Operations	0	0	0	0	0	0	0	0	0	0
Non Pay Local Schemes - Operations Contract Reviews	0	0	0	0	0	0	0	0	0	0
Non Pay Unallocated Balance - to be further identified Qtr 1 26/27	0	0	0	0	0	0	0	0	0	0
Pay Agency Reduction	0	0	0	0	0	0	0	0	0	0
Pay Cost Management (Variable Cost reductions) - Operations	0	0	0	0	0	0	0	0	0	0
Pay End of Shift Overrun - Operations	0	0	0	0	0	0	0	0	0	0
Pay Skill Mix Modernisation - Operations	0	0	0	0	0	0	0	0	0	0
Pay Unallocated Balance - to be further identified Qtr 1 26/27	0	0	0	0	0	0	0	0	0	0
Pay Vacancy Management - Corporate	0	0	0	0	0	0	0	0	0	0
Pay Vacancy Management - Operations	0	0	0	0	0	0	0	0	0	0
Totals	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Please note figures are rounded to the nearest whole number

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

Agenda Item No. 11

REPORT TITLE

Integrated Medium-Term Plan (IMTP) Assurance & Delivery (Q1) 2026/27

MEETING

Name of meeting	Trust Board
Date of meeting	30 July 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Rachel Marsh, Deputy Chief Executive Officer
Author(s) of report	James Houston, Assistant Director of Planning & Transformation

PURPOSE OF REPORT

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

REPORT SUMMARY:

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

1. The purpose of this paper is to provide Trust Board with a high-level update on the development and delivery of the 2026/27 Integrated Medium-Term Plan (IMTP) following

internal assurance processes via the Strategic Transformation Board (13 July) and Finance & Performance Committee (21 July).

2. This paper provides and update across four key areas:

   I. Update on Welsh Government IMTP review and approval process,
   II. High level assessment of Quarter 1 (Q1) progress and delivery against the IMTP deliverables,
   III. Overview of the proposed changes to committee level reporting arrangements, and
   IV. Clinical Model Transformation (CMT) Programme update.

3. The Trust has made good progress during the Q1 reporting period with the successful transition of the internal planning arrangements to reflect the refreshed IMTP priorities for 2026/27 and work underway to deliver the 47 IMTP deliverables. The Strategic Transformation Board considered the small number of IMTP deliverables (count 4) reported with an Amber (Monitor) status and 'low' delivery confidence to identify mitigating actions, noting that organisational capacity is a current challenge that may impact delivery against reported milestones in some areas. In response, it was agreed that further review and prioritisation of commitments in directorate level plans would be undertaken in Q2 to identify opportunities to re-profile / pause non-essential work to release organisational capacity.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

Trust Board is asked to:

NOTE progress reported in the paper.

ADDITIONAL PAPER(S)

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

n/a

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

RISK(S) THIS REPORT MITIGATES

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

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

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

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
13 July 2026	Strategic Transformation Board (STB)

SITUATION

1. The purpose of this paper is to provide Trust Board with a high-level update on the development and delivery of the 2026/27 Integrated Medium-Term Plan (IMTP) following internal assurance processes via the Strategic Transformation Board (13th July) and Finance & Performance Committee (21st July).

2. This paper provides and update across four key areas:
   V. Update on Welsh Government IMTP review and approval process,
   VI. High level assessment of Quarter 1 (Q1) progress and delivery against the IMTP deliverables,
   VII. Overview of the proposed changes to committee level reporting arrangements, and
   VIII. Clinical Model Transformation (CMT) Programme update.

BACKGROUND

3. Following Trust Board approval, the organisation submitted its 2026-29 IMTP to Welsh Government on the 31 March 2026. The IMTP sets out the key organisational priorities and IMTP Deliverables to be achieved over the next three-year planning cycle, mapped to the Trust's six strategic objectives as set out in the Long-Term Strategy 'Delivering Excellence'. The Q1 IMTP progress report was reviewed at the Strategic Transformation Board (STB) on the 13 July and Finance & Performance Committee on the 21 July.

ASSESSMENT

Welsh Government Submission & Feedback

4. Welsh Government has completed its initial IMTP rapid review and assessment process and it is understood that some NHS organisations have received initial feedback outlining requirements for further revision and development of their plans. To date the Trust has not received any formal request for any material / substantial changes to the submitted IMTP or 2026/27 Financial Plan.

5. Formal feedback is expected to be received in late July including a formal feedback letter and receipt of the Trust's 2026/27 Accountability Conditions.

IMTP Quarterly Reporting Approach for 2026/27

6. Work has commenced at pace to transition the internal planning processes to embed the refreshed 2026-29 IMTP Deliverables in readiness for delivery and monitoring. A total of 37 IMTP deliverables have been embedded into the refreshed directorate level plans; the remaining 10 deliverables have been embedded across the Clinical Model Transformation (CMT) programme.

7. The IMTP delivery and reporting approach has been strengthened for 2026/27, underpinned by a consistent organisation wide directorate planning approach. This approach includes an interim planning solution and PowerBI dashboard whilst work continues to develop and embed a long-term digitised solution.

8. The IMTP quarterly report is organised by strategic objectives as a key enabler to support a broader approach to committee level reporting and assurance. The report seeks to provide a greater degree of analysis and intelligence to strengthen assurance processes and strengthen the alignment between IMTP activities and performance metrics. This is a first step, and further work will be undertaken to strengthen this approach alongside the integration of strategic risks which is included in the next phase of development and refinement.

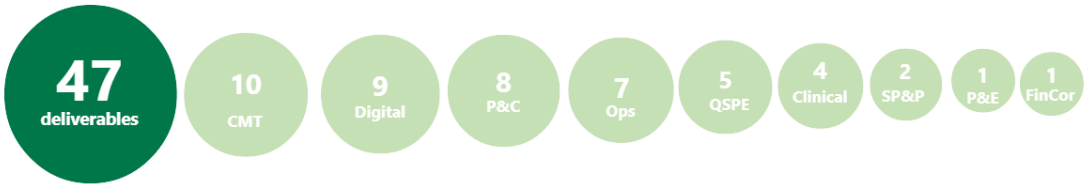
9. From Q2 onwards the IMTP assurance process will evolve, and committees will receive assurance reports for specific strategic objectives aligned to the committees' portfolio (outlined in table below).

Table 1: IMTP Committee Reporting Approach

Committee	Reported Strategic Objectives
STB	Full IMTP Progress Report - All Strategic Objectives
FPC	**SO1:** Providing the right care or advice in the right place, every time **SO3:** Being at the forefront of Innovation and Technology **SO6:** Value and Sustainability
P&C	**SO2:** Enabling our people to be the best they can be
Quest	**SO1:** *(Clinical outcomes-based focus – approach to be agreed with Quest)* **SO5:** Quality driven and clinically led
Trust Board	**SO4:** *Developing services in collaboration* *Composite Overview*

IMTP Q1 Progress Report

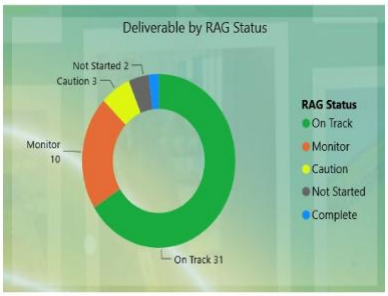
10. The graphic overleaf provides a breakdown of the distribution of the 47 IMTP deliverables by directorate / CMT Programme.



11. The Trust has made a strong start to delivery in Q1. The table below provides a summary of progress by strategic objective and associated RAG status across the 47 IMTP deliverables.

SO								Total
SO1		2	3	10		1	1	17
SO2		2		6				8
SO3		2		6		1		9
SO4				2				2
SO5		3		6				9
SO6		1		1				2
Total		10	3	31		2	1	47

Key:
- On Track
- Action Required/Caution
- Monitor
- Caution
- Paused
- Not Started
- Complete



12. Overall progress and delivery confidence remains high with 1 completed deliverable reported in Q1 following the implementation and launch of the single RICS clinical queue. Good progress has been made across a range of work streams, and a total of 31 deliverables (66%) are reported as Green and on track.

Table 2: Summary of progress by Strategic Objective

SO1	▪ Improvement activities outlined in the Out of Hospital Cardiac Arrest Plan ▪ Receipt of £400k funding to support the Falls Desk continuation ▪ Approval of the Capital Business Case for the Incident Response Desk.
SO2	▪ Progress to develop the anti-sexual harassment implementation plan ▪ Launch and promotion of the People Development Plan ▪ Organisational readiness and preparation for ESR replacement
SO3	▪ Preparation to launch the Digital, Data and Technology governance framework ▪ Renewal of the EPCR contract ▪ Exploration of options to co-term 999 CAD and 111 CAD contract end
SO4	▪ Strategic intelligence gathering work commenced to support strategy refresh ▪ Broader stakeholder engagement options being explored
SO5	▪ Options explored to strengthen and broaden Patient Voice Network ▪ Mental Health Delivery Plan being reviewed and wider engagement being undertaken ▪ Flu vaccination preparations underway and end of season flu report developed
SO6	▪ Commercial plan developed and approved by Trust Board

13. There were no deliverables reported Red and off track requiring urgent action / mitigation.

14. A total of 10 deliverables were assigned as Amber (monitor) status in which potential issues / delays have been flagged for early sighting and consideration. STB undertook a more detailed assessment of the 4 deliverables assigned an Orange Monitor status with a 'low' level of delivery confidence. These are further stepped out in the table below detailing the mitigating actions agreed in STB.

Table 3: IMTP Deliverables Amber (Monitor) and Low Delivery Confidence

SO1 - Providing the right care or advice in the right place, every time						
Ref	**Deliverable**	**RAG**	**Priority**	**Confidence**	**Issue**	**Mitigations**
7	Operationalise the key recommendations of the **Emergency Ambulance (EA) skill mix review**	Monitor	Must Do	Low	Further work required to explore the broader impacts of EMT transitioning from Band 4 to EAP and Band 5 and ongoing work regarding the retire and return policy.	Work to continue to finalise the retire and return policy and wider work by the project team to be undertaken regarding the transition and broader skills mix impacts linked to the new integrated clinical services model.
9	Work with supplier to pilot and **evaluate the alignment of MPDS and CPSS**	Monitor	Could Do	Low	Implementation plan being finalised, however capacity constraints to support key elements including education and digital support may cause some delay into Q3 (Oct onwards).	Further exploration of capacity constraints with directorate leads to support this work.

SO5 – Being quality driven and clinically led						
Ref	**Deliverable**	**RAG**	**Priority**	**Confidence**	**Issue**	**Mitigation**
41	Implement and embed a person-centred, compassionate and learning-focused **concerns management system.**	Monitor	Must Do	Low	Concerns programme has been impacted by leadership changes and capacity challenges and postponement of concerns workshop due to REAP 4.	Agreement to re-set the improvement programme arrangements with a focus on streamlining and simplifying governance arrangements. Further work required to re-prioritise critical improvement activities to focus on key areas to drive continuous improvement.
44	Implementation of the **Medicines Management Hub** systems and processes, subject to funding.	Monitor	Should Do	Low	Omnicell business case in development – however changes in Health Board medicines management approaches need to be factored into WAST approach.	Engagement with Health Boards to help refine Medicine's Management Hub business case.

15. One key risk that was surfaced in both CMT and STB was linked to organisational capacity and pressure which could impact delivery during the year, noting the volume of work scheduled through Q1-Q3. To help mitigate this risk, it was agreed that further prioritisation of work contained within directorate level plans would be undertaken to identify opportunities to re-profile delivery dates and to consider opportunities to pause / defer work to later in the year or into 2027/28. This prioritisation work will be co-ordinated by Planning Business Partners in collaboration with directorate leads.

Clinical Model Transformation Programme (Q1 Update)

16. The CMT Programme remains in a positive delivery position, with focus increasingly shifting towards benefits realisation, programme closure and transition planning.

17. Governance arrangements for benefits realisation are now established, lessons learnt from Phase Three workshops are being translated into an improvement plan, and workstream transition arrangements are being developed for CMT Board endorsement. This will include consolidation of existing groups in order to streamline leadership and delivery capacity.

Table 4: Overview of the CMT Q1 2026/27 Highlight report

Workstream		RAG	Notes
Digital Front-End		**Green**	**On Track**: Upward trend following Apr-26 Board, remaining Symptom Checker deliverable rolled over into 2026/27 (Q2).
Remote Integrated Care		**Yellow**	**On Track** (cautionary status): Yellow RICS status reflects continued dependency on operational capacity, data availability, and alignment across workstreams to fully embed delivery & demonstrate measurable impact.
Urgent Community Response		**Yellow**	**On Track** (cautionary status): No change. Status due to requirement of APP Scheduling mitigations (completion of Roster Review and software functionality). No major disruption anticipated at this point, but cautionary status remains.
Emergency Response	*Call Flow and Prioritisation*	**Green**	**On Track**: No change. Closure Report for Call Flow Phase One and RCS approved, and Call Flow Phase Two is due for approval. Health Care Professional (HCP) flows Tests of Change underway, and Communications and Messaging (SMS Functionality) Project on Track
	Out of Hospital Cardiac Arrest	**Green**	**On Track**: No change.
Health Transport		**Closed**	**Workstream closed** resource reallocated to Non-Emergency Patient Transport (NEPTS) Improvement Programme
CMT Metrics		**Closed**	**Closed:** Outstanding items transferred to Benefits Realisation Steering Group.

Workstream	RAG	Notes
Change Management	**Yellow**	**On Track** (cautionary status): Work ongoing on action plan development following feedback received from the Staff Survey. Series of recommendations proposed with minor alterations required following review at July CMT Board.
Partnerships & Engagement	**Green**	**On Track:** No change
CMT Benefits Realisation Steering Group	**Yellow**	**On Track** (cautionary status): Dedicated sub-groups established and work progressing. Yellow status reflects interim use of reporting data graphs over digitised scorecards as well as analytical capacity, competing operational priorities, and dependencies on wider transformation activity, particularly around flow optimisation and system-wide data integration

18. **Accessing Online Digital Advice**: Delivery of the Digital Front End programme remains broadly on track, with symptom checker implementation progressing well through testing and clinical assurance activities. A short-term delay to WhatsApp integration caused by cyber security assurance requirements has now been resolved and delivery has resumed. Virtual Assistant capabilities are also continuing to develop through planned integration with symptom checker journeys. Planning for a new phase of delivery is underway, following receipt of funding.

19. **Emergency Response**: The workstream has continued to evolve encompassing several core areas of focus. Rapid Clinical Screening and Call Categorisation Phases One and Two have closed, with closure reports approved or due to be approved imminently. Call Flow Optimisation (Phase Three) has initiated and is focussing on flow optimisation across six key areas of the patient pathway (including Breathing Difficulties, Dispatch, Call-to-Door, On Scene Times, Orange Now Call Distribution, and Clinical Navigation/Screening). The HCP Call Flow Group has continued work on identifying solutions for Healthcare Professionals to access our services and has undertaken Tests of Change on the use of Protocol 45, with limited success. Ongoing engagement with fellow Ambulance Trusts on shared solutions is ongoing. The OHCA improvement programme remains on track, with strong progress across guidance, training, community response, defibrillator access, and clinical assurance. Data and analytics remain a key risk, with delays to national registry development impacting the ability to fully measure outcomes. The SMS and Communications Group are currently process mapping and developing SMS scripting with a hybrid model emerging that combines automated triggers and operational input to support patient interactions. Further development (e.g. two-way SMS) is underway but constrained by technical dependencies, with key decisions and documentation aligned for CMT Board review in July. Project documentation is in draft, including Terms of Reference and a supporting project plan. Interim

Ambulance Performance Framework evaluations will take place throughout the year, and regular monthly reporting will look to demonstrate improved patient safety, improved patient outcomes, and a better understanding developing demand.

20. **Remote Integrated Care**: Delivery across workforce development, digital enablement and service optimisation continues to progress, with CPD, clinical supervision and career framework initiatives advancing despite capacity and evaluation challenges. Key digital workstreams including ICCQ transition, CPSS implementation planning and system integration developments remain on track for Q3, subject to technical dependencies. Operational reporting and evaluation arrangements are now established for the specialist desks.

21. **Urgent Community Response (UCR):** Delivery of the UCR workstream continues to progress, with procurement of the scheduling solution underway in Q1/Q2. APP workforce model changes are moving towards implementation as the roster review draws to a close and strengthened governance arrangements are being developed to enable transition of UCR deliverables into business as usual structures. Local service optimisation initiatives, including falls and palliative care pathways, are advancing with recent deep dives on referral issues in the Betsi Cadwaladr Health Board area identifying limited clinical risk, although progress on mitigations remains dependent on further engagement with Health Boards.

RECOMMENDATION

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

NEXT STEPS

23. The next steps are as follows:

- Transition revised committee level reporting from Q2 onwards
- Continue to refine and mature the IMTP quarterly reporting and assurance process
- Undertake a further review and prioritisation exercise against directorate plans and continue development of digitised reporting solution.

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

Agenda Item No. 12

REPORT TITLE

Monthly Integrated Quality Performance Report May / June 2026

MEETING

Name of meeting	Trust Board
Date of meeting	30 July 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Rachel Marsh, Deputy Chief Executive
Author(s) of report	Hugh Bennett, Assistant Director Commissioning & Performance Mark Thomas, Performance Manager (WAST & Modelling)

PURPOSE OF REPORT

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

REPORT SUMMARY:

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

1. This report presents the May/June 2026 Monthly Integrated Quality and Performance Report, supported by the detailed dashboard at Annex 1.

2. The report has been reframed around the Trust's six strategic objectives to support Board discussion on the pattern of performance, the strength and maturity of actions, key dependencies and the main risks to achievement.

3. The central theme across the report is that patient access, ambulance response, hospital handover, workforce capacity and system flow remain closely connected. Persistent pressure in one area continues to affect clinical pathway timeliness, patient experience, staff wellbeing and productivity.

4. There are areas of improvement, including reduced handover lost hours compared with the previous year, improved consult and close performance over the longer term, financial balance and some stable people measures. These improvements are not yet sufficient to demonstrate consistent delivery against all ambitions.

5. The highest-risk areas for Board consideration are Emergency and Orange response performance, 111 abandonment, stroke and STEMI call-to-door times, hospital handover and W45 delivery, EMS unit hours production, sickness absence, PADR completion, APP utilisation and NEPTS cancellations.

6. The strength of actions varies across the report. Some areas have formal programme infrastructure, such as the Clinical Model Transformation Programme, NEPTS Improvement Programme and Concerns Management Improvement Programme. Other areas are being progressed through targeted improvement plans, executive oversight, operational governance or system partnership arrangements.

7. A number of material improvements depend on wider system action, particularly health board delivery of W45 trajectories, sustained reductions in handover delays, improved patient flow and the release of operational capacity back into the ambulance system. They also depend on data maturity and the translation of programme activity into measurable performance improvement.

8. The trajectories included in this iteration are helpful as an early development, but they should not yet be read as definitive forecasts. Further work is required to strengthen the link between actions, milestones, expected impact and measurable delivery dates.

9. The report therefore presents a mixed assurance position: the principal drivers of performance are understood and improvement actions are in place, but several core

indicators remain below ambition, and key delivery dependencies sit outside the Trust's direct control.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Trust Board is requested to:

1. **Consider the May/June 2026** Integrated Quality and Performance Report and actions being taken and determine whether:
    a. The report provides sufficient assurance.
    b. Whether further information, scrutiny or assurance are required, or
    c. Further remedial actions are to be undertaken through Executives.

ADDITIONAL PAPER(S)

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

1. Annex 1 - Monthly Integrated Quality and Performance Dashboard

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
223 - The Trust's inability to reach patients in the community causing patient harm and death

224 - Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients

160 - High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service

558 - Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences

100 - Failure to persuade JCC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience

139 - Failure to deliver our Statutory Financial Duties in accordance with Legislation

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

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

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
22 July 2026	Hugh Bennett – Assistant Director Commissioning & Performance
23 July 2026	Rachel Marsh - Deputy Chief Executive
23 July 2026	Executive Leadership Team – virtual circulation

SITUATION AND BOARD ASSURANCE FOCUS

1. The purpose of this report is to provide senior decision-makers within the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the 39 key metrics recently agreed. This report is for **May/June 2026**.

BACKGROUND

2. The MIQPR continues to evolve. This iteration includes trajectories for a number of measures. These should be regarded as an early iteration intended to support Board oversight and discussion, with further refinement expected as the Trust develops its approach and the underlying modelling matures.

3. Trajectories are not yet included for the operational time-based response metrics. These measures are more complex to model and require a longer period of stable data from the new clinical model before reliable forecasting can be presented to the Board. Work is, however, underway on these.

4. Previous iterations of the MIQPR have included Statistical Process Control (SPC) charts. This report continues to extend their use and introduces a revised presentation to support clearer interpretation by the Board.

Statistical Process Control (SPC) charts help distinguish between the normal variation expected within a stable process and signals that performance has changed. The centre line shows average performance, while the upper and lower process limits show the range within which results would usually be expected to fall.

Patterns within the limits indicate common cause variation. Patterns such as a sustained shift above or below the average, a trend, or a single point outside the limits indicate special cause variation and should prompt further consideration.

SPC helps the Board assess not only whether performance is above or below target, but whether the current system will achieve that target consistently. The Board may also wish to consider, through a future development session, whether further time would be helpful to strengthen shared understanding of SPC interpretation.

5. There are also a number of indicators where the data definition, ambition or reporting approach is not yet fully confirmed. These include:

    - NOF call to door time: the full capacity of the clinical team is being utilised on taking action to reduce the call to door times for stroke and STEMI (to reach the Trust Board ambition) and the development of this indicator is therefore realistically likely to take some time.

    - Time to Integrated Care (RICS) 90th percentile: this indicator is being reported in internal settings, but final assurance checks are being completed before its reporting in public setting, and it is anticipated that it will be available for the next Board.

    - National Patient Reported Experience Measure: A composite experience measure is actually reported in the WG Beacon dashboard. However, internally there are concerns that this is not representative, given that it relates to extremely small numbers of respondents. Work is in hand and imminent in terms of mechanisms to enable an increase in responses, and the expectation is that for next Board, a larger number of respondents will make this a more valid metric.

    - Concerns Early Resolution: Work has continued through the Concerns Improvement Programme to ensure that robust data is available, and it is expected that this metric will be available for next Board.

6. The main assessment is structured around the Trust's six strategic objectives. This is intended to help the Board consider performance, actions, risks and interdependencies through the lens of the organisation's agreed strategic framework.

ASSESSMENT

SO1: Providing the right care or advice, in the right place, every time

7. SO1 covers three main access routes: 999 emergency and urgent ambulance response, NHS 111 access, and Ambulance Care access and experience. Each has a different operating model, data set and improvement route, but together they describe whether patients are accessing the right care or advice in a timely way.

8. **Emergency and urgent ambulance response: current position**. Time-critical and urgent ambulance outcome and response measures remain below ambition across several parts of the pathway. ROSC remains below the 25% ambition, stroke and STEMI call-to-door times are materially above the 1 hour 30 minute ambition, and Emergency and Orange response performance remain challenged. These measures are closely linked to ambulance availability (UHP), demand, hospital handover delays, clinical model maturity and wider system flow.

9. **Emergency and urgent ambulance response: actions and controls**. The key improvement routes are the Clinical Model Transformation Programme including call categorisation and flow optimisation workstream, together with operational performance grip. For Emergency and Orange response and stroke and STEMI call-to-door times, actions are focused on reducing avoidable demand into high-acuity categories, improving clinical navigation and remote clinical assessment, reducing handover lost hours, improving the effective use of available resources and pathway improvement with system partners. Modelling is underway to demonstrate the impact that these improvements will have on overall outcomes and response times. The Improving Out of Hospital Cardiac Arrest workstream is also in place, although progress on data linkage remains a constraint for ROSC outcome reporting. A trajectory is in place showing the likely improvements in ROSC as a result of these actions.

10. **Emergency and urgent ambulance response: dependencies.** There are a number of actions within the Trust's control as set out above. The key external dependencies are sustained reductions in handover lost hours, W45 compliance and improved urgent and emergency care flow.

11. **NHS 111 access: current position**. 111 abandonment was 16.1% in June 2026. The SPC chart shows statistically significant deterioration since November 2025, following sustained improvement during 2025, with recent performance suggesting a shift to a poorer level of system performance. Independent modelling indicates that, based on the current commissioned establishment, the Trust should expect to operate within a 10% to 15% range. Current performance therefore remains outside that modelled range, driven by call demand, call handling capacity, roster alignment, clinical advice line processes, repeat access and digital access routes.

12. **NHS 111 access: actions and controls**. An Executive Leadership Team paper has recently been considered on 111 performance, bringing together the key actions required to strengthen grip and delivery. Actions include recruitment, the 111 re-roster, increased use of virtual queuing, review of how patients who re-access for

the same care episode are managed, clinical advice line process improvements and digital front-end transformation. These actions are intended to improve call handling resilience, reduce avoidable delay and strengthen alternatives to 999 and ED where clinically appropriate. ELT will continue to make this an area of focus.

13. **NHS 111 access: dependencies**. There are a number of actions within the Trust's control. The key external or less directly controllable dependencies are demand volatility, patient re-access for the same episode of care, patient behaviour and the availability of alternative pathways that support safe diversion from 999 and ED.

