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

**MINUTES OF THE PUBLIC MEETING OF  
WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST, TRUST BOARD  
ON THURSDAY 26 MARCH 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
Jayne Beeslee	Non-Executive Director
Lee Brooks	Executive Director of Operations
Peter Curran	Non-Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Professor Hayley Hutchings	Non-Executive Director
Ceri Jackson	Non-Executive Director ( <i>Chair for item 11.1</i> )
Carl Kneeshaw	Director of People
Angela Lewis	Director of People and Culture
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Director of Corporate Governance/Board Secretary
Jonny Sammut	Director of Digital Services
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner

**ATTENDEES:**

Kevin Clarke	<i>(for Item 8, patient experience)</i>
Sarah Davies	Head of Change and People Insights <i>(for item 14 only)</i>
Leanne Hawker	Head of Patient Experience and Community Involvement <i>(for Item 8, patient experience)</i>
Angela Mutlow	Director of Operations, Llais
Alex Payne	Corporate Governance Manager
Aidan Rave	Good Governance Institute (GGI) <i>(observing)</i>
AnnaMaria Williams	Corporate Governance Officer

**APOLOGIES:**

Bethan Evans	Non-Executive Director
Hannah Rowan	Non-Executive Director
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 29 JANUARY 2026

3.1 The minutes of the public meeting of the Trust Board held on 29 January 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 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 Emma Wood talked through her report and provided an update on the Public Accountability Meeting held on 5 March 2026, noting that it was constructive, with effective scrutiny from the Cabinet Secretary and NHS Wales. The Trust was able to articulate both its challenges and its strategic priorities, and Emma extended her thanks to colleagues involved in the preparation for this meeting.

6.2 A new Operating and Accountability Framework from NHS Wales begins on 1 April 2026, with phased implementation. The new framework builds



oversight across the four pillars of quality, workforce, finance, and delivery and performance, with 'well-led' as a central theme.

- 6.3 At the Ambulance Leadership Forum Conference, Emma took part in panel discussions and attended sessions on urgent and emergency care sustainability, environmental sustainability, the Ambulance Performance Framework and clinical model, and neurodiversity. The Trust had strong visibility and engagement across the two-day event, which also provided opportunities to learn from other nations and services. Visits from ambulance services in Scotland, Yorkshire and the Older People's Commissioner have taken place and reciprocal visits to ambulance services in Scotland, Northern Ireland and London are planned over the next few months.
- 6.4 Agreement has now been reached at NHS leadership level for phased implementation of the 45-minute release-to-respond protocol, which is anticipated to start at the end of April 2026.
- 6.5 Members welcomed and discussed the report, recognising the extensive work that had gone into the Public Accountability Meeting; highlighting the Trust's ambition and innovation; noting the impressive media coverage and acknowledging the positive relationships being built by the Trust with external stakeholders. Members noted the correlation between the new NHS Wales Operating & Accountability Framework and how the Trust already reports through its core measures.

## **7. QUESTIONS FROM MEMBERS OF THE PUBLIC**

- 7.1 The first public question was submitted anonymously as it relates to an ongoing concern being handled through the Trust's internal processes:  
*How does WAST deal with situations where a member of clinical staff has made an error in their clinical assessment or diagnosis?*  
*How does the Trust seek assurance regarding the individual's ongoing competence?*  
*How does the Trust decide whether the clinician should remain in employment or be referred to their professional regulator?*
- 7.2 Andy Swinburn replied that many incidents arise from human error, system pressures, or gaps in knowledge, as opposed to misconduct. In such cases, the Trust's priority is to take a fair, learning-focused and developmental approach, rather than creating a culture of fear or punitive culture, which does not serve patients or staff. Where appropriate, the Trust puts in place a structured period of support, including supervised practice, ongoing feedback and opportunities for reflection and development. This enables



clinicians to consolidate learning, rebuild confidence, and demonstrate competence in a safe environment before returning to independent practice, which resumes only once required standards are clearly met and the clinician is assessed as safe to do so. While formal capability processes and referrals to professional regulators are used where necessary, this is not the default response to every clinical error. The Trust's approach aligns with regulatory expectations across the UK.

