

## Bundle Trust Board (Public Session) 28 May 2026

### Agenda attachments

Item 00 Public Trust Board Agenda 28 May 2026

Item 00 Public Trust Board Agenda 28 May 2026-en-cy-C

0 09:30 – OPENING ITEMS

1 Chair's welcome, apologies and quorum

2 Declarations of Interest

Item 02 Board Member Register of Interests – 26 May 2026

3 Minutes of the Previous Meeting: 26 March 2026

Item 03 2026-03-26 Public Trust Board Minutes draft

4 Action Log & Matters Arising

Item 04 Trust Board (Public) Action Log

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

Item 05 Chair and Vice-Chair Report to Board – May 2026

6 09:45 – Chief Executive's Report

Item 06 CEO Report May 2026

7 10:05 – Questions from members of the public

7.1 FOR APPROVAL, ASSURANCE AND DISCUSSION

8 10:15 – Staff experience: Nic Anderson, Learning & Development Manager for Volunteering & Community Resilience (and Paramedic)

*This presentation explores a personal journey through healthcare, volunteering and leadership, showing how a passion for saving lives has evolved from frontline practice to enabling others to make a difference.*

*It introduces the concept of the 'Selfish Volunteer', challenging the traditional view of volunteering as purely selfless. Drawing on current work within the Welsh Ambulance Service, it highlights initiatives around volunteer development, inclusive culture and improving outcomes through leadership and civility.*

*The session aims to encourage reflection on how organisations can create environments where people are motivated to contribute – and gain just as much in return.*

8.1 10:45 – Previous story follow up:

8.1.1 Judith Parfitt

Item 08.1.1 Updated tracker – Judith Parfitt

8.1.2 Kevin Clarke

Item 08.1.2 Updated Experience Story tracker – Mr Clarke

9 10:55 – Monthly Integrated Quality and Performance Report (MIQPR)

Item 09 MIQPR SBARN TB March April 2026

Item 09 MIQPR TB March April 2026

10.1 11:10 – Financial Performance at Month 12 2025/26

Item 10.1 Finance Report Month 12 25-26 Final TB

10.2 Finance Report Month 1 2026/27

*Reading Room documents:*

*WAST 2026-27 Day 9*

*Month 1 2026 Monitoring Return Final*

Item 10.2 Finance Report Month 1 26-27 FINAL

10.3 11:20 – COMFORT BREAK

- 11 11:35 – Integrated Medium Term Plan (IMTP) 2025/26 Q4 (End of Year Report)  
Item 11 IMTP 2025\_26 Q4 Progress and Assurance
- 12 11:45 – Trust Board Quality and Governance Review 2025/26  
Item 12 Quality and Governance Review SBARN 280526  
Item 12 annex 01 APC Annual Report 2025–26  
Item 12 annex 02 ARAC Annual Report 2025–26  
Item 12 annex 03 CC Annual Report 2025–26  
Item 12 annex 04 FPC Annual Report 2025–26  
Item 12 annex 05 PCC Annual Report 2025–26  
Item 12 annex 06 QuEst Annual Report 2025–26  
Item 12 annex 07 RemCom Annual Report 2025–26  
Item 12 annex 08 ARAC Terms of Reference 2026–27  
Item 12 annex 09 Board visits heatmap  
Item 12 annex 10 Committee remits delegated by Board 26–27
- 13 12:05 – Annual Audit Plan and Arrangements Audit Wales 2026/27  
Item 13 Audit Wales WAST\_Audit\_plan\_2026
- 14 12:20 – Partnerships and Influencing: An Update  
Item 14 Partnerships and Influencing Paper May26
- 15 12:30 – Board Committee AAA Highlight Reports:
  - 15.1 7 May 2026 Quality Patient Experience and Safety Committee  
*Annex 1 Duty of Quality Annual Report 2025/26*  
*Link to the Sway document: Duty of Quality Annual Report 2025–2026*  
Item 15.1 Quest Committee Highlight Report May 2026  
Item 15.1 Annex 1 Duty of Quality Annual Report 2025–2026 DRAFT
  - 15.2 5 May People and Culture Committee  
Item 15.2 People and Culture Committee AAA Highlight Report 5 May 2026
  - 15.3 28 April 2026 Audit, Risk and Assurance Committee  
Item 15.3 ARAC AAA Report 28 April 2026
  - 15.4 19 May 2026 Finance and Performance Committee  
Item 15.4 Finance and Performance Committee Highlight Report May 2026  
Item 15.4 Annex 1 Commercial Plan 2026–28
  - 15.5 6 March 2026 Academic Partnership Committee  
Item 15.5 Academic Partnership Committee report March 2026  
Item 15.5 Annex 1 Impact of WAST Research v1 23.02.26
- 16 12:50 – Governance Report  
Item 16 Governance Report May 2026
- 16.1 CONSENT ITEMS
- 16.2 12:55 – CLOSING ITEMS
- 17 Reflections
- 18 Any Other Business
- 19 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).*
- 20 Date & Time of the Next Meeting: 30 July 2026 (AGM)
- 21 Acronyms  
Item 21 Acronyms

Length of Meeting:	00:00	Agenda Status:	PUBLIC TRUST BOARD: 28 May 2026					Deadline for papers: 19 May 2026	
Time	Mins allotted	Agendum	Title	Item for	Item requested by	Format	Paper prepared by	Item presented by	Colleagues to cc
<b>OPENING ITEMS</b>									
		1	Chair's welcome, apologies and quorum	Information	Standing	Verbal	n/a	Chair	n/a
09:30	00:05	2	Declarations of Interest	To State Conflicts	Standing	Verbal	n/a	Chair	n/a
		3	Minutes of the Previous Meeting: 26 March 2026	Approval	Standing	Paper	n/a	Chair	n/a
		4	Action Log & Matters Arising	Discussion	Standing	Paper	n/a	Chair	AnnaMaria Williams
09:35	00:10	5	Chair and Vice Chair's Report	Information	Standing	Paper	CorGov	Chair, Vice Chair	Alex Payne
09:45	00:20	6	Chief Executive's Report	Information	Standing	Paper	CEO Office	Emma Wood	Keith Ellingham
10:05	00:10	7	Questions from members of the public	Information	Standing	Verbal	Partnerships	Estelle Hitchon	n/a
<b>FOR APPROVAL, ASSURANCE AND DISCUSSION</b>									
10:15	00:30	8	Staff experience: Nic Anderson, Learning & Development Manager for Volunteering & Community Resilience (and Paramedic)	Discussion	Standing	Presentation	QSPE	Angie Lewis	Sarah Parry
10:45	00:10	8.1	Previous story follow up: 8.1.1 Judith Parfitt 8.1.2 Kevin Clarke	Discussion	Standing	Verbal	QSPE	Liam Williams (Penny Durrant)	Alison Kelly, Leanne Hawker
10:55	00:15	9	Monthly Integrated Quality and Performance Report (MIQPR)	Assurance	Standing	Paper	SPP	Rachel Marsh	Hugh Bennett, Mark Thomas, Georgia Tizzard, Melanie O'Connor
11:10	00:10	10	10.1 Financial Performance at Month 12 2025/26 10.2 Finance Report Month 1 2026/27	Assurance	Standing	Paper	FinCor	Chris Turley	Ed Roberts
11:20	00:15	<b>COMFORT BREAK</b>							
11:35	00:10	11	Integrated Medium Term Plan (IMTP) 2025/26 Q4 (End of Year Report)	Assurance	Standing	Paper	SPP	Rachel Marsh	James Houston
11:45	00:20	12	Trust Board Quality and Governance Review 2025/26	Assurance	Annual (standing)	Paper	CorGov	Trish Mills	Julie Boalch, Alex Payne
12:05	00:15	13	Annual Audit Plan and Arrangements Audit Wales 2026/27	Approval	Annual (standing)	Paper	CorGov	Fflur Jones	n/a
12:20	00:10	14	Partnerships and Influencing: An Update	Discussion	Forward planner	Paper	QPSE	Estelle Hitchon	n/a
		15	Board Committee AAA Highlight Reports:	Assurance	Standing	Paper	CorGov	Various	Alex Payne
		15.1	7 May 2026 Quality Patient Experience and Safety Committee To include Duty of Quality Annual Report 2025/26 (for approval)	Approval	Standing	Paper	CorGov	Bethan Evans	Sarah Harland
12:30	00:20	15.2	5 May People and Culture Committee	Assurance	Standing	Paper	CorGov	Ceri Jackson	Sarah Harland
		15.3	28 April 2026 Audit, Risk and Assurance Committee	Assurance	Standing	Paper	CorGov	Peter Curran	Sarah Harland
		15.4	19 May 2026 Finance and Performance Committee To include the Commercial Plan (for approval)	Approval	Standing	Paper	CorGov	Jayne Beeslee	AnnaMaria Williams
		15.5	6 March 2026 Academic Partnership Committee	Assurance	Standing	Paper	CorGov	Hannah Rowan	Sarah Harland
12:50	00:05	16	Governance Report	Assurance	Standing	Paper	CorGov	Trish Mills	AnnaMaria Williams
<b>CONSENT ITEMS</b> 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.									
<b>CLOSING ITEMS</b>									
		17	Reflections	Discussion	Standing	Verbal	n/a	Chair	n/a
		18	Any Other Business	Discussion	Standing	Verbal	n/a	Chair	n/a
12:55	00:05	19	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
		20	Date & Time of the Next Meeting: 30 July 2026 (AGM)	Information	Standing	Verbal	n/a	Chair	n/a
		21	Acronyms	Information	Standing	Paper	n/a	Chair	n/a
<b>13:00</b>	<b>03:30</b>	<b>CLOSE</b>							

**LEAD PRESENTERS**

Name	Position
Colin Dennis	Chair of the Trust Board
Jayne Beeslee	Non-Executive Director, Chair of Finance and Performance Committee
Emma Wood	Chief Executive
Peter Curran	Non-Executive Director, Chair of the Audit, Risk and Assurance Committee
Bethan Evans	Non-Executive Director, Chair of Quality Patient Experience and Safety Committee
Ceri Jackson	Non-Executive Director, Chair of People and Culture Committee
Angela Lewis	Director of Culture Change
Estelle Hitchon	Director of Partnerships & Engagement
Rachel Marsh	Deputy Chief Executive
Trish Mills	Director of Corporate Governance/Board Secretary
Hannah Rowan	Non-Executive Director, Chair of the Academic Partnership Committee
Chris Turley	Executive Director of Finance and Corporate resources

Hyd y cyfarfod: 09:30		Statws yr agenda:		BWRDD CYHOEDDUS YR YMDDIRIEDOLAETH: 28 Mai 2026				Dyddiad cau ar gyfer papurau: 19 Mai 2026	
Amser	neilltuwyd	Agendum	Teitl	Eitem ar gyfer	Cais am eitem gan	Fformat	Papur a baratowyd gan	Eitem wedi'i chyflwyno gan	Cydweithwyr i'w cynnwys
<b>EITEMAU AGOR</b>									
09:30	00:05	1	Croeso gan y Cadeirydd, ymddiheuriadau a chorwm	Gwybodaeth	Sefydlog	Ar lafar	n/a	Cadeirydd	Ddim yn berthnasol
		2	Datganiadau o Fuddiant	I ddatgan gwthdaro	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol
		3	Cofnodion y cyfarfod blaenorol 26 Mawrth 2026	Cymeradwyaeth	Sefydlog	Papur	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol
		4	Cofnodion Gweithredu a Materion sy'n Codi	Trafodaeth	Sefydlog	Papur	n/a	Cadeirydd	AnnaMaria Williams
09:35	00:10	5	Adroddiad y Cadeirydd a'r Is-gadeirydd	Gwybodaeth	Sefydlog	Papur	CorGov	Cadeirydd, Is-gadeirydd	Alex Payne
09:45	00:20	6	Adroddiad y Prif Weithredwr	Gwybodaeth	Sefydlog	Papur	Swyddfa'r Prif Swyddog Gweithredol	Emma Wood	Keith Ellingham
10:05	00:10	7	Cwestiynau gan aelodau'r cyhoedd	Gwybodaeth	Sefydlog	Ar lafar	Partneriaethau	Estelle Hitchon	Ddim yn berthnasol
<b>EITEMAU AT GYFER CYMERADWYAETH, SICRWYDD A THRAFODAETH</b>									
10:15	00:30	8	Profiad staff: Nic Anderson, Rheolwr Dysgu a Datblygu ar gyfer Gwirfoddoli a Gwydnwch Cymunedol (a Pharafeddyg)	Trafodaeth	Sefydlog	Cyflwyniad	QSPE	Angie Lewis	Sarah Parry
10:45	00:10	8.1	Diweddariad ar y stori flaenorol: 8.1.1 Judith Parfitt 8.1.2 Kevin Clarke	Trafodaeth	Sefydlog	Ar lafar	QSPE	Liam Williams (Penny Durrant)	Alison Kelly, Leanne Hawker
10:55	00:15	9	Adroddiad Ansawdd a Pherfformiad Integredig Misol (MIQPR)	Sicrwydd	Sefydlog	Papur	SPP	Rachel Marsh	Hugh Bennett, Mark Thomas, Georgia Tizzard, Melanie O'Connor
11:10	00:10	10	10.1 Perfformiad Ariannol ym Mis 12 2025/26 10.2 Adroddiad Cyllid Mis 1 2026/27	Sicrwydd	Sefydlog	Papur	FinCor	Chris Turley	Ed Roberts
11:20	00:15	<b>EGWYL</b>							
11:35	00:10	11	Cynllun Tymor Canolig Integredig (IMTP) 2025/26 Ch4 (Adroddiad Diwedd Blwyddyn)	Sicrwydd	Sefydlog	Papur	SPP	Rachel Marsh	James Houston
11:45	00:20	12	Adolygiad Ansawdd a Llywodraethu Bwrdd yr Ymddiriedolaeth 2025/26	Sicrwydd	Blynyddol (sefydlog)	Papur	CorGov	Trish Mills	Julie Boalch, Alex Payne
12:05	00:15	13	Cynllun Archwilio Blynyddol a Threfniadau 2026/27 - Archwilio Cymru	Cymeradwyaeth	Blynyddol (sefydlog)	Papur	CorGov	Fflur Jones	Ddim yn berthnasol
12:20	00:10	14	Partneriaethau a Dylanwadu: Diweddariad	Trafodaeth	Blaengynllun	Papur	QPSE	Estelle Hitchon	Ddim yn berthnasol
12:30	00:20	15	Adroddiadau Uchafbwyntiau AAA Pwyllgorau'r Bwrdd:	Sicrwydd	Sefydlog	Papur	CorGov	Amrywiol	Alex Payne
		15.1	7 Mai 2026 Y Pwyllgor Ansawdd, Profiad y Claf a Diogelwch I gynnwys Adroddiad Blynyddol Dyletswydd Ansawdd 2025/26 (i'w gymeradwyo)	Cymeradwyaeth	Sefydlog	Papur	CorGov	Bethan Evans	Sarah Harland
		15.2	5 Mai Y Pwyllgor Pobl a Diwylliant	Sicrwydd	Sefydlog	Papur	CorGov	Ceri Jackson	Sarah Harland
		15.3	28 Ebrill 2026 Y Pwyllgor Archwilio, Risg a Sicrwydd	Sicrwydd	Sefydlog	Papur	CorGov	Peter Curran	Sarah Harland
12:50	00:05	15.4	19 Mai 2026 Y Pwyllgor Cyllid a Pherfformiad I gynnwys y Cynllun Masnachol (i'w gymeradwyo)	Cymeradwyaeth	Sefydlog	Papur	CorGov	Jayne Beeslee	AnnaMaria Williams
		15.5	6 Mawrth 2026 Y Pwyllgor Partneriaeth Academaidd	Sicrwydd	Sefydlog	Papur	CorGov	Hannah Rowan	Sarah Harland
		16	Adroddiad Llywodraethu	Sicrwydd	Sefydlog	Papur	CorGov	Trish Mills	AnnaMaria Williams
<b>EITEMAU CYDSYNIAD</b> 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.									
<b>EITEMAU CAU</b>									
12:55	00:05	17	Casgliadau	Trafodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol
		18	Unrhyw Fater Arall	Trafodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol
		19	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 Cyfrif Cyhoeddus (Derbyn i Gyfarfodydd) 1960).	Cymeradwyaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol
		20	Dyddiad ac Amser y Cyfarfod Nesaf: 30 Gorffennaf 2026 (CCB)	Gwybodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol
		21	Acronymau	Gwybodaeth	Sefydlog	Papur	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol
<b>13:00</b>	<b>03:30</b>	<b>DIWEDD Y CYFARFOD</b>							