14. **Ambulance Care access and experience.** The Ambulance Care position is mixed from a patient access and experience perspective. Oncology and repeat renal cancellation measures are positive, but discharge and transfer performance remains below the 95% target. The immediate action is local work to understand and address the discharge and transfer position, particularly where performance is being driven by specific health board variation. Improvement is being driven through the NEPTS Improvement Programme internally and commissioners are also considering the establishment of a collaborative mechanism for improvement, given that areas of improvement will sit with other partners.

SO2: Enabling our people to be the best they can be

15. **Current position.** The workforce position is directly linked to patient access and operational resilience. EMS unit hours production was 87% in June against the 95% ambition, with actual hours below planned hours. Sickness absence remains above the 6% ambition, with stress, anxiety, depression and musculoskeletal issues among the main reasons for absence. PADR completion remains below the 85% target, indicating that the Trust has further work to do to strengthen management grip, development conversations and cultural accountability. This is balanced by more stable indicators such as turnover remaining below target and statutory and mandatory training remaining above target.

16. **Actions and controls.** Actions include recruitment, abstraction management, review of overtime availability, roster changes, occupational health and wellbeing support, external provider review, changes to rest breaks and overruns, and the PADR refresh. EMS unit hours production is affected by abstractions, sickness, vacancies in some areas and reduced overtime availability linked to the financial plan. Sickness actions are focused on occupational health support, wellbeing, trauma-informed approaches, workplace relationships, roster changes and management of overruns. PADR improvement is being addressed through the

refresh of the process, clearer expectations for managers and a stronger focus on meaningful values-led conversations. The 111 re-roster is also expected to improve staff experience and support service stability. These actions are relevant not only to workforce wellbeing, but to delivery of patient access and response performance.

17. **Dependencies.** There are a number of actions within the Trust's control as set out above. The key external or less directly controllable dependency is the extent to which wider system pressures continue to affect staff experience and attendance.

SO3: Being at the forefront of innovation and technology

18. **Current position.** SO3 shows positive activity in digital access, including Albot usage and webchat as a proportion of website hits. Digital channels are increasingly important to demand management, patient navigation and the Trust's wider clinical model, particularly where they help direct patients to the right service or reduce avoidable pressure on 111 and 999.

19. **Actions and evidence of impact.** The next stage of reporting in due course will need to connect digital activity more explicitly to benefits realisation. This includes showing how digital front-end transformation, webchat and Albot activity contribute to demand management, improved patient flow, earlier clinical advice, better user experience and productivity benefits across CMT and 111 improvement work. This work will be significantly enhanced through allocation of resources via the JCC to support and improve the digital front end. The Trust is currently working with the JCC to agree spend profile and expected benefits from the investment this year, and a whole system workshop is being set up to start work on the future model for the digital front end.

SO4: Developing services in collaboration

20. **Current position.** SO4 is dominated by system flow and partnership dependencies. Handover lost hours have reduced significantly compared with the previous year, with 170,375 hours lost over the last 12 months compared with 249,721 in the same period the year before. However, June still recorded 13,874 lost hours, and handovers over 45 minutes remain materially above the Welsh Government ambition of no waits over 45 minutes. This continues to affect response capacity, patient safety, productivity and staff experience. The Trust has supported recent NHS Wales Performance and Improvement focus within each health board, is monitoring health board W45 trajectories and is using

operational governance to track the position. There is an expectation from WG that over 45-minute waits will be largely eliminated by winter.

21. **Pathway indicators.** Consult and close performance has improved over the longer term but dropped to 17.1% in June, below the 22% ambition. Conveyance and see and treat measures remain important indicators of whether patients are being directed to the most appropriate setting.

22. **Actions and dependencies.** Delivery against the W45 trajectories remains an external dependency outside the Trust's direct control.

SO5: Being quality driven and clinically led

23. **Current position.** SO5 is closely linked to the SO1 and SO4 access and flow positions. National Reportable Incidents, Joint Investigation Framework referrals, Duty of Candour activity and concerns management indicate the continuing impact of delayed access, handover pressure and pathway delays on quality, safety and patient experience. The increase in investigations requiring sharing with other NHS Wales organisations is reflective of deteriorating hospital handover performance.

24. **Actions and controls.** The Concerns Management Improvement Programme provides the main route for improvement. It is focused on statutory recovery, implementation of the Listening to People framework and development of a sustainable Trust-wide concerns management model.

25. **Dependencies.** Most of the actions sit within the Trust's control as set out above through the Concerns Management Improvement Programme.

SO6: Delivering exceptional value

26. **Current position.** SO6 presents a mixed but more balanced position. The Trust remains financially on plan at Month 3. EA productivity has improved, with a statistically significant increase in jobs per shift from April 2025 onwards; this is welcomed and is consistent with reduced handover and improved resource availability. However, this should be interpreted alongside workforce capacity, handover performance and the need to maintain safe and sustainable delivery.

27. **Productivity and service efficiency.** APP jobs per shift remain below the modelled ambition and have shown a lower level of performance since early 2025. The main improvement actions are APP scheduling, so that APPs are more consistently aligned to the code set and patients they are designed to support, and APP re-rostering. NEPTS cancellations remain above ambition. The causes

include available capacity, efficiency of booking and planning processes, demand management and cancellations by patients or hospitals, some of which sit outside the Trust's direct control. The NEPTS Improvement Programme provides the route for improvement through re-rostering, capacity management, efficiency improvements, booking and planning process changes and digital developments. The expected trajectory shows improvement over the coming year but should be treated as a developing ambition until the benefits of the programme are more fully defined. These improvements will need to be delivered to achieve the 2% productivity improvement target set out in this years IMTP and agreed with commissioners.

28. **Dependencies.** There are a number of actions within the Trust's control as set out above. The key external or less directly controllable dependencies are demand levels, cancellations by patients or hospitals, health board processes and the need to maintain financial balance while protecting sufficient operational capacity.

OVERALL CONCLUSION

29. The overall position is mixed. The report demonstrates that the principal drivers of performance are understood and that improvement actions are in place across patient access, clinical model delivery, 111, NEPTS, concerns management, workforce, productivity and W45. However, several core indicators remain below ambition, and the most material improvements depend on sustained delivery across both internal Trust actions and wider system commitments.

RECOMMENDATION

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

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

Monthly Integrated Quality & Performance Report

May / June 2026
Annex 1 – Top Indicator Dashboard

GIG CYMRU NHS WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services
University NHS Trust

Version 1.0
July 2026

by Commissioning & Performance Team

Delivering on our Strategic objectives

Overall strategic objective profile

STRATEGIC OBJECTIVE	DESCRIPTOR	RED	AMBER	GREEN	TBD	MOA
SO1 – Our Patients	Significant performance challenges	8	2	4	2	0
SO2 – Our People	Mixed performance	2	1	3	0	0
SO3 – Innovation & Digital Transformation	Strong performance	0	0	1	0	1
SO4 – Partnerships & System Contribution	Significant performance challenges	5	0	0	0	1
SO5 – Quality, Safety & Patient Experience	Mixed performance	1	0	1	2	1
SO6 – Finance, Resources & Value	Mixed performance	2	0	2	0	0

The dashboard shows significant performance challenges across Strategic Objectives 1 and 4, with mixed performance across Strategic Objectives 2, 5 and 6, and strong performance in Strategic Objective 3. The most significant challenges currently facing the organisation relate to patient access, operational responsiveness, workforce capacity and wider system flow.

Section 1: Monthly Indicators / Top Indicator Dashboard

Top Monthly Indicators	Ambition 2026/27	Apr-26	May-26	Jun-26	2 Year Average	RAG
Our Patients (SO1&5)						
Return of Spontaneous Circulation (ROSC)	25-30%*	23.9%	22.1%	20.3%	21.6%	R
Stroke Call to Hospital Door Times	01:30	02:35	02:32	02:43	02:28	R
STEMI Call to Hospital Door Times	01:30	02:25	02:46	02:35	02:33	R
NOF Call to Hospital Door Times						
Arrest (Purple) Median	6-8 Minutes*	07:39	07:45	07:42	N/A	G
Arrest (Purple) 90th	<20 Minutes	18:23	18:00	18:20	N/A	G
Emerg. (Red) Median	6-8 Minutes*	09:24	09:12	09:32	N/A	R
Emerg. (Red) 90th	<20 Minutes	22:37	22:39	23:14	N/A	R
Now (Orange) Median	<60 Minutes	01:26	01:22	01:29	N/A	R
Time to Integrated Care RICS 1 90th Percentile	<60 Minutes					
Can't Send & Cancelled by Patient Volumes	<5,770	5,712	6,109	6,288	7,003	A
NHS111 Call Handling Abandonment Rates	<10-15%	18.8%	19.7%	16.1%	12.2%	A
Renal Repeat Cancellation	Zero	0	0	0	N/A	G
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	>70%	73.9%	72.8%	74.5%	76.7%	G
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	>95%	71.6%	72.7%	67.6%	77.8%	R
% of 111 call presented in Welsh, Answered in Welsh	>70%	60.0%	51.3%	58.0%	58.4%	R
National Patient Reported Experience Measure (average overall experience score)	85%					
Concerns Response within 30 Days	>40%					
Enactment of the Duty of Candour Total	100%	67%	100%	100%	N/A	G
National Reportable Incidents reports (NRI)	MOA	2	12	2	5	MOA
Joint Investigation Framework Referrals to HBs	<7	12	10	15	13	R

Top Monthly Indicators	Ambition 2026/27	Apr-26	May-26	Jun-26	2 Year Average	RAG
Our People (SO2)						
% of Under-represented Groups Offered	>7%	55.6%	34.4%	26.70%	N/A	G
EMS Hours Produced (Against Planned)	95%	88%	87%	87%	86.08%	A
Sickness Absence *(all staff)*	<6%*	7.67%	7.57%	N/A	7.88%	R
Staff Turnover Rate	<10%*	7.87%	8.36%	8.32%	8.10%	G
PADR/Medical Appraisal	>85%	76.52%	74.63%	73.67%	73.96%	R
Statutory & Mandatory Training	>85%	89.40%	89.52%	89.31%	86.78%	G
Finance & Value (SO6)						
Average Jobs per Shift (EA)	>2.3	2.96	3.06	3.02	2.77	G
Average Jobs per Shift (APP)	4.75	2.57	2.59	2.59	2.98	R
NEPTS Activity Cancelled (by CMP, Patients & HBs)	<10%	19.1%	18.3%	19.3%	17.7%	R
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100%	100%	100%	G
Partnerships / System Contribution (SO3&4)						
Number of Patients using Albot	MOA	5,374	5,263	5,286	N/A	MOA
Webchats as a % of Web Site Hits	>1.35%	1.43%	1.51%	1.51%	N/A	G
111 Outcomes (999 & ED)	MOA	16.1%	15.4%	17.0%	19.0%	MOA
Successful Consult & Close Outcome	>22%	19.7%	17.2%	17.1%	17.9%	R
% See & Treat & Alternative pathways (of verified activity)	>20%	10.36%	9.59%	10.03%	10.58%	R
Number of Handover Lost Hours	<6000	13,748	14,057	13,874	17,512	R
Number of Handovers over 45 mins	Zero*	4,534	4,597	4,612	5,562	R
Reduction in Number of Conveyances to ED as % of Verified	30%	33.84%	37.92%	36.90%	35.44%	R

RAG Indicates -

TBD: Status cannot be calculated (To Be Determined)

MOA – Measure of Activity

Green: Performance is at or has exceeded the target *(Indicates no action is required)*

Amber: Performance is at or within 10% of target *(Indicates some issues/risks to performance (monitoring is required))*

Red: Performance is less than 10% of target (Indicates close monitoring or significant action is required)

*NHS Wales Performance Framework Measures 26/27 (Feb-26)

Section 1: Demand/Activity June 2026

111	
Website Visits	349,123
Albot Usage	5,256
Completed Symptom Checkers	9,744
Call Demand	88,109
999 / ED	9,493

999 Calls & Incidents	
999 Calls	48,354
Verified Incidents	35,591
Arrest Incidents	1,008
Emerg Incidents	5,054
Now Incidents	12,447
Soon Incidents	4,926
Planned Incidents	1,518
Cancelled by Patient	5,882
Consult & Close	6,230
See & Treat	3,626
Conveyed	13,356

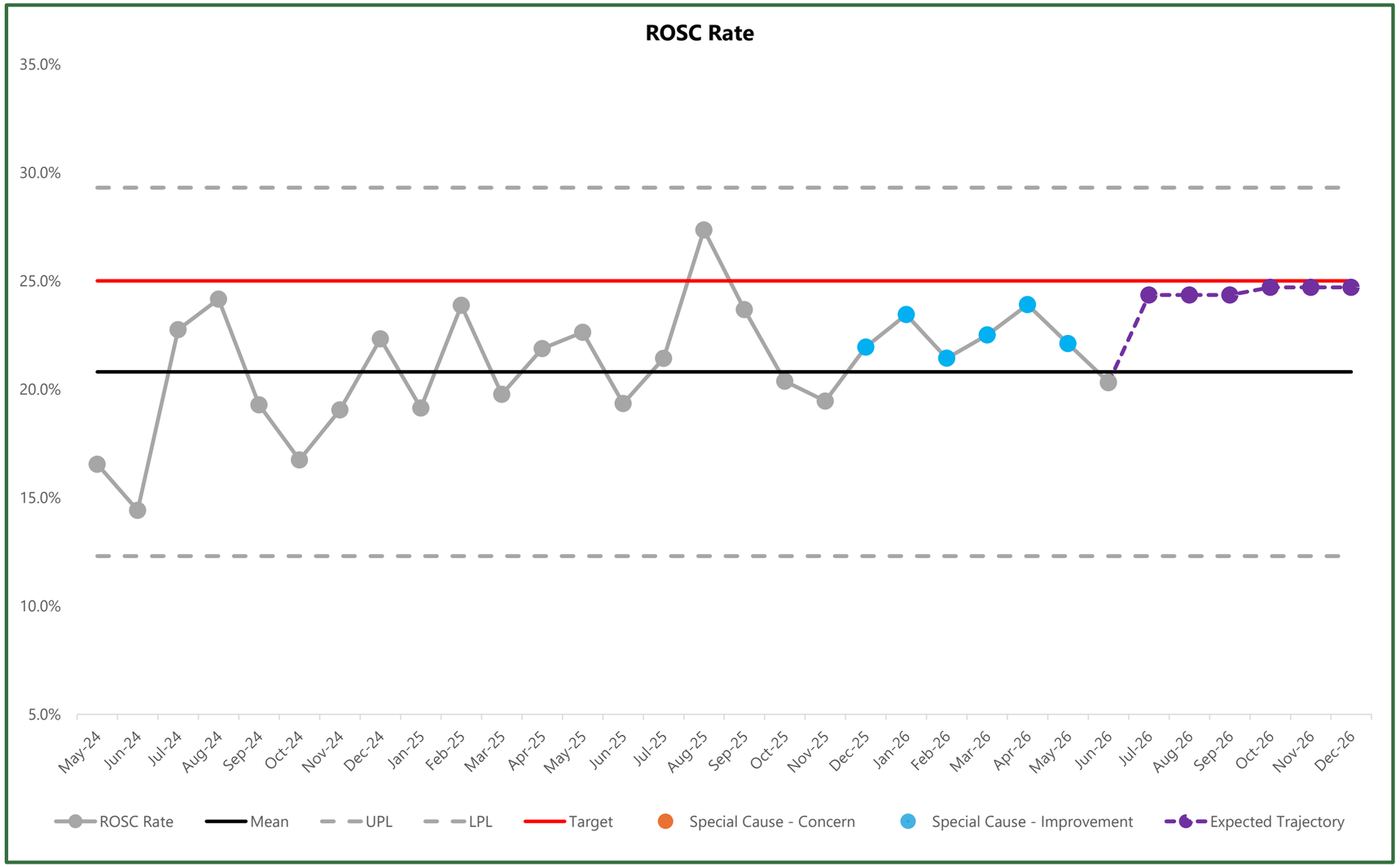
NEPTS	
Completed Journeys	45,008

Our Patients

Return of Spontaneous Circulation (ROSC)

Strategic Objective 1

ROSC
R



Analysis

Return of Spontaneous Circulation at hospital (from cardiac arrest) – 20.33% in June 2026.

The ROSC SP chart shows some special cause variation with improvement between December 2025 and May 2026; however, the mean remains below the 25% target, the system and process will not reliably deliver the ambition, and improvement action is required.

Improvement Plans and Actions

The Trust has in place an Improving Out of Hospital Cardiac Arrest Workstream. This includes work on early recognition and call for help, early CPR, early defibrillation, ALS & post resus and data & analytics with all actions rated green(on target) currently, except for data & analytics. This related to data linking between health organisations so that patient outcomes can be understood.

The CMT Benefits Workstream is currently in the process of establishing a Data Linking Task & Finish Group, to help provide increased focus in this area and resolve data linking on the cardiac arrest patient pathway, but also on other key pathways for the Trust. The Director of Commissioning for Ambulance Services & 111 has offered to sit on this T&F to help open doors in the wider health care system. This work of this group is currently paused due to capacity issues, but this is being further considered.

Expected Performance Trajectory

The purple line on the graph shows the predicted trajectory over the next six months, which is expected to rise by 0.25% per quarter and be achieving the target by year end.

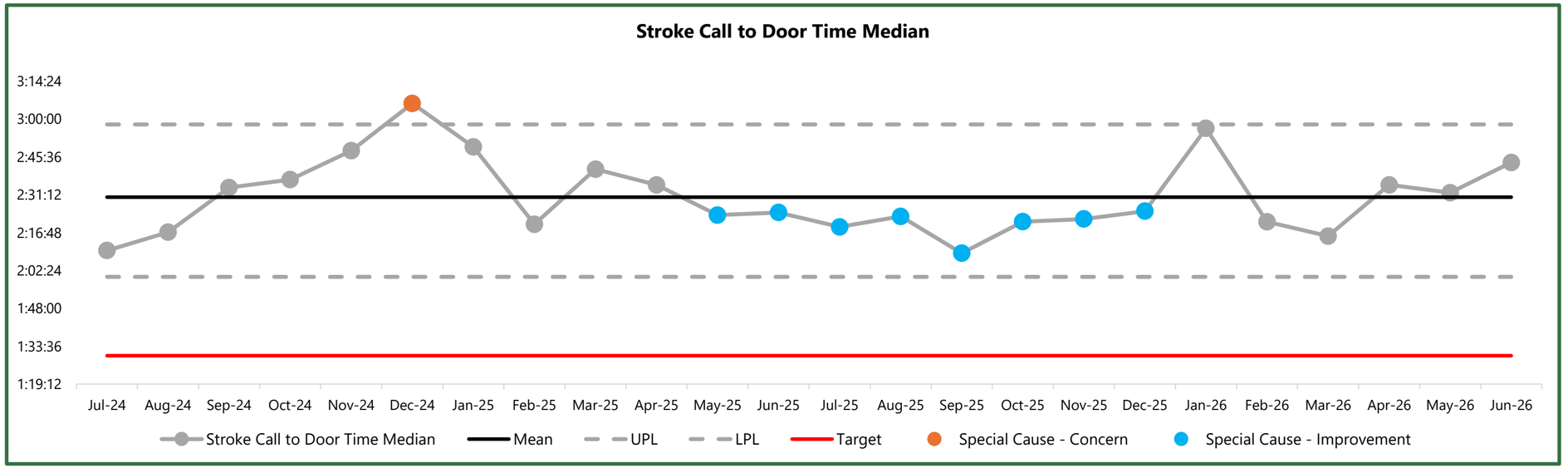
Our Patients

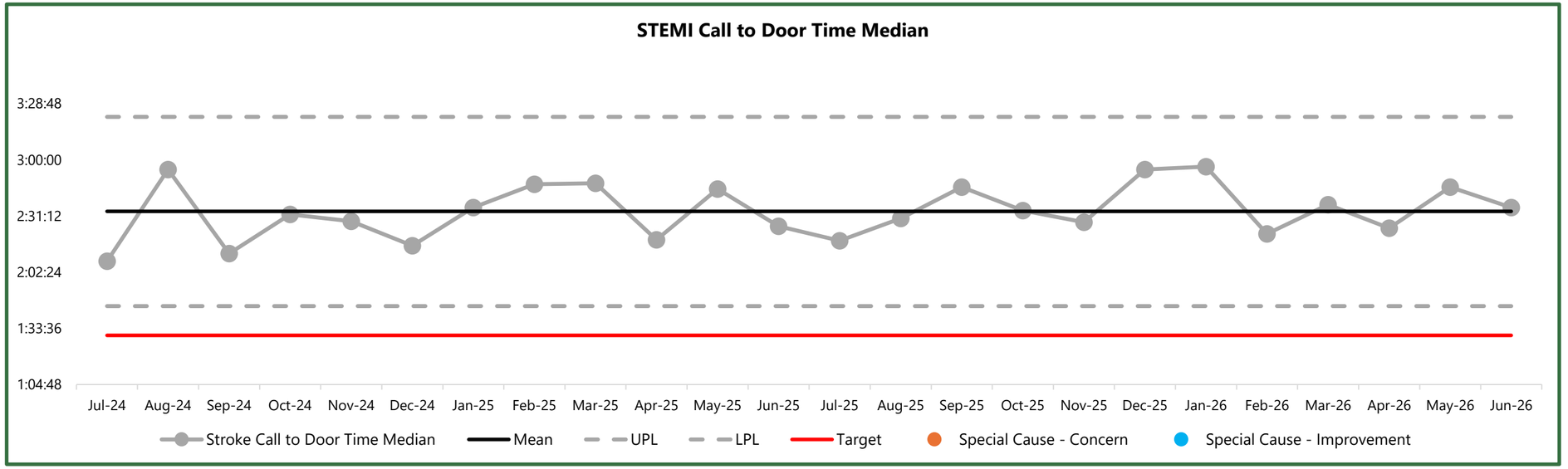
Stroke & ST-elevation myocardial infarction (STEMI) patients

Time-Based metrics

Strategic Objective 1

Stroke Call to Door	STEMI Call to Door
R	R





Analysis:

Stroke call-to-door times show special cause deterioration in late 2024, followed by a sustained shift to improvement during mid–late 2025; however, recent data has returned to common cause variation around the mean of 2 hours 30 mins.

STEMI call-to-door times demonstrate predominantly common cause variation, with performance fluctuating around the mean of 2 hours 33 mins.

For both pathways, the processes remain stable but will not deliver the ambition of 1 hour 30 mins, and process improvement is required.

Remedial Plans and Actions:

The Trust's ambition is to improve the call to door times to 1.5 hours. The CMT Benefits Workstream has set up its structures for the third year of the CMT programme, in particular, the Call Categorisation (3) Patient Flow Task & Finish Group, which includes call to door times.

Expected Performance Trajectory:

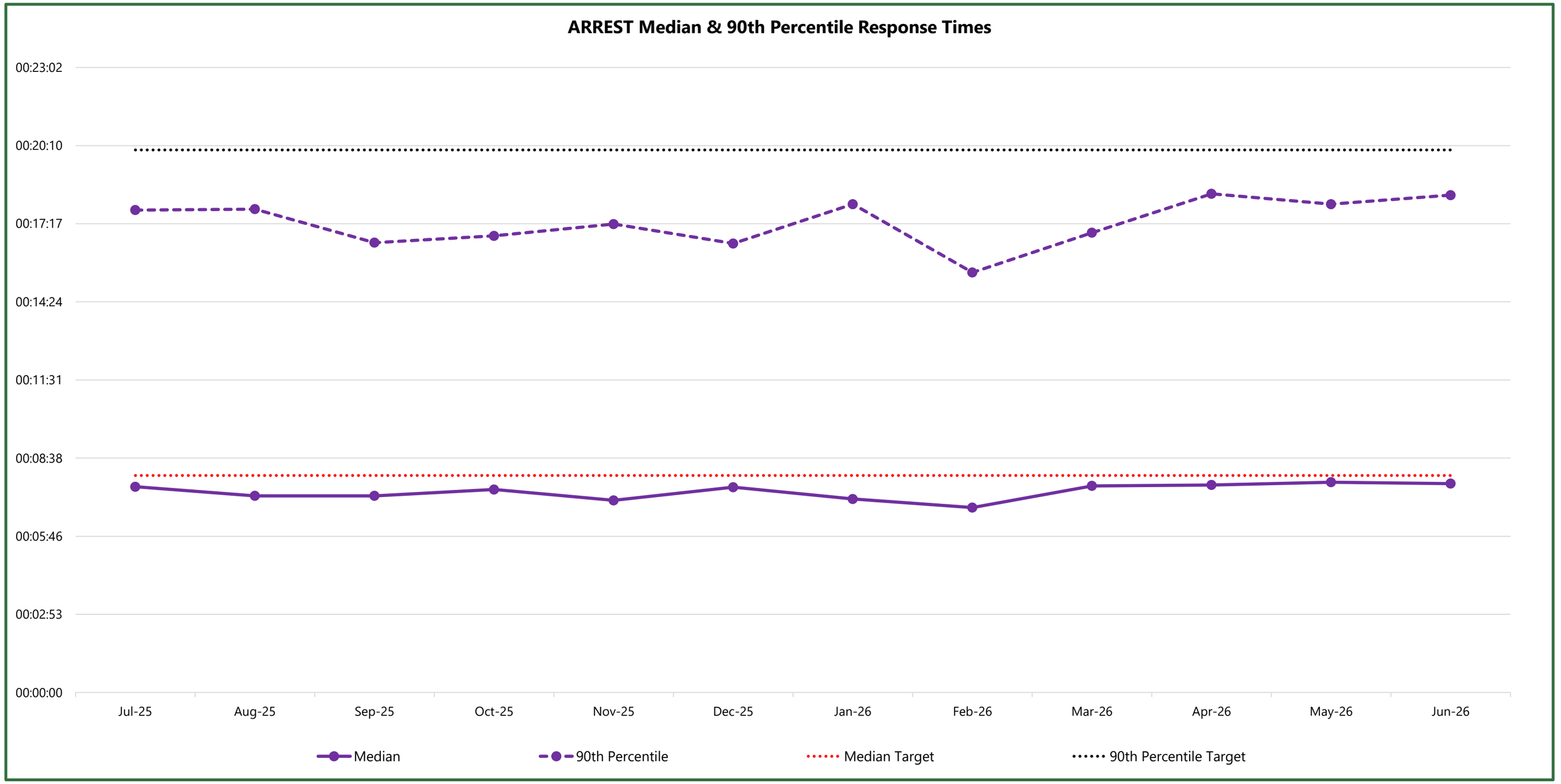
Modelling call to door times is complex so is not yet available for this iteration of the revised MIQPR. The aim is to model all the Call Categorisation (3) improvements, plus W45 compliance, as part of the Trusts' approach o winter planning.