- 7.3 The second question was received from the High Sheriff of Powys, Sally Roberts:
- Powys residents who are transported by WAST to hospitals in England report that Welsh patients appear to wait longer for admission compared with patients arriving by English ambulance services. Why does this disparity occur, and what can WAST do to ensure parity of experience between Welsh and English patients attending English hospitals?*
- 7.4 Lee Brooks acknowledged that similar concerns and feedback have been received from Trust staff. Lee emphasised that regardless of how or where a patient arrives at an Emergency Department, patients are treated in order of clinical need, as clinical priority is the primary consideration. Operational oversight arrangements differ between England and Wales, which can result in situations where patients arriving in English ambulances may be handed over more quickly than those arriving in Welsh ambulances, even where clinical priority is similar. Some English ambulance services operate a rapid release protocol, whereby patients are left in Emergency Departments and ambulances are immediately released, which can result in patients arriving later being taken into departments ahead of Welsh patients who remain in ambulances outside. English acute hospitals emphasise that Welsh patients are not clinically disadvantaged, but the operational reality can create different visible experiences. Work is underway to address this, by including the Trust within rapid release protocols and reducing the risk of disadvantage. Lee gave assurance that progress on this is being made through continued engagement to reduce the potential for inequity, although there is no specific timescale for this work.
- 7.5 The third question was received from Niamh Campbell, a newly qualified paramedic (NQP):
- How does the Trust plan to address the growing number of qualified paramedics in Wales who currently have limited or no employment opportunities.*
- What options are available to maintain clinical skills while awaiting employment, including volunteering or working in alternative roles.*
- Are there specific areas of service need that newly qualified paramedics could support during this period.*



*Will upcoming cohorts be prioritised for future vacancies.  
Is it permissible to work under the scope of practice of an Emergency Medical Technician (EMT) while awaiting a paramedic role, and how would progression to a paramedic post be supported in those circumstances.*

- 7.6 Carl Kneeshaw explained that the board has been aware of an oversupply of NQPs for the past 9 to 12 months, arising from the difference between the number of training posts commissioned and the Trust's ability to recruit to those posts. He noted that this is a UK-wide issue, with significant numbers of newly qualified paramedics nationally unable to secure roles. The board is actively considering the issue, including the financial implications of recruitment and vacancy management and there are several actions underway:
- The establishment of a Strategic Education Steering Group, bringing together workforce planning, education and clinical leaders to consider future skill requirements in the context of the Trust's clinical model transformation
  - Ongoing work with Health Education and Improvement Wales (HEIW) to explore all-Wales solutions to clinical workforce oversupply
  - Engagement with higher education institutions to ensure future education pathways are fit for purpose and aligned to service need.

Options are being explored to make better use of clinical skills, including potential deployment in alternative roles, with work on this at an early stage and trade unions involved in discussions. The Trust is considering how best to support upcoming cohorts, recognising the need to balance service demand, affordability, and future workforce sustainability.

- 7.7 Andy Swinburn added that NQPs awaiting employment could consider maintaining skills through volunteering or working in other relevant healthcare or emergency response roles both within the Trust, and with external organisations such as St John Ambulance Cymru. Guidance from the Health and Care Professions Council (HCPC) advises that it is permissible to work in roles with a lower scope of practice, such as Emergency Medical Technician roles, provided individuals work strictly within the scope of the role they are employed to undertake. The guidance is intended to reduce anxiety for graduates and provide reassurance that taking interim roles does not disadvantage them, provided professional standards and scope of practice are adhered to.