**PRIF GYFLWYNWYR**

Enw	Swydd
Colin Dennis	Cadeirydd Bwrdd yr Ymddiriedolaeth
Jayne Beeslee	Cyfarwyddwr Anweithredol; Cadeirydd y Pwyllgor Cyllid a Pherfformiad
Emma Wood	Prif Weithredwr
Peter Curran	Cyfarwyddwr Anweithredol, Cadeirydd y Pwyllgor Archwilio, Risg a Sicrwydd
Bethan Evans	Cadeirydd y Pwyllgor Ansawdd, Diogelwch a Phrofiad y Claf
Ceri Jackson	Cyfarwyddwr Anweithredol, Cadeirydd y Pwyllgor Pobl a Diwylliant
Angela Lewis	Cyfarwyddwr Newid Diwylliant
Estelle Hitchon	Cyfarwyddwr Partneriaethau ac Ymgysylltu
Rachel Marsh	Dirprwy Brif Weithredwr
Trish Mills	Cyfarwyddwr Llywodraethu Corfforaethol/Ysgrifennydd y Bwrdd
Hannah Rowan	Cyfarwyddwr Anweithredol, Cadeirydd y Pwyllgor Partneriaeth Academaidd
Chris Turley	Cyfarwyddwr Gweithredol Cyllid ac Adnoddau Corfforaethol

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended
<b>AHMAD, Umar Afthab DR</b>	<b>Non-Executive Director</b> * 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 087631361]	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	
<b>BEESLEE, Jayne</b>	<b>Non-Executive Director</b> * 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 umbrella 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	
<b>BROOKS, Lee</b>	<b>Executive Director of Operations</b>	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	
<b>CURRAN, Peter</b>	<b>Non-Executive Director</b> * Chair of the Audit, Risk and Assurance Committee * Chair of the Charity Committee * Member of the Finance and Performance Committee * Member of the Remuneration Committee	Trustee of Action for Children [1097940]	Position in Charity or Voluntary Organisation	01 February 2021	
		Company Director - Action for Children [04764232]	Directorships	01 February 2021	
		Company Director - Action for Children (Wales) Ltd [10011497]	Directorships	05 April 2022	
		Trustee of National Youth Arts Wales [1170643]	Position in Charity or Voluntary Organisation	06 May 2021	
		Company Director - National Youth Arts Wales [10449512]	Directorships	06 May 2021	
		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	
<b>DENNIS, Colin</b>	<b>Chair of Trust Board and Non-Executive Director</b> * Chair of Remuneration Committee	Company Director - Citizen Treasury PLC (previously WM Housing Treasury Ltd)	Directorships	29 August 2017	
		Company Director - Citizen Treasury Vehicle Ltd	Directorships	04 September 2017	
		Group Chair of South Central Ambulance Service NHS Foundation Trust and South East Coast Ambulance Service NHS Foundation Trust	Directorships	27 March 2026	
		Company Director - North Devon Homes	Directorships	01 April 2022	
		Chair - Green Square Accord (Housing Association)	Position in Charity or Voluntary Organisation	26 March 2024	
		Company Director - LowCarbonLiving Homes Ltd [04207671]	Directorships	26 March 2024	
		Company Director - Green Square Estates Ltd [8719365]	Directorships	26 March 2024	
<b>EVANS, Bethan</b>	<b>Non-Executive Director</b> * Chair of Quality, Patient Experience & Safety Committee * Member of Finance & Performance Committee * Member of People & Culture Committee * Member of Remuneration Committee	Chief Executive Officer (Employed) at My Choice Healthcare Limited.	Any Other Interest	01 June 2019	
		Non-Executive Board Member at Beacon Housing (Social Housing Organisation - Community Benefit Society)	Position in Charity or Voluntary Organisation	01 November 2019	
		Company Director - My Choice Healthcare South Wales Limited	Directorships	11 March 2020	
		Company Director - Moorlands Rehabilitation (Staffordshire) Limited.	Directorships	20 December 2019	
		Company Director - Moorlands Property Ltd	Directorships	16 August 2022	
		Company Director - Springfield (Bargoed) Limited.	Directorships	12 March 2020	
		Company Director - Springfield Property Lettings Ltd	Directorships	16 August 2022	
		Company Director - Homes of Excellence Limited	Directorships	19 March 2021	
		Company Director - Victoria House Care Property Limited	Directorships	05 March 2020	
		Company Director - My Choice Healthcare (Four) Limited	Directorships	27 April 2022	
		Company Director - Luk Ros Property Limited	Directorships	12 March 2020	
		[Previously called Homes of Excellence Healthcare Limited, Company name changed 12.08.2022 - #12513139]	Directorships	12 March 2020	

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended
<b>EVANS, Bethan</b> [continued]	<b>Non-Executive Director</b> * Chair of Quality, Patient Experience & Safety Committee * Member of Finance & Performance Committee * Member of People & Culture Committee * Member of Remuneration Committee	Company Director - Hawthorn Court Property Limited	Directorships	27 April 2022	
		[Previously called My Choice Healthcare (Three) Limited, Company name changed 12.08.2022 - #13371375]	Directorships	27 April 2022	
		Company Director - Ocean Living Property Limited	Directorships	22 July 2022	
		Company Director - Hawthorn Court Care Limited	Directorships	22 July 2022	
		Company Director - Glynconel 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	
<b>HITCHON, Estelle</b>	<b>Director of Partnerships and Engagement</b>	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	
<b>HUTCHINGS, Hayley</b>	<b>Non-Executive Director</b> * Member of the Remuneration Committee * Member of the Academic Partnership Committee * Member of the People and Culture Committee	Emeritus Professor, Swansea University	Non-Financial Professional	31 May 2025	
		Consultant Advisor to the FASAR Trial, Nottingham Trent University	Financial Interest	25 March 2026	
<b>JACKSON, Ceri</b>	<b>Non-Executive Director &amp; Vice Chair of the Trust Board</b> * Chair of the People and Culture Committee * Member of the Charity Committee * Member of Audit Committee * Member of Quality, Patient Experience & Safety Committee	Management Consultant primarily working in third sector	Interest in Companies and Securities	01 May 2019	
		Associate Director of SamKat Consulting Ltd in my capacity as self-employed management consultant	Directorships	01 June 2021	
<b>KNEESHAW, Carl</b>	<b>Director of People</b>	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	
<b>LEWIS, Angela</b>	<b>Director of Culture Change</b>	Chartered Fellow of the CIPD		2005	
<b>MARSH, Rachel</b>	<b>Executive Director of Strategy, Planning and Performance</b>	Nil Declaration			
<b>MILLS, Patricia (Trish)</b>	<b>Director of Corporate Governance/ Board Secretary</b>	Nil Declaration			
<b>PARRY, Hugh</b>	<b>Trade Union Partner</b>	Nil Declaration			
<b>ROBERTS, Edward</b>	<b>Interim Finance Director (from 09 September 2025)</b>	Nil Declaration			
<b>ROWAN, Hannah</b>	<b>Non-Executive Director</b> * Chair of Academic Partnership Committee * Member of Charity Committee * Member of People & Culture Committee * Member of Remuneration Committee	Director, St Martin's Associates (Business consulting and coaching)	Directorships	04 April 2022	
		Non -Executive Director Qualifications Wales ( regulator for all non degree qualifications in Wales)	Any Other Interest	01 April 2021	
		Elected member, The governing body of the church in Wales (Parliament of church in Wales - voting member)	Any Other Interest	01 April 2021	
<b>SAMMUT, Jonathan (Jonny)</b>	<b>Director of Digital Services [appointed 26.09.2023]</b>	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	
<b>SWINBURN, Andrew (Andy)</b>	<b>Executive Director of Paramedicine</b>	Strategic Advisor to College of Paramedics	Any Other Interest	01 January 2020	
<b>TURLEY, Christopher</b>	<b>Executive Director of Finance and Corporate Resources</b>	Nil Declaration			
<b>TURNER, Damon</b>	<b>Trade Union Partner</b>	Nil Declaration			

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended
<b>WILLIAMS, Liam</b>	<b>Executive Director of Quality and Nursing [from 01 August 2022]</b>	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	
<b>WOOD, Emma</b>	<b>Chief Executive (from 01 October 2025)</b>	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	



GIG  
CYMRU  
NHS  
WALES

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**

**ACTION LOG**  
**WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST BOARD**

Minute Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
8.1.1 - 26/03	26 March 2026	Previous patient story follow up: Judith Parfitt	An action was taken to defer this item to the next meeting when Liam Williams is present.	Liam Williams	28 May 2026	<u>Update 14 May 2026</u> Patient story follow-up on agenda for 28 May Trust Board meeting and story tracker information received. AW	Complete
9.4 - 26/03	26 March 2026	Assessing Avoidable Harm	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.	Trish Mills & Liam Williams	28 May 2026	<u>Update from Penny 22 May 2026</u> Following further discussion with the CEO and Executive colleagues, it has been agreed that routine Board oversight of patient harm intelligence will be provided through existing MIQPR reporting arrangements, supplemented by periodic detailed thematic review through QuEST. Any matters requiring escalation or additional Board assurance will be reported via the QuEST AAA process. The originally proposed standalone dashboard is therefore being reframed into an integrated assurance approach utilising existing governance and reporting mechanisms. Update to be formally noted at May Trust Board.  <u>Update 28 April 2026</u> TM: Penny Durrant will provide an update to the action log on the item by 20 May	Open
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	28 May 2026	<u>Update from Jonny Sammut on 14 May 2026</u> 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
11.1.7 - 26/03	26 March 2026	Integrated Medium Term Plan (IMTP) 2026-2029	An action was taken for Emma Wood 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.	Emma Wood & Rachel Marsh	28 May 2026		Open



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Agenda Item No.

5

## REPORT TITLE

Chair and Vice-Chair's Report – May 2026

## MEETING

Name of meeting	Trust Board
Date of meeting	28 May 2026
Public or Private	Public
If private - <a href="#">rationale</a>	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

- |  |  |
|--|--|
| <input type="checkbox"/> Approval                            | <input type="checkbox"/> Endorsement       |
| <input type="checkbox"/> Assurance                           | <input type="checkbox"/> Discussion        |
| <input type="checkbox"/> Information (goes in consent items) | <input checked="" type="checkbox"/> Noting |



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## REPORT SUMMARY:

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

### CHAIR'S REPORT

1. Over the last few months I have been working with colleagues in the Welsh Government Public Appointments Unit to progress the recruitment for the Non-Executive Director vacancy. Interviews were held on the 9 March 2026 and Dr Umar Ahmad was appointed to the board effective 1 April 2026. I extend a warm welcome to Umar for his first meeting of the Trust Board in May 2026.
2. The Trust Board met for its bi-monthly Board Development activity on 30 April 2026. At this session the board received a training session from Withersworldwide on the role of the charity trustee and received the initial findings from the Good Governance Institute (GGI) from their external effectiveness review. The GGI has concluded its fieldwork, and the full outcome report will be received by the board at its meeting in July 2026.
3. Since our last meeting I have been busy with the following activity: -
  - Regular meetings and briefings Emma Wood, Chief Executive, and other executives.
  - Attended the Trust's Chief Executive's Roadshows in Cwmbran on 13 April and Carmarthen on 17 April.
  - Chaired a meeting of the Remuneration Committee on the 13 April.
  - Engaged with the GGI regarding its external effectiveness review.
  - Conducted annual appraisal meetings with the board non-executive directors.
  - Met with Dr Umar Ahmad as part of his induction.
  - 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

4. Since our last meeting I have been busy with the following activity: -
  - Visited colleagues in Carmarthen and the Hywel Dda locality on 31 March.
  - Chaired a meeting of the Charity Committee on the 2 April.
  - Attended the Vice-Chairs Peer Group meeting on the 8 April.
  - Attended the Trust's Chief Executive Roadshow on 13 April in Cwmbran.
  - Attended a meeting of the Remuneration Committee on 13 April.



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- Attended a meeting with Darren Hughes, NHS Confederation.
- Attended the Audit, Risk and Assurance Committee (ARAC) on 28 April.
- Chaired the Board Development Day on the 30 April.
- Chaired a meeting of the People and Culture Committee on 5 May
- Attended a meeting of the Quality, Patient Safety and Experience Committee on 7 May.
- Attended the ARAC members' quarterly meeting on 8 May.
- Engaged with the GGI regarding its external effectiveness review.
- Engaged in the recruitment activity for the Chief People Officer.
- 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 meetings with Trade Union Partners.
- Routine monthly meetings with non-executive director colleagues.

## RECOMMENDATION(S)

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

The Trust Board is requested to:

1. Receive and note the report.

## ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

N/A



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

### STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to objectives and what good looks like](#)]

<input type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input type="checkbox"/> SO2: Enabling our people to be the best they can be
<input type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input checked="" type="checkbox"/> SO4: Developing services in collaboration
<input checked="" type="checkbox"/> SO5: Being quality driven and clinically led	<input type="checkbox"/> 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](#)]

<input type="checkbox"/> Safe	<input type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input type="checkbox"/> Efficient	<input type="checkbox"/> Equitable	<input type="checkbox"/> Person Centred

Quality Enablers (select all that apply) [[link to standards](#)]

<input checked="" type="checkbox"/> Leadership	<input type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Culture
<input type="checkbox"/> Information	<input type="checkbox"/> Learning Improvement & Research	<input type="checkbox"/> Whole Systems Approach

### WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to goals](#)]

<input checked="" type="checkbox"/> A socially responsible and inclusive employer	<input type="checkbox"/> An innovative and sustainable organisation	<input checked="" type="checkbox"/> A pro-active, accessible and equitable care provider
<input type="checkbox"/> n/a	<input checked="" type="checkbox"/> n/a	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	

### APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
n/a	



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Agenda Item No.

6

## REPORT TITLE

Chief Executive Report: May 2026

## MEETING

Name of meeting	Trust Board
Date of meeting	28 May 2026
Public or Private	Public
If private - <a href="#">rationale</a>	n/a

## REPORT SPONSOR

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

## PURPOSE OF REPORT

- |  |  |
|--|--|
| <input type="checkbox"/> Approval                            | <input type="checkbox"/> Endorsement           |
| <input checked="" type="checkbox"/> Assurance                | <input checked="" type="checkbox"/> Discussion |
| <input type="checkbox"/> Information (goes in consent items) | <input type="checkbox"/> 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 26 March 2026. It is intended that this report will provide a strategic briefing as linked to our strategic objectives.



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## 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 163 - Maintaining Effective & Strong Trade Union Partnerships

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

Risk 201 - A loss of stakeholder confidence that damages the Trust's reputation.

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

### HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [[link to standards](#)]

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input checked="" type="checkbox"/> Equitable	<input checked="" type="checkbox"/> Person Centred

Quality Enablers (select all that apply) [[link to standards](#)]

<input checked="" type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Culture
<input checked="" type="checkbox"/> Information	<input checked="" type="checkbox"/> Learning Improvement and Research	<input checked="" type="checkbox"/> Whole Systems Approach

### WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to goals](#)]

<input checked="" type="checkbox"/> A socially responsible and inclusive employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input checked="" type="checkbox"/> A pro-active, accessible and equitable care provider
<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	n/a

### APPROVAL/SCRUTINY ROUTE

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



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## 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 26 March 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.

## ASSESSMENT

### Strategic update

#### Celtic Alliance

3. I was pleased to progress our emerging Celtic Alliance collaboration with the Scottish Ambulance Service and Northern Ireland Ambulance Service following our engagement in Edinburgh, supported by shared presentations that explored respective approaches to urgent and unscheduled care improvement. We agreed on a practical set of next steps to review opportunities to develop AI together and to structure the sharing of our productivity plans.

#### Urgent and Emergency Care (UEC) Summit

4. An NHS Wales Performance and Improvement UEC Summit took place on 27 April 2026. Discussions focused on system-wide improvement in UEC delivery, with particular emphasis on productivity and addressing unwarranted variation in performance. In addition to the formal programme, valuable insights were gained through bilateral and informal engagements with system leaders. The requirement for all hospitals to meet the 45-minute handover was reiterated and described as a mandate from the Welsh Government.

#### Partnership Update

5. I was pleased to welcome a delegation from the London Ambulance Service to Vantage Point House on 23 April 2026. The visit focused on seeing our revised clinical model in practice, including a structured walk-through of the case for change, our approach to development, and the way we have worked with partners and the Welsh Government to co-develop. The programme also enabled detailed discussion and demonstration of the Call Prioritisation Streaming System and Emergency Communication Nurse System (CPSS/ECNS), and our work to better integrate 111 and 999, and dedicated sessions on Clinical Model Transformation.



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6. In April, we delivered a series of Chief Executive Roadshows across Cwmbran, St Asaph and Carmarthen, engaging with over 270 colleagues. The sessions reflected on the past year and set out our direction for the future. The programme was intentionally interactive, with facilitated table discussions. Each roadshow concluded with open Q&A sessions, providing a valuable forum for direct engagement and feedback to inform our ongoing priorities.
7. In addition to the formal roadshow sessions, I also undertook a series of visits to Hospitals across Wales, providing further opportunity to meet with frontline colleagues and teams in their local settings. These visits enabled open and constructive discussions, allowing staff to share their experiences, views and suggestions directly, and ensuring that their feedback continues to inform our approach to service delivery and organisational development.