Our Patients

Arrest (Purple) Indicators

Strategic Objective 1

Arrest Median	Arrest 90th
G	G

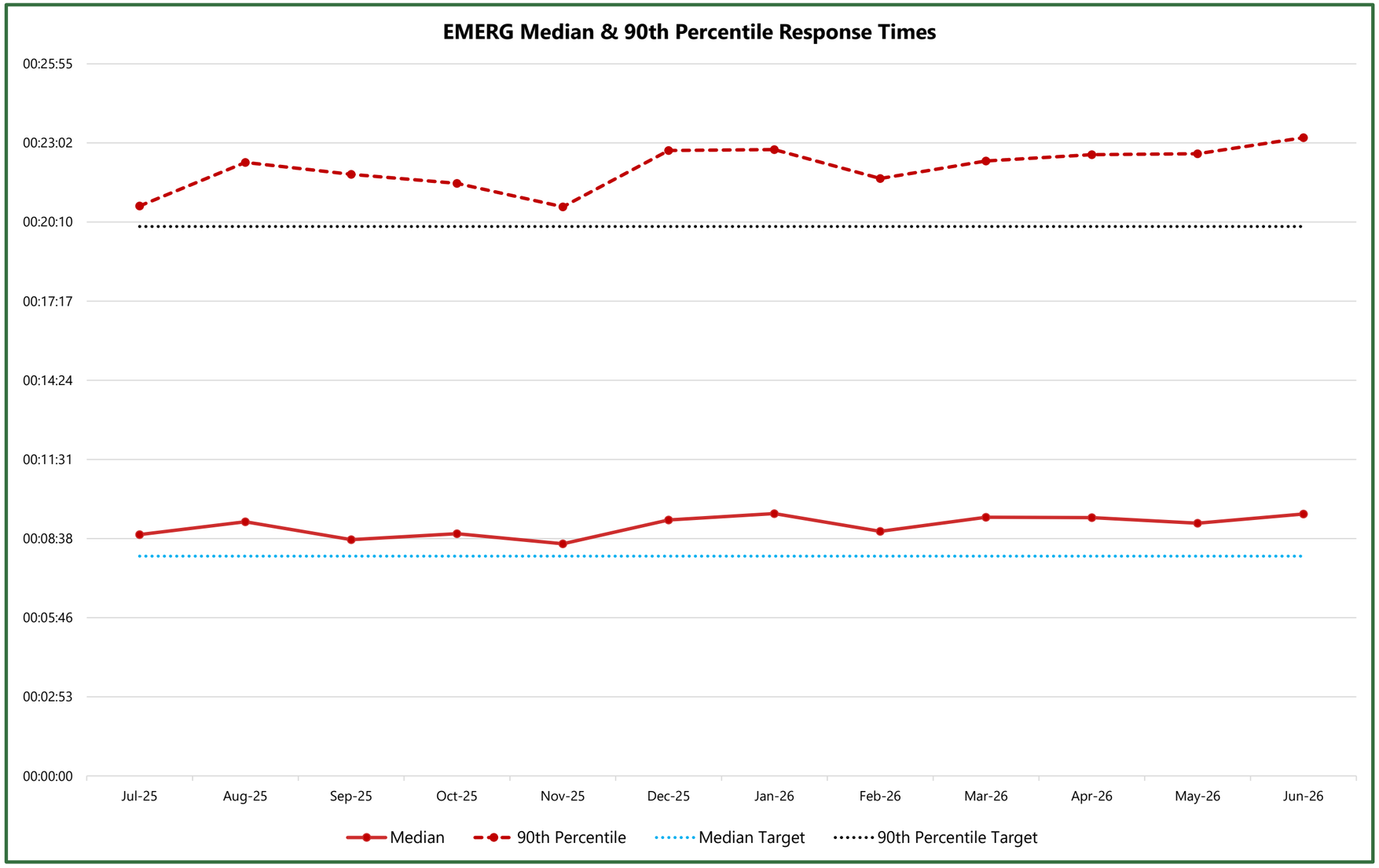


Our Patients

Emerg (Red) Performance Indicators

Strategic Objective 1

Emerg Median	Emerg 90th
R	R



Analysis

In June 2026 there were 5,054 Emerg (Red) incidents, around 13.81% of all verified incidents.

Response times are not achieving performance targets.

The median response time in June 2026 for Emerg incidents was 9 minutes 32 seconds. Aneurin Bevan health board had the lowest median time of 8 minutes and 38 seconds, and Powys had the highest at 11 minutes and 24 seconds.

For Emerg calls, the 90th percentile response time was 23 minutes 14 seconds. Aneurin Bevan had the lowest time of 18 minutes and 46 seconds, and Powys had the highest at 34 minutes and 8 seconds.

Remedial Plans & Actions

As part of the Clinical Model Transformation Programme, a Call Categorisation (3) Flow Optimisation Task & Finish Group has been set up to work on improving the patient flows through the new model, in advance of winter.

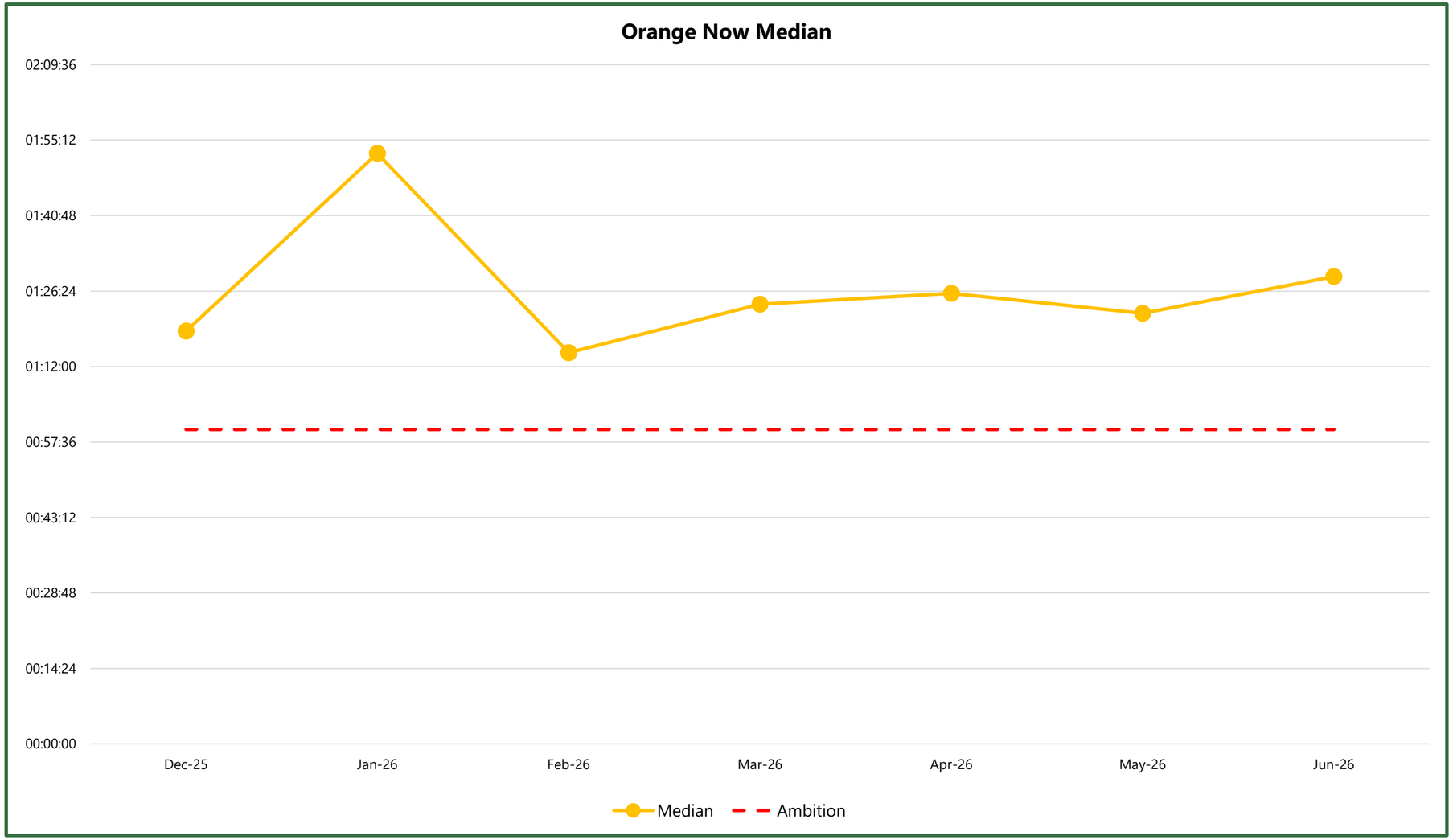
Two of the six workstreams in this task & finish group are relevant to this indicator 1) breathing difficulties and 6) RCS/Clinical Navigators. The aim is to increase the number of RCSO incidents which are sent for further clinical assessment in RICS, thereby reducing the Emerg demand. Solutions lie both in improving and streamlining processes, but also about reviewing clinical navigator capacity. Delivery of W45 will also be a key contributory factor.

Our Patients

Orange (Now) Performance Indicator

Strategic Objective 1

Now Median
R



Analysis

In December 2025 the existing Amber category, was replaced by Orange (now) and Yellow (soon).

The median response time in June 2026 for Orange (Now) incidents was 1 hour 29 minutes. Powys health board had the lowest median time of 1 hour 1 minute and 38 seconds, and Swansea Bay had the highest at 1 hours 43 minutes and 49 seconds.

Remedial Plans and Actions

There are three key main ways of improving Orange Now performance: demand reduction, improved UHP and reduced handover delays. The Trust thinks there is over-triaging of patient demand into the Orange category and is working to reduce this, the Trust is focused on abstractions management and the recruitment trajectory for EMS and is engaged with NHS P&I health board required workshops on W45.

Expected Performance Trajectory

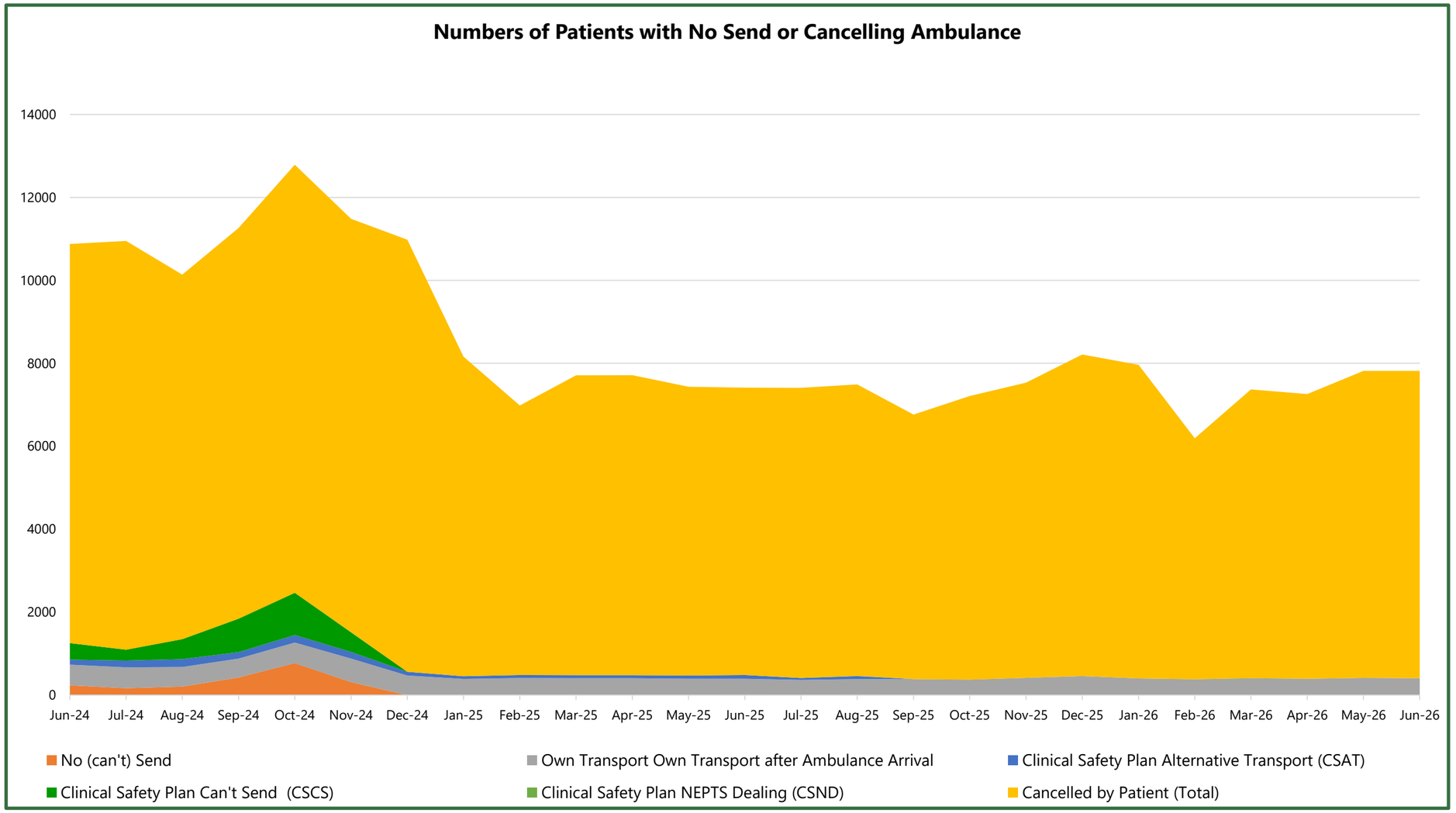
The Trust's commissioned level of production (its rosters) are designed to cope with 6,000 hours of handover lost hours. The application of W45 would see the level of hospital lost hours to be close to this level, estimated to be 6,000-7,000 hours, depending on the level of conveyance. Work has commenced to model impact of W45 and all of the internal WAST actions on this indicator.

Our Patients

No Send or Patient Cancellations

Strategic Objective 1

Can't Send
A



Analysis

5,882 ambulances were cancelled by patients' pre-arrival in June 2026, a slight increase from the 5,693 cancelled in May 2026. Patient cancellations has remained relatively static since early 2025, following a significant reduction from figures seen during 2024. The Trust believes this was connected to the implementation of Rapid Clinical Screening during the winter of 24/25.

Expected Performance Trajectory

The Trust Board ambition is to reduce cancellations to <5,770, linked to the further transformation work on-going through the CMT Programme and the delivery of W45 by all health boards. It is difficult to put a trajectory on this, but the winter plan is predicated on delivery of both of these, so by December 2026.

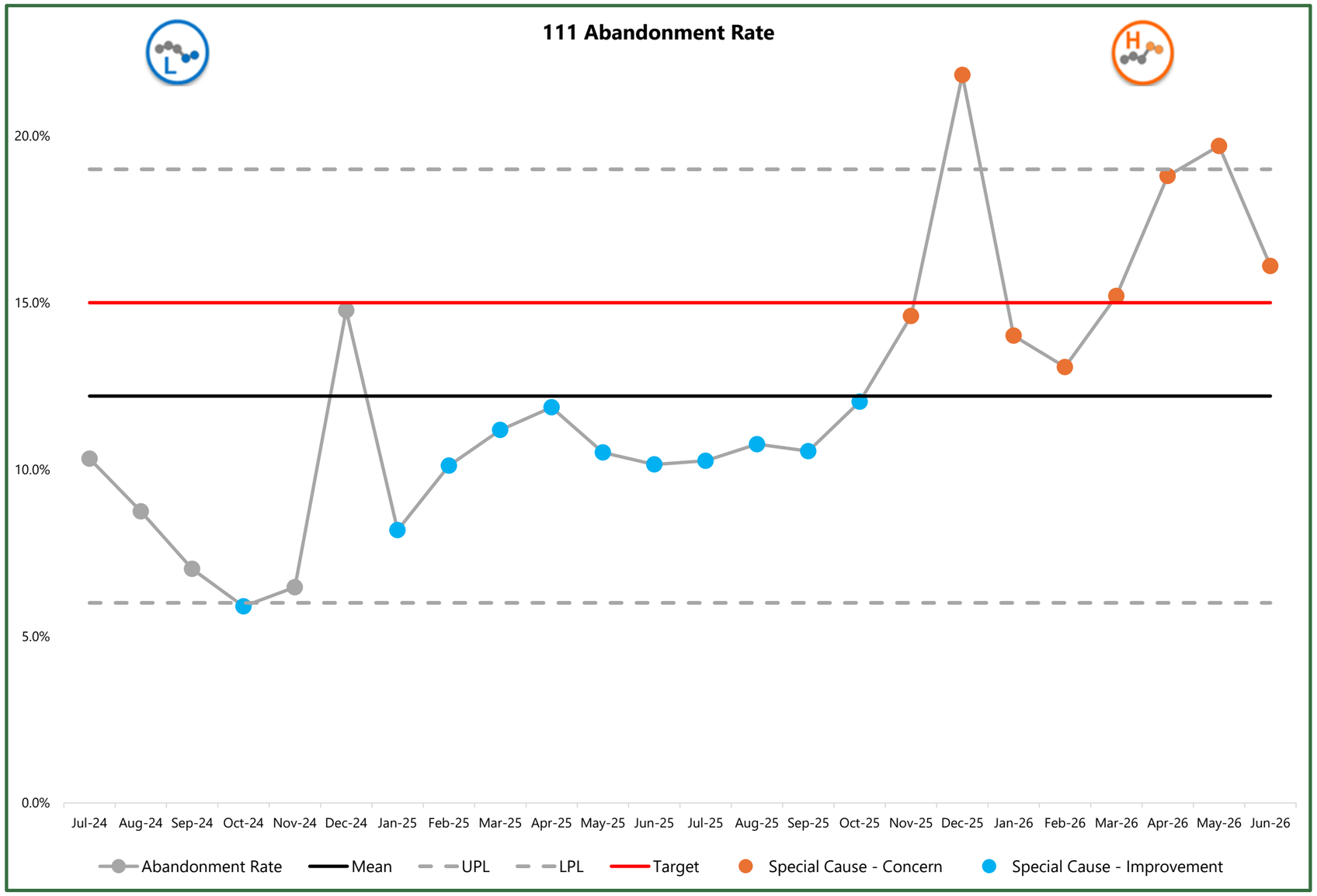
Our Patients

111 Call Abandonment Performance Indicators

Strategic Objective 1

Abandonment Rate

A



Analysis

The 111-call abandonment rate was16.1% in June 2026. Following a period of sustained improvement during 2025, 111 abandonment rates have shown a statistically significant deterioration since November 2025, with recent performance consistently above ambition and suggesting a potential shift to a poorer level of system performance. There is a correlation with the introduction of increased used of the clinical advice line from November 2025 which aims to reduce numbers of calls directed to 999 or ED.

111 call demand decreased to 88,109. This follows historical patterns whereby high levels of demand negatively impact performance.

Remedial Plans and Actions

Key actions were taken to improve the call handling resourcing position through the summer; this included an active recruitment plan. A 111-re-roster review is underway, with new rosters expected to be in place by the Autumn, which should help reduce sickness and turnover. Actions are also underway to increase the utilisation of virtual queuing and review the way patients who are re-accessing for the same care episode could be managed differently. The Trust is also working on new processes around the use of the Clinical Advice Line (CAL) by call handlers, linked to clinician performance, but also aimed at improving call handler productivity by reducing CAL wait times. Transformation of the 111 digital front end is also key. Shift fill is in the high eighties and low nineties % and remains an area of focus. Finally, ELT recently received a paper on 111 performance, covering the above.

Expected Performance Trajectory

The independent modelling indicates that the Trust should expect to see a performance range of 10%-15% based on the current commissioned establishment. No trajectory is currently available to bring performance back in line with this performance range, but this will be a focus of ELT