## ITEMS FOR ASSURANCE, DISCUSSION OR APPROVAL

### 8. PATIENT EXPERIENCE [KEVIN CLARKE]

*Mr Kevin Clarke and Leanne Hawker joined the meeting*

- 8.1 Kevin Clarke attended the meeting to share the experiences of his late father and the impact this has had on Kevin and his family.
- 8.2 Mr Clarke described two separate occasions when his father experienced prolonged waits for an ambulance after collapsing at home, with waits of over six hours on one occasion and over 12 hours on the other, despite being unconscious. Mr Clarke outlined the significant emotional distress, feelings of helplessness, and pressure placed on family members during these periods, and explained that the experience had led to long-term loss of confidence and trust in the ambulance service, particularly as the incidents occurred more than once. Mr Clarke expressed his dissatisfaction with subsequent correspondence received on behalf of the Trust, which he felt did not adequately acknowledge the seriousness of the experience or demonstrate evidence of improvement.
- 8.3 Mr Clarke raised several reflections and challenges for the board to consider, including:
- Whether the service can reasonably be described as an emergency service given the length of ambulance response times described
  - Whether such response times would be considered acceptable if experienced by board members' own families
  - Concerns about long-distance ambulance deployment, which can reduce effectiveness and value for patients
  - The perceived absence of accountability or consequences for system failures, including the question of whether there is an accepted level of patient harm or death resulting from service pressures.
  - Extended hospital handover delays, including his father's experience of spending prolonged periods on a trolley following arrival at hospital; and the perceived imbalance between ambulance handover targets and wider system accountability.
  - Mr Clarke concluded by asking the board to reflect on these issues collectively, emphasising the personal and lasting impact of the experience on him and his family.
- 8.4 The Chair and the executive team expressed their condolences and thanked Mr Clarke for his candour and insight. They acknowledged the seriousness of the issues raised and reiterated that these concerns are shared by the board. Members acknowledged that the letter received by Mr Clarke from the Trust was not appropriate and advised that learnings



have been made from this. Members shared the constraints on ambulance availability due to hospital handover delays, the complexity of dispatch decisions under high system pressure, and ongoing national work to implement the 'release to respond' model. Actions being taken to improve and address these issues and to escalate system-wide issues with health boards and Welsh Government were outlined, with members acutely aware of the harm and distress caused by delayed responses and extended waits. The board recognised that although improvements are emerging, significant challenges remain; they committed to continuing to drive change with urgency and transparency.

8.5 Regarding ambulance dispatch decisions, members explained that historically these have been largely time-based, with available resources allocated to the highest-priority and longest-waiting patient. This approach can result in ambulances being dispatched over long distances when local resources are unavailable. The Trust is now moving towards a more clinically informed and predictive dispatch model, enabled by changes to the clinical response model. This work is at an early stage and aims to reduce inappropriate long-distance deployment, improve decision-making, reduce harm and improve responsiveness.

8.6 Members acknowledged that handover delays at hospitals remain a significant constraint and have a direct and significant impact on the Trust's ability to respond promptly and to send the nearest available resource, contributing directly to the challenges described by Mr Clarke.

8.7 The Chair thanked Mr Clarke for attending the meeting and for sharing his experiences and thought-provoking comments with the board.

*Mr Kevin Clarke and Leanne Hawker left the meeting*

## **8.1 PREVIOUS STORY FOLLOW UP: STAFF EXPERIENCE, JUDITH PARFITT**

8.1.1 An action was taken to defer this item to the next meeting when Liam Williams is present.

## **9. ASSESSING AVOIDABLE HARM**

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

9.1 Members discussed the report and took assurance from the clinically informed and transparent approach, the shift from abstract modelling to clinical harm assessments, the inclusion of rurality analysis which addresses



longstanding concerns, and the report's focus on falls that affect elderly patients, as it aligns with NHS national patient safety priorities.