## **Operations**

### **Hospital Handover Delays**

8. Following publication of the independent Ministerial Advisory Group on NHS Wales Performance and Productivity review in April 2025, Recommendation 15 called for health boards to ensure that no ambulance handover exceeds 45 minutes, while maintaining the overall ambition of achieving handover within 15 minutes wherever possible.
9. In support of this direction, WAST prepared a revision to the All-Wales Ambulance Release Protocol to incorporate a 45-minute Release to Respond threshold. The Trust's position remains that ambulance handover performance is inconsistent across Wales and that, despite preparatory work undertaken across the system, Release to Respond has not yet been implemented. The Trust's analysis is that voluntary improvement alone has not yet delivered the consistency or pace of change required, and that clearer system direction, together with resolution of practical enablers such as governance and equipment arrangements, remains necessary to support implementation.
10. This is significant because the principal safety risk for the Trust remains upstream in the community. Risk 223 (The Trust's inability to reach patients in the community, causing patient harm and death) remains one of the Board's principal risks. Although the risk score reduced from 25 to 20 during 2025 following lower handover delays, the Board has previously understood that a sustained period of improvement is required for that position to be maintained. In light of recent deterioration in handover performance, the Board should be concerned that



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current arrangements do not yet provide the Operations Senior Leadership Team has raised the risk score (returning to a score of 25) and entered this position into Trust governance.

### **National Direction and System Assurance**

11. At the UEC summit Dr Chris Clayton, Managing Director of NHS Wales Performance and Improvement reemphasised the mandate to deliver on the handover 45 requirement and subsequently wrote to Chief Executives and Chief Operating Officers of Local Health Boards and the Trust confirming that the Welsh Government has instructed NHS Wales Performance and Improvement to support the rapid implementation of the 45-minute ambulance handover protocol across all health systems in Wales.
12. The letter sets out that NHS Wales Performance and Improvement will take an active facilitation and assurance role, including direct engagement between the Trust and Local Health Boards during June 2026 to assess operational readiness, reset implementation timelines where required, and agree standardised operational protocols. The CEOs of WAST, Aneurin Bevan University Health Board, Betsi Cadwaladr University Health Board, and Swansea Bay University Health Board have met and asked their respective COOs to meet and agree on the trajectory ahead of this facilitated meeting with NHS Wales performance and improvement.
13. From a Trust perspective, this direction is significant. It provides clearer national leadership and a defined assurance route for an issue that has not sustained improvement. However, the Board should note that until a release protocol is operationally implemented and sustained, the risk to patients waiting in the community and the impact on ambulance availability remain material.

### **Integrated Care Clinical Queue (ICQ)**

14. The ICQ is a core component of the Clinical Model Transformation Programme and establishes a single, unified clinical queue within the 999 CAD. This brings together all 999 and 111 calls requiring remote clinical assessment into one prioritised view, irrespective of the patient's point of entry into the system. The model is designed to enhance both clinical safety and operational efficiency by enabling consistent prioritisation based on clinical need. It also strengthens clinical governance through standardised processes and supports the shift from a Clinical Response Model to a Clinical Services Model, ensuring patients receive the right care, first time.



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15. Extensive preparation was completed ahead of go-live, including the configuration of a single clinical CAD module, development and approval of aligned standard operating procedures, and completion of clinical safety, information governance, and continuity assurance requirements. Comprehensive training and engagement activity took place for clinicians, managers, and call handlers, alongside system testing, readiness assurance, and formal governance sign-off, ensuring both workforce and system readiness for implementation.
16. The ICCQ went live as planned on 21 April 2026, with all remote clinical assessments from 999 and 111 now flowing through a single prioritised queue. As anticipated with a change of this scale, a number of early challenges were identified, including initial staff adjustment to new workflows and increased queue visibility, early technical and reporting issues (particularly in relation to time to triage) and the impact of change reflected in early staff feedback. These issues were proactively identified, acknowledged, and managed through active support arrangements and coordinated issue resolution. Early benefits are already emerging, with the single queue operating as intended and providing a clear national view of demand, improved situational awareness for clinicians and managers, and strong cross-team collaboration during the go-live period. There is a lag in retrospective reporting, however for the first time we will understand wait times that have not previously been transparent to us (those originating from 999 and determined appropriate for remote clinical assessment).

## **Finance**

17. The reported revenue end-of-year financial position for 2025/26 was a surplus of £80k, with an achievement of the Capital expenditure limit of £32.326m, with a small underspend against the target of £0.73, all of which are subject to audit.
18. The draft accounts are completed and have been submitted by WG on 30<sup>th</sup> April, the audit commenced on 5<sup>th</sup> May and is expected to conclude by 30<sup>th</sup> June, the annual accounts are subject to a full audit, but currently the Trust is reporting full delivery of all its statutory targets for 25/26.
19. The organisation now moves into the implementation of the Financial Plan for 26/27 and the delivery of a revenue savings requirement of £9m and planning for capital expenditure of £30.928m. Given the impact of the war in the Middle East, the trust continues to monitor the impact on the opening financial plan of the significant rise in fuel prices that commenced in Mid-March and continues to increase.



## **Governance**

### **UK Covid-19 Inquiry**

20. The UK Covid-19 Inquiry published its Module 3 report on 19 March 2026, examining the impact of the pandemic on healthcare systems across the four UK nations. The Inquiry Chair, Baroness Hallett, concluded that healthcare systems entered the pandemic ill-prepared and overstretched, leading to periods of system overwhelm, delayed care for both Covid and non-Covid patients, and significant, lasting impacts on the workforce and those who were bereaved.
21. The report makes ten key recommendations focused on preparedness, capacity, infection prevention and control, and staff wellbeing. The Trust is reviewing the findings and recommendations and will consider their relevance and implications through established governance arrangements, with further updates to be provided to the Executive Leadership Team and Board as appropriate.
22. The key areas of focus for the Trust include system resilience and surge capacity in urgent and emergency care, management of call handling and demand pressures, infection prevention and control arrangements, including access to appropriate PPE, and workforce wellbeing and psychological support. Particular attention will also be given to learning relating to escalation, mutual aid, data and risk identification, and preparedness planning to ensure clarity of decision-making and resilience ahead of any future pandemic or major system pressure.

### **People and Culture**

23. Following the Board's decision not to appoint Newly Qualified Paramedics (NQPs) in 2026/27, affected students were informed in late March. While this was understandably disappointing for those impacted, clear steps were outlined to support future employment opportunities. A pan-Wales Trainee Emergency Medical Technician (EMT) recruitment campaign will be launched shortly, ringfenced for these graduates and prioritised ahead of other external applicants. Alongside this, further work is underway to strengthen our understanding of future workforce requirements and to improve longer term workforce planning. In parallel, Health Education and Improvement Wales (HEIW), in agreement with Welsh Government and WAST, has paused the commissioning of new direct entry full time Paramedic Science programmes for the 2026/27 academic year. This reflects a reassessment of workforce demand, aimed at rebalancing supply and



demand and improving employment prospects for current Paramedic Science students.

24. In support of the Clinical Model Transformation Programme ambition to increase the provision of remote care, work has begun to explore opportunities for a rotational model for Paramedics, enabling experience across Emergency Medical Services and Integrated Care settings. This forms part of broader efforts to ensure our clinical workforce is flexible, skilled, and aligned to future models of care.
25. At the end of March, the Executive and the Senior Leadership Team came together to pause and reflect on how we lead during a period of significant pressure and change. to the session, considering how we sustain our energy and effectiveness, particularly with the challenging year ahead, and to ensure we're clear about direction and expectations and that we're positioned to create the conditions to lead well over the next 12 months.
26. Our WAST Way has already shown positive traction. We are now entering Phase 2 of the programme, where we are continuing to strengthen the connection between Our WAST Way, how we lead and work together day to day, and the impact this has on staff experience and patient outcomes.
27. As part of our Working Well Together Framework, we have developed a Cultural Early Warning Score (CEWS) tool to support proactive, locally led cultural improvement. The CEWS Tool acts as an interactive and supportive guide for managers and teams to collaboratively assess their team culture using a range of metrics. Building on this success, we have started to share the tool across other NHS organisations in Wales.
28. Strengthening colleague voice remains a key focus. The 2025 NHS Staff Survey findings have been fully analysed, alongside facilitated workshops with the Executive Team and Trade Union partners. These sessions supported a collective understanding of organisational strengths, the challenges colleagues are experiencing, and the levers available to drive meaningful and sustained improvement.
29. The Inclusion and Engagement Team have delivered two targeted open days at the Trust's 111 Contact Centres at Vantage Point House and Matrix House, specifically aimed at individuals from Black, Asian and Minority Ethnic backgrounds. Over 80 people registered interest, with 20 attending the first



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cohort of open days, supported by Contact Centre Operational Managers and the Recruitment Team. Feedback has been positive, with several attendees already progressing to submit applications for vacant contact centre roles. Attendee progress will continue to be tracked throughout the recruitment process, and outcomes will be evaluated to inform future inclusive attraction initiatives.

30. We continue to raise awareness around Sexual Safety by delivering Sexual Safety General Awareness Training to over 75 volunteers. Our commitment to compassionate, people-centred practice has also been reflected externally.
31. Building on commitments made at last year's Social Partnership Conference, the Deputy Director of People has coordinated a further four joint development days for line managers and Trade Union partners, delivered across April and June. These sessions focus on safeguarding, shared perspectives through "walking in each other's shoes," the new disciplinary policy, and crucial conversations viewed through a social partnership lens. Colleagues from the Welsh Government Social Partnership team also attended and contributed to the programme.

### **Partnership and Engagement**

32. The election on 7 May marked the biggest change to the Senedd for 25 years, with 96 members elected across 16 new constituencies using a new voting system. Healthcare remains a top priority for all political parties in Wales, which is why we created a dedicated [Senedd Election 2026](#) page on our website to help candidates learn more about the Welsh Ambulance Service. We look forward to engaging constructively with new members in the months ahead.
33. Listening to People, the new national approach for handling complaints, incidents and redress in NHS Wales, launched on 1 April, replacing the previous Putting Things Right framework. The directorate led a comprehensive programme of internal and external communications to ensure stakeholders were fully informed of the changes.
34. The Trust has celebrated the first anniversary of its pledge to protect the well-being of future generations. Its well-being objectives were published a year ago under the Well-being of Future Generations (Wales) Act 2015, which requires public bodies across Wales to work together to improve the long-term social, economic, environmental and cultural well-being of Wales. The Trust has three wellbeing objectives focused on its role as an employer, a provider of care and as



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an anchor organisation committed to long-term sustainability. The objectives were developed in partnership with staff and Trade Union partners.

### **Quality and Safety**

35. The NHS Wales Safeguarding Celebration Event provided strong external validation of the Welsh Ambulance Services University NHS Trust's strategic approach to safeguarding, recognising leadership, service-level innovation and workforce development.
36. The introduction of a robust safeguarding risk assessment and allegations management framework has strengthened consistency, governance and staff confidence, while delivering earlier identification and escalation of risk in line with national priorities. This is timely in the context of a forthcoming Healthcare Inspectorate Wales (HIW) review of child safeguarding arrangements, with the Trust currently preparing its response to evidence how safeguarding is effective in practice, including decision-making, escalation processes and multi-agency working.

### **Digital Update**

#### **Funding for 111 online development**

37. Welsh Government has confirmed (via JCC) £1.23m recurrent revenue funding to support the next phase of development for the NHS 111 Wales online offer. This is a significant step towards a national 'digital front door' for urgent and emergency care across Wales.
38. The programme will deliver a full redevelopment of the 111 Wales website, a modern content management system, symptom checker integration, and a refresh of clinical content to ensure accessibility and clinical safety.
39. Building on the early success of our agentic AI capability ('Albot'), we will expand intelligent digital navigation and strengthen 111 online's role as an orchestration layer across the urgent and emergency care system.
40. This is a multi-year programme of work. Immediate focus is on establishing strong foundations around platform, accessibility (including digital and disability standards), and clinical safety.



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## **Service improvement – End of Life Care (EoLC) Rapid Transport (Special Care Line)**

41. A redesign of the call-taking infrastructure for the EoLC Rapid Transport Service is supporting improved access for Health Board colleagues. Prior to the change, healthcare professionals reported difficulty getting through to the line, sometimes for prolonged periods.
42. Delays impacted patients and families, as end-of-life care arrangements could not progress without timely transport to a patient's preferred place of death.
43. The improved call answering enables earlier bookings and faster transport, supporting timely transfer and reducing avoidable uncertainty for patients and families.

### **RECOMMENDATION**

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



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# Trust Board Update briefing 28th May 2026

## Patient Story: Judith Parfitt

Updated: 25<sup>th</sup> February 2026

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## Summary of Patient Experience Story

Judith's story (recorded November 2025) –

<https://youtu.be/n5KOObf41IY?si=yYNA9Gn1ZRuzsSOo>

On 02/02/25 Judith received a call from her 92-year-old mother, Ethel Moss, who'd lost her balance, fallen awkwardly into a chair, with a suspected leg injury, in great pain.

Judith was unable to move her and rang 999; initial call was assessed as a GREEN 3 which was upgraded to AMBER 2 following CSD Triage.

An EA arrived following morning, despite several 999 calls made. During a 16-hour wait Ethel experienced pain and discomfort as pain-relief was advised against by call-taker. Ethel also had the indignity of having to go to toilet on a pad.

Judith felt the wait was unacceptable and that more could have been done to provide pain-relief and support. Ethel was found to have had a fractured femur. Judith felt that the PTR response was impersonal and little more than a "box-ticking exercise"

## Key Risks and Issues Identified

- Patient safety/clinical risk from prolonged long wait for response due to increase in demand on the service and handover delays.
- Uncontrolled pain and discomfort throughout wait leading to severe distress and agitation and risk to delirium onset and cognitive decline in an elderly patient.
- Negative experience of PTR response, failing to meet complainants' expectations with loss of trust in the Organisation to show compassion and understanding.



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Judith Parfitt

## Impact

- Trauma and lasting negative perception of care experience of the service due to prolonged uncontrolled pain/loss of dignity, psychological impact and vulnerability
- Mismatch between clinical triage category vs lived experience of urgency leading to erosion of trust and reputational harm
- Experience of the concerns/ PTR process did not reflect emotional impact. Felt procedural rather than compassionate
- Secondary harm ("harm after harm") through poor experience handling.

## Themes for Assurance

- Strengthen falls and frailty response model.
- Improve pain management guidance/protocol
- Focus on dignity of care
- Address complaints handling
- Whole-System Escalation of Falls Risk

## Actions Taken / In Progress

- The Falls desk went live November 2025 within Integrated Care Department. Continued monitoring and reporting of experiences and outcomes of patients via the falls desk with a view to identifying continuous improvement to optimise the falls desk.
- Strengthen the clinical support desk to enable improved pain control and escalation.
- Reviewed negative feedback and identified improvements inline with incoming new regulations around Listening to People Framework.



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Judith Parfitt

## Required Areas of Continued Focus

- Between 2nd February 2026 – 31st March, a pilot exploring the APPNAV intervention with Falls and Frailty, particularly those with complex needs who were at risk of deterioration, repeat attendance, or avoidable conveyance was undertaken. Results need to be reviewed with actionable insights identified to be taken forward.
- Volunteer Strategy being rewritten – falls to be a key part of this work to enable volunteers to provide early on scene support/comfort
- 'Listening to patients' new regulations April 1st, 2026, will have a greater focus on timely, clear and person-centred communications.
- Concerns leads have met to discuss feedback and how the new regulations will support a more considerate and person-centred approach.

## Intended Outcomes

- CEO has asked PHW/NHS Wales colleagues for a falls review to address variation across communities in Wales.
- A Case for Change – working with commissioners and partners and connecting work around falls being delivered by many organisations.
- More focus on outcomes and highlight issues more frequently in managing falls.
- The Trust is making changes to ensure it fully understands people's experiences, including offering an initial in-person conversation, agreeing investigation timelines together, and staying connected with updates that are both personal and meaningful.
- Make the complaints process more compassionate, transparent, and centred on the experiences of patients and their families.



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# Trust Board Update briefing 28 May 2026

## Patient Story: Mr Kevin Clarke

**Updated: 27 April 2026**

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Mr Clarke

## Summary of Patient Experience Story

Kevin Clarke

Presented in Person – 26<sup>th</sup> March 2026

On 12 June 2024, two emergency calls were made to the ambulance service for Mr John Clarke. The first call, placed at 20:41 by a District Nurse, reported Mr Clark as conscious and breathing but unable to mobilise from his sofa and appeared dazed. District Nurse informed call handler he also had stage 4 lung cancer.

A second call at 21:43 reported a deterioration in his condition, with Mr Clarke having collapsed to floor though still conscious and breathing.

At the time, extended hospital handover delays impacted WAST ability to respond promptly and an ETA of 3–5 hours was given. In total Mr Clarke waited approximately 25 hours from initial emergency call to transfer of care at hospital.

## Initial Key Risks and Issues Identified

- Delayed emergency response increasing risk of clinical deterioration and harm, distress to patient and family.
- Extended ambulance handover delays resulting in delayed treatment and reduced ambulance availability.
- Lack of enhanced clinical oversight resulting in poor person-centred care during prolonged wait.
- Communication did not sufficiently reflect patient complexity, vulnerability or family experience.



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Mr Clarke

## Impact

- Prolonged discomfort and distress on the patient and his family.
- Operational pressure on frontline staff.
- Reduced system resilience and ambulance availability.
- Organisational Impact
- Reputational risk and reduced public confidence.
- Identified assurance gaps in end-to-end patient flow and oversight.

