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

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

Meeting started at 09:30

PRESENT:

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

ATTENDEES:

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

APOLOGIES:

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

WELCOME AND APOLOGIES FOR ABSENCE**Welcome and Apologies:**

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

Declarations of Interest:

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

Minutes

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

Action Log

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

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

Action 76/25 - Integrated Medium Term Plan - Regarding SO5 (Being Quality Driven and Clinically Led), Rhiannon Beaumont-Wood observed that the IMTP objectives listed in this section had low Delivery Confidence and were RAG rated as Red and inquired whether this warranted concern. Rachel Marsh responded that this would be evaluated, with an update to be provided on the timing of any reprofiling and an assessment of the risks associated with not meeting these objectives as originally planned. *The delivery dates have been reprofiled, the following actions will be taken:*

- *Directorate planning session with QSPE on 17th September 2025 to look at current and future IMTP priorities*
- *There is a discussion at ELT away days on 9/10 September about future IMTP focus and priorities to consider delivery confidence in directorate led deliverables*
- *IMTP planning over next 6 months to re-frame priorities against risks.* Action closed.

The Board RESOLVED To:

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

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

86/25 CHAIR AND VICE CHAIR'S REPORT

The Chair presented the report as read.

The Board RESOLVED: To note the update.

87/25 INTERIM CHIEF EXECUTIVE'S REPORT

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

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

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

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

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

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

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

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

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

The Board RESOLVED: To note the update.

88/95

QUESTIONS FROM MEMBERS OF THE PUBLIC

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

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

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

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

89/25 PATIENT STORY

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

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

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

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

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

Update on Previous Patient Story – Dylan’s story

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

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

90/25

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

Rachel Marsh updated the Board on the following areas:

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

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

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

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

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

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

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

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

The Board RESOLVED To:

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

91/25

RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

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

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

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

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

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

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

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

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

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

92/25

MONTHLY INTEGRATED QUALITY & PERFORMANCE REPORT

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

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

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

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

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

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

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

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

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

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

The Board RESOLVED: To Consider the August 2025 Integrated Quality and Performance Report, and actions being taken and determine whether:

- a) **The report provides sufficient assurance.**
- b) **Whether further information, scrutiny or assurance is required, or**
- c) **Further remedial actions are to be undertaken through Executives.**

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

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

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

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

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

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

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

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

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

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

The Board RESOLVED To:

1. **Note the CMT programme interim Q2 position.**

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

94/25

FINANCIAL PERFORMANCE MONTH FIVE 2025/26

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

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

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

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

The Board RESOLVED To:

1. **Note and gain assurance in relation to the Month 5 revenue financial position and performance of the Trust as of 31st August 2025.**
2. **Note the delivery of the 2025/26 savings plan, and the context of this within the overall financial position of the Trust.**
3. **Note the capital programme for 2025/26. Note the Month 5 Welsh Government monitoring returns submission (as required by WG).**

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

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

The key themes and trends were shown below:

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

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

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

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

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

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

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

96/25 GOVERNANCE REPORT

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

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

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

97/25 BOARD COMMITTEE REPORTS

The following Board Committee reports were presented to the Board:

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

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

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

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

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

2. The Committee received an update following the deeply moving patient story from Mr and Mrs Cope concerning their son, Dylan, which was received by the committee and Trust Board in May 2025. An All Wales Sepsis Safety Netting leaflet has been developed by NHS Wales Shared Services through work with Dylan's family and Aneurin Bevan University Health Board.
3. The Committee received an update on the revised Ambulance Performance Framework, highlighting the introduction of new outcome focused metrics for cardiac arrest and high-risk calls, with distinct clinical indicators and response targets.
4. Members received an update on the Ministerial Advisory Group Wait 45 Taskforce, highlighting the focus on system improvement and pathway improvement, with workshops scheduled for each Health Board and a meeting with the Cabinet Secretary on 15th September 2025.
5. The Annual Safeguarding Report 2024/25 was approved. The Committee praised the report's clarity and evidence of strong partnership working and noted the increase in internal safeguarding allegations being reported were indicative of a positive cultural shift within the organisation.
6. Members received a presentation on the Clinical Plan for 2025-2030 redevelopment which included an innovative, interactive format to enhance user engagement. Next steps will be engagement with the ELT considering prioritisation of digital work, consideration of the Welsh Language and alignment with other Trust documents.
7. Internal audits on Start of Shift Procedure Emergency Communication Nurse System Implementation were received.
8. The Trust's two highest scoring risks were discussed, 223: the Trust's inability to reach patients in the community causing patient harm and death and risk 224: significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service remain unchanged at a score of 25.
9. A New Risk has been Identified: The significant risk related to the Trust's ability to manage the overdue investigations and audit processes and relating to the need to put more scrutiny on the Putting Things Right recovery plan and the wider organisational impacts was raised, and it was noted that the risk was currently being articulated and navigating governance.