- 9.2 Members raised concerns about ambulances being drawn out of area, and about stroke patients potentially waiting longer under the new performance framework, compared with previous arrangements.
- 9.3 Andy Swinburn explained that stroke performance is being closely monitored, and that despite some recent increases in call-to-scene times, the Trust is seeing an overall improvement in call-to-door times for stroke patients, which is a significant and positive shift. This is due to changes in clinical approach and system behaviour, with the Trust now identifying and managing stroke patients more effectively and with ongoing monitoring in place. From April, the Trust will use Sentinel Stroke National Audit Programme (SSNAP) stroke audit data which will provide a more accurate and clinically meaningful assessment.
- 9.4 Members discussed the governance flow for the avoidable harm reporting and whether future iterations of the report, including a more detailed clinical dashboard, could be presented to the Quality, Safety and Patient Experience Committee (QuEST) for primary scrutiny, with a summarised version escalated to board. Trish Mills took an action to further develop and clarify the governance flow, including appropriate frequency of reporting, level of detail within the reports and the most effective division of scrutiny between QuEST and the board.

**The board took assurance from the report, recognising that there is work in progress on governance and data and that the Assessing Avoidable Harm report will be monitored and reviewed quarterly.**

## **10. 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.*

- 10.1 The board received the MIQPR report for January and February, with Rachel Marsh explaining that the benefits realisation work beginning on 1 April will become the vehicle for monitoring and scrutinising the new clinical model.
- 10.2 Rachel drew attention to two specific areas:
  - EMS and 111 Services, with performance for the highest-priority calls remaining strong but callback times for lower-acuity 111 patients having deteriorated. A change programme is underway to address this.



- Non-Emergency Patient Transport (NEPTS), with performance remaining positive regarding getting patients to and from appointments, but with high levels of cancellations, which remain a concern. Commissioners are fully sighted on the issue and are aware of actions being taken to reduce the number of cancellations. Internally, the Trust is establishing a NEPTS improvement programme, reflecting the scale of patient impact.
- 10.3 Members discussed and noted that, while there has been improvement in handover delays, the level of lost hours remains materially higher than planned, which indicates that although progress has been made, the Trust remains a significant distance from the intended position. The analysis shows that around half of the lost hours were attributable to a single hospital, demonstrating that improvements are not consistent across Wales. Data also shows that there were over 4,000 handovers exceeding 45 minutes, illustrating that a substantial number of patients and crews continue to experience excessive delays.
- 10.4 Members expressed concerns about patients who experience repeated NEPTS cancellations and asked if data is captured on whether they drop out of the service. Members were advised that data on multiple cancellations is only captured for renal patients, as there are clear clinical consequences for these patients of missing multiple appointments. Options for better using available capacity to reduce short notice cancellations is being reviewed, while taking into consideration that the greatest proportion of cancellations are received directly from patients or hospitals.
- 10.5 Members were reassured by the innovative measures helping to reduce shift overruns.
- 10.6 Members discussed how to improve responses to the online patient engagement survey. Members were advised that work with the Information Commissioner's Office (ICO) has taken place to permit the proactive gathering of more patient feedback. 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 related 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.

**The board considered the January/February 2026 Integrated Quality and Performance Report and the actions being taken; they took assurance from the report.**



## 10.1 2026/27 MIQPR PROPOSED INDICATORS AND AMBITIONS

10.1.1 The board received this report detailing the new proposed set of metrics, introduced by Rachel Marsh.

10.1.2 Jayne Beeslee reflected on the NHS Wales Operating and Accountability Framework and noted that the Trust's reporting aligns closely with the four national pillars, quality, workforce, finance and value and delivery and performance, which was reassuring. A key ambition of the new framework is the development of a single reporting data pack, intended to be used consistently by trusts and health boards, NHS Wales, Welsh Government and Joint Commissioning Committees (JCCs). NHS Wales has informed that it intends to co-produce this with organisations, including the Trust. Jayne suggested that the Trust should continue to position the MIQPR as the foundation for this work and use it to demonstrate how Trust-level measures align to the four national pillars, providing a strong basis for further exploration of the MIQPR within the context of the new framework.