## Themes Identified for Assurance

- Access and Timeliness of Care
- System Resilience and Flow / Hospital handover delays
- Clinical Governance and Oversight during prolonged waits.
- Person Centred Care - Compassionate, personalised communication.
- Safety Intelligence and Learning - Use of patient stories to drive improvement and a visibility of harm intelligence at senior and Board level.

## Actions Taken / In Progress

- Improvements to clinical oversight and response with the introduction of Clinical Navigators within the Clinical Support Desk; increased capacity and enhanced senior clinical oversight to ensure complex cases receive timely review and escalation, and improved identification of patients requiring enhanced clinical monitoring.
- A multidisciplinary subgroup under the Clinical Assurance Group (CAG) has been established to review patient safety intelligence on a quarterly basis.
- Development of a Patient Safety Scorecard to strengthen harm intelligence and dashboarding.
- An overview of the 'assessment of harm report' presented to previous Trust Board and supporting documentation has been shared with Mr Clarke to evidence learning and improvement.
- Commitment to open and transparent communication aligned with Duty of Candour principles.



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Mr Clarke

## Required Areas of Continued Focus

### **Timely Access to the Right Clinical Response**

Ensure patients receive an appropriate and proportionate response at the earliest opportunity, where clinical complexity or vulnerability is identified.

### **Effective Handover and System Flow**

Reduce ambulance handover delays through improved system coordination, clinical prioritisation, and shared accountability across organisational boundaries.

### **Consistent Enhanced Clinical Oversight**

Strengthen clinical review and escalation processes to ensure high-risk patients are identified early and managed with appropriate senior clinical input.

### **Person-Centred Communication and Transparency**

Embed a compassionate, personalised approach to communication that supports patients and families before, during, and after emergency care episodes.

## Intended Outcomes

- Reduced risk of harm for patients waiting for response or handover.
- Improved individual patient experience.
- Enhanced clinical assurance for complex cases.
- Improved trust and confidence from patients and families.

The learning from the experience/s of Mr Clarke will continue to be translated into system-level improvements that strengthen safety, clinical oversight, and person-centred care across the Trust.



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Agenda Item No.

9

## REPORT TITLE

Monthly Integrated Quality Performance Report – March/April 2026

## MEETING

Name of meeting	Trust Board (TB)
Date of meeting	28 May 2026
Public or Private	Public
If private - <a href="#">rationale</a>	n/a

## REPORT SPONSOR

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

## PURPOSE OF REPORT

<input type="checkbox"/> Approval	<input type="checkbox"/> Endorsement
<input checked="" type="checkbox"/> Assurance	<input checked="" type="checkbox"/> Discussion
<input type="checkbox"/> Information (goes in consent items)	<input type="checkbox"/> Noting



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## REPORT SUMMARY:

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

1. The purpose of this report is to provide the Board with the Monthly Integrated Quality and Performance Report for March and April 2026, bringing together the Trust's key indicators across Our Patients, Our People, Finance and Value, and Partnerships and System Contribution.
2. The report has been further refined this month to strengthen Board oversight, including a clearer focus on only the 36 Board level measures, greater use of trajectories, and more explicit interpretation of SPC charts. This remains an evolving product and further refinement will continue as the new format beds in.
3. For ambulance response, the new Purple (Arrest), Red (Emergency), Orange (Now), Yellow (Soon) and Green (Planned) categories are now established. Arrest performance remains within the expected target range, while Emergency and Orange (Now) performance continue to indicate that the current system is not yet capable of consistently achieving the required standards. Stroke and STEMI call-to-door times also remain significantly above the required standard, reflecting the wider pressures across ambulance response and hospital handover.
4. Hospital handover performance has improved materially compared with the same period last year, with 13,748 hours lost in April 2026 compared with 21,183 in April 2025. This is welcome progress, but performance remains above the level the Trust's operating model is designed to absorb consistently.
5. The harm-related measures in the report continue to show that delays in access, handover and response remain material patient safety concerns and require sustained executive and system focus.
6. 111 call handling performance has deteriorated in recent months. April 2026 abandonment was 18.8%, and SPC indicates the service is not currently capable of reliably achieving the 10–15% ambition within the existing resource envelope.
7. Ambulance Care performance remains mixed. Oncology and repeat renal cancellation measures remain comparatively strong, while cancellation performance overall remains a concern and is now a key area of focus within the wider NEPTS Improvement Programme.
8. Finance and Value indicators show a mixed position: the Trust remains on plan financially, EA productivity remains above the modelled ambition, but APP productivity and NEPTS cancellations continue to indicate areas where the current system is not yet delivering the required level of value and efficiency consistently.



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9. Partnerships and System Contribution indicators show encouraging progress in some areas, particularly consult and close rates and reduced patient cancellations, but system indicators such as conveyance, 111 outcomes and handover-related harm continue to demonstrate the extent to which Trust performance remains dependent on wider whole-system flow and pathway development.
10. Across the workforce metrics, the Trust continues to focus on production, sickness, turnover, PADR completion and training compliance. While some indicators are stable, others remain below ambition and require sustained improvement action.
11. The 36 measures have now been explicitly aligned to the Trust's six strategic objectives. Taken together, this shows that the strongest concentration of challenge remains within Strategic Objective 1 (our patients) and Strategic Objective 4 (system contribution), particularly where operational flow and wider system dependence affect timely access and patient safety. It also shows that Strategic Objective 2 contains a mixed picture, with some workforce measures stable and others still requiring sustained improvement.

## RECOMMENDATION(S)

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

The Trust Board is requested to:

1. **Consider the March/April 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](#)]

<input checked="" type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input checked="" type="checkbox"/> SO2: Enabling our people to be the best they can be
<input checked="" type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input checked="" type="checkbox"/> SO4: Developing services in collaboration
<input checked="" type="checkbox"/> SO5: Being quality driven and clinically led	<input checked="" type="checkbox"/> 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](#)]

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input checked="" type="checkbox"/> Equitable	<input checked="" type="checkbox"/> Person Centred

Quality Enablers (select all that apply) [[link to standards](#)]

<input checked="" type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Culture
<input checked="" type="checkbox"/> Information	<input checked="" type="checkbox"/> Learning Improvement and Research	<input checked="" type="checkbox"/> Whole Systems Approach



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## WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [ <a href="#">link to goals</a> ]		
<input checked="" type="checkbox"/> A socially responsible employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input checked="" type="checkbox"/> A pro-active, accessible and equitable care provider
<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	n/a

## APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
21 May 2026	Hugh Bennett, Assistant Director Commissioning & Performance
27 May 2026	Executive Leadership Team



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## SITUATION

1. The purpose of this report is to provide senior decision-makers within the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the 36 key metrics recently agreed. This report is for **March/April 2026**.

## BACKGROUND

2. The MIQPR continues to evolve. This iteration includes trajectories for a number of measures for the first time. 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.
4. Previous iterations of the MIQPR have included Statistical Process Control (SPC) charts. This version extends 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 is capable of achieving 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. The report is structured around four integrated areas of focus:



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- Our Patients (Quality, Safety and Patient Experience).
- Our People;
- Finance and Value; and
- Partnerships and System Contribution.

### Our Patients

- 6. 111 call answering performance** has deteriorated in recent months, with the abandonment rate increasing to 18.8% in April 2026, above both the Trust ambition and the current process mean. SPC indicates that the service is not currently capable of delivering the 10–15% ambition consistently within the current resource envelope. Improvement work is focused on roster redesign, active recruitment, digital demand management and reducing avoidable call handling time through changes to clinical advice processes.
- 7. Ambulance Response** (safety and patient experience): the new ambulance performance categories are now established. For Arrest (Purple), the principal outcome measure is Return of Spontaneous Circulation (ROSC), which was 23.9% in April 2026. The SPC chart shows common cause variation with no confirmed special-cause improvement, and performance remains below the 25% target, indicating that the current system is not yet capable of achieving that level consistently. Improvement action is being taken through the out-of-hospital cardiac arrest workstream and work to strengthen data linkage across the pathway.
- 8.** For Emergency (Red) calls, April 2026 median response time was 9 minutes 24 seconds and the 90th percentile was 22 minutes 37 seconds, both outside the required standard. The position remains materially influenced by two factors: the effectiveness of demand deflection within the new clinical model and the extent of hospital handover delay. Improvement action is focused on refining the RCS0 pathway, reviewing clinical navigator capacity and reducing handover delay through the Trust's wider system programme.
- 9.** For Orange (Now) calls, April 2026 median response time was 1 hour 26 minutes. While there is no national target for this measure, the current level of performance remains significantly above the Trust's stated ambition and indicates ongoing pressure within the wider urgent and emergency care system.



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Improvement action is focused on demand reduction, increasing unit hour production and continued work with health boards to reduce handover delay.

- 10.** EMS production reduced to 89% in April 2026, below the 95% target. Although handover lost hours have reduced, the level of delay remains above that which the operating model is designed to absorb. Improvement action continues through the Clinical Model Transformation programme, targeted recruitment to reduce vacancies, action on abstractions and sickness, and the development of alternative response pathways.
- 11.** Hospital handover delay remains a critical patient safety and system performance issue. In April 2026, 13,748 hours were lost, representing a material improvement on April 2025 and one of the lowest monthly positions seen in recent years. However, the level of delay remains above the threshold the Trust's operating model is designed to absorb consistently, and variation across health boards remains significant. The Trust continues to work with commissioners, health boards and NHS Performance & Improvement to support delivery of W45 and wider system flow improvements.
- 12. Ambulance Care (Patient Experience):** performance remains mixed. Oncology and repeat renal cancellation measures remain comparatively strong, while advanced discharge and transfer performance and the wider level of cancellations continue to indicate the need for sustained improvement through the NEPTS Improvement Programme. Improvement action is focused on re-rostering, capacity management, reducing avoidable cancellations and strengthening booking and pathway processes with health boards.
- 13. National Reportable Incidents / Concerns Response:** the Trust reported two NRIs in April 2026. The revised Concerns Regulations took effect from 1 April 2026, and the Trust is awaiting confirmation of the final national KPI definitions before routine reporting against the new framework is established.
- 14. Clinical outcomes:** stroke and STEMI call-to-door times remained significantly above the required standard in April 2026. This reflects the wider pressures described elsewhere in the report, particularly ambulance response performance and hospital handover delay. Improvement action is being taken through the CMT benefits workstream and developing work with NHS Performance & Improvement to model and improve the component stages of these pathways.



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**15.** Patient-initiated ambulance cancellations reduced to 5,712 in April 2026, a notable improvement on both the previous year and recent historical levels.

**16. Joint Investigation Framework / Duty of Candour:** in April 2026, 12 serious patient safety incidents were referred to health boards under the Joint Investigation Framework and Duty of Candour was enacted on three occasions. Work remains underway to align reporting to the new metric set, while the existing recovery work on concerns continues through the wider concerns improvement programme.

### Our People

**17. Hours Produced:** the Trust produced 115,155 EMS response unit hours in April 2026, equating to 87% of plan and below the 95% target. The principal drivers remain higher-than-benchmark abstractions and workforce gaps, although the recruitment pipeline is expected to improve the position over time. Improvement action is focused on reducing vacancies through planned courses, alongside action on abstractions, sickness and workforce availability.

**18. Trust sickness absence:** overall sickness was 7.47% in March 2026, unchanged from the same period last year and above the Trust ambition of 6%. The pattern remains consistent with seasonal pressure, and improvement action continues through the workforce wellbeing agenda, roster changes, occupational health support and wider operational reform.

**19. Turnover:** the Trust's overall turnover was 7.87% for April 2026, remaining consistent and below the 10% target.

**20. Under-represented Groups:** the Trust does not yet routinely monitor appointments from under-represented groups in the form required for the revised metric. This measure therefore remains under development while the data position is clarified.

**21. Staff training and PADRs:** PADR completion remained below the 85% target at 76.52% in April 2026, while statutory and mandatory training compliance improved to 89.4%, above target. The key Board message is that training compliance is stable, whereas PADR completion still requires sustained improvement action. Current work is focused on the PADR refresh programme, clearer managerial accountability and renewed communication to support uptake.



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## Finance & Value

**22. Financial Balance:** at Month 1 the Trust is reporting breakeven and forecasting delivery of its year-end breakeven position, alongside achievement of its Capital Resource Limit.

**23. Average Jobs per shift:** EA productivity remains above the modelled ambition, reflecting improved availability associated with lower handover delay, while APP productivity remains materially below ambition. For APPs, the SPC position indicates a sustained lower level of performance, and improvement action is focused on rostering and scheduling changes, supported by work to improve APP utilisation.

**24. Cancelled NEPTS activity:** 15.5% of NEPTS activity was cancelled in April 2026, remaining above the 10% ambition. While the position is within the range expected from the current system, it continues to indicate the need for improvement through the wider Ambulance Care transformation programme. Action is focused on re-rostering, capacity management, digital improvements and reducing cancellations that are avoidable through process change.

## Partnerships & System Contribution

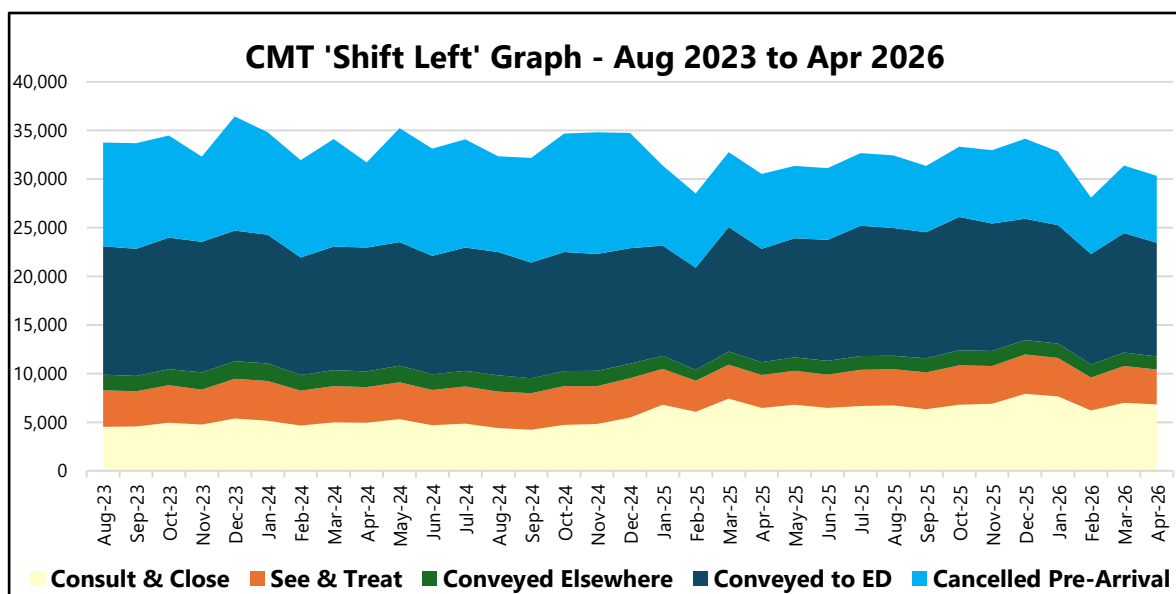
**25.** The **consult & close** rate was 19.7% in April 2026, below the 22% ambition but materially improved compared with the historical baseline. The SPC indicates a sustained shift in performance associated with the Clinical Model Transformation programme, although the current system has not yet reached the planned level consistently. Improvement action continues through digital transformation, strengthening remote clinical support and maintaining staffing improvements within the RICS model.

**26. See and Treat and Conveyance:** the see and treat rate remained below ambition in April 2026, while conveyance to ED was 33.83%, above the 30% ambition. SPC indicates that conveyance has returned to a broadly stable pattern, but at a level still above the desired position. Improvement action is focused on APP scheduling, additional falls response capacity, alternative pathways and continued engagement with health boards on SPOAs and pathway development.



**27.111 Outcomes and Welsh:** the proportion of 111 outcomes resulting in 999 or ED disposition was 17.2% in April 2026. Welsh language call answering remained strong at 74.9%, above the Trust ambition of 70%.

**28.** Overall, the longer-term data continues to show evidence of benefit from the Clinical Model Transformation programme, particularly in consult and close and reduced patient cancellations. However, progress remains uneven across the wider urgent and emergency care pathway, and further system-wide improvement is required to deliver the Trust’s ambitions consistently.



**RECOMMENDATION(S)**

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

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# Monthly Integrated Quality & Performance Report

March/ April 2026

Annex 1 – Top Indicator Dashboard



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Version 1.0  
May 2026

by Commissioning & Performance Team

# Delivering on our Strategic objectives



Strategic Objective 1	Are Patients getting the right care, in the right place, every time?													
Strategic Objective 2	Are our people enabled to be the best they can be?													
Strategic Objective 3	Are we at the forefront of innovation and technology?													
Strategic Objective 4	Do we develop services in collaboration?													
Strategic Objective 5	Are we clinically led and quality driven?													
Strategic Objective 6	Do we deliver exceptional value?													