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

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

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

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

1. The Committee heard from colleagues in the Operations Directorate, Sonia Thompson, Ferdi Lashari, Ceri Wheeler and Paul Greatorex regarding the facilitation of Quality and Support Days. Staff feedback has been positive, highlighting improved morale, communication, and confidence in raising issues. The initiative has helped break down silos and reinforced the dual role of managers as leaders and sources of support.
2. Members were advised that due to funding and workforce planning constraints, only 21 of 80 newly qualified paramedics (NQPs) were initially offered roles, this later increased to 52 through fixed-term contracts. This placed the Trust among the better-performing organisations in terms of intake who are all in an oversupply of NQPs.
3. The committee received a deep dive into violence and aggression against staff which remained a significant concern, particularly in contact centres, where most incidents were verbal. The Committee reinforced the need for a clear internal zero-tolerance message, initiative-taking support for staff, and equipping managers to recognise and respond to the cumulative effects of repeated incidents.
4. Several reports were presented for approval and one for assurance; all of which had been endorsed/received by the People and Culture Committee. The Board received these reports and duly approved them:
 - Strategic Equality Plan Annual Report 2024/25
 - Annual Gender Pay Gap Report 2024/25
 - Annual Workforce Equality Monitoring Report 2024/25
5. Progress was noted in staff engagement, leadership focus and the impact of staff networks, with continued attention needed on intersectionality, organisational culture and inclusion. The gender pay gap report prompted discussion on data limitations and support for all gender identities, while barriers to senior roles for women were linked to organisational factors.
6. Welsh Language Annual Report 2024/25: This was received by the Committee for endorsement and presented with the AAA to the Board for approval. Melfyn Hughes presented the report bilingually drawing out the following key points:

- 6.1 There was a significant performance increase in 111 Welsh language call handling 2023/24, with Welsh language call answering rising from 18% to 45%. In 2024/25, performance remained stable at 45.7%, with a slight increase in total Welsh calls answered (8,444 vs. 8,099).
- 6.2 NEPTS call handling performance declined from 89% in 2023/24 to 77% in 2024/25. This was attributed to a reduction in Welsh-speaking call takers. A plan was in place to prioritise recruitment of Welsh speakers and align with the broader workforce strategy for 2026/27.
- 6.3 In 2024/25, the Trust implemented a Welsh Language Standards Compliance Baseline focused on four key areas: correspondence, document publication, signage, and reception services. Compliance was assessed through a combination of translation service audits and a Trust-wide self-assessment survey conducted in April 2025.
- 6.4 Looking ahead, the Trust has several IMTP deliverables for 2025/26 including a focus on Welsh language competencies on the Electronic Staff Register to inform a gap analysis across all service areas. This will guide targeted engagement with frontline teams to assess and improve Welsh language service provision. In line with Standard 110, a Welsh Language Clinical Consultation Plan will be developed to enhance the Trust's capacity to deliver clinical consultations in Welsh.

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

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

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

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

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

25 July and 03 September 2025 – Remuneration Committee AAA

The report was received for assurance.

16 September - Finance and Performance Committee (FPC)

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

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

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

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

- 1) **Quality, Patient Safety and Experience Committee dated 05 August 2025.**
- 2) **People and Culture Committee dated 12 August 2025.**
- 3) **Audit, Risk and Assurance Committee dated 02 September 2025.
Remuneration Committee July, 25 July and 03 September 2025
(Combined).**
- 4) **Finance and Performance Committee dated 16 September 2025.**

To APPROVE the following reports received with the AAAs:

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

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

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

98/25 MINUTES OF BOARD AND OTHER COMMITTEES

The Board received the following minutes:

People and Culture Committee dated 15 May 2025

Quality, Patient Safety and Experience Committee dated 13 June 2025

Audit, Risk and Assurance Committee dated 24 June 2025

Finance and Performance Committee dated 21 July 2025

The Board RESOLVED To Receive the following minutes:

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

99/25 ANY OTHER BUSINESS

There was none.

100/25

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

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

Date of next meeting: and 27 November 2025

Meeting closed at 12:40