10.1.3 Members discussed the report and a question was raised on whether shift overruns should be included in the key board metrics as the trade unions have advised this is the leading issue that staff raise. Rachel Marsh reassured that overruns would remain a key metric at the People and Culture Committee and will be scrutinised there, with the AAA highlight report bringing any concerns to the attention of the board.

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

*The Chair left the meeting*

## 11.1 INTEGRATED MEDIUM-TERM PLAN (IMTP) 2026-29

*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.*

11.1.1 The board received Integrated Medium-Term Plan (IMTP) for 2026–2029, provided by Rachel Marsh, who highlighted the significant work that has gone into the preparation of the plan, with input from all Directorates.

11.1.2 The plan is balanced and aligned to the Trust's financial position, despite the extremely challenging financial environment across NHS Wales. A Quality Impact Assessment (QIA) and an Equality Impact Assessment (EQIA) have been completed with no major concerns highlighted.



- 11.1.3 Rachel Marsh and Emma Wood have had extensive conversations about the plan with commissioners, including formal presentations to the Joint Commissioning Committee (JCC). Rachel reported that commissioners understand the Trust's financial position, recognise the difficult choices the Trust has had to make and have indicated that they will provide a formal letter of support, to be submitted with the plan to Welsh Government for final approval. The Trust will maintain an open dialogue with commissioners throughout the year.
- 11.1.4 The Trust would like to begin communicating the plan using accessible materials (including simplified summaries) ahead of submission to Welsh Government, pending the board's approval.
- 11.1.5 Chris Turley drew attention to Appendix 9, the Financial Plan for 2026/27, and outlined the financial assumptions, risks and mitigations underpinning the IMTP. Chris advised that fuel price volatility presents an immediate risk, proposing that this is explicitly highlighted in the IMTP risk narrative, and confirming that this will be included in the final version of the financial plan, reflecting recent geopolitical and market developments. Chris confirmed that the Trust is submitting a balanced financial plan for 2026/27, subject to continued close monitoring, active management of cost pressures, delivery of the identified £7.8m savings and closure of the remaining £1.2m savings gap.
- 11.1.6 Members discussed the plan, noting that it had been reviewed and endorsed at Finance and Performance Committee on 17 March 2026. It was acknowledged that the balanced position had been achieved by the reallocation of funds and reprioritisation of investment internally, which has had operational and workforce impact. Members recognised that the coming year will be extremely financially challenging, with realistic expectations needed around what can be delivered and the need for ongoing monitoring and close system collaboration to maintain delivery against the plan.
- 11.1.7 Angela Mutlow expressed concerns around NEPTS patient cancellations, noting that asking patients to rebook their transport may cause harm and delays to patients and that any changes in eligibility criteria for NEPTS will require formal engagement or consultation, in line with Welsh Government guidance. Emma Wood clarified that the adjustments being explored are internal, designed to ensure NEPTS is used appropriately and sustainably, given demand and capacity challenges. Any fundamental change to the NEPTS eligibility criteria would need to be led nationally and any meaningful change would require policy-level review. An action was taken for Emma and Rachel Marsh to confirm with the JCC whether engagement with Angela Mutlow on NEPTS eligibility work should be coordinated



by the Trust, by commissioners, or jointly; and to ensure that Angela is connected to the appropriate JCC lead for that discussion.

**The board considered the following key principles were sufficiently addressed in the 2026 –29 IMTP and supporting technical appendices:**

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

**The board approved the IMTP 2026-29, the technical appendices and the Financial Plan 2026/27 for submission to Welsh Government on the 31 March 2026.**

*The Chair returned to the meeting*

## **11.2 INITIAL REVENUE BUDGET 2026/27**

11.2.1 Chris Turley provided a detailed overview of the Initial Revenue Budget for 2026/27, which is consistent with the financial assumptions set out in the IMTP and which set out both the funding position for 2026/27 and the risks that need active management during the year.