# Section 1: Monthly Indicators / Top Indicator Dashboard



Top Monthly Indicators	Target 2026/27	Feb-26	Mar-26	Apr-26	2 Year Average	RAG	Top Monthly Indicators	Target 2026/27	Feb-26	Mar-26	Apr-26	2 Year Average	RAG
<b>Our Patients (SO1&amp;5)</b>							<b>Our People (SO2)</b>						
Return of Spontaneous Circulation (ROSC)	25-30%	21.4%	22.5%	23.9%	21.1%	A	% of Under-represented Groups	>7%					
Stroke Call to Hospital Door Times	01:30	02:21	02:15	02:35	02:27	R	EMS Hours Produced	95%	94%	92%	87%	86.30%	A
STEMI Call to Hospital Door Times	01:30	02:22	02:37	02:25	02:30	R	Sickness Absence ( <i>all staff</i> )	<6%	8.25%	7.47%	N/A	7.88%	R
NOF Call to Hospital Door Times							Staff Turnover Rate	<10%	7.78%	7.75%	7.87%	8.14%	G
Arrest (Purple) Median	6-8 Minutes	06:49	07:37	07:39	N/A	G	PADR/Medical Appraisal	>85%	73.52%	76.65%	76.52%	74.26%	A
Arrest (Purple) 90th	20 Minutes	15:29	16:57	18:23	N/A	G	Statutory & Mandatory Training	>85%	88.73%	89.19%	89.40%	86.30%	G
Emerg. (Red) Median	6-8 Minutes	08:54	09:25	09:24	N/A	R	<b>Finance &amp; Value (SO6)</b>						
Emerg. (Red) 90th	20 Minutes	21:45	22:23	22:37	N/A	R	Average Jobs per Shift (EA)	2.3	2.85	2.90	2.96	2.71	R
Now (Orange) Median	1 hour	01:14	01:24	01:26	N/A	R	Average Jobs per Shift (APP)	4.75	2.57	2.48	2.57	3.05	R
Time to Integrated Care RICS 1 90th Percentile	1 hour						NEPTS Activity Cancelled (by CMP, Patients & HBs)	<10%	13.4%	13.9%	15.5%	13.5%	R
Can't Send & Cancelled by Patient Volumes	<5,770	4,806	5,771	5,712	7,316	G	Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100%	100%	100%	G
NHS111 Call Handling Abandonment Rates	<10-15%	13.1%	15.2%	18.8%	12.0%	R	<b>Partnerships / System Contribution (SO3&amp;4)</b>						
Renal Repeat Cancellation	Zero						Number of Patients using Albot	MOA	5,343	5,825	5,374	N/A	MOA
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	>70%	78.9%	79.3%	73.9%	76.6%	G	Webchats as a % of Web Site Hits	>1.35%	1.12%	1.22%	1.43%	N/A	G
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	>95%	74.4%	77.6%	71.6%	78.4%	R	111 Outcomes (999 & ED)	MOA	19.5%	21.9%	17.2%	21.9%	MOA
% of 111 call presented in Welsh, Answered in Welsh	>70%	90.3%	92.4%	74.9%	95.1%	G	Successful Consult & Close Outcome	>22%	19.6%	20.0%	19.7%	17.6%	R
National Patient Reported Experience Measure (average overall experience score)	85%						% See & Treat & Alternative pathways (of verified activity)	>20%	10.84%	10.65%	10.36%	10.63%	R
Concerns Response within 30 Days	>40%						Number of Handover Lost Hours	<6000	14,957	16,469	13,748	18,306	R
Enactment of the Duty of Candour Total	100%						Number of Handovers over 45 mins	Zero	4,564	4,791	4,534	5,771	R
National Reportable Incidents reports (NRI)	MOA	4	4	2	4	MOA	Reduction in Number of Conveyances to ED as % of Verified	30%	35.98%	34.75%	33.83%	35.31%	R
Joint Investigation Framework Referrals to HBs	<7	7	5	12	12	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)*)

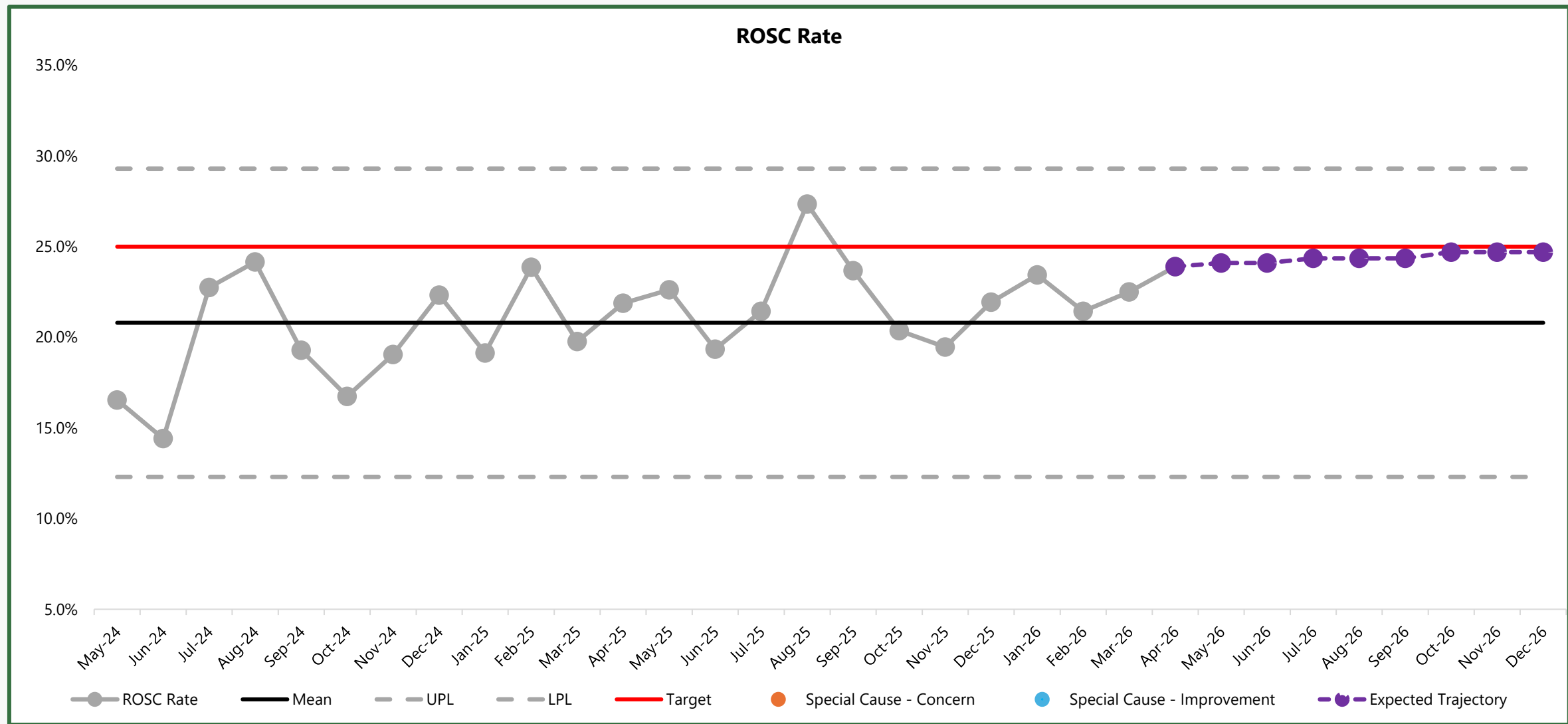
Red: Performance is less than 10% of target (*Indicates close monitoring or significant action is required*)

**Strategic Objective 1**

# Our Patients

## Return of Spontaneous Circulation (ROSC)

NB: #NOF Call 2 Door in development



**Analysis**

**Return of Spontaneous Circulation at hospital (from cardiac arrest) – 23.89% in April 2026.**

The ROSC SP chart shows normal variation with no confirmed special-cause improvement, and because the mean remains below the 25% target, the system is not currently capable of delivering the target consistently.

**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, all of which are green (on target) currently, with the exception of data & analytics, with data linking between health organisations so that patient outcomes can be understood, being a particular issue.

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 will have offered to sit on this T&F to help open doors in the wider health care system.

**Expected Performance Trajectory**

The purple line on the graph shows the predicted trajectory over the next 8 months, which is expected to rise by 0.25% per quarter and be achieving the target by year end.

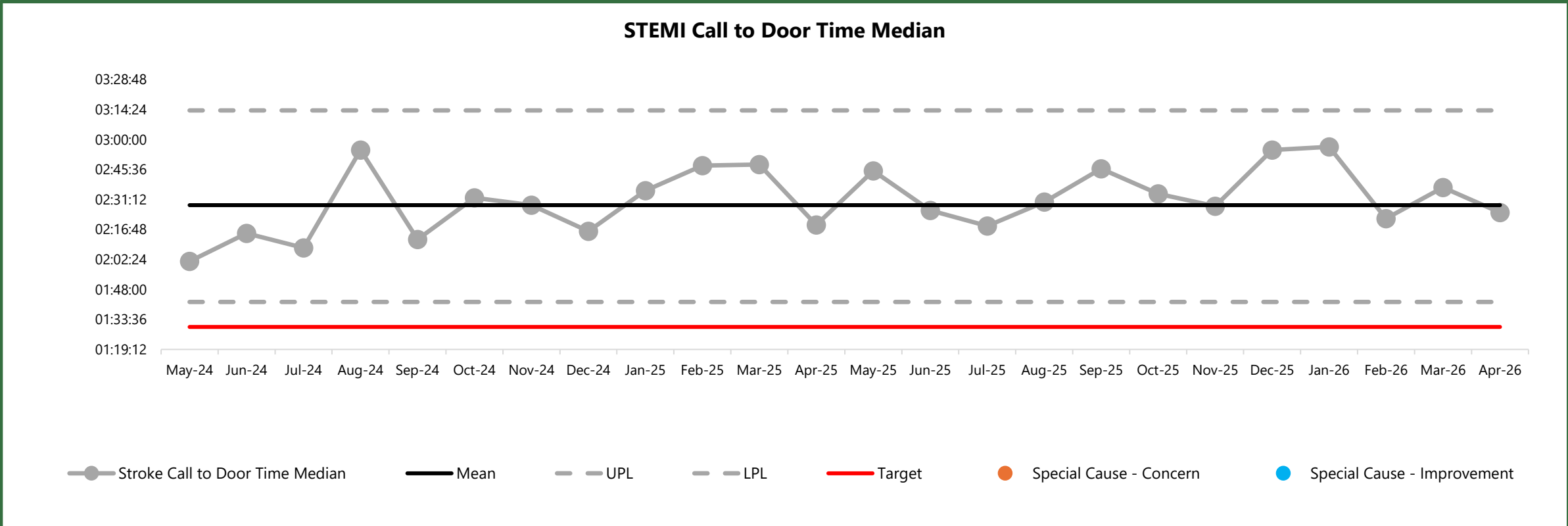
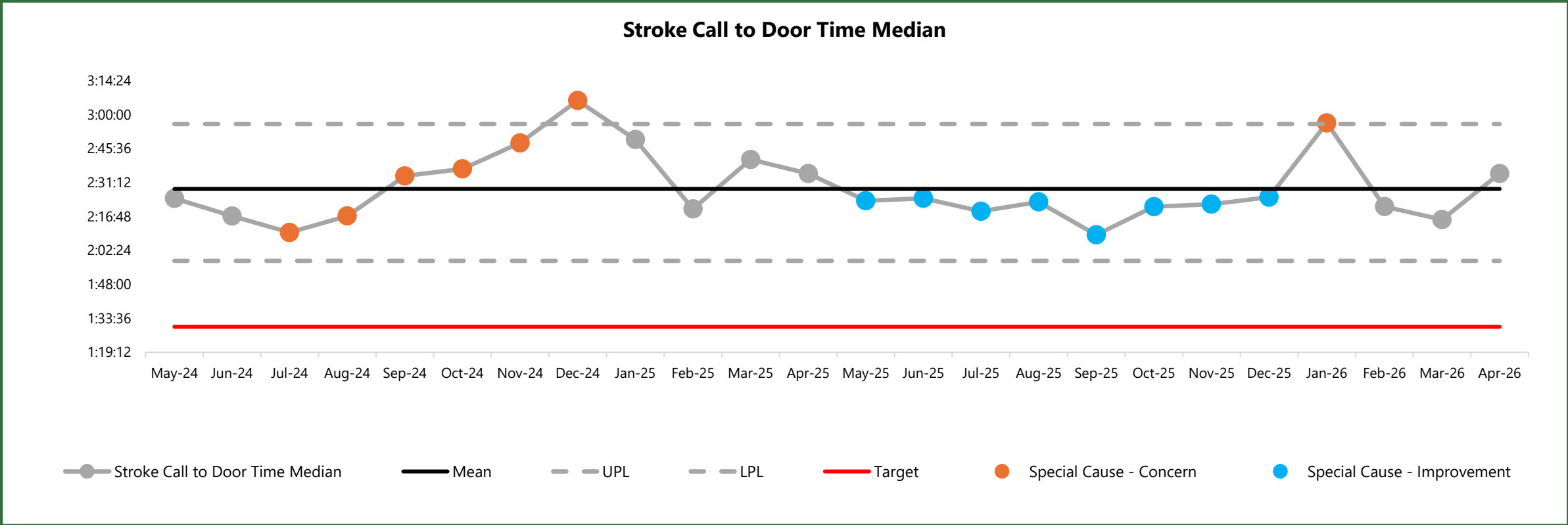
# Our Patients

## Stroke & ST-elevation myocardial infarction (STEMI) patients

### Time-Based metrics

Strategic Objective 1

Stroke Call to Door R  
STEMI Call to Door 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 indicates emerging special cause variation and loss of this improved position. The current process is not capable of achieving the required standard.

**STEMI call-to-door times** demonstrate predominantly common cause variation, with performance fluctuating around the mean and no sustained shift indicative of improvement. The process remains stable but incapable of meeting the target, with performance consistently above the required standard.

**Remedial Plans and Actions:**

The Trust’s ambition is to improve the call to door times to 1.5 hours. The CMT Benefits Workstream is currently setting up its structures for the third year of the CMT programme, which is likely to include working with NHS Performance & Improvement on call to door times, using quality improvement techniques.

**Expected Performance Trajectory:**

Modelling call to door times is complex so is not available for this first iteration of the revised MIQPR. Further discussions will take place on these two indicators in June, linked to the emerging work with NHS P&I, to understand the different component stages of the call to door metric and model improvement.