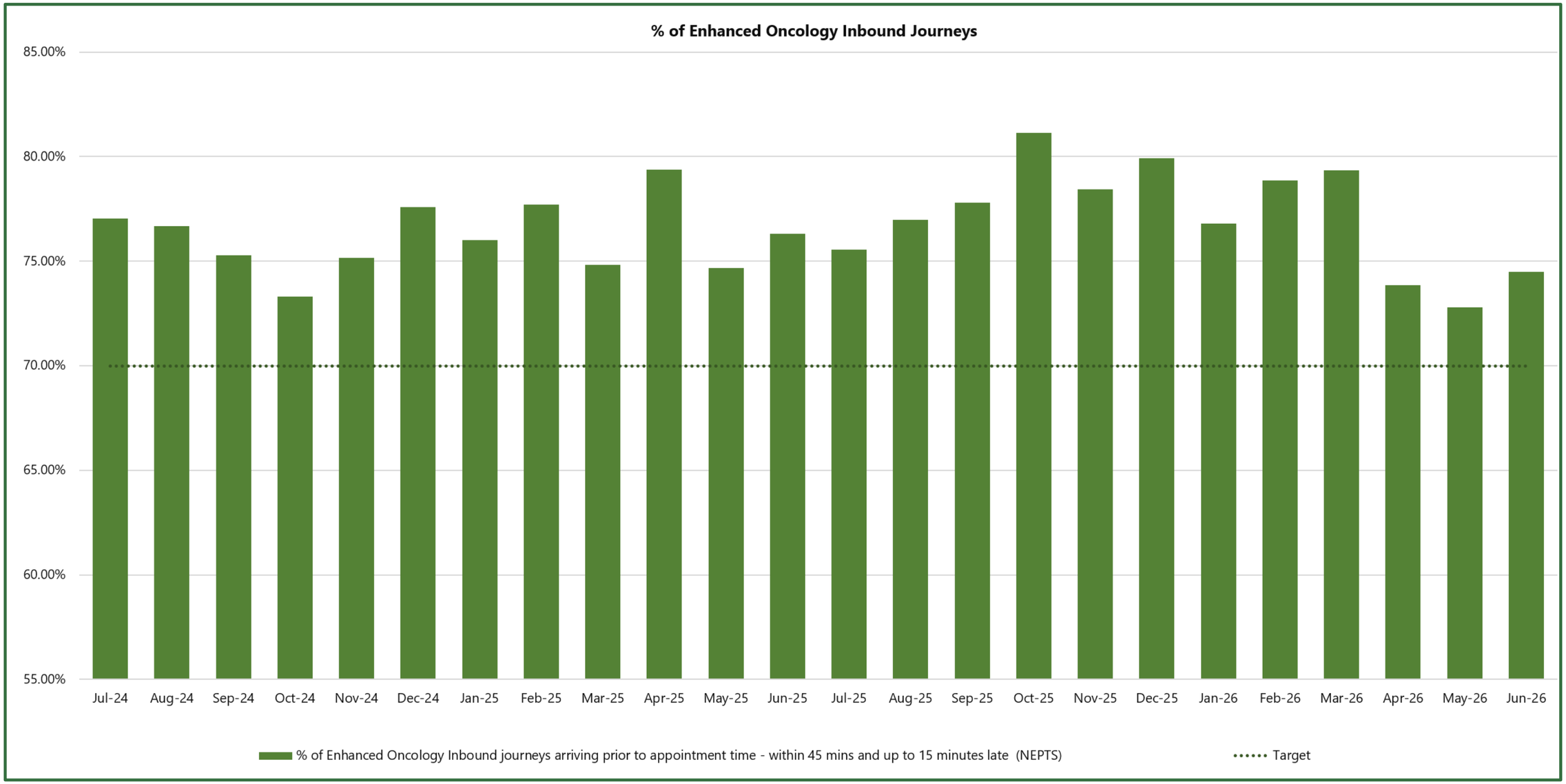
Our Patients

Ambulance Care Indicators - Oncology

Strategic Objective 1

Oncology

G

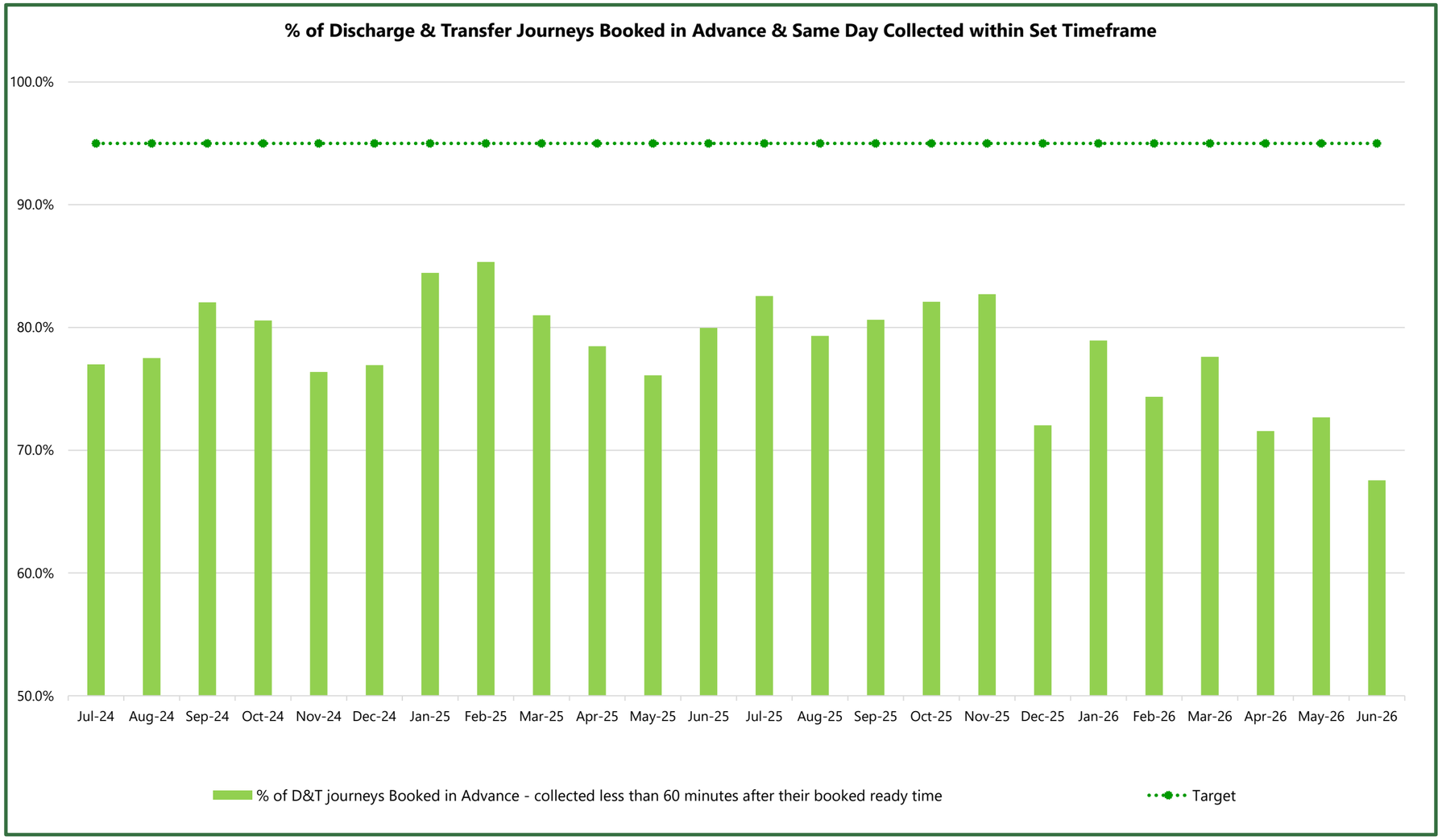


Our Patients

Ambulance Care Indicators – Discharge & Transfers

Strategic Objective 1

Advanced D&T
R



Analysis

Discharge and Transfer journeys booked in advance and collected less than 60 minutes after their appointment decreased in June 2026 to 67.6% and remains below the 95% target.

Remedial Plans and Actions

Performance on advanced discharges and transfers has been challenging throughout the last quarter. This position is driven pretty much solely by BCU where 30% of journeys are hitting target. Local work to identify why and options paper for improvement in development.

Expected Performance Trajectory

Dependent on options paper.

Our Patients

Patient Experience Surveys

Strategic Objective 5

National Patient Reported Experience Measure

June-26		
NEPTS (535 responses)	**Benchmark**	**Score**
How long did you wait for your transport to take you home after your appointment?	85	82
Were you happy with the transport your received?	85	96
999 (14 responses)	**Benchmark**	**Score**
The 999-call taker who answered your call listened carefully and explained what was going to happen next.	85	85
The length of time I waited for an ambulance to arrive was acceptable	85	100
111 (55 responses)	**Benchmark**	**Score**
Do you feel your call to 111 Wales was helpful?	85	34
Did you follow the advice given to you by NHS111 Wales?	85	89
Would you consider using NHS111 Wales again?	85	38
WAST Overall - Friends & Family Test	**Ranked from very poor to very good.**	
How was your overall experience with the service today?		
Ambulance Care	100% Good	
Integrated Care (NHS111 Wales Telephone line)	25% Very Good	50% very Poor
NHS 111 Wales Online	25% Good	8.33% Poor
	* Where totals above do not add up to 100%, this is because a 'Do Not Know' answer was given, these are excluded from overall total.	

Analysis

Experiential survey intelligence presents a mixed picture across services. 999 and NEPTS are achieving expected benchmark measures, with Ambulance Care (NEPTS) feedback remaining highly positive. However, NHS 111 Wales remains a significant area of concern with most key measures performing below baseline expectations. Whilst respondents indicate they are following the advice provided 50% of respondents indicate their overall experience as poor, a pattern consistent with previous reporting periods and indicative of persistent dissatisfaction among a proportion of callers.

Remedial Plans & Actions

The planned expansion of experiential reach out through the introduction of SMS survey in 999 and 111 services is expected to increase feedback volumes and enable greater emotional mapping and thematic analysis. Introduction of PREM measures associated with specific cohorts of patients such as CMP, are beginning to identify opportunities for service improvement. The Introduction of the People, Impact and Insight subgroup is also exploring additional methods for capturing experiences to support transformation and benefits realisation.

Expected Performance Trajectory

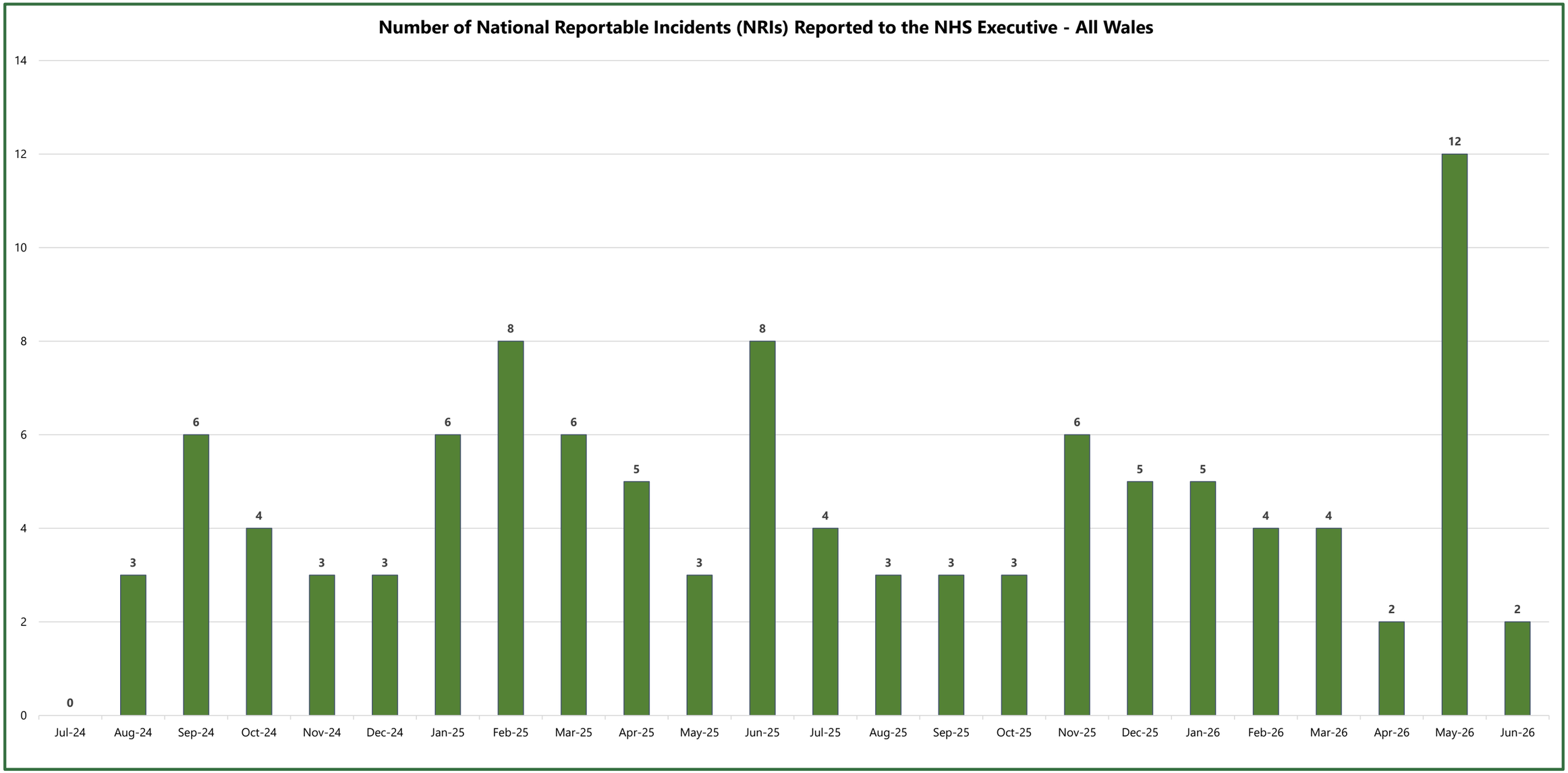
The expansion of survey approaches is expected to provide richer and more experiential intelligence improving the Trust's ability to identify themes and target improvement activity. However, the introduction of revised Patient Needs assessment, may result in a short-term deterioration in some experiential measures as service delivery and public expectations adjust.

Our Patients: Quality, Safety & Patient Experience

Patient National Reportable Incidents

Strategic Objective 5

NRIs
MOA



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

Our Patients: Quality, Safety & Patient Experience

Concerns

Strategic Objective 5

Under development

Analysis
Revisions to the Concerns Regulations were implemented from 1 April 2026. The Trust awaits confirmation from Welsh Government on the final definitions for the proposed Key Performance Indicators. In the meantime, implementation of the revised Regulations and associated improvement work continues, with performance reporting against the new indicators commencing once those definitions are confirmed.

The Concerns Management Improvement Programme was refreshed on 22 July to simplify delivery, strengthen accountability and increase operational grip. A weekly Concerns Planning & Delivery Group has replaced the previous delivery forum and is responsible for coordinating the Early Resolution Sprint, monitoring progress against agreed milestones, managing dependencies and escalating barriers to delivery.

The existing Data & Digital Group and Improvement Group will merge into a single fortnightly Improvement Group, providing one coordinated forum to oversee delivery, monitor progress and drive the longer-term improvement programme.

Remedial Plans and Actions
These revised arrangements consolidate activity into a single improvement plan. Strategic Transformation Board has requested tangible progress over the six-week period from 13 July. The key deliverables are:

i. Increased operational grip through a weekly Planning & Delivery Group with clear ownership, trajectory monitoring and escalation of delivery risks.

ii. Completion of the first Delta Share import from Datix into the WAST data warehouse, enabling Power BI reporting and improved visibility of performance against the revised Regulations.

iii. Delivery of the Early Resolution Sprint, supporting consistent application of the revised Concerns Regulations by ensuring concerns are managed at the appropriate level of response and resolved as early as is proportionate and appropriate.

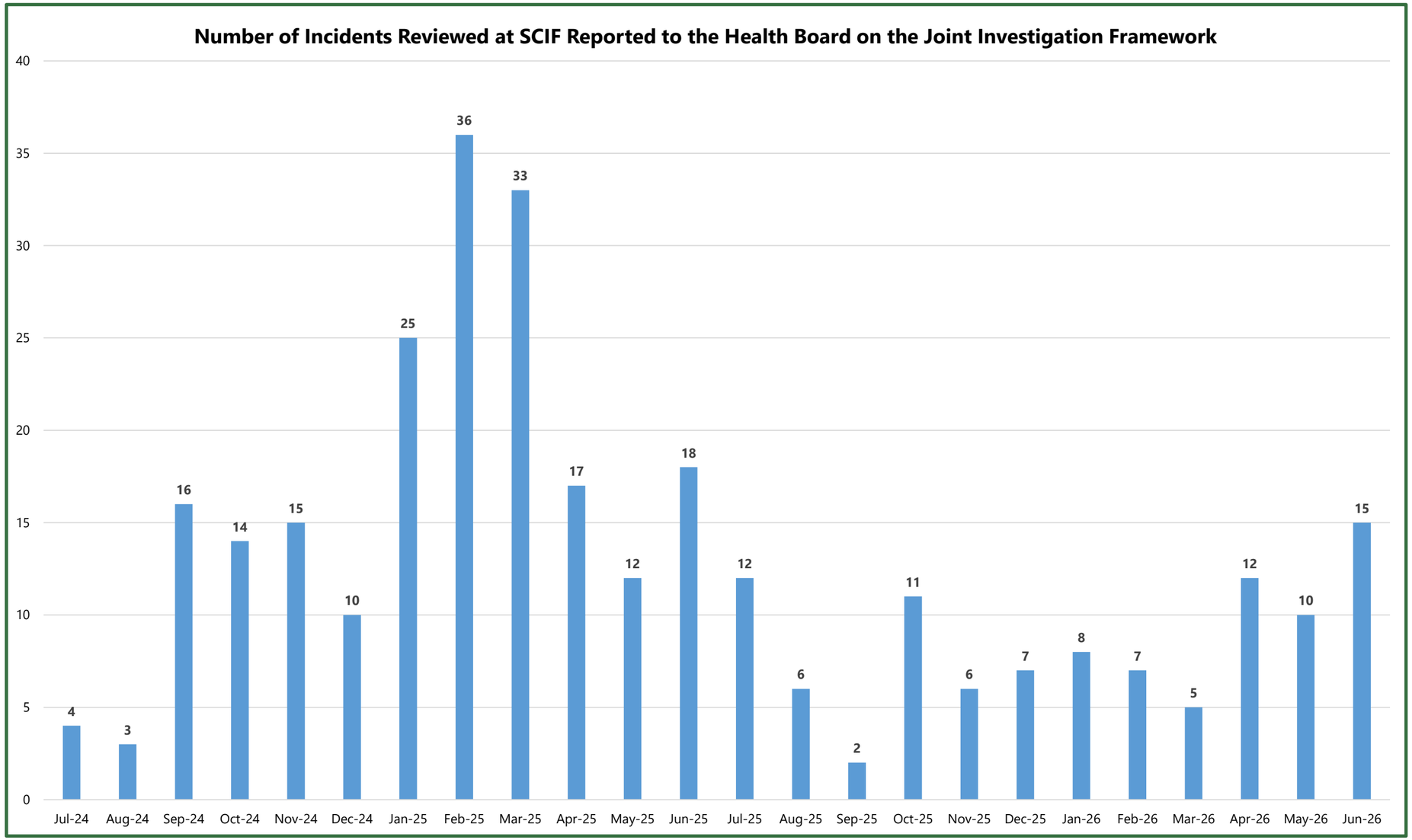
Progress against these actions will be monitored through the fortnightly Improvement Group and reported through MIQPR and Trust Board.

Our Patients

Joint Investigation Framework

Strategic Objective 5

JIF
R



Analysis
The number of investigations needing to be shared with other NHS Wales organisations has increased this month, reflective of deteriorating performance in hospital handover times.

Remedial Plans and Actions
The ambition is to reduce the number of JIF referrals to seven, which is based on what the Trust thinks will be the level, if handover reduction is achieved i.e. W45.

The Trust has engaged with NHS P&I and supported workshops on handover reduction and W45 compliance, with health boards. The Trust is now in receipt of specific W45 compliance trajectories from health boards and will start reporting health board performance against these, in the monthly Operations Performance, Demand & Capacity meeting.

Expected Performance Trajectory
It is difficult for the Trust to set a trajectory for this indicator, as W45 is a health board responsibility each health board has its own trajectory for W45 compliance, so the Trust would anticipate a downward trajectory in SCIFs reported to health boards, with the ambition of seven per month being delivered in Q4 2026/27.

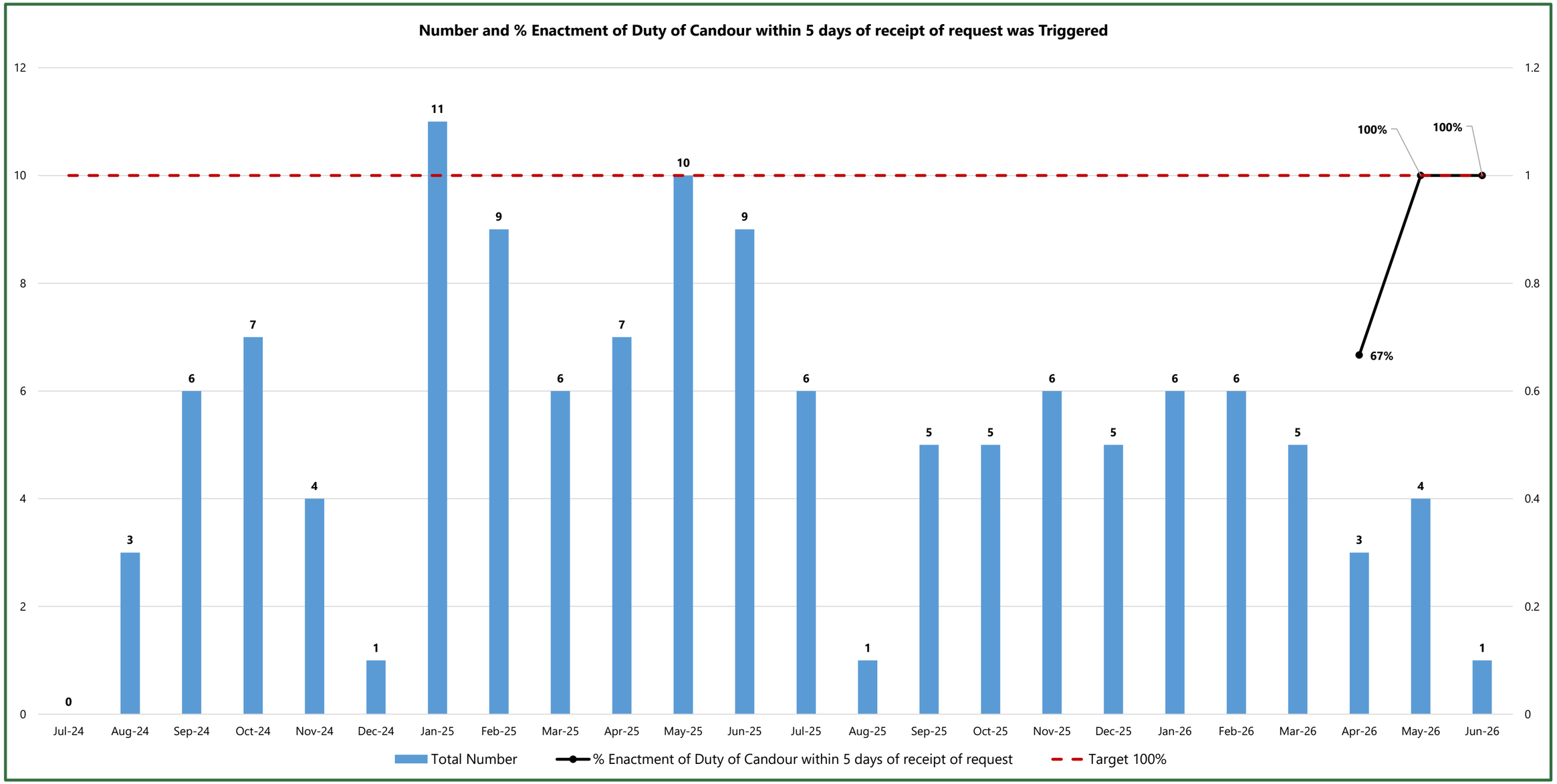
**NB: Data correct on the date and time it was extracted; therefore, these figures are subject to change*

Our Patients

Duty of Candour

Strategic Objective 5

G



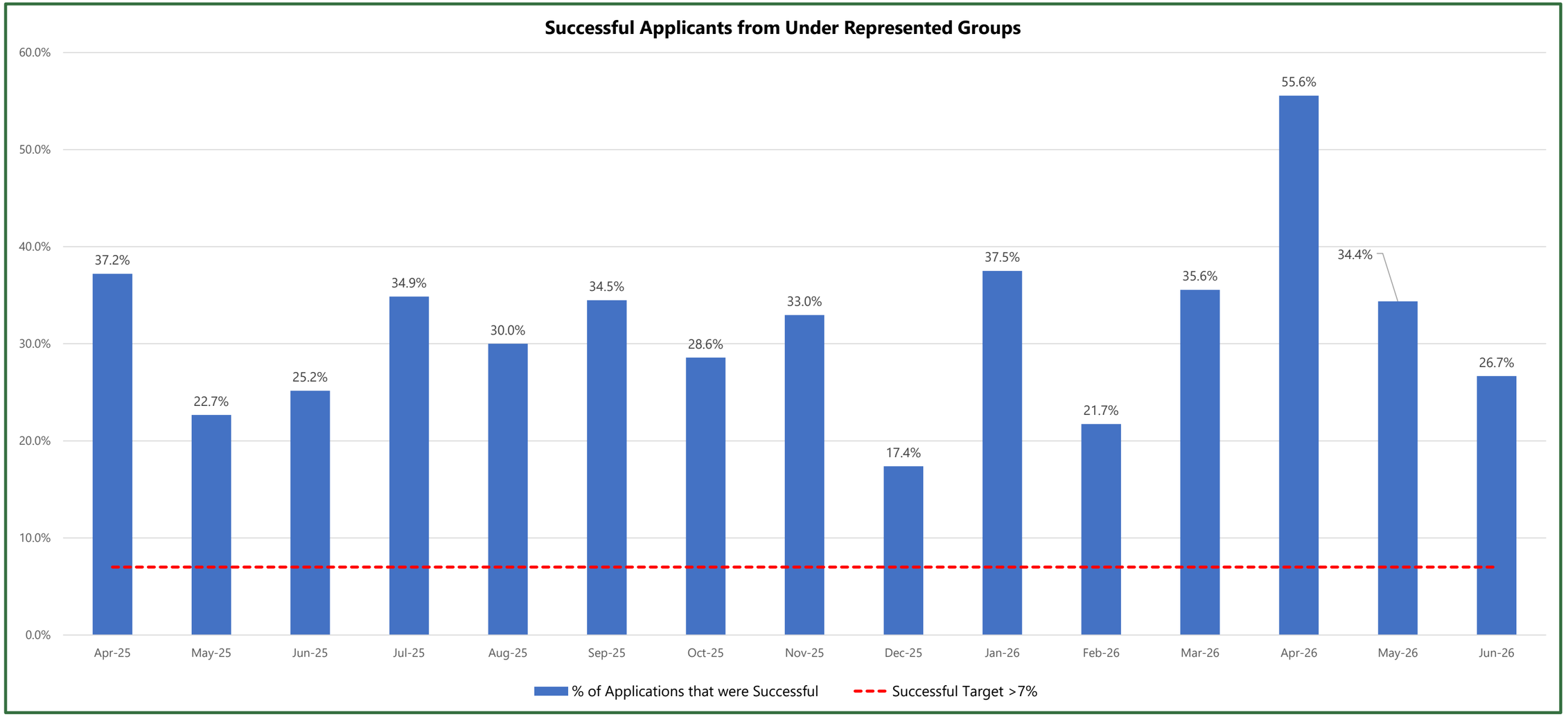
*NB: Data correct on the date and time it was extracted; therefore, these figures are subject to change