11.2.2 Chris highlighted that the figures presented represent an initial position, noting that some refinement may be required as year-end is finalised; any subsequent changes will be transparently reported through normal financial reporting to the board. Following board approval, budgets will be delegated to Executive Directors, supported by one-to-one budget sign-off meetings. The financial position will then be monitored through the in-year reporting cycle, with variances and adjustments reported to the board and Finance and Performance Committee as appropriate.

**The board approved the Initial 2026/27 Revenue Budget, consistent with the financial plan contained within the IMTP for 2026-2028.**

## **12. FINANCE UPDATE MONTH 11, 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.*



- 12.1 The board received the month 11 finance update. Chris Turley provided assurance on the capital position, advising that a significant element of capital spend will be in accruals at the end of the financial year and that the finance team will be monitoring the capital position daily until 31 March to ensure the Trust meets both its capital resource limit and year-end requirements. The Trust remains on track to achieve both revenue and capital targets at the end of the financial year, with the necessary controls, contingencies and monitoring processes in place to ensure this happens.
- 12.2 Members acknowledged the strong financial management and hard work of the finance team and the robustness of the financial controls in place, enabling the Trust to reach a balanced position despite significant system-wide pressures. The board noted the delivery of the 2025/26 savings plan, and the context of this within the overall financial position of the Trust, the capital programme for 2025/26 and the month 11 Welsh Government monitoring return submission.

**The board took assurance in the month 11 revenue financial position and the performance of the Trust as at 28 February 2026.**

**13. INTEGRATED MEDIUM-TERM PLAN (IMTP) 2025/2026 PROGRESS 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.*

- 13.1 The board received and noted the IMTP 2025-26 progress report, a mid-quarter update of progress against the previous IMTP priorities and deliverables.

**14. 2025 NHS WALES STAFF SURVEY**

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

- 14.1 Sarah Davies, Head of Change and People Insights, presented the results of the NHS Staff Survey to the board, highlighting a significant improvement in staff engagement and participation with a 22.7% increase compared with 2024 and an 81.5% increase compared with 2023.
- 14.2 Positive movement has been seen across all survey themes, with the largest improvements in patient safety and speaking up, indicating that there is improved psychological safety and confidence among staff. A notable reduction in 'intention to leave' can be seen, and a 4.95% increase in staff reporting satisfaction in their role and intending to remain, results that suggest strengthening organisational attachment.



14.3 Areas of concern include:

- A small deterioration in responses relating to relationships at work, which may reflect pressure across teams or organisational layers,
- A slight increase in reports of unwanted sexual behaviour, including incidents involving both patients and colleagues, indicating that further work is required, including continued focus on sexual safety and embedding the anti-sexual harassment policy
- Burnout and fatigue, with 38% of respondents reporting they rarely or never have enough energy for family or friends, alongside ongoing issues related to workload and presenteeism
- Many staff continue to feel insufficiently involved in decisions affecting their work.

14.4 Planned next steps include further engagement and activity with executive colleagues and trade union partners, Directorate-level reporting to support local action planning, analysis of qualitative data once released, including thematic analysis and alignment of actions with the Trust's People and Culture priorities, as set out in the IMTP. The focus for the coming year will be to translate insight into meaningful action.

14.5 Members welcomed the presentation and took assurance from the significant increase in response rate and engagement, recognising this as particularly encouraging given the operational pressures and scale of organisational change during the year. Members noted the importance of addressing the areas of concern and the continued need to focus on staff speaking up and feeling confident to raise concerns, also considering how to improve inclusion and involvement across different groups, rather than assuming a single approach works for everyone. Members acknowledged the ongoing challenges around wellbeing and fatigue and agreed this remained a critical area for continued scrutiny.

14.6 Specific concern was noted regarding the findings on unwanted sexual behaviour, with members acknowledging that while percentage changes were small, the absolute numbers were significant and warranted continued organisational focus. The board welcomed the emphasis on embedding the anti-sexual harassment policy and maintaining sexual safety as a priority. The board welcomed the planned deeper scrutiny of the survey results at the People and Culture Committee and the intention to translate survey insight into meaningful local and organisational action.