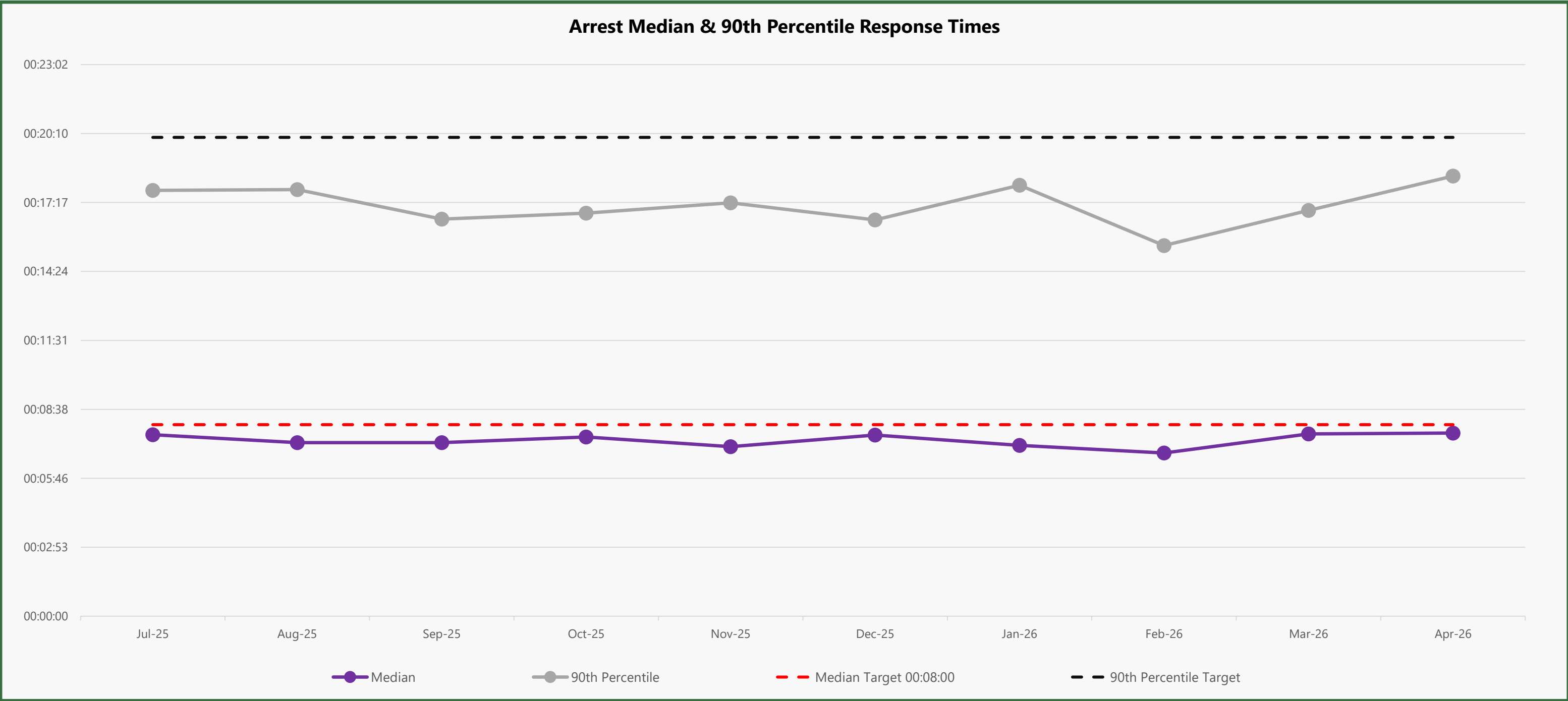
# Our Patients

## Arrest (Purple) Indicators

Strategic Objective 1

Arrest Median  
G

Arrest 90th  
G

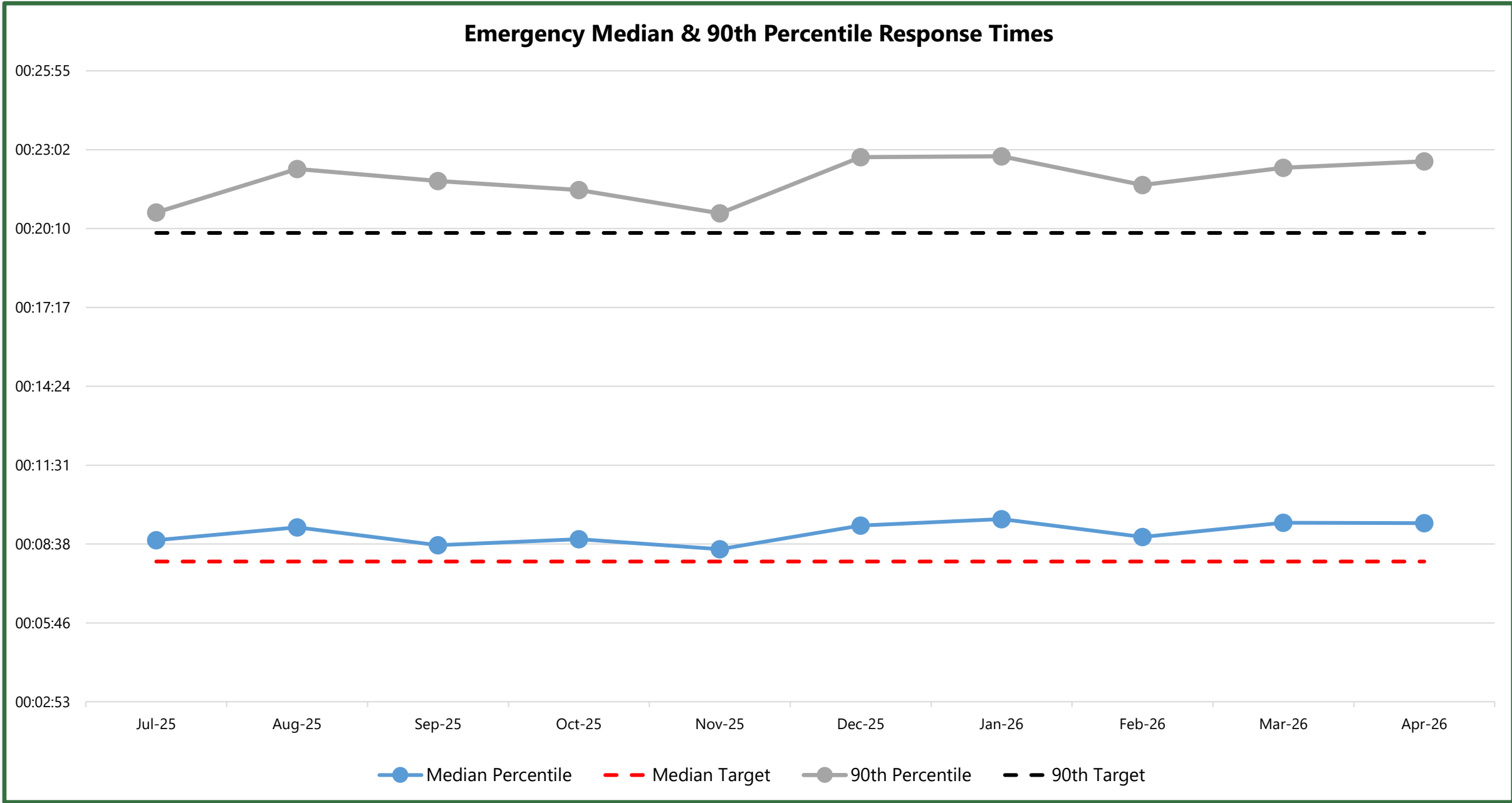


# Our Patients

## Emerg (Red) Performance Indicators

Strategic Objective 1

Emerg Median	Emerg 90th
R	R



**Analysis**

In April 2026 there were 4,751 Emerg (Red) incidents, around 13.73% of all verified incidents.

The median response time in April 2026 for Emerg incidents was 9 minutes 24 seconds. Aneurin Bevan health board had the lowest median time of 8 minutes and 17 seconds, and Powys had the highest at 11 minutes and 53 seconds.

For Emerg calls, the 90th percentile response time was 22 minutes 37 seconds. Aneurin Bevan had the lowest time of 17 minutes and 38 seconds, and Powys had the highest at 33 minutes and 1 second.

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

**Remedial Plans & Actions**

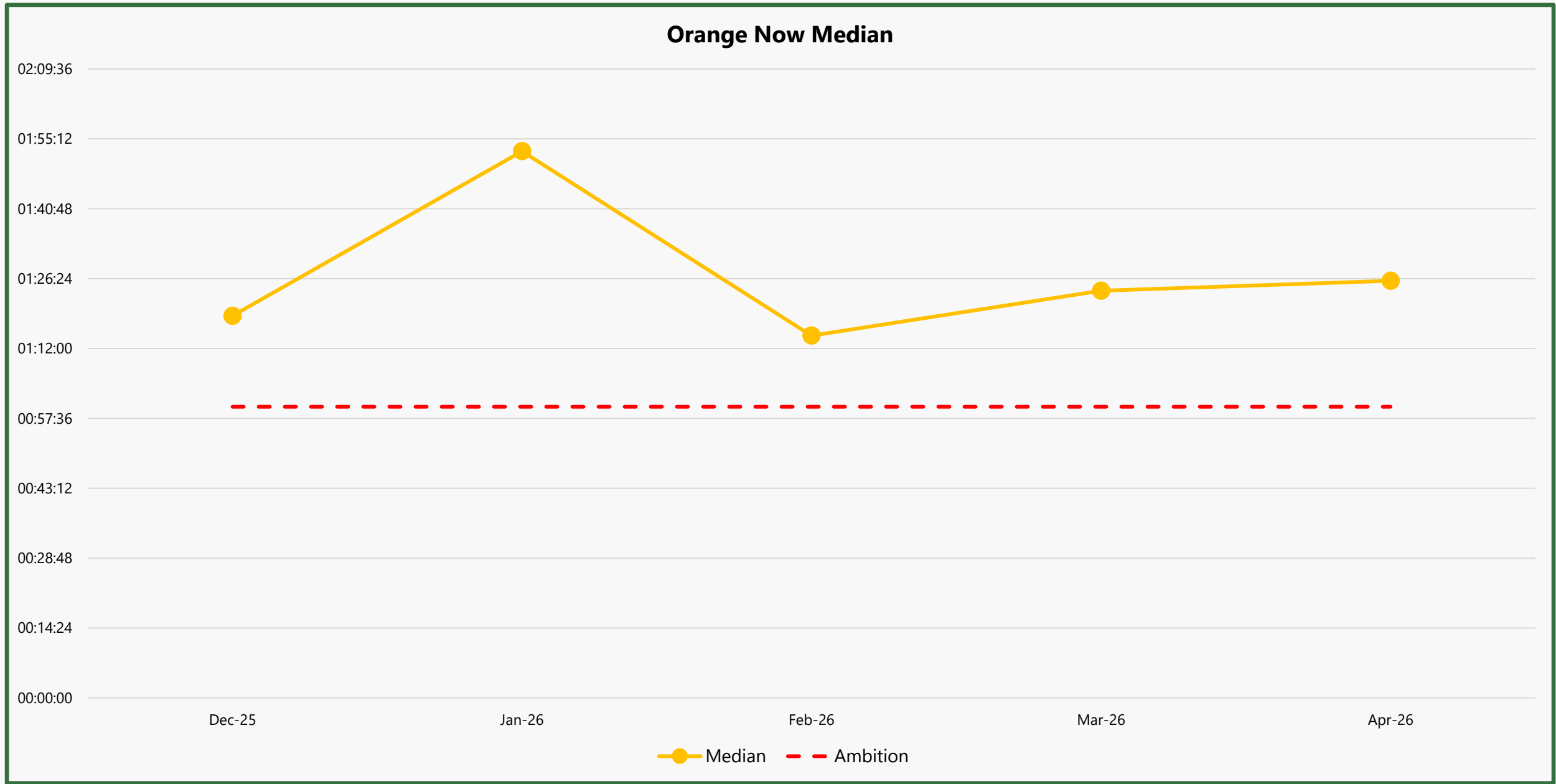
Emergency response times are not achieving performance targets.

Operations SLT recently received a report that identified two issues: 1) the deflection rate from RCS0 to Integrated Care is not behaving in the way the Trust anticipated and 2) the impact of handover lost hours on the Trusts' capacity to respond. For 1) the Trust is reviewing whether some Emerg incidents in the RCS0 cohort should go straight to dispatch, therefore reducing the RCS0 demand, comparing old Red volumes with new Arrest/Emerg and consideration of whether further Clinical Navigator capacity is required to reduce the number of time outs. For 2) W45 is key.

**Strategic Objective 1**

# Our Patients

## Orange (Now) Performance Indicator



**Analysis**

In December 2025 the existing Amber category, was replaced by Orange (now) and Yellow (soon). However, some calls were recorded as the old Amber category.

The median response time in April 2026 for Orange (Now) incidents was 1 hour 25 minutes 57 seconds. Powys health board had the lowest median time of 54 minutes and 22 seconds, and Swansea Bay had the highest at 2 hours 29 minutes and 46 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 just under 7,000 hours.

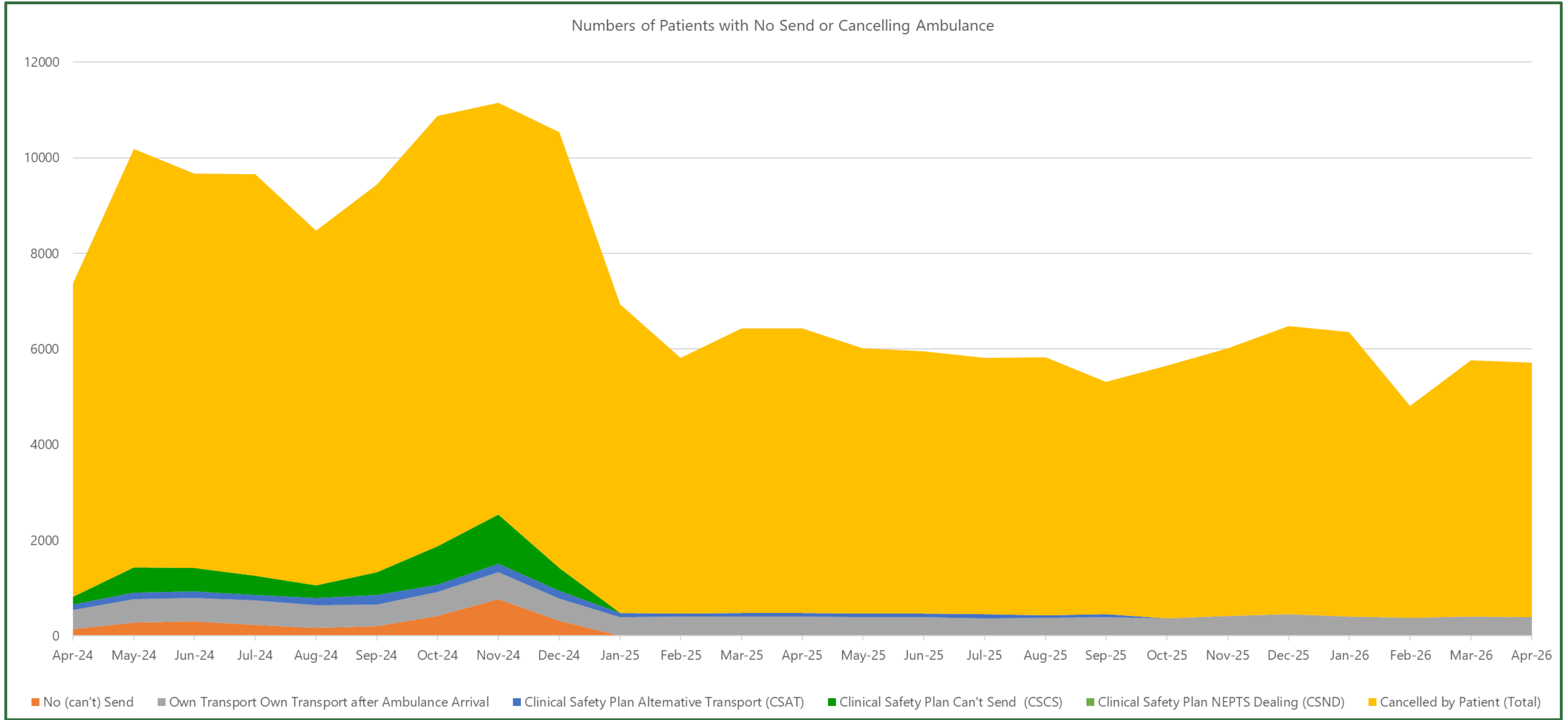
**Under Development**

# Our Patients

## No Send or Patient Cancellations

Strategic Objective 1

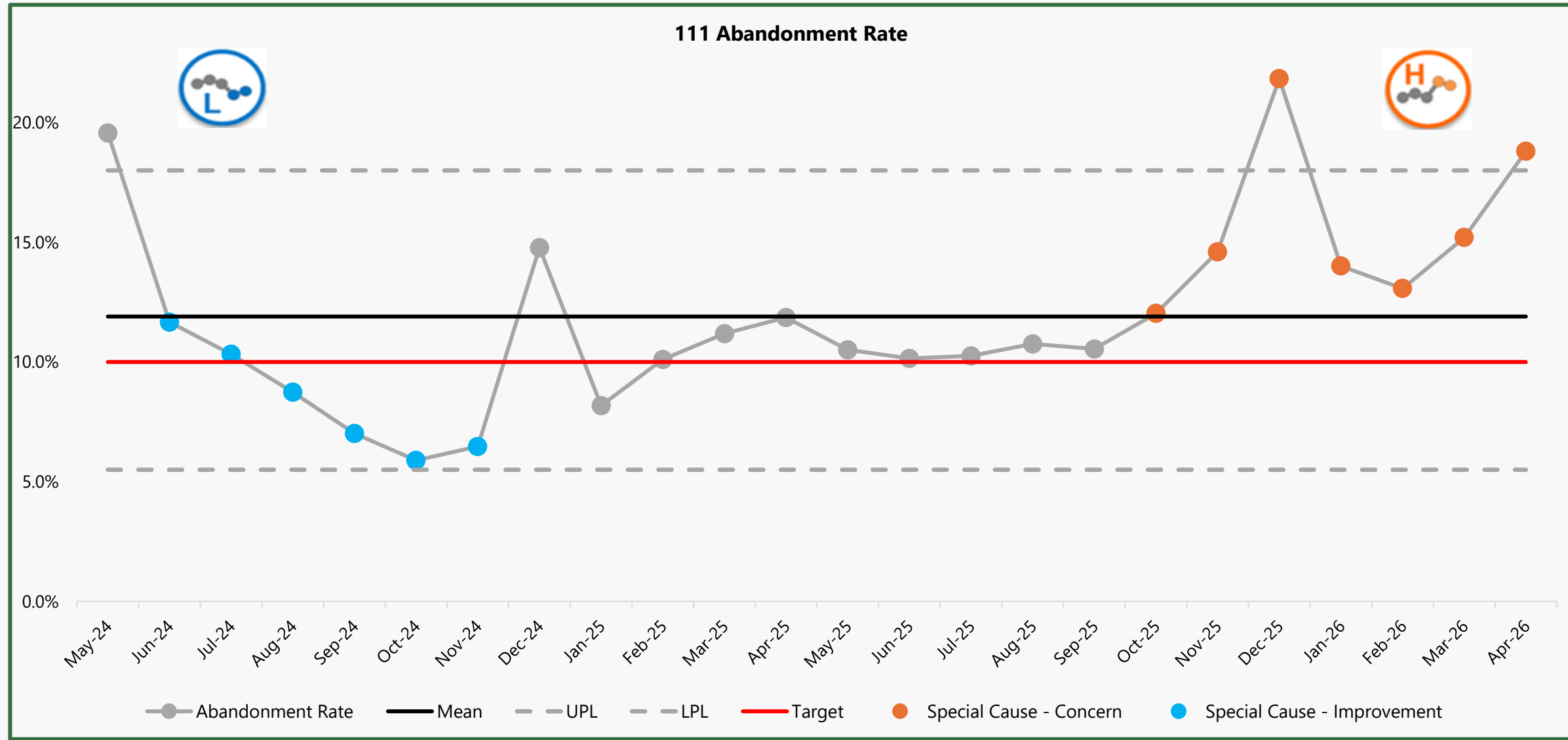
Can't Send  
G



Strategic Objective 1

# Our Patients

## 111 Call Abandonment Performance Indicators



**Analysis**

The 111-call abandonment rate increased to 18.8% in April 2026.