Our People

Successful Applicants from Under-Represented Groups

Strategic Objective 2

G



Caveat: Candidate may represent multiple categories

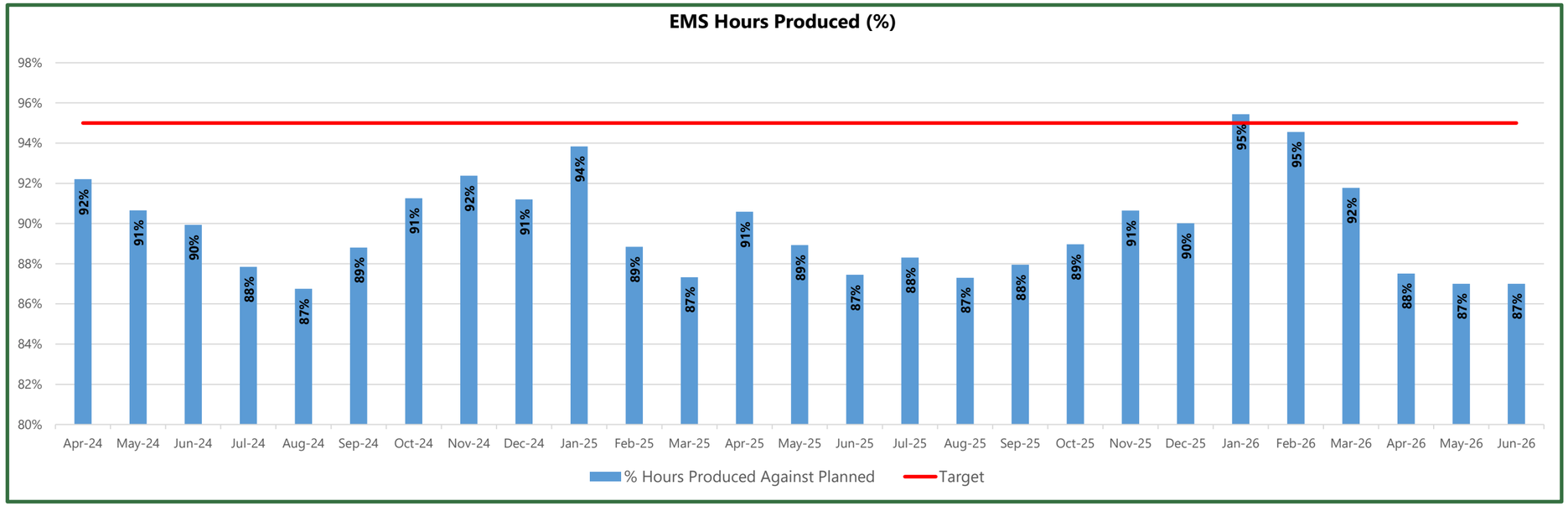
Our People

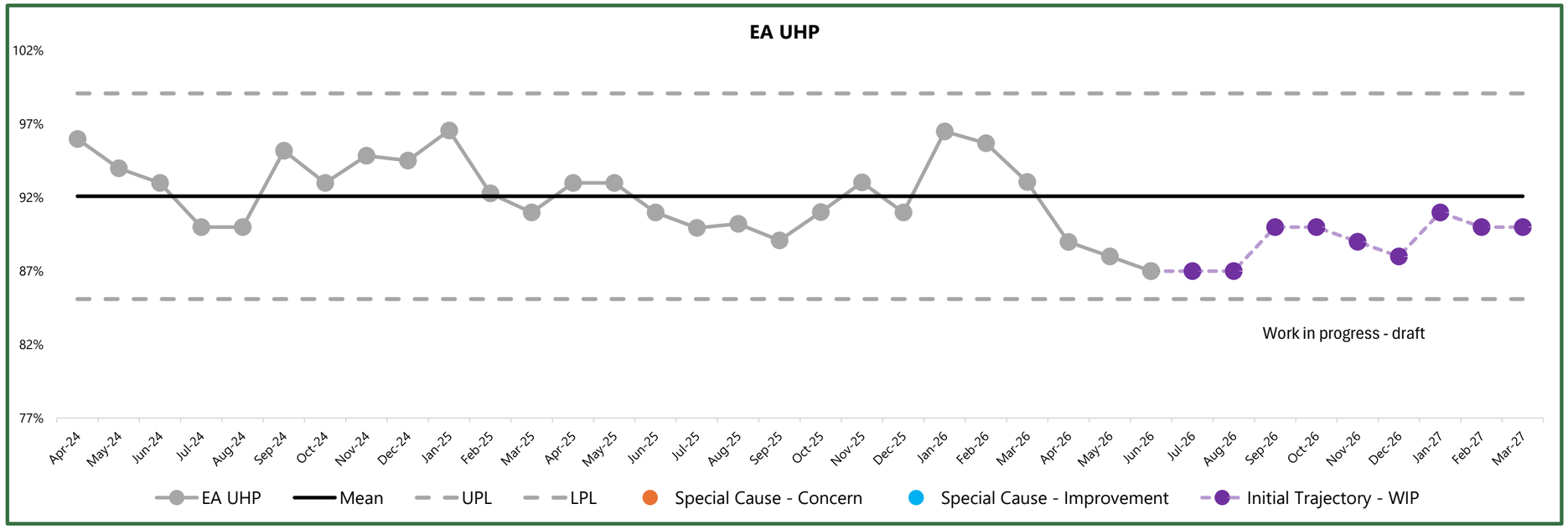
EMS Hours Production Indicators

EMS Production

A

Strategic Objective 2





Analysis

The total EMS hours produced is a key metric for patient safety. The SPC chart highlights that over the past two years this metric has stayed within normal process limits.

EMS Hours Produced achieved 87% in June 2026 which equated to 115,208 Actual Hours, against a planned total of 131,855, and remained below the 95% target, with reduced overtime availability linked to financial constraints a factor.

Remedial Plans and Actions

There are three issues affecting EMS UHP: abstractions (maternity, other, sickness) are higher than benchmark; overtime has had to be reduced to produce a balanced financial plan and vacancies in UCS, which are picked up in EMS in this case.

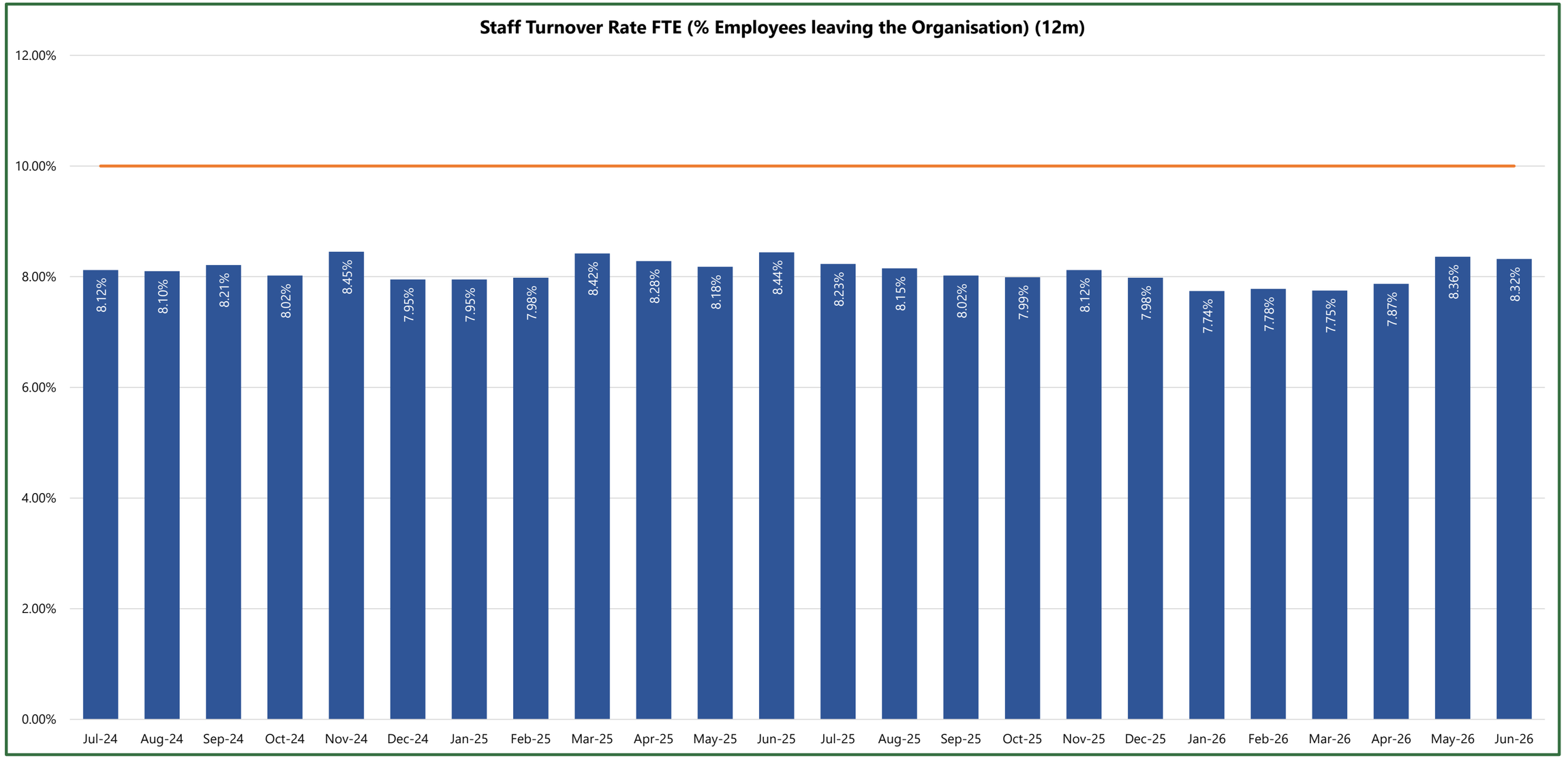
Expected Performance Trajectory

An EMS UHP trajectory is being developed. The complexity (given reliance on recruitment and a range of re-rostering work for multiple resource types) means this is not yet available. However, a first draft of expected EA hours has been undertaken. This will require both further exploration, and if correct, further action and is certainly a work in progress. Board is asked to note however that formulation of trajectories and actions are a key priority in this area.

Our People
Turnover Indicators

Strategic Objective 2

Turnover
G

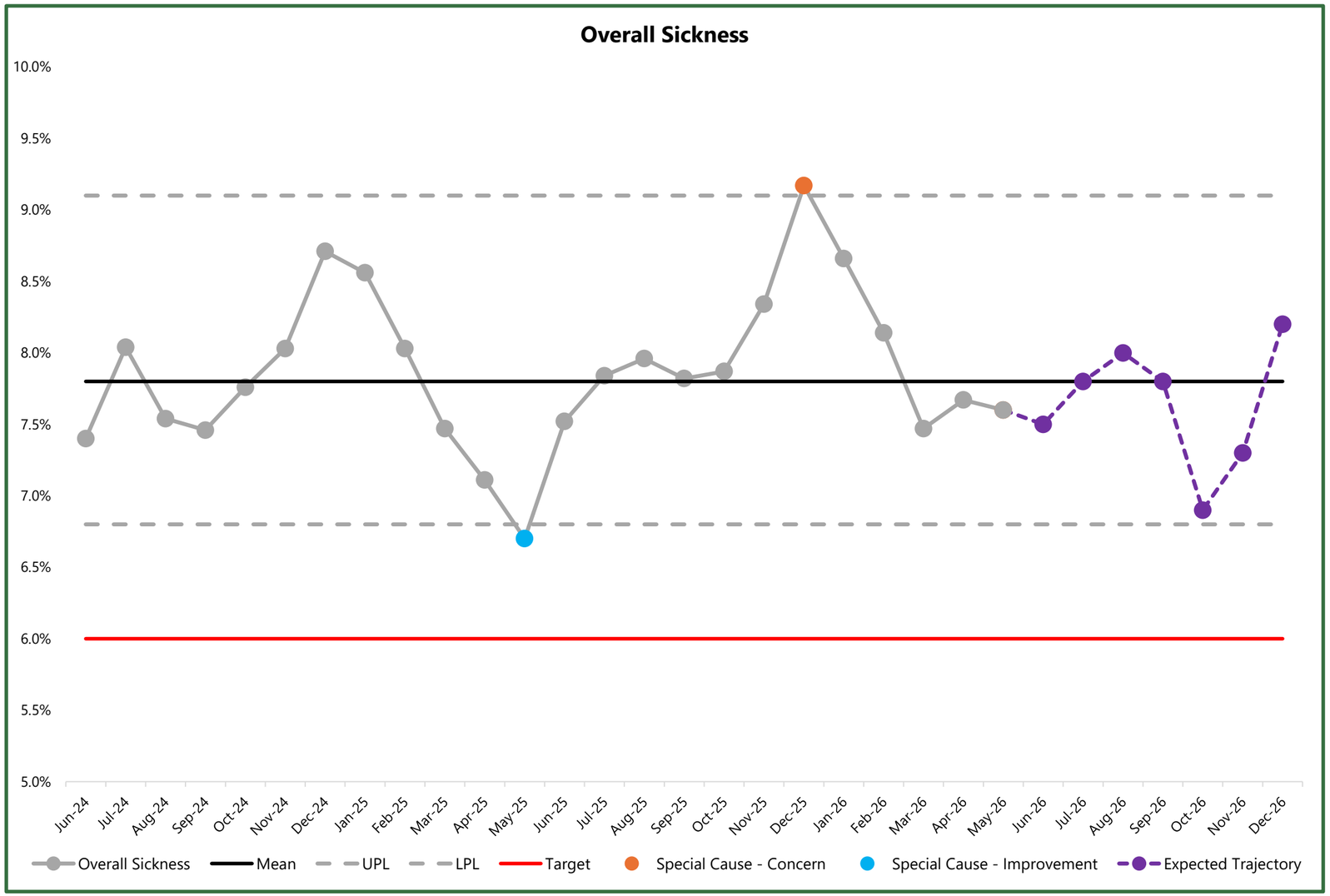


NB: Sickness data will always be reported one month in arrears

Our People
Sickness Absence

Strategic Objective 2

Sickness
R



Analysis

Sickness levels in May 2026 were at 7.57%. Long term absence was at 5.49 % and short-term absence was at 2.08%.

The highest reasons for absence in May 2026 were Anxiety/ Stress/ Depression, gastrointestinal problems, other musculoskeletal problems, and back problems.

The SPC chart shows that following a period of improvement in overall sickness rates during the early part of 2025, July 2025 to February 2026 highlighted a period of concern, with 8 data points in a row being above the mean.

Remedial Plans and Actions

- Our Occupational Health Service Manager continues to offer specialised consultation to managers for sensitive and complex situations.
- The OH/Wellbeing team's work is guided by the Health and Wellbeing Plan 2025-29, with a focus on strengthening workplace relationships, enhancing organisational awareness on trauma, and addressing key health and wellbeing challenges while continuing to provide individual support.
- A review of all our external providers has been completed in preparation for the new financial year, and we are working with Procurement to ensure best value arrangements for these services.
- New 111 rosters are expected to go live which will improve staff experience
- There are also expected changes to the rest break policy and the approach to managing overruns in EMS, all of which are anticipated to have a positive effect on overall sickness levels.

Expected performance

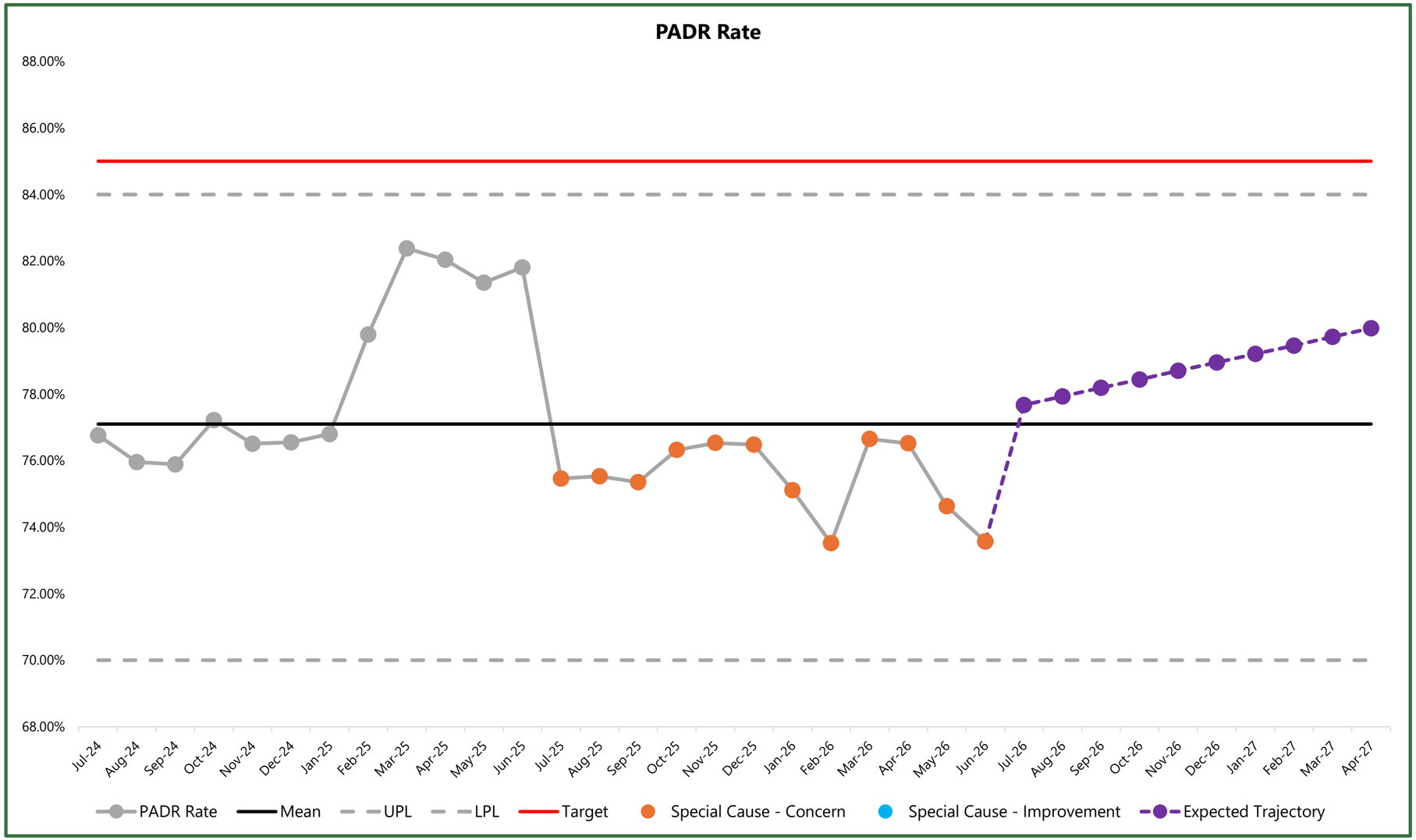
The purple line indicates expected trajectory over the remainder of the year, with sickness expected to follow normal seasonal patterns during the summer months but then decrease from September 2026 as changes to rosters, and potential changes to rest break policy and approaches to reducing overruns take effect.

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

Our People
PADR

Strategic Objective 2

PADR
R



Analysis

PADR rates were at 73.57% in June 2026 and remain below the 85% target.

PADR rates have shown as a special cause concern since July 2025, with 10 consecutive months falling below the mean. The target will not be achieved without specific improvement action.

Remedial Plans and Actions

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

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

Expected Improvement

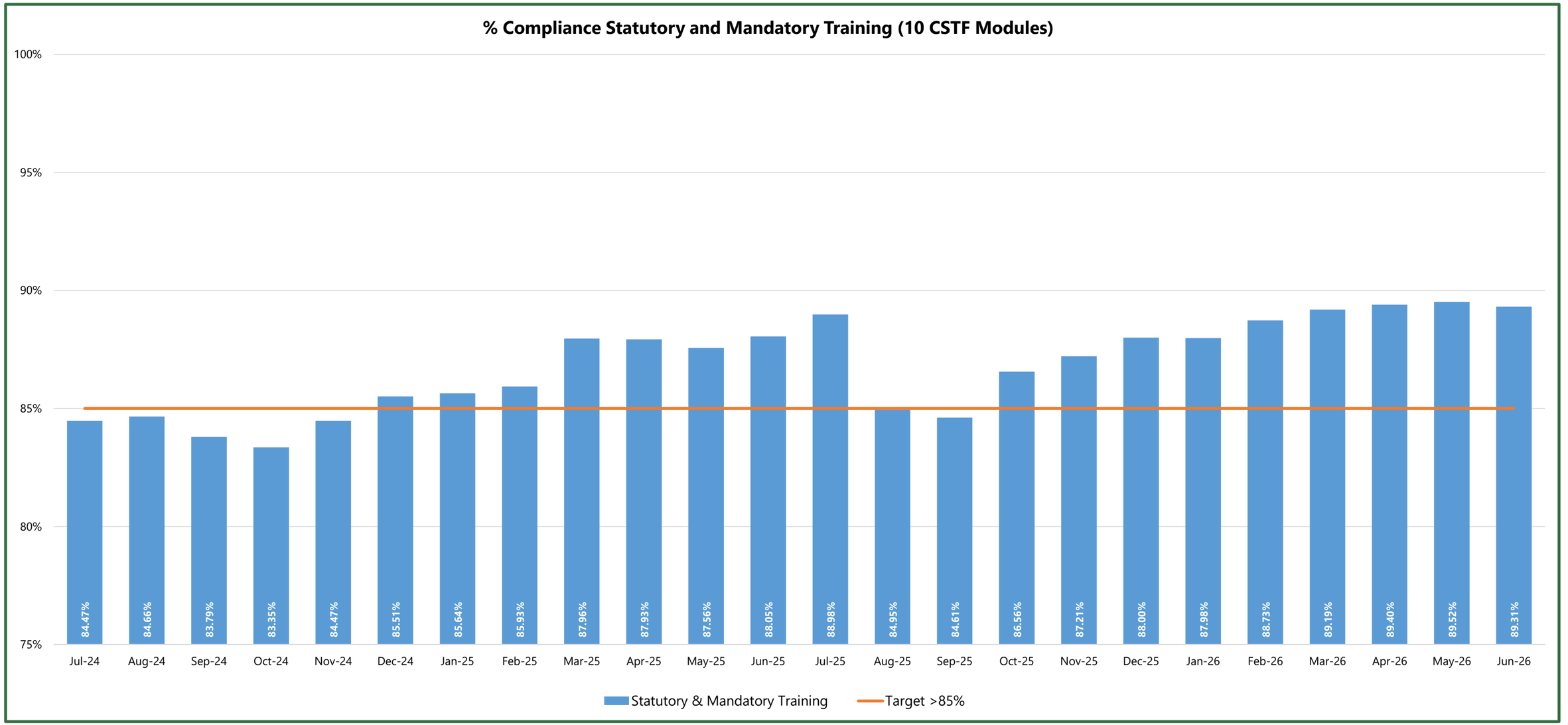
The purple line denotes the expected trajectory during the rest of the year, with rates anticipated to improve as awareness increases and momentum is maintained throughout the year with continued communication.

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

Our People
Training Rates Indicators

Strategic Objective 2

Stat & Mand
G

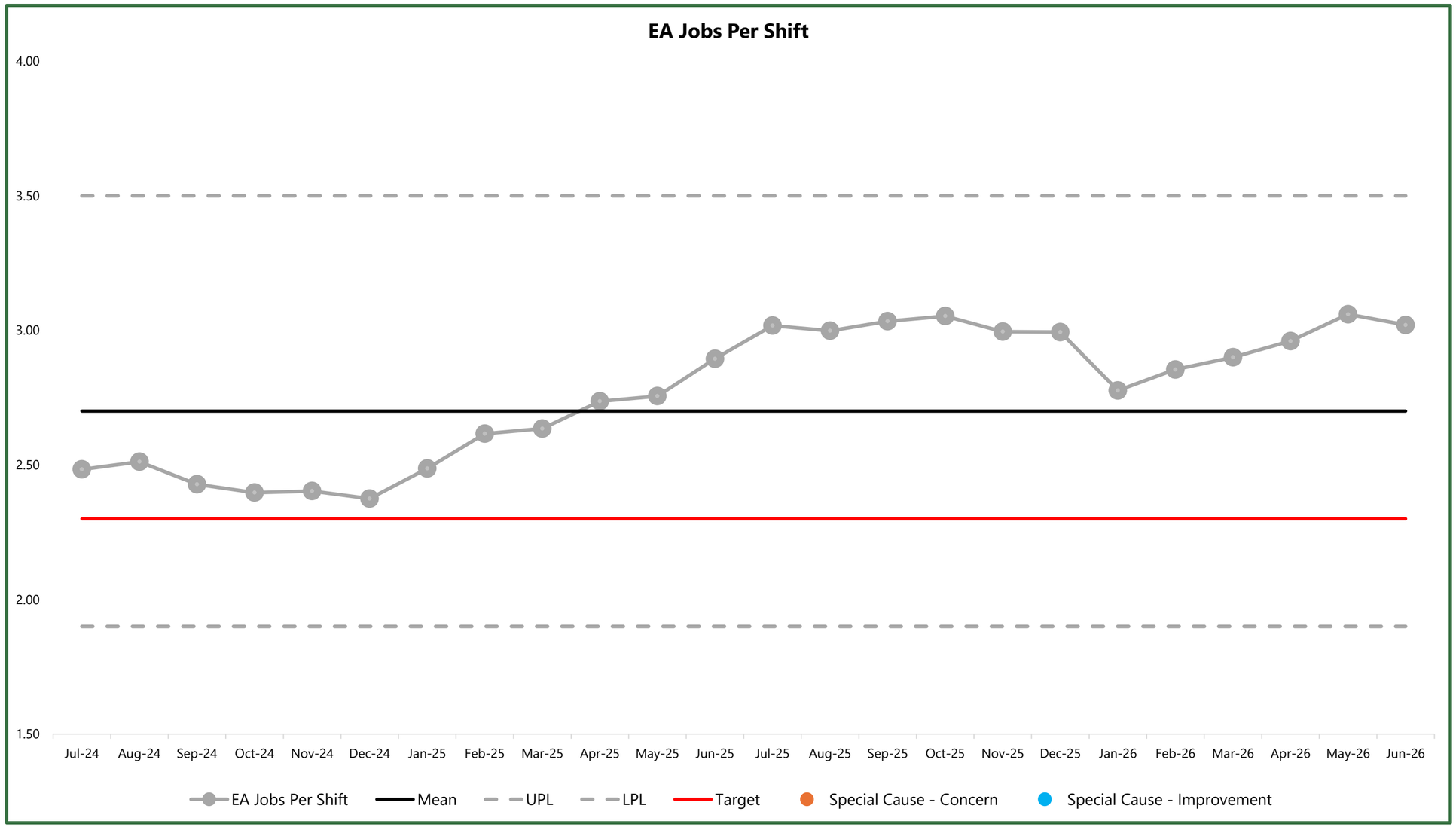


Finance, Resources and Value

EA Average Jobs Per Shift

Strategic Objective 6

EA Jobs Per Shift
G



Analysis

Overall, EAs averaged 3.02 jobs per shift during June 2026. The modelled ambition for this metric has been set at 2.3 jobs per shift or above.