## 15. 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.*



- 15.1 The board noted the report detailing the request for the application of the Trust Seal on documents relating to the Omnicell agreements for six health boards (excluding Powys) and for the Natural Resources Body for Wales.

**The board received and approved the application of the Trust Seal for the seven transactions as detailed in the report.**

## 16. 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.*

- 16.1 03 February 2026: Quality, Patient Experience and Safety Committee  
Ceri Jackson reported that the committee scrutinised the 'Putting Things Right' report and noted the improvement in performance following earlier concerns. The committee was assured by the monitoring of the plan by Strategic Transformation Board/Executive Team but confirmed that it will continue to monitor delivery closely. The committee heard a patient's story relating to prolonged ambulance delay during a cardiac emergency which highlighted a number of challenges and operational pressures. The new emergency clinical indicators and updates to the ambulance performance framework were discussed, as well as risks relating to staff capacity and pressure.
- 16.2 10 February 2026: People and Culture Committee  
Ceri Jackson reported that the committee had reviewed and discussed a wide range of workforce and cultural indicators, with a presentation on adaptive, reflective and compassionate leadership and the Director of People's report including progress on wellbeing initiatives and the WAST Welcome Digital Handbook. The committee were encouraged by the strong engagement levels across the Trust's People Networks, reflecting a deepening cultural maturity across the organisation. The committee discussed challenges around the skills mix and were assured by the work taking place and the progress being made. The committee will continue to maintain close oversight of key risks and workforce pressures.

**The board approved the Health Education and Improvement Wales Education Commissioning 2027/28 Report.**

- 16.3 02 March 2026: Audit, Risk and Assurance Committee  
Peter Curran reported that the committee noted the challenging financial environment and emphasised the importance of setting realistic expectations on what is deliverable. The committee reviewed the interim



audit reports, with all rated at the high end of “reasonable assurance”. The Internal Audit plan for 2026/27 was approved and provides a balanced and proportionate programme aligned to the Trust’s principal risks. The updated Risk Management policy, incorporating agreed risk appetite statements from the board, was reviewed and approved. The committee received the Audit Wales plan, noting a proposed 5.3% increase in audit fees, and sought explanation and assurance from Audit Wales regarding the basis for the increase and future affordability. The committee remains satisfied with risk management, improvements in risk reporting, audit action closure, and alignment with the Board Assurance Framework.

**The board approved the following policies, subject to a minor amendment agreed at the meeting:**

- **Standards of Business Conduct Policy**
- **Risk Management Policy (subject to removing reference to the Assistant Directors Leadership Team)**

16.4 17 March 2026: Finance and Performance Committee

Jayne Beeslee reported that strong scrutiny was applied across finance, performance, and delivery areas. Assurance was given that the ‘grip and control’ work, recently issued by Welsh Government, will be considered through the Financial Sustainability Programme before coming back to the committee for oversight. Jayne emphasised the growing importance of the Financial Sustainability Programme, given the pressures ahead, and the need to progress work on future-year savings earlier than usual. The committee was assured on current financial governance and performance reporting and will continue to monitor sustainability and delivery risks closely.

## CLOSING ITEMS

### 17. REFLECTIONS

- 17.1 Emma Wood reflected on how powerful it was to hear a patient story in person at the meeting. Emma also shared that she enjoyed the questions from Directors at the meeting, which were challenging, respectful and assuring.
- 17.2 The Chair reflected on Mr Clarke’s story, noting that while many of the operational issues are outside the Trust’s control, how the Trust communicates with families when things go wrong is entirely within the Trust’s control. The communication Mr Clarke’s family received had caused additional distress, emphasising the importance of getting this communication right.



17.3 Ceri Jackson reflected on how much work is taking place and reminded colleagues of the importance of considering accessibility when putting board papers together.

**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 28 May 2026 at 9.30am.

**The meeting closed at 13:17**