Based on the SPC, the service is not currently able to meet the target consistently. The most recent months are predominantly above the target and include a special-cause signal (two points above the upper control limit), indicating the system has shifted in an unfavourable direction.

111 call demand increased to 97,013. This follows historical patterns whereby high levels of demand negatively impact performance.

**Remedial Plans and Actions**

Key actions include: 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 P2&P3 performance, but also aimed at improving call handler productivity by reducing CAL wait times.

**Expected Performance Trajectory**

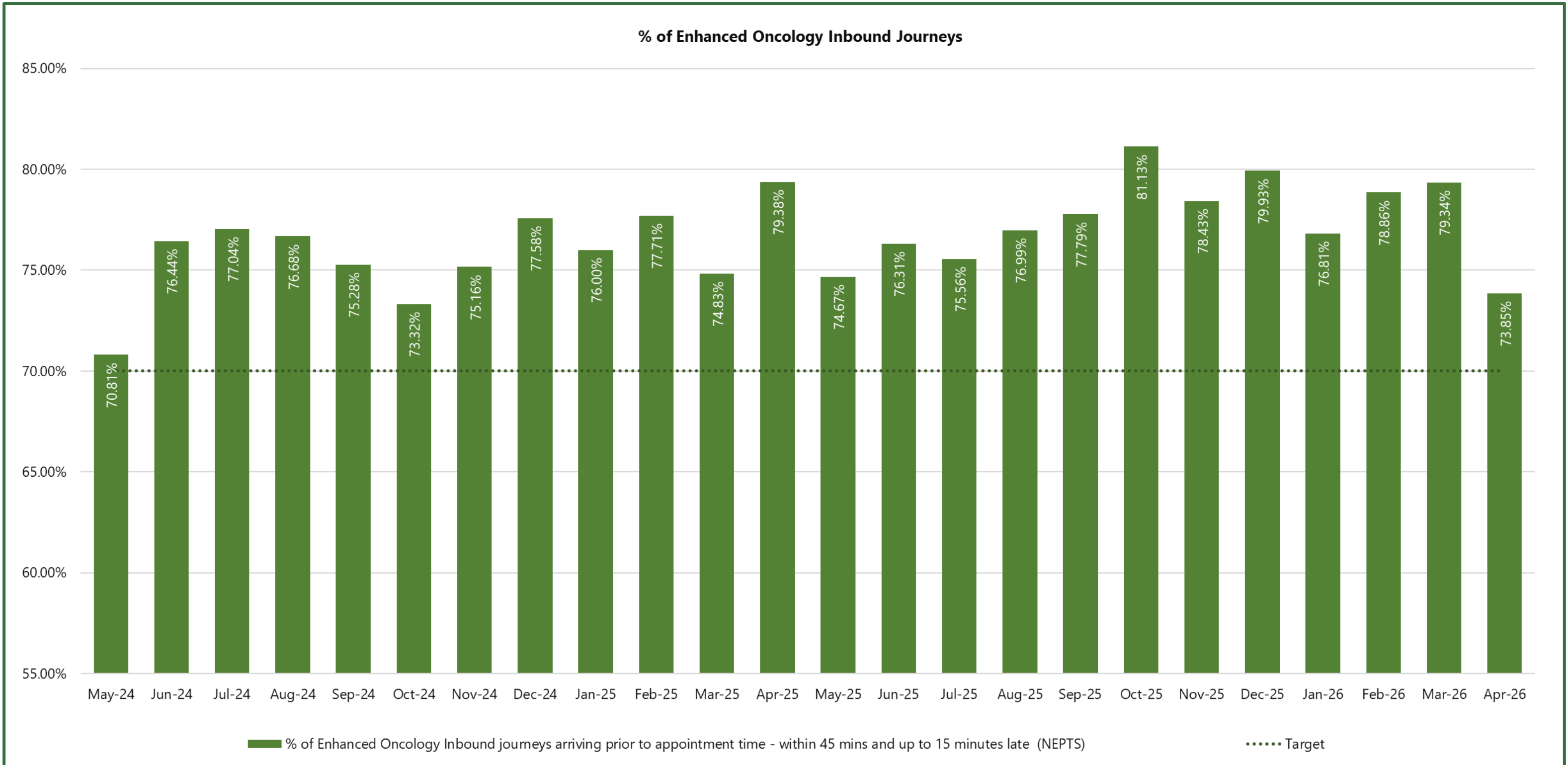
The independent modelling indicates that the Trust should expect to see a performance range of 10%-15% based on the current commissioned establishment. To further expand on this, the Trust can achieve a range of 10%-15% on normal days, but for days with high demand e.g. bank holidays, winter etc. the Trust cannot. The roster keys are designed to cope with c2,500 calls, for period of high demand, this can double or even triple.

# Our Patients

## Ambulance Care Indicators - Oncology

Strategic Objective 1

Oncology  
G

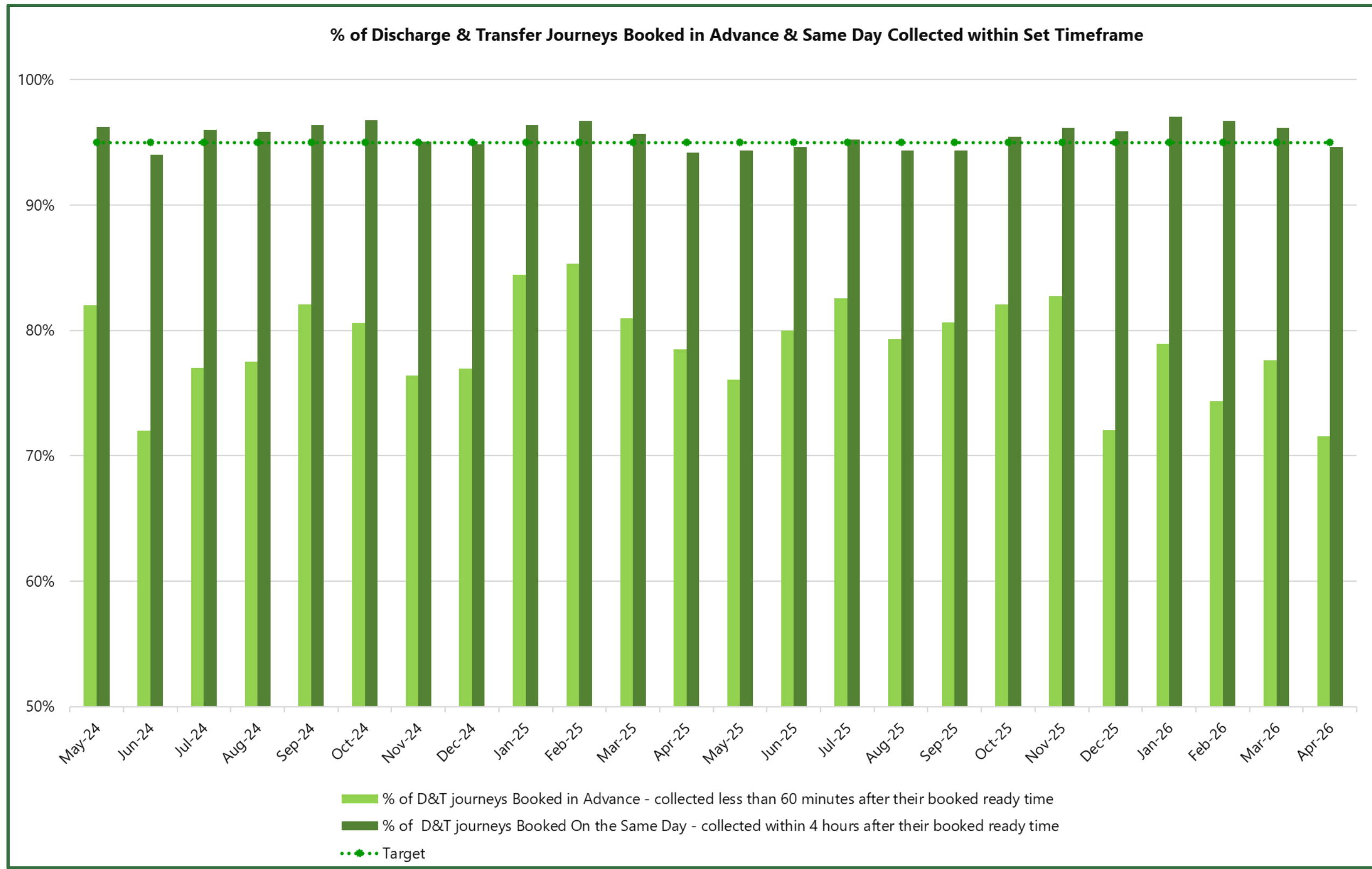


# Our Patients

## 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 April 2026 to 71.6% and remain below the 95% target. Discharge and Transfer journeys booked on the same day achieved 95% in April 2026, achieving the target (95%).

**Remedial Plans and Actions**  
 Performance on advanced discharges and transfers has been challenging throughout the last quarter. Measures to address this have been put in place by the team with the aim to improve performance. It is important to note that this measure was always deemed aspirational and requires a shift in booking practice by Health Boards for this to be achieved.

Sickness levels have seen an increase trend during the quarter, with short term sickness proving most challenging. Actions have been put in place across the service areas to increase focus on this area.

**Expected Performance Trajectory**  
 An improvement to sickness absence levels and advanced discharge and transfer is anticipated within the next quarter.

Under development

# Our Patients

## Patient Experience Surveys

### Strategic Objective 5

National  
Patient  
Reported  
Experience  
Measure

March 2026		
<b>NEPTS</b> (292 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	86
Were you happy with the transport you received?	85	95
<b>999</b> (16 responses)	Benchmark	Score
The 999-call taker who answered your call listened carefully and explained what was going to happen next.	85	98
The length of time I waited for an ambulance to arrive was acceptable.	85	92
<b>111</b> (8 responses)	Benchmark	Score
Do you feel your call to 111 Wales was helpful?	85	33
Did you follow the advice given to you by NHS 111 Wales?	85	83
Would you consider using NHS 111 Wales again?	85	60
<b>WAST Overall - Friends &amp; Family Test</b>	Ranked from very poor to very good.	
How was your overall experience with the service today?		
o Ambulance care	93.04% Good	4.78% Poor
o Integrated Care (NHS 111 Wales Telephone line only)	40.00% Good	40.00% Poor
o NHS 111 Wales Online	56.25% Good	31.25% 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.		

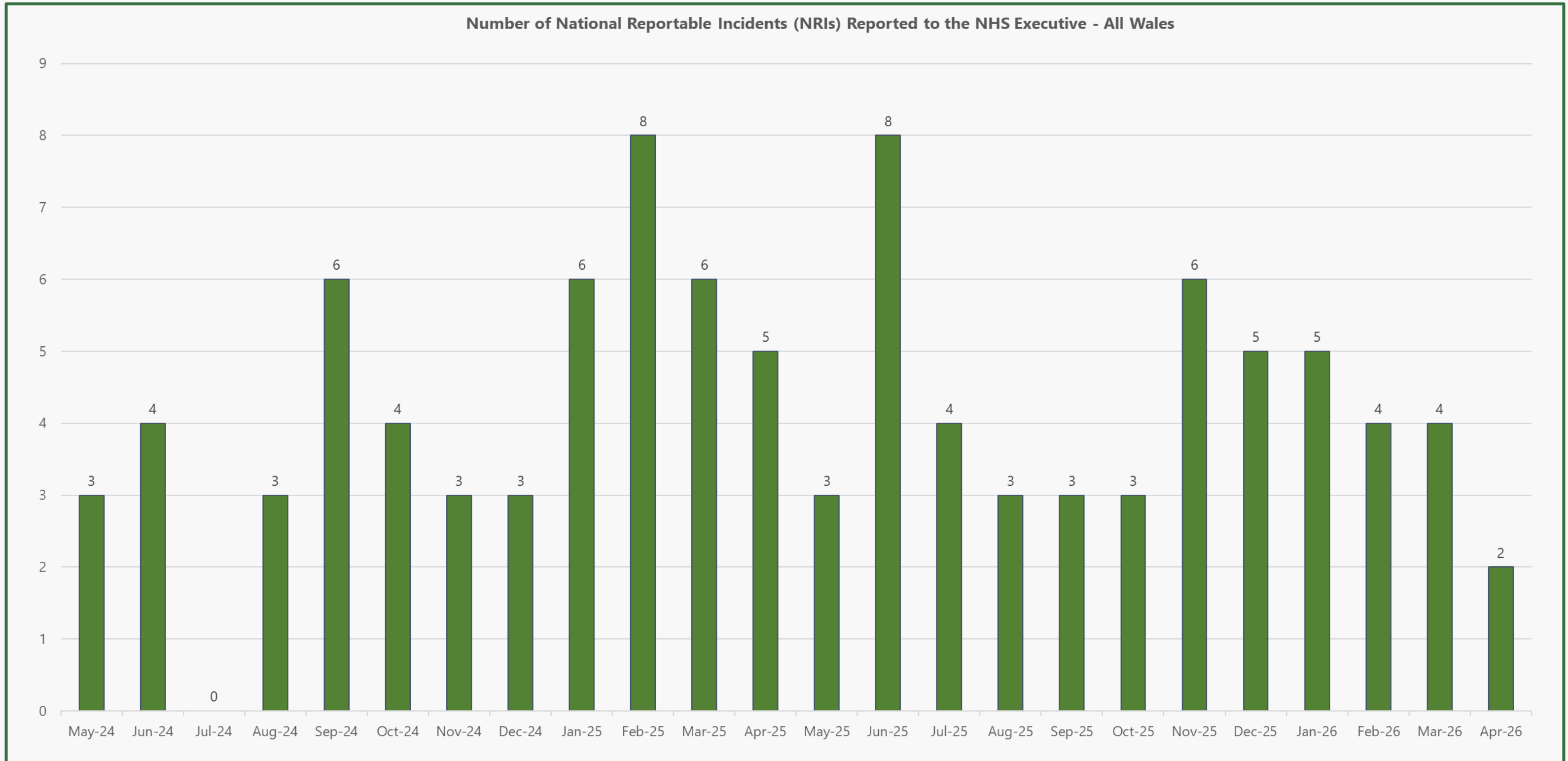
**Under development** Work underway to align current data to new metric.

# 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 1st April 2026. The Trust awaits confirmation from Welsh Government of the definitions for proposed Key Performance Indicators. Once these are confirmed, performance data will be provided against the new requirements.

Operational monitoring of incomplete Putting Things Right cases and new Listening to People cases occurs at local level and is reported to the Concerns Management Programme Board. Completion trajectories for all overdue NRIs, PTR cases and sustainable arrangements for LtP case management are being developed through the CMP Board and its workstreams.