The SPC chart shows a statistically significant change in performance December 2024 onwards, with a marked increase in EA jobs per shift since that time. This is a welcomed improvement.

Remedial Plans and Actions

This metric is red as it is above the "optimal" modelled jobs per shift of 2.3. Further consideration needs to be given to this metric as performance is actually better than target here. See below.

Expected Performance

The ambition for this metric is based on the 2023 Demand & Capacity Review modelling, which produced a rate of 2.3 jobs per shift or above, based on reduced handover lost hours of 7,000.

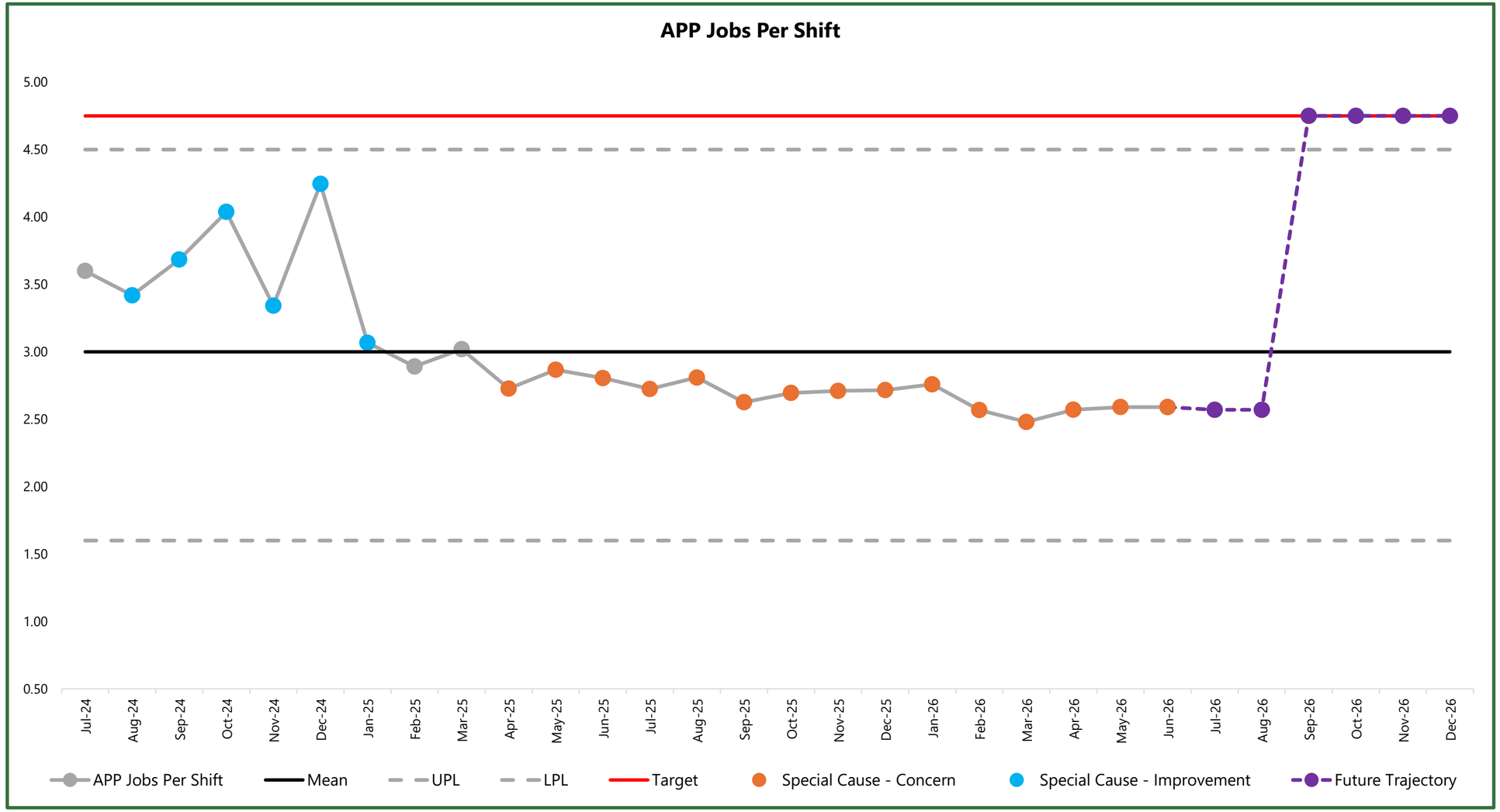
The Trust has already exceeded this ambition and if health boards can deliver further reductions on handover lost hours and the Trust works on improved job cycle productivity on the aspects it controls, further improvement should be possible. For this metric, further consideration needs to be given to the ambition, potentially linked to modelling.

Finance, Resources and Value

APP Average Jobs Per Shift

Strategic Objective 6

APP Jobs Per Shift
R



Analysis

APPs attended an average of 2.57 jobs per shift during June 2026. The SPC chart shows a special-cause deterioration from early 2025, with a sustained run of points below the historical mean (~3.0) and a new, lower level of performance which is well below the target (4.75) — indicating the current system will not meet the target without process improvement work.

Remedial Plans and Actions

There are two key actions underway for APPs

a) scheduling (that is responding to the code set they are designed to focus on), and

b) the APP re-roster, which is due to take place in in Q1 + Q2 this year.

Expected Performance Improvement

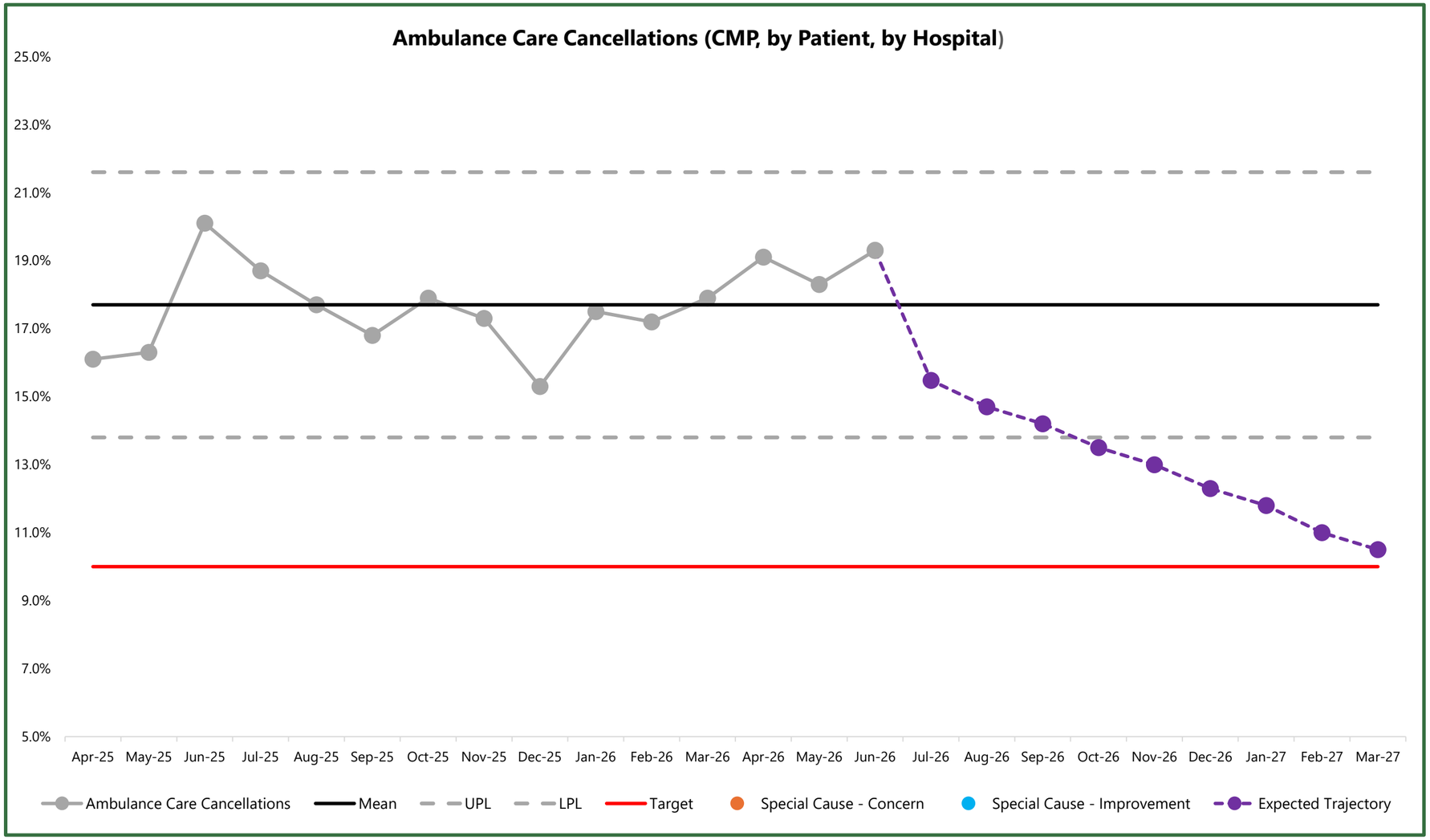
As the purple future trajectory line indicates, due to the use of advanced simulation software to develop recommended roster keys for APP response resources, taking place over the first 6-months of the year, the Trust is expecting to see an improved step change in both the utilisation of APPs and the number of jobs per shift they attend after August 2026.

Finance, Resources and Value

Ambulance Care Indicators

Strategic Objective 6

NEPTS Activity Cancelled
R



Analysis

The chart shows that Ambulance Care cancellations, although above target, have been within normal process limits over the past 12 months.

The expected trajectory (purple line) indicates a predicted sustained improvement in cancellation performance over the next 12 months.

Remedial Plans and Actions

As the Ambulance Care service works to fully define the benefits of the actions set out in the NEPTS Improvement Programme, the trajectory provided should be considered a developing ambition for now.

Capacity Management Plan improvements will be driven by increased available capacity due to re-rostering and improvements in efficiency and reductions in demand through adjustments to journey booking and planning processes.

Booking cancelled by others (patients and hospitals) are not fully in the direct control of WAST and will require a change in patient behaviour and Health Board process. Digital improvements such as system integration and additional messaging will also be key.

Expected Performance Improvement

The chart illustrates the expected performance improvement, but the ambition of moving from 19% to less than 10%, needs to be reconsidered, in the light of a revised metric for this indicator.

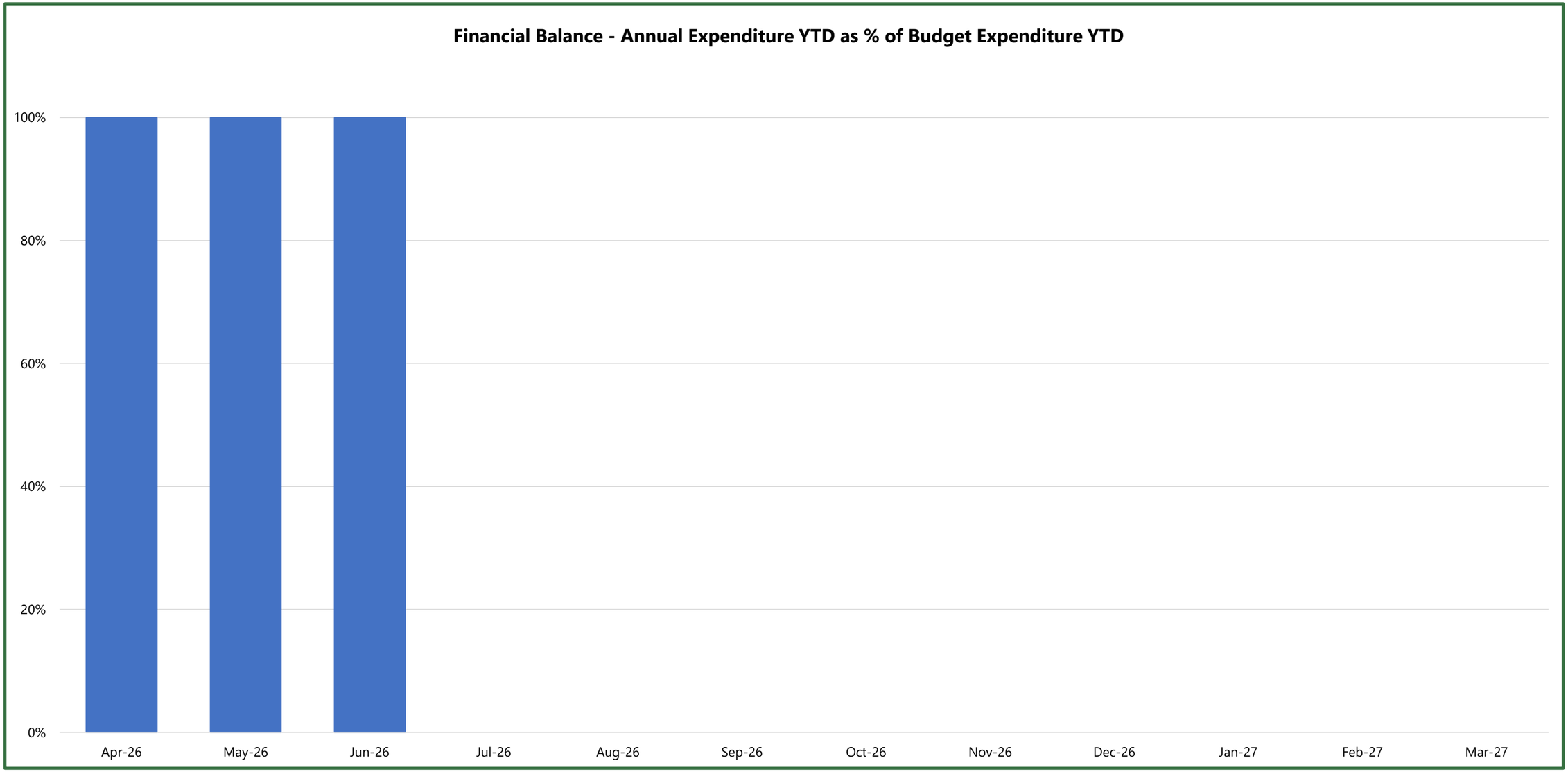
Finance, Resources and Value

Financial Balance

Strategic Objective 6

Balance

G

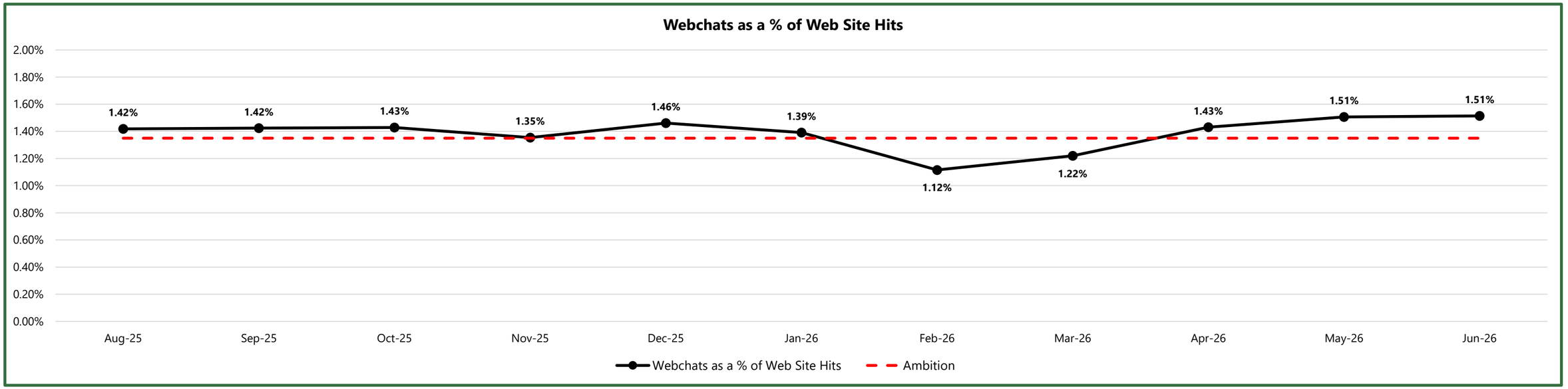


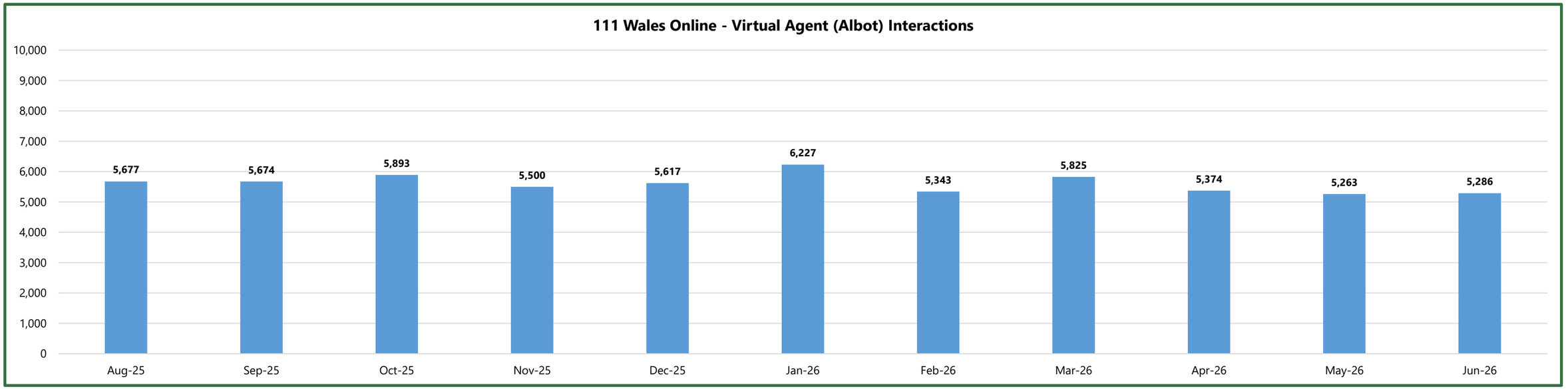
Partnerships / System Contribution

Albot and Web Chats

Strategic Objective 3

Web Chats	Albot
G	MOA



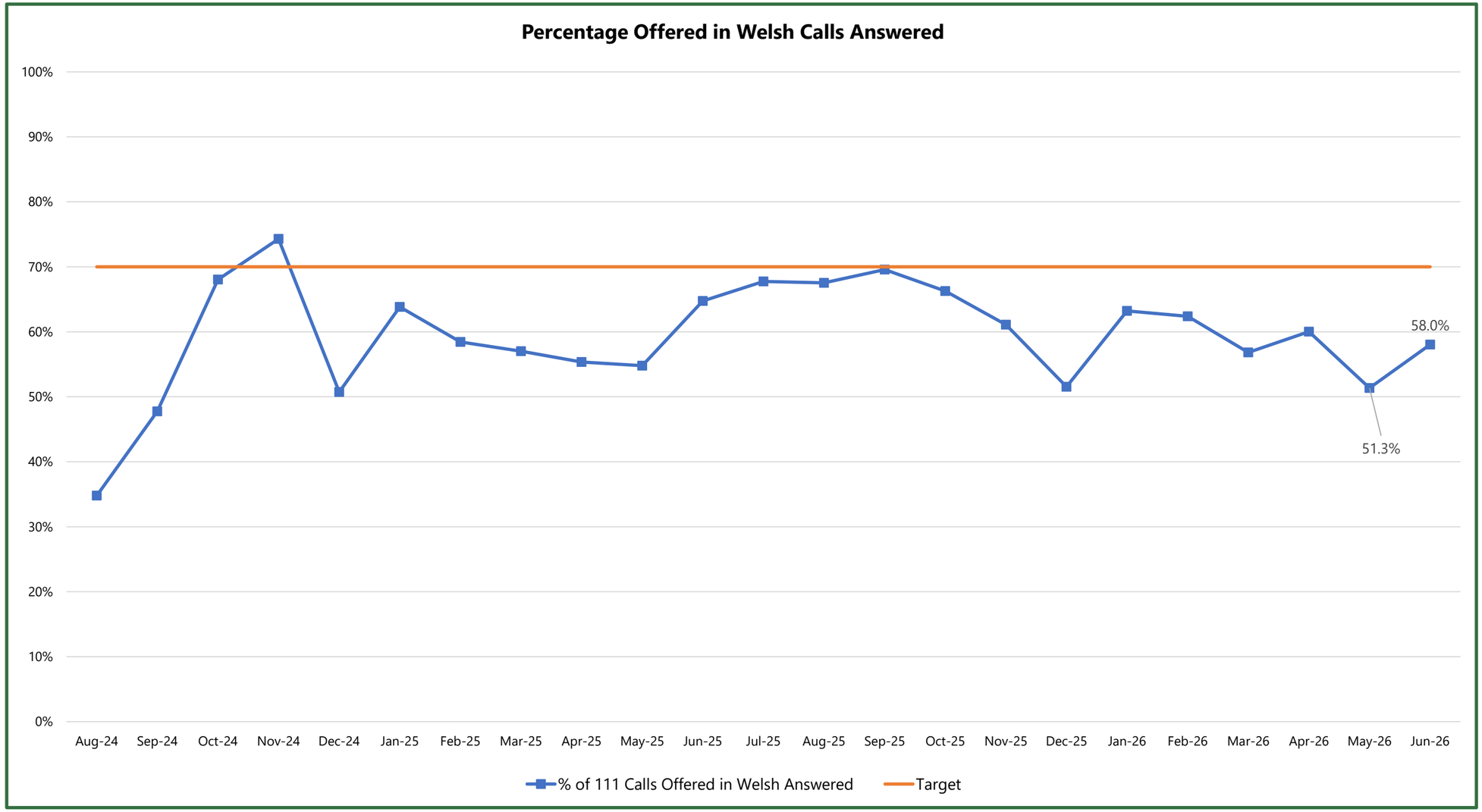


Partnerships / System Contribution

NHS111 Outcomes and Welsh Calls

Strategic Objective 1

R



Analysis

In June 2026, the total number of Welsh calls offered was 1,470 calls, 853 of these were answered, equating to 58%. This remains below the 70% ambition and has remained below target since November 2024.

Remedial Plans and Actions

See the plans and actions for calls abandoned and 60 seconds in previous slides.

Expected Performance Trajectory

The independent modelling indicates that the Trust should expect to see a performance range of 10%-15% based on the current commissioned establishment. Modelling is not currently available to demonstrate the expected answer rate in Welsh, and further exploration with our modelling partners is underway to determine whether this target is achievable. Board will be appraised of this further information once available.

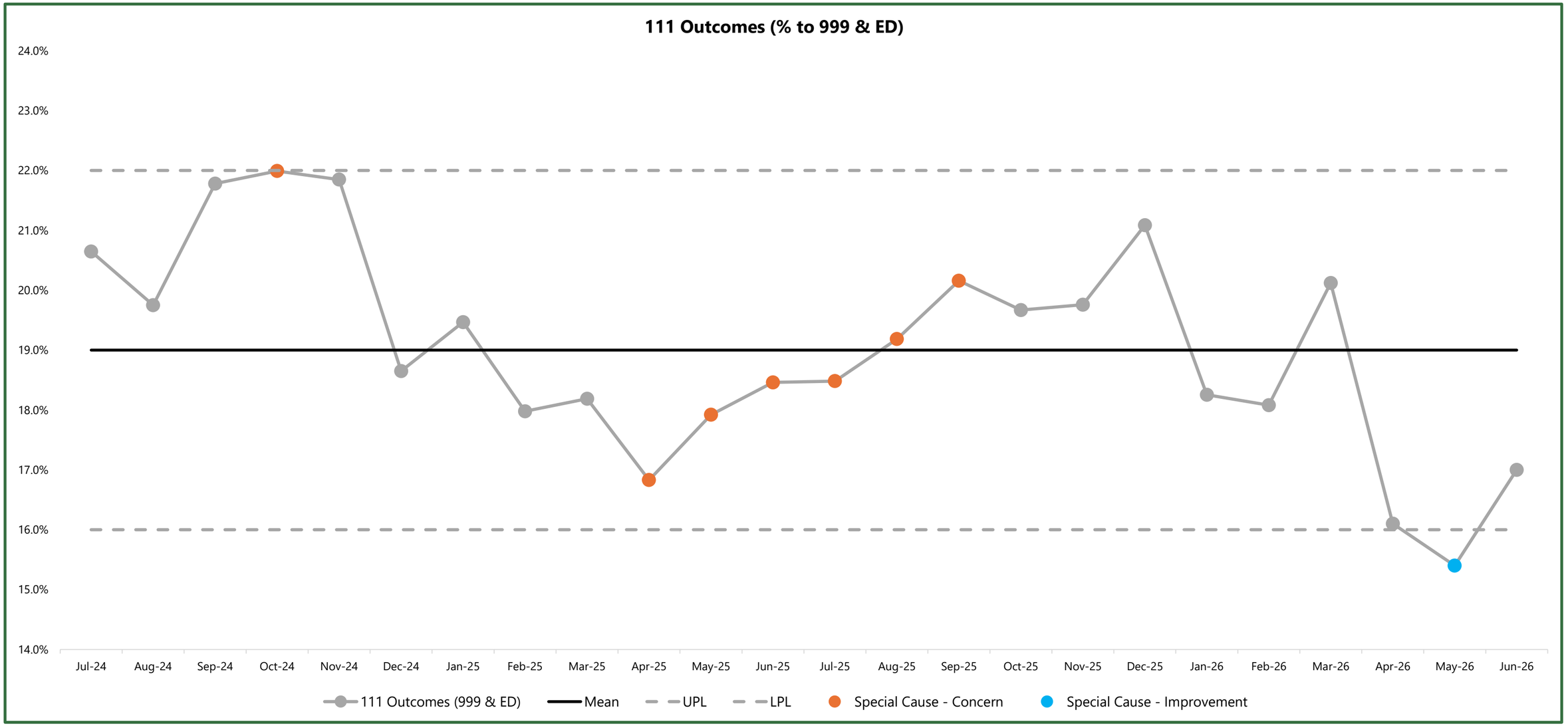
Partnerships / System Contribution

NHS111 Outcomes and Welsh Calls

Strategic Objective 4

111 Outcomes

MOA

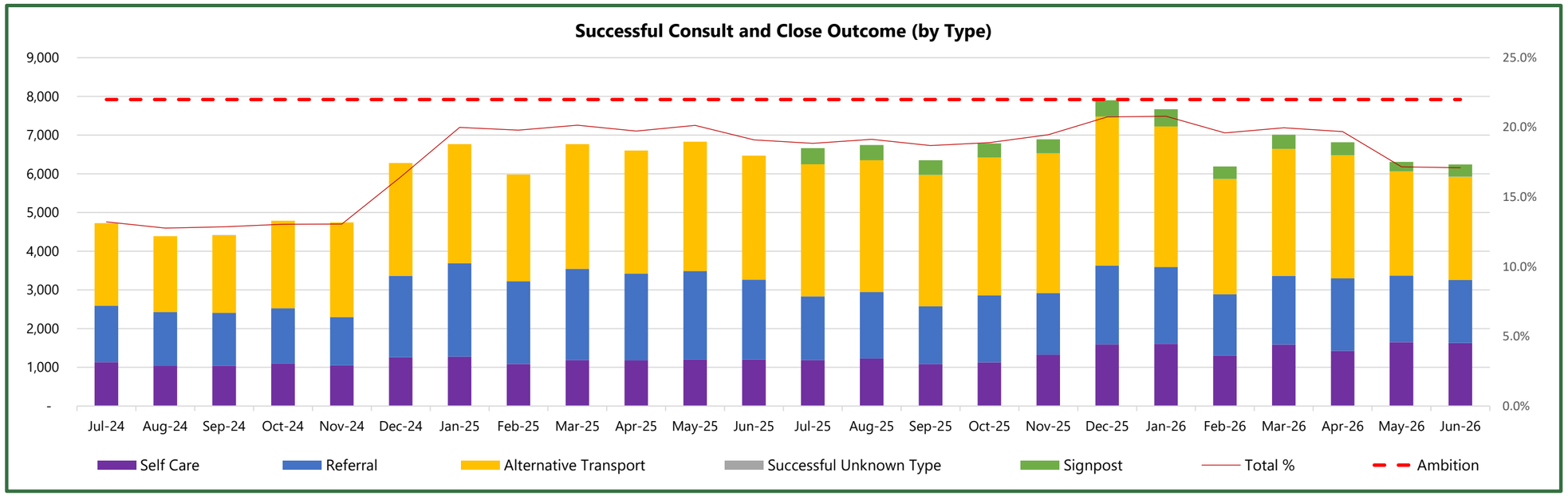


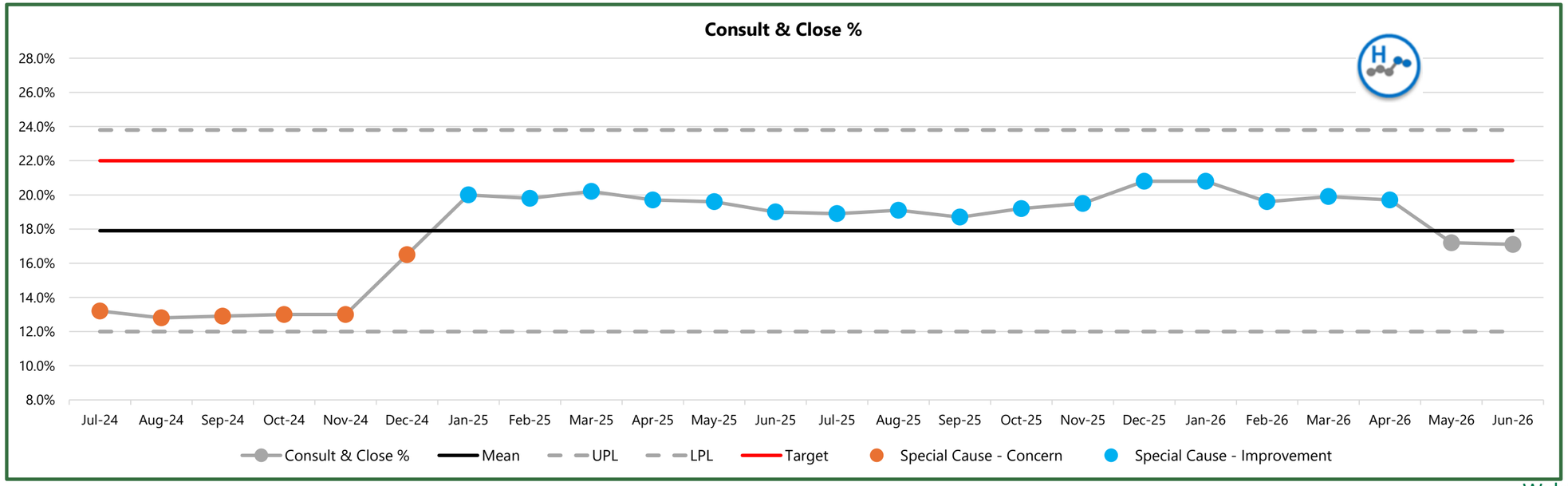
Partnerships / System Contribution

Consult & Close Indicators

Strategic Objective 4

C&C Outcomes: R





Analysis

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

The SPC chart highlights a system improvement over the last year, with 16 consecutive data points exceeding the mean, indicating a sustained pattern of improvement in this metric, although performance has dropped below the mean the past two months, falling to 17.1% in June 2026.

Remedial Plans and Actions

Work that is underway reviewing processes, has yielded efficiencies in remote clinical support, in particular, digital transformation and increased staffing, linked to IMTP reinvestment decisions on the CMT Programme.

Expected Performance Trajectory

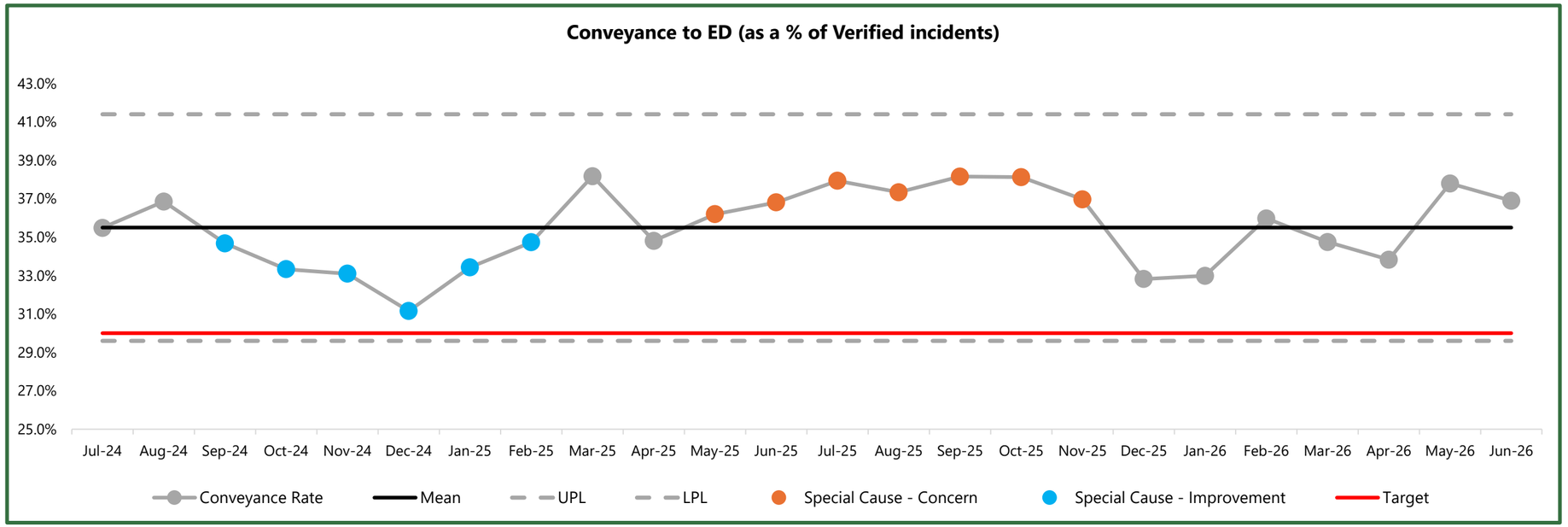
Further improvement is expected linked to CSD staff attendance (reduced abstractions and less vacancies) and the CMT model. The ambition remains at 22%.

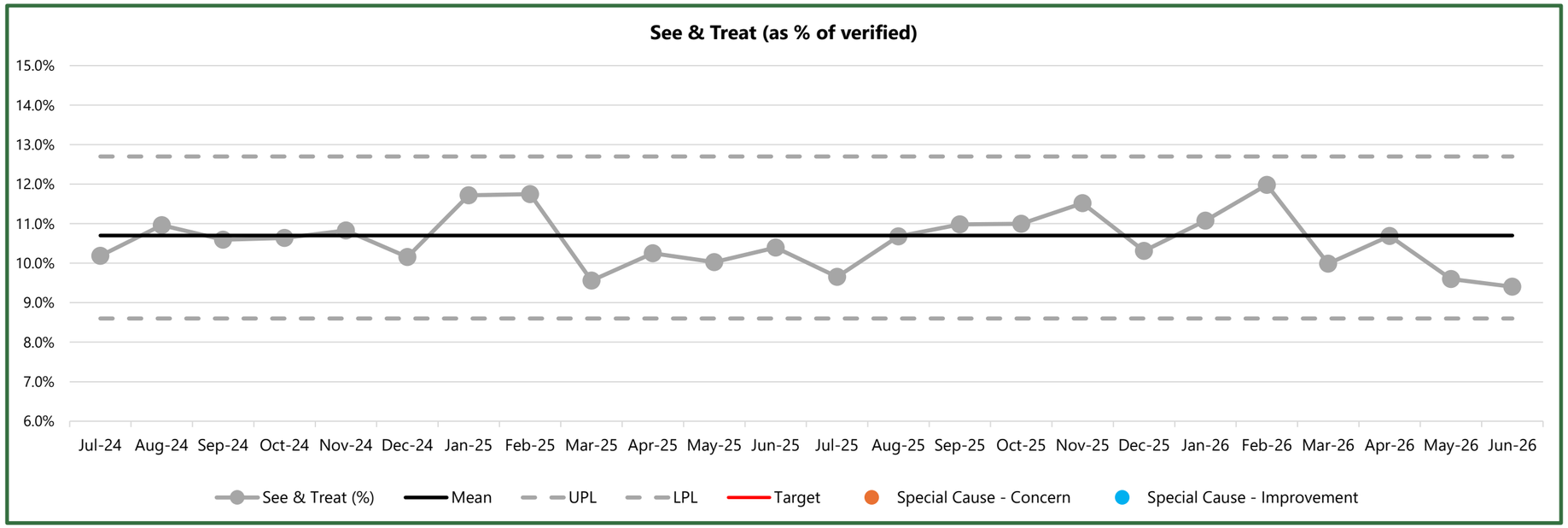
Partnerships / System Contribution

Conveyance to ED/See & Treat Indicators

Strategic Objective 4

Conveyed to ED	% See & Treat
R	R





Analysis

The SPC shows a period of special-cause deterioration in mid-2025, with a sustained run of points above the mean indicating higher conveyance rates. However, this was not sustained, and performance returned to common cause variation around the 2-year mean.

These conveyance rates remain above the 30% target, meaning the system will not deliver the target without process improvements. It is likely that the deteriorating conveyance rates were due to a reduction in the number of lost hours to handover, thereby freeing up more resources to respond to Amber 1 incidents.

The number of incidents treated at scene and referred to alternative pathways have both remained stable over the past year.

Remedial Plans and Actions

Transformation actions include continuing to work towards the 22% consult & close benchmark, improving see & treat rates through APP re-rostering & scheduling and health board support through SPOAs and alternative pathways.

Expected Performance Improvement

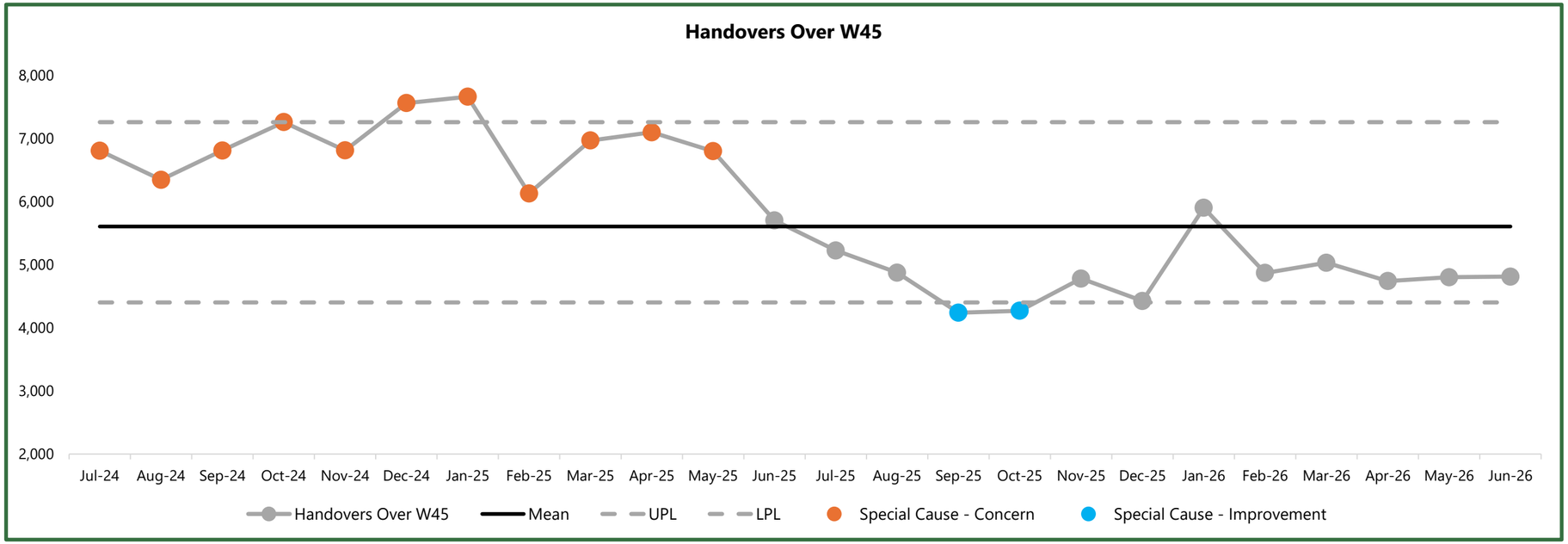
The 2023 Demand & Capacity Review, modelled a position of 30%, if all transformation changes are successfully implemented and W45 delivered.

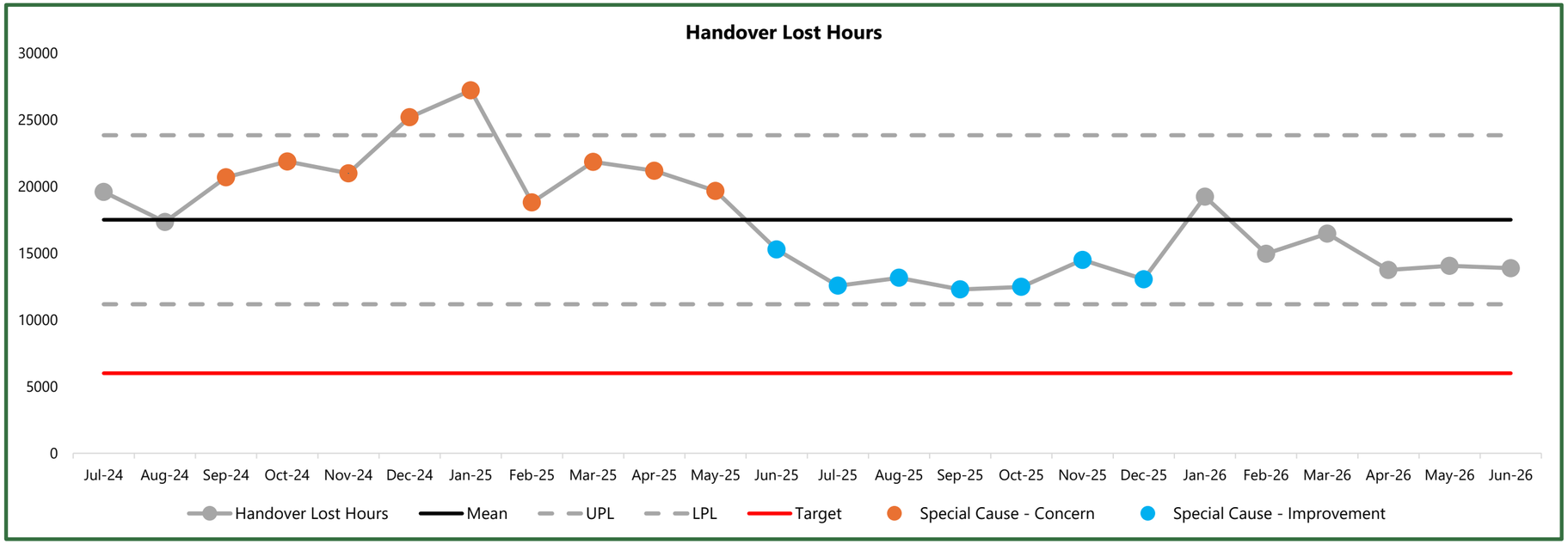
Partnerships / System Contribution

Handover Indicators

Strategic Objective 4

W45	Lost Hours
R	R





Analysis

170,375 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months (Jul-25 to Jun-26), compared to 249,721 hours over the same timeframe the previous year. There were 13,874 hours lost in June 2026.

In relation to the W45 target, the chart shows there was a sustained improvement in performance between April 2025 and December 2025, with variation remaining below the mean for seven consecutive months. However, although the number of handovers over 45 minutes has seen a slight increase in recent months it remains significantly lower than during the past few years.

The lower SPC chart shows there has also been a sustained improvement in handover since May 2025, with all bar one data point below the mean since this time. However, as the chart indicates, this is a metric that has still failed to achieve its target over the past two years.

In June 2026, the Trust could have responded to approximately 4,357 more patients if handovers were reduced to the target level.

Remedial Plans and Actions

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

Expected Performance Trajectory

The expected ambition from Welsh Government is no waits over 45 minutes. Improvement plans have been developed for AB, BCU and SB, along with trajectories. The Trust has been supplied with these, and these will now be monitored going forward.

Term	Definition	Term	Definition	Term	Definition	Term	Definition
AB / ABHB	Aneurin Bevan / Aneurin Bevan Health Board	D&T	Discharge & Transfer	KPI	Key Performance Indicator	ROSC	Return Of Spontaneous Circulation
APP	Advanced Paramedic Practitioner	EA	Emergency Ambulance	LtP	Listening to People (previously PTR)	SB / SBUHB	Swansea Bay / Swansea Bay Health Board
BAU	Business As Usual	ED	Emergency Department	LTS	Long Term Strategy	SCIF	Serious Concerns Incident Forum
BCU / BCUHB	Betsi Cadwaladr / Betsi Cadwaladr university Health Board	ELT	Executive Leadership Team	NEPTS	Non-Emergency Patient Transport Services	SDEC	Same Day Emergency Care
C&V / C&VHB	Cardiff & Vale / Cardiff & Vale Health Board	EMS	Emergency Medical Services	NHS	National Health Service	SLT	Senior Leadership Team
CAD	Computer Aided Dispatch	EMTs	Emergency Medical Technicians	NOF	Neck Of Femur	SPC	Statistical Process Control Chart
CHARU	Cymru High Acuity Response Unit	ePCR	Electronic Patient Care Record	NRI	Nationally Reportable Incident	SPOA	Single Point of Access
CI	Clinical Indicator	FTE	Full Time Equivalent	OH	Occupational Health	STEMI	ST segment Evaluation Myocardial Infarction
CIAG	Clinical Intelligence & Assurance Group	HB	Health Board	P / PHB	Powys / Powys Health Board	T&F	Task and Finish
CMP	Capacity Management Plan	HCP	Health Care Professional	PDAR	Personal Appraisal Development Review	UHP	Unit Hours Production
CMT	Clinical Model Transformation	HD / HDHB	Hywel Dda / Hywel Dda Health Board	PECI	Patient Engagement & community Involvement	WAST	Welsh Ambulance Services University NHS Trust
CSD	Clinical Service Desk	IMTP	Integrated Medium-Term Plan	PTR	Putting Things Right	WG	Welsh Government
CSP	Clinical Safety Plan	JCC	Joint Commissioning Committee	RCS	Rapid Clinical Screening	YTD	Year To Date
CTM / CTMHB	Cwm Taf Morgannwg Health Board	JIF	Joint Investigation Framework	RICS	Remote Integrated Care Service		

AUDIT, RISK AND ASSURANCE COMMITTEE
HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report. The papers for these meetings can be found by following this link to the Committee page on the Trust website.

Trust Board Meeting Date	30 July 2026
Committee Meeting Date	23 June 2026
Chair	Peter Curran

KEY ESCALATION AND DISCUSSION POINTS

ALERT (Alert the Board to areas of attention)

2025/26 annual report and audited accounts

1. The Committee reviewed and endorsed the 2025/26 Annual Report and Audited Financial Accounts. Audit Wales presented the ISA 260 report, confirming a very positive audit outcome, including an unqualified audit opinion and no uncorrected misstatements. Any identified issues were minor disclosure amendments only and had no impact on the reported position. Audit Wales confirmed the high quality of the financial statements and commended the team for their engagement. Members also noted the strong and constructive working relationship between Audit Wales and the finance team, contributing to a smooth and effective audit process.

2. The Annual Report had been reviewed by the board in draft form prior to the meeting and had also been reviewed by Audit Wales and Welsh Government, with only minor amendments required for consistency.

3. The Committee commended the teams for the significant work involved in the preparation and review of the 2025/26 Annual Report and Accounts.

4. The Committee recommended the Annual Report and Audited Financial Accounts to the board for approval. These were approved at an extraordinary Trust Board meeting on 25 June 2026, with the committee Chair providing a verbal update of ARAC's endorsement.

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

5. A **pre-meeting** was held with Audit Wales, Internal Audit and the committee Chair ahead of the meeting.

6. The committee noted a very positive committee meeting overall, **reflecting** strong assurance across internal control, financial management and governance arrangements. Members highlighted the high standard of work evident throughout, while emphasising the importance of maintaining momentum

and avoiding complacency as the organisation continues to evolve. The meeting provided an opportunity to formally recognise key contributions:

- The committee recorded its sincere thanks to Jill Gill, Head of Financial Accounting, for her significant contribution over many years, particularly her leadership and expertise in relation to the annual accounts. Members wished Jill every success and happiness in her retirement.

- The committee also noted that this was the final meeting for Carl Kneeshaw, Director of People, recording its appreciation for his valued contributions and service, and wishing him well in his future role.

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

7. The Committee received an **update from Audit Wales** on current and planned work, noting that the digital systems deep dive and the non-emergency patient transport review are expected to report in September. Future work includes estates management, the structured assessment and a review of the 111 service, due later in the year. Members noted the forward timetable and welcomed the opportunity to consider more detailed briefings in advance of forthcoming reports where appropriate. The update also drew attention to recent Audit Wales national publications on urgent and emergency care and planned care, which provide useful context on system pressures.

8. **The Head of Internal Audit Opinion and Annual Report 2025/26** was received by the committee and will be presented at the extraordinary meeting of the board on 25 June 2026. The overall opinion is one of reasonable assurance, meaning that the board can take reasonable assurance that governance, risk management, and internal control arrangements are suitably designed, operating and applied effectively.

   The audit plan for 2025/26 is largely complete, with two audits unable to make the deadline for this meeting. These will be circulated promptly for virtual approval to enable timely closure of the plan. The committee commended the excellent programme of audit reports and the fact that there were no limited or unsatisfactory assurance findings in year with two substantial assurance audits received. Members welcomed the positive performance indicators demonstrating timeliness of delivery and management response times.

9. The following internal audit reviews were received and discussed:

   (a) **Follow up review – reasonable assurance**. The committee noted strong overall progress in the implementation of audit recommendations, supported by effective governance and tracking arrangements. Performance compares favourably with the All Wales position, with a high proportion of recommendations closed. Members welcomed the revised approach to follow-up, which has enabled earlier oversight and course correction through the year, and improvements in the clarity and quality of supporting evidence. The introduction of enhanced digital tracking arrangements was also noted as a positive development, supporting greater transparency and efficiency.

   (b) **Clinical Prioritisation and Assessment Software (CPAS) Group: governance and change management – reasonable assurance**. The committee noted that governance structures are

well established and operating effectively, with strong controls in place prior to implementation of system changes. However, a key area for improvement was identified around post-implementation monitoring, with reliance on informal feedback rather than a more structured approach to assure that changes are embedded and delivering as intended. Members recognised the context of significantly increased system changes, driven by the Clinical Model Transformation programme and ongoing service demands, which heightens the importance of strengthening oversight arrangements. The Quality, Patient Experience and Safety Committee will review this audit at their next meeting.

(c) **Vehicle replacement programme – reasonable assurance**. The committee recognised the vehicle replacement programme as a well-established and mature area with strong governance, clear strategy and effective financial oversight. Members noted that delivery against the plan was largely on track, with almost all planned vehicles procured and the programme operating within agreed budgets and timescales. The discussion emphasised the scale and complexity of the programme, with a significant increase in activity and investment in recent years. This context was seen as important, with management highlighting that, given the maturity of the arrangements, a positive assurance outcome would have been expected.

A small number of medium-priority findings were identified, primarily relating to documentation and aspects of performance reporting. These were accepted by management and considered straightforward to address. The Finance and Performance Committee will review this audit at their July meeting.

(d) **Data management practices/devolved data – reasonable assurance**. The committee noted a limited assurance finding for one objective, reflecting weaknesses in consistency and oversight of data practices across the organisation. Discussion focused on two key themes highlighted by management. Firstly, the current decentralised analytics model has been outgrown, with strong local capability in place but increasing need to move towards a more co-ordinated enterprise data model. Secondly, the importance of establishing a single source of truth, with consistent data standards, definitions and reporting to reduce variation in interpretation and improve confidence in outputs.

The committee noted plans to address these issues, including the development of data standards, a data dictionary, and training, alongside the establishment of a community of practice to bring together analysts across the organisation. This will act as a precursor to a more formalised enterprise approach. Members sought assurance on cyber security risks and were reassured that all data products sit within the Trust's controlled Microsoft 365 environment, with no exposure from unauthorised tools. The risks identified relate to data consistency and interpretation, rather than cyber vulnerabilities. The Finance and Performance Committee will review this audit at their July meeting.

(e) **Fire safety – reasonable assurance**. The committee received a reasonable assurance report, noting significant improvements from previous audits and strengthened governance, training and compliance arrangements. Discussion highlighted the scale and complexity of the estate, with circa 117 sites across the organisation. Members recognised that this breadth inherently increases risk, but also requires a proportionate approach, given the varied nature of sites, ranging from

larger operational bases to smaller, often unoccupied stations.

It was noted that risk is mitigated in part by the limited public and patient presence on most sites, although the importance of maintaining robust controls was emphasised. The key area for further improvement relates to local operational compliance, ensuring that policies and procedures are consistently implemented across all locations. The Finance and Performance Committee will review this audit at their July meeting.

(f) **High risk records – reasonable assurance**. The committee received a reasonable assurance report, noting a number of control weaknesses, including reliance on manual processes, inconsistent documentation and gaps in governance and oversight, particularly around timely review of records. Management acknowledged the findings and outlined a clear improvement plan, centered on three key actions: updating the policy, strengthening governance and reporting arrangements, and introducing a new digital app.

The Committee discussed the app as a significant development, designed to replace paper-based processes, improve data quality and ensure completeness by requiring mandatory fields and audit trails. It will also support better monitoring, reporting and compliance with policy requirements. Members were reassured that the app has been tested and is expected to substantially strengthen controls and efficiency. The importance of ensuring appropriate digital and information governance oversight was highlighted, including alignment with wider data and system architecture to avoid unintended risks. The Finance and Performance Committee will review this audit at their July meeting.

10. The **losses and special payments report** received describing the 2025/26 outturn and early 2026/27 position with no issues raised.

11. The **integrated governance framework** was presented, setting out how accountability, governance structures, and assurance processes align with the Board Assurance Framework to provide a coherent assurance system. Members noted that, for the first time, the framework codifies how external accountabilities flow through the organisation and return as assurance to the board. The two-three year programme has received early validation from the Good Governance Institute review, confirming strong foundations with no requirement for major structural change. The Chair emphasised the importance of ensuring the model is robust, enduring, and able to withstand leadership changes, becoming embedded as an organisational standard. The committee's role was reinforced to maintain oversight of the effectiveness of integrated governance arrangements and the organisation's ability to derive assurance from them.

12. ARAC agreed to streamline **audit reporting**, reflecting improved organisational maturity. Oversight of actions will sit with relevant committees, with ARAC receiving risk-based, strategic reports focused on high-priority issues, delays, exceptions and limited assurance findings. Future reports will include clearer narratives, dashboards and thematic insights to highlight trends while reducing reporting burden.

13. In private session:

(a) The **Local Counter Fraud Service** 2025/26 Annual Report and work plan was approved, noting a balanced approach between proactive and reactive activity, increasing staff engagement, and

stable investigation volumes despite rising contact levels. The flexible, standards-compliant work plan focuses on emerging risks such as duplicitous working, remote working and asset management fraud, and will be monitored through aligned progress reporting. Members also discussed emerging risks, particularly around timesheet fraud and secondary employment in corporate roles, highlighting system and oversight challenges; while robust policies are in place, further audit work, improved manager awareness, and potential enhancements to electronic recording arrangements were identified to strengthen controls.

(b) The Committee noted routine **tender activity** and agreed that single tender waivers were appropriately used for sole suppliers, highlighting the need for more proactive, strategic oversight of such procurements, where appropriate.

RISKS

14. The committee noted the increase of two principal risk scores for Risk 223 to 25 (5x5) and Risk 139 to 12 (3x4).

15. Members supported the direction of travel for the 2026/27 risk programme, recognising the significant step change in strategic risk maturity with a focus on operationalising risk appetite through defined tolerances, alignment of risks to strategic objectives, and decision-relevant reporting linked to the implementation of a strategic Board Assurance Framework and supporting board dashboard.

16. Members acknowledged the complexity and scale of the work required to design and develop Electronic Risk Management and its integration with the BAF.

17. The committee noted the structured and phased delivery approach, including testing through the ELT and ARAC sub-group over the summer, a focused session at Committee in September, Board development in October, and any approvals by the Board in December 2026.

18. In private session it was noted that cyber and online symptom checker risks remain high, with robust controls in place and governance oversight through ELT. While cyber risk remains elevated due to the external threat environment, progress on a new symptom checker solution is expected to enable reassessment and potential closure.

COMMITTEE AGENDA		
2025/26 annual accounts and annual report	Head of internal audit opinion and annual report 2025/26; internal audit reviews as listed above	Audit Wales update
Risk management and board assurance framework update	Audit tracker Q4 update	Losses and special payments
Integrated governance programme update	ARAC AAA April meeting	All Wales Audit Committee Chairs update

COMMITTEE ATTENDANCE					
Name	**28 April 26**	**23 June 26[1]**	**3 September 26**	**3 December 26**	**4 March 27**
Peter Curran					
Dr Umar Ahmed					
Ceri Jackson		Hayley Hutchings			
Julie Boalch					
Judith Bryce					
Christian Fox		Hugh Parry			
Wendy Herbert					
Fflur Jones		Yvonne Thomas[2]			
Carl Kneeshaw		Liz Rogers			
Osian Lloyd					
Trish Mills					
Jonny Sammut					
Chris Turley					
Damon Turner					
Carl Window					

	Attended
	Deputy attended
	Apologies received
	No longer member

[1] Rachel Marsh, Deputy CEO attended for this meeting for items 1-7
[2] For annual report and audited accounts, ISA 260 and Audit Wales update items

FINANCE AND PERFORMANCE COMMITTEE
HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report. The papers for these meetings can be found by following this link to the Committee page on the Trust website.

Trust Board Meeting Date	30 July 2026
Committee Meeting Date	21 July 2026
Chair	Jayne Beeslee

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. No alerts arose from this meeting for the board.

ADVISE

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

2. The committee received an update through the **Operations Quarterly report** on the Trust's response to recent extreme heat events, including a period of unprecedented demand that resulted in the declaration of a critical incident. Demand significantly exceeded forecasts, particularly for life-threatening calls and falls among older people, placing considerable pressure on services. Assurance was provided that operational teams responded effectively under challenging circumstances, supported by strong organisational coordination and staff wellbeing measures. Early learning from the subsequent debrief is informing future planning, including improved demand forecasting, a better understanding of the impact of extreme heat on clinical demand, and strengthening organisational preparedness for what are expected to become more frequent climate-related events.

3. **Members reflected** positively on the committee's continued development towards a more strategic and assurance-focused role, recognising the value of Internal Audit in strengthening assurance through alignment of risks, controls and mitigations. The committee also welcomed the new IMTP reporting approach and emerging governance arrangements, noting their potential to support more streamlined, strategically focused reporting and oversight.

ASSURE

(Detail here assurance items the Committee receives)

The following items will also be presented to board at their next meeting however members may benefit

from the following points of discussion from the committee:

Financial Position and Financial Sustainability

4. Financial performance **month 2 and month 3 2026/27** was reviewed and that detail will be in the board meeting on 30 July. Of note from the committee:
   - The committee received assurance that the Trust remains on a break-even trajectory and is performing well against its savings programme. Assurance was provided that the Trust does not rely on non-recurrent savings to balance its position and has no underlying deficit. Members heard that the approach to savings delivery has evolved this year, including the application of recurrent budget reductions and a stronger focus on sustainable savings that support future financial resilience.
   - The committee also discussed the potential impact of changes to the Welsh Risk Pool position. While the financial plan had assumed the Trust would absorb these costs, Welsh Government has indicated that some elements may be funded directly, which could reduce the in-year savings requirement. Notwithstanding this, the organisation remains focused on delivering the full recurrent savings target to strengthen its position for future years.
   - Looking ahead, members noted the significant financial challenges anticipated in 2027/28, including the prospect of a flat cash settlement and the potential for further savings requirements through commissioning arrangements. It was recognised that future financial sustainability is likely to require more transformational approaches and difficult choices, with early planning already underway to prepare for an increasingly constrained financial landscape.

5. Members received assurance on the **financial sustainability programme** and welcomed the increased clarity around its governance arrangements, workstreams and reporting structure. Discussion highlighted that the programme is evolving into a structured portfolio of work encompassing targeted cost reduction, productivity, commercial development and future financial planning, with a strong focus on securing recurrent savings and longer-term financial resilience.

Integrated Medium Term Plan 2026/27 Delivery Assurance

6. The committee warmly welcomed the revised IMTP reporting approach, noting that it provides greater clarity, intelligence and strategic focus, while strengthening committee oversight and grip on delivery. The new reporting framework, aligned to strategic objectives, was recognised as a significant step forward in supporting assurance and enabling future integration with performance and risk reporting. Members also noted the strong quarter one position, with the majority of deliverables reported as on track, while recognising that organisational capacity constraints will require careful prioritisation to maintain delivery momentum.

7. Discussion focused on several deliverables reported as an Amber (Monitor) status with lower delivery confidence, particularly the concerns management improvement programme. Assurance was provided that governance arrangements are being streamlined and priorities refocused, with further scrutiny to be undertaken through QUEST.

8. In light of organisational capacity pressures and the need to maintain focus on current performance,

productivity and transformation priorities, formal engagement on the strategy refresh is now expected to commence in 2027. Assurance was provided that this will not have a material impact, as the current strategy remains in place until 2030, with preparatory stakeholder engagement continuing in the interim.

MIQPR Performance Metrics

9. The committee received the first iteration of the revised MIQPR reporting framework and welcomed the move towards a more streamlined, committee-focused approach aligned to the agreed board performance framework. Members acknowledged that the revised format provides improved visibility and grip of performance issues, while recognising that further refinement is planned, including the introduction of additional SPC charts and enhanced trajectory reporting to support more effective scrutiny and interpretation of performance trends.

10. Discussion focused on continued challenges in emergency response performance, consultant close rates, 111 call abandonment and non-emergency patient transport performance. Members noted the actions underway to address these areas, including improvements to rostering, clinical capacity and service transformation initiatives.

The following items were only presented to this committee, and assurance is provided to the board as follows:

11. A number of internal audit reports were received, the details of which are in the agenda section below. Most of these reports had been reviewed by the Audit, Risk and Assurance Committee at their June meeting and their feedback was included. Of note:

    - *Fire Safety Internal Audit*: The committee received reasonable assurance on fire safety arrangements, whilst emphasising the need to maintain focus given the inherent risks. Members also supported exploring more integrated reporting across estates and infrastructure matters to strengthen oversight and assurance.

    - *Vehicle Procurement and Replacement Programme Internal Audit*: The committee welcomed the reasonable assurance rating, noting that the audit provided confidence in the effectiveness of arrangements for planning, funding and delivering the programme despite increased investment. Members noted the limited improvement actions identified and welcomed the positive findings regarding the integration of decarbonisation and wider strategic priorities.

    - *Digital Business Continuity Internal Audit***:** The committee received reasonable assurance that the Trust has effective arrangements in place to respond to major digital disruption. Members noted opportunities to further strengthen resilience through enhanced oversight, testing and organisational learning, and took assurance from the actions already underway to address the audit recommendations and improve continuity management.

    - *Data Management for Devolved Data Activity Internal Audit:* The committee received reasonable assurance on arrangements for managing devolved data activity. Members noted the importance of strengthening data governance as analytical capability continues to grow across the Trust and took assurance from progress to establish a data and analytics community of practice to improve

consistency, oversight and reporting standards.

- *Emerging Technology Governance:* The committee took assurance from progress to strengthen AI and automation governance arrangements, including the establishment of enhanced oversight, approval processes and supporting policies. Members noted that the audit recommendations on this reasonable assurance report were focused on formalising governance arrangements as adoption of emerging technologies (such as AI) increases, rather than addressing any significant weaknesses in current controls.

- *High Risk Records Management:* Members welcomed this reasonable assurance report and progress to modernise the process through a new digital application, which is expected to improve resilience, oversight and the timely management of high-risk records. The committee noted that the audit findings primarily reflected capacity and compliance challenges rather than weaknesses in the underlying policy framework.

12. The **Digital Report** highlighted progress in strengthening digital governance arrangements through the Digital Oversight Group and the development of a clinical digital safety work programme. Members were assured that digital capacity and prioritisation are being actively managed in response to significant demand pressures, particularly within data and analytics. The need to clearly articulate the impact of dependencies on national digital and data-sharing programmes where these may affect delivery of local priorities and benefits realisation was highlighted.

13. Members received assurance on the Trust's **Information Governance** arrangements, noting continued progress in addressing records management pressures, reducing DPIA backlogs and strengthening management of information governance risks. Members discussed a recent third-party data breach and were assured that appropriate investigation, mitigation and supplier assurance activities were underway, with broader work continuing to strengthen oversight of cyber, data protection and supplier-related risks across the Trust.

14. In **private session** members endorsed the business case and contract award for the Rhyl Ambulance Station, details of which were taken in private session due to commercial sensitivity. Members also received an update on progress on the Manchester Arena Inquiry recommendations and agreed that future updates will be taken in public session.

RISKS

The Risk and Board Assurance Framework report was noted. Members were assured that all risks had undergone quarterly review, with no changes in scores. The activity undertaken during this period is due to be considered by the Executive Leadership Team on 12 August 2026.

Ongoing work to refine the corporate risk profile was noted, including a foreshadowed reduction to the score for Risk 690 (SAR and Disclosure of Records Compliance) and the reframing of Risk 100 (Commissioning) into two separate risks.

Risk 542 Decarbonisation

Members noted that, whilst further work to reframe the risk remains outstanding, assurance continues to

be received through capital planning, infrastructure programmes and related internal audit activity, where decarbonisation considerations are routinely embedded in decision-making and programme delivery. On this basis, members agreed that consideration of the proposed reframing of the risk could be deferred until later in the financial year without compromising oversight or assurance.

COMMITTEE AGENDA FOR MEETING		
Operations Q1 2026/27 report	Financial position M2 and M3 2026/27	Financial sustainability
IMTP progress report	MIQPR May/June 2026	Fire safety internal audit report
Vehicle (ambulance) replacement programme internal audit	Digital business continuity internal audit	Data management practices/devolved data internal audit
Emerging technology adoption internal audit	Digital reporting July 2026	Information governance report
High risk records policy internal audit	Risk management report	

COMMITTEE ATTENDANCE						
Name	**19 May 2026**	**21 Jul 2026**	**15 Sep 2026**	**17 Nov 2026**	**19 Jan 2027**	**16 Mar 2027**
Jayne Beeslee (Chair)						
Bethan Evans						
Peter Curran		Until item 8[1]				
Chris Turley		[2]				
Rachel Marsh		James Houston				
Lee Brooks		Mark Harris				
Liam Williams						
Director of People		Liz Rogers				
Jonny Sammut		Leanne Smith				
Trish Mills	Julie Boalch					
Hugh Parry	Until 12:40					
Damon Turner						
Matt Dugdale						
Penny Durrant						

	Attended
	Deputy attended
	Apologies received
	No longer member

[1] Colin Dennis and Emma Wood were in attendance for this meeting also
[2] Jason Collins was also present

Agenda Item No. 14

REPORT TITLE

Governance Report – July 2026

MEETING

Name of meeting	Trust Board
Date of meeting	30 July 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Trish Mills, Director of Corporate Governance/Board Secretary
Author(s) of report	AnnaMaria Williams, Corporate Governance Officer

PURPOSE OF REPORT

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

REPORT SUMMARY:

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

1. This report sets out where applicable the Chair's Actions taken since the last board meeting, use of the Trust Seal, decisions made in private session and any other governance matters.

Chair's Action

2. There have been no decisions made by Chair's Action since the last meeting of the Trust Board requiring ratification.

Trust Seal approval requests

3. The Trust Board is asked to approve the application of the Trust Seal *only* on the documents relating to the following transaction request:

3.1 Application of the Trust Seal on the Lease Renewal in relation to Unit 14 Vale Park, Colomendy Industrial Estate, Denbigh, LL16 5TA. The parties to the document are David Douglas Jones and Welsh Ambulance Services University National Health Service Trust.

Decisions in Private Session

4. The decisions made at the private Trust Board meeting on **28 May 2026** were:

4.1 The approval of the 2026/27 Initial Discretionary Capital Programme, noting that schemes will be subject to separate business cases in year, which may require further board approval of spend and contracts, depending on their value.

4.2 The approval of the establishment of a licensing agreement for the Call Prioritisation Service Streaming System and Online Symptom Checkers.

4.3 The approval of the NEPTS contract across South Wales to be awarded to a new provider, Ambulnz Community Partners Ltd, following the withdrawal of the previous provider.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Board is requested to:

1. Approve the application of the Trust Seal for the transaction detailed above.

ADDITIONAL PAPER(S)

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

n/a

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

RISK(S) THIS REPORT MITIGATES

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

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

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

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
n/a	

ACRONYMS BUSTER

ABBREVIATION	TERM
AAA	Alert, Assure, Advise Report
ACA1/2	Ambulance Care Assistant
ADLT	Assistant Directors' Leadership Team
AfC	Agenda for Change
AGM	Annual General Meeting
AMR	Antimicrobial Resistance
APC	Academic Partnership Committee
APPs	Advanced Paramedic Practitioners
AQIs	Ambulance Quality Indicators
ARAC	Audit, Risk and Assurance Committee
ARWAP	Anti Racist Wales Action Plan
BAF	Board Assurance Framework
BI	Business Intelligence
CVUHB	Cardiff and Vale University Health Board
CAS	Clinical Assessment System
CASC	Chief Ambulance Services Commissioner
CC	Charity Committee
CCC	Clinical Contact Centres
CFRs	Community First Responders
CHARU	Cymru High Acuity Response Unit
CIAT	Clinical Intelligence and Assurance Team
COPI	Control of Patient Information Regulations
COSHH	Control of Substances Hazardous to Health
CPD	Continual Professional Development
CPR	Child Practice Reviews
CardioPR	Cardiopulmonary Resuscitation
CRM	Clinical response Model
CRR	Corporate Risk Register
CQGG	Clinical Quality Governance Group
CSD	Clinical Support Desk
CTP	Clinical Transformation Programme
DAP	Decarbonisation Action Plan

ACRONYMS BUSTER

ABBREVIATION	TERM
DEEE	Diesel Engine Exhaust Emissions
DPIA	Data Protection Impact Assessment
EAP	Emergency Ambulance Practitioner
EASC	Emergency Ambulance Services Committee
EDs	Emergency Departments
EMS	Emergency Medical Service
EMT	Emergency Medical Technician
ELT	Executive Leadership Team
ePCR	Electronic Patient Care Record
EPRR	Emergency Preparedness Resilience and Response
ESR	Electronic Staff Record
GRS	Global Rostering System
HART	Hazardous Area Response Team
HEIW	Health Education and Improvement Wales
HIW	Health Inspectorate Wales
FPC	Finance and Performance Committee
FReM	Government Financial Reporting Manual
FTE	Full-time Equivalent
HSE	Health and Safety Executive
ICAP	Integrated Commissioning Action Plan
ICO	Information Commissioner's Office
IMTP	Integrated Medium-Term Plan
IPC	Infection Prevention Control
IRP	Incident Response Plan
JCC	Joint Commissioning Committee
JESIP	Joint Emergency Services Interoperability Principles
JIF	Joint Investigations Framework
JOL	Joint Organisational Learning
LCFS	Local Counter Fraud Service
LRF	Local Resilience Forum/Fora
MACA	Military Aid to Civil Authorities
MAI	Manchester Arena Inquiry

ACRONYMS BUSTER

ABBREVIATION	TERM
MDS	Minimum Data Set
MHRV	Mental health response vehicle
MIQPR	Monthly Integrated Quality and Performance Report
NEPTS	Non-Emergency Patient Transport Service
NHSDW	NHS Direct Wales
NQP	Newly Qualified Paramedic
NRIs	National Reportable Incidents
NWSSP	NHS Wales Shared Services Partnership
PADRs	Performance and Development Reviews
PCC	People and Culture Committee
PENNA	Patient Experience National Network Awards
PECI	Patient Experience and Community Involvement
PPE	Personal Protective Equipment
PSOW	Public Service Ombudsman for Wales
QIA	Quality Impact Assessment
QMG	Quality Management Group
QPMF	Quality and Performance Management Framework
QuEST	Quality, Patient Experience and Safety Committee
Q1, Q2, Q3, Q4	Quarter (of the financial year)
RemCom	Remuneration Committee
RCRP	Right Care Right Person
RCS	Rapid Clinical Screening
REAP	Resource Escalation Action Plan
RICS	Remote Integrated Care Service
RPE	Respiratory Protective Equipment
RPB	Regional Partnership Boards
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
RIF	Regional Integration Fund
ROSC	Return of spontaneous circulation from cardiac arrest
SCIF	Significant Clinical Incident Forum
SDECs	Same Day Emergency Care Centres

ACRONYMS BUSTER

ABBREVIATION	TERM
SI	Statutory Instrument
SOP	Standard Operating Procedure
SORT	Specialist Operational Response Team
STB	Strategic Transformation Board
STEMI	ST segment elevation myocardial infarction
SUS	Speaking Up Safely
The Trust	Welsh Ambulance Services University NHS Trust
TRiM	Trauma and Risk Management
TU	Trade Union
UCRS	Urgent Community Response Service
UCS	Urgent Care Service
UHP	Unit Hour Production
UTS	University Trust Status
WASPT	Welsh Ambulance Services Partnership Team
WHSCC	Welsh Health Specialised Services Committee
WRP	Welsh Risk Pool
WTEs	Whole-time equivalents