#### **Remedial Plans and Actions**

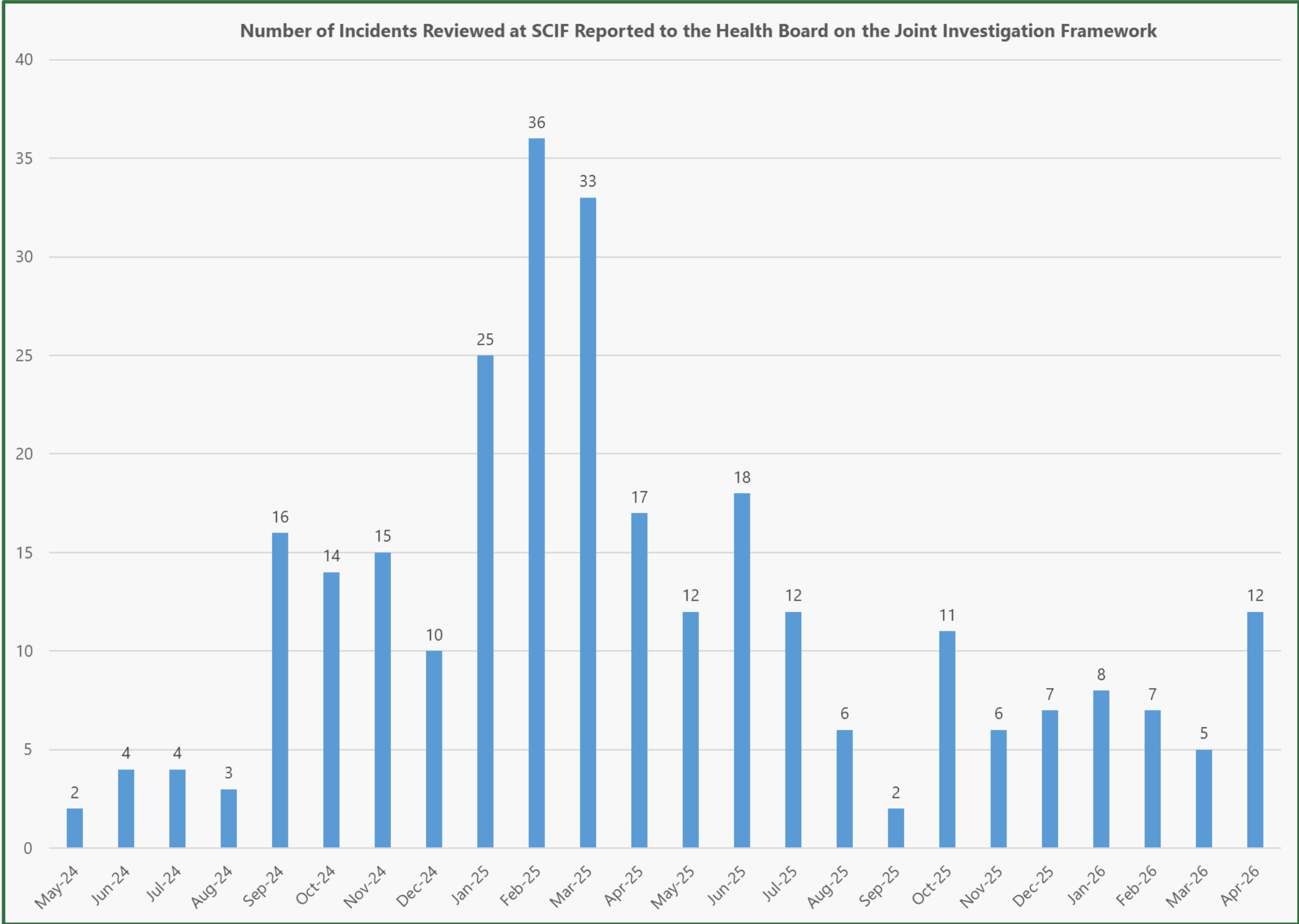
A Concerns Management Improvement Programme Proposal was endorsed by the Executive Leadership Team (ELT) in March 2026. The Programme is underpinned by three clear aims. The first is the recovery of statutory performance, achieved through the reduction of the existing backlog of concerns, complaints, and investigations, and stabilisation of response times. The second is preparing the organisation for implementation of the new "Listening to People" regulatory framework from April 2026 onwards until well-embedded. The third, longer term aim is the development of a sustainable, Trust wide concerns management model, providing clear accountability, timely and proportionate investigations, and stronger organisational learning. Central to this ambition is delivering a compassionate, person-centred experience for those raising concerns and providing broader opportunities for feedback and engagement.

# 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 is currently engaged with NHS P&I, who have required three health boards to focus on handover reduction and W45 compliance, these are AB, BCU and SB. Workshops have been held in May with these health boards, with senior representation from WAST and supporting data.

**Expected Performance Trajectory**

It is difficult for the Trust to set a trajectory for this indicator, as W45 is a health board responsibility. The Trust will continue to support efforts to reduce handover lost hours, continue to monitor W45 performance and its impact on patient safety, whilst also working on the things that it can control e.g. CMT Programme and UHP.

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

**Under development**

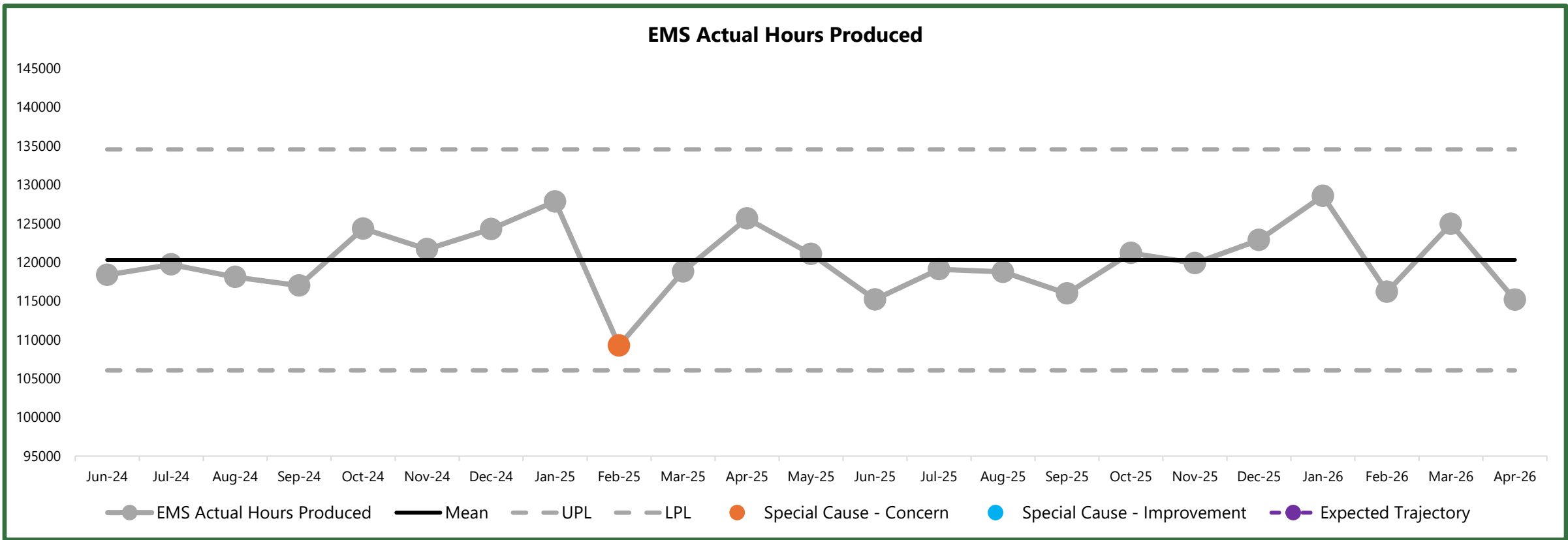
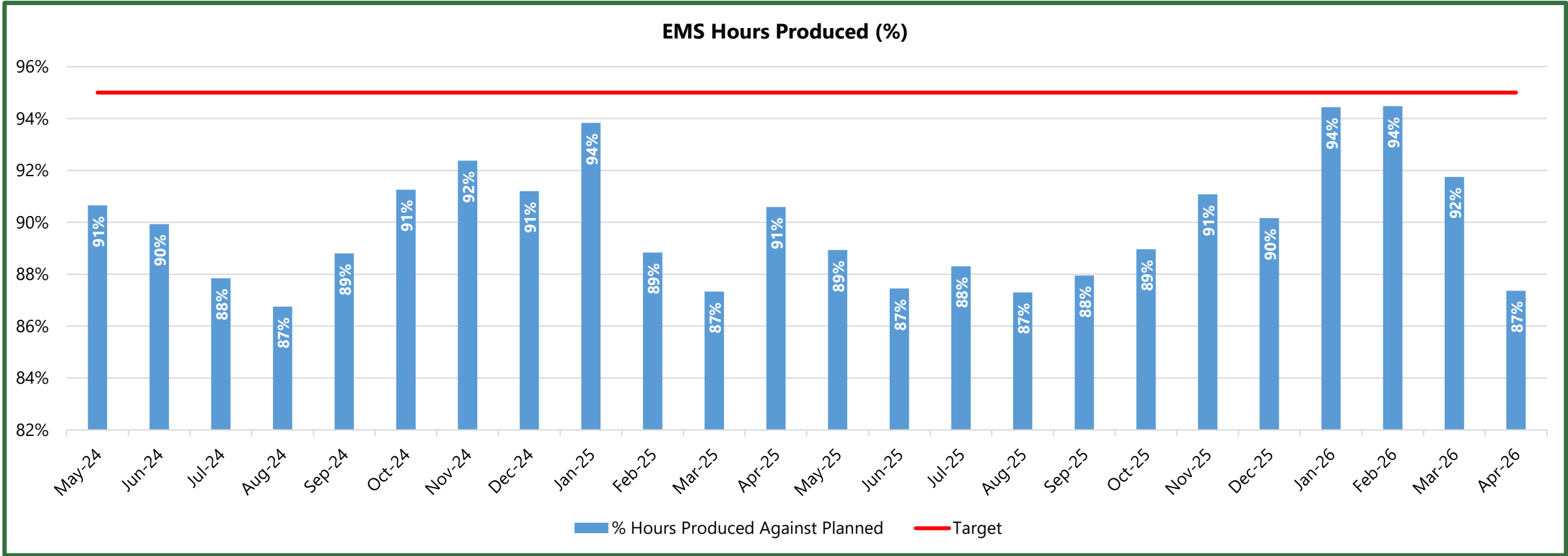
Work underway to align current data to new metric.

Under development

**Strategic Objective 2**

# Our People

## EMS Hours Production Indicators



**Analysis**

The total EMS hours produced is a key metric for patient safety. The SPC chart highlights one point because it represents an unusual and statistically significant drop in performance, outside what would normally be expected from the system – this is likely explained by the shorter month, with less hours being produced.

EMS Hours Produced achieved 87% in April 2026 which equated to 115,155 Actual Hours, against a planned total of 131,812, 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 EMTs (current EMS/UCS vacancy gap is 101 FTEs), connected to uncertainty around future recruitment plans (now resolved).

**Expected Performance Trajectory**

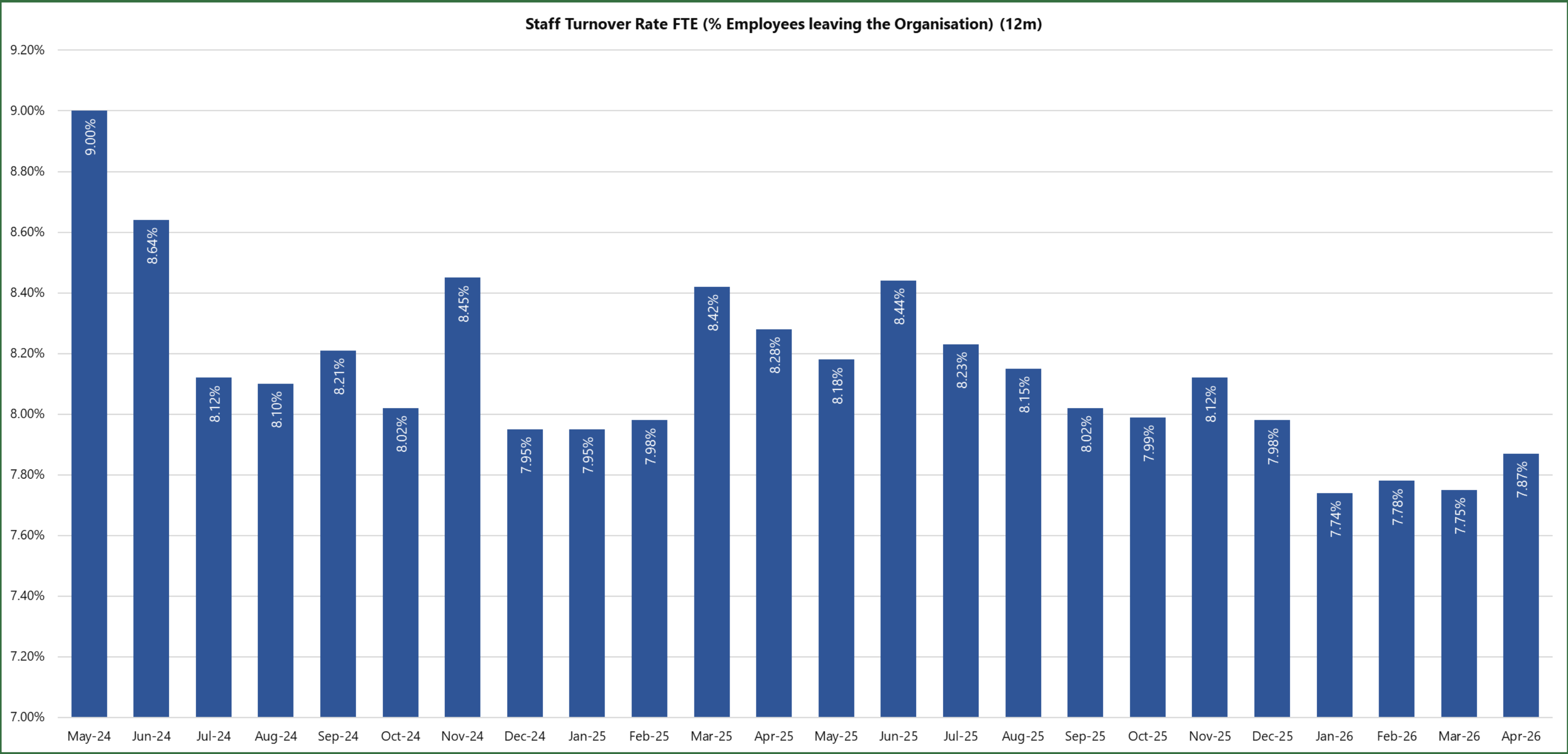
A UHP trajectory is being developed. The recruitment gap is projected to close over this financial year to an estimated 13 FTEs by April 2027. The Trust maintains an ambition to reduce sickness to 6% and maintain abstractions to 30%. Reduced overtime availability will reduce future levels of production.

# Our People

## Turnover Indicators

Strategic Objective 2

Turnover  
G

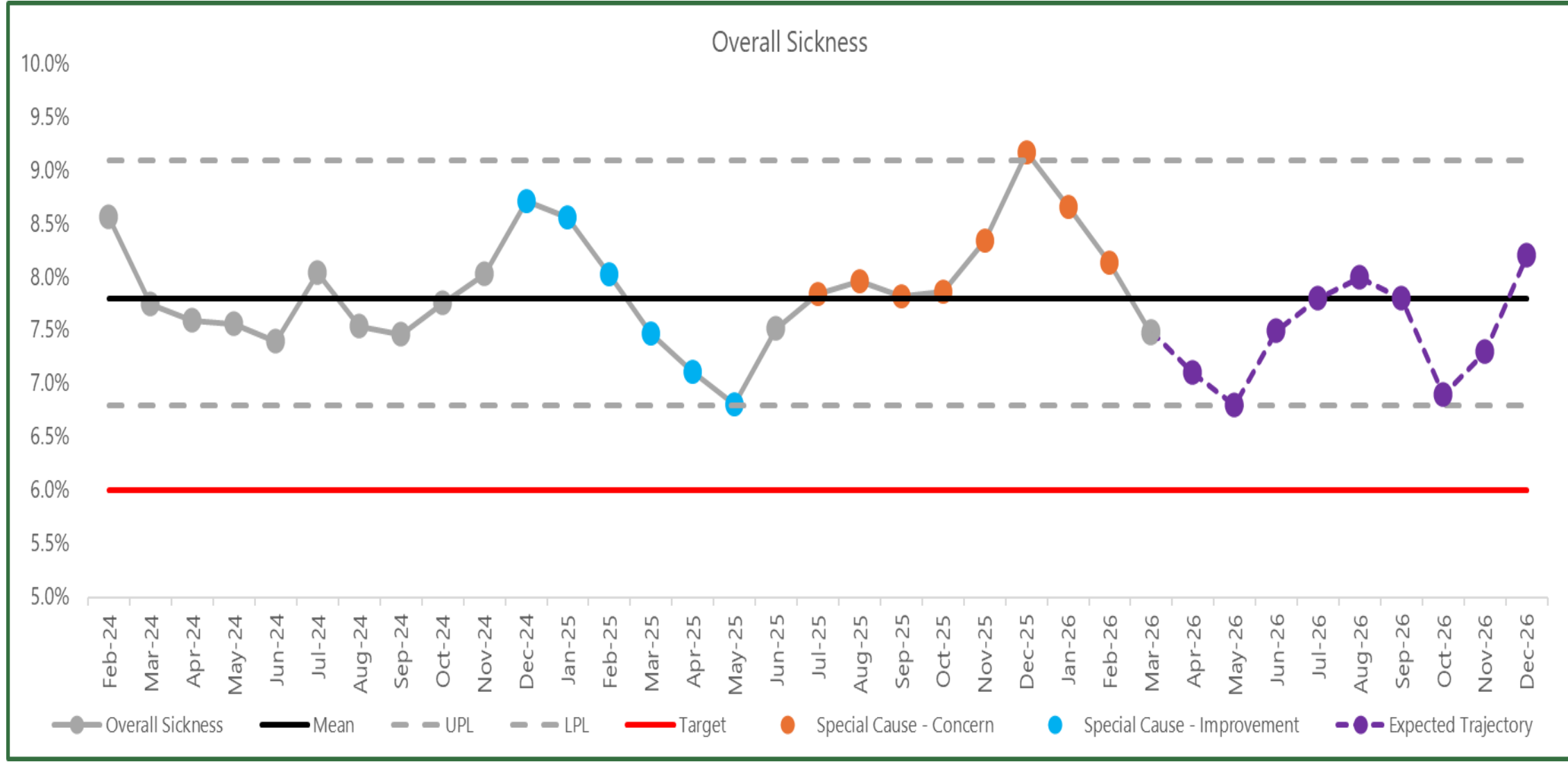


\*NB: Sickness data will always be reported one month in arrears

Strategic Objective 2

# Our People

## Sickness Absence



**Analysis**

Sickness levels in March 2026 were at 7.4%. Long term absence was at 5.30 % and short-term absence was at 2.16%.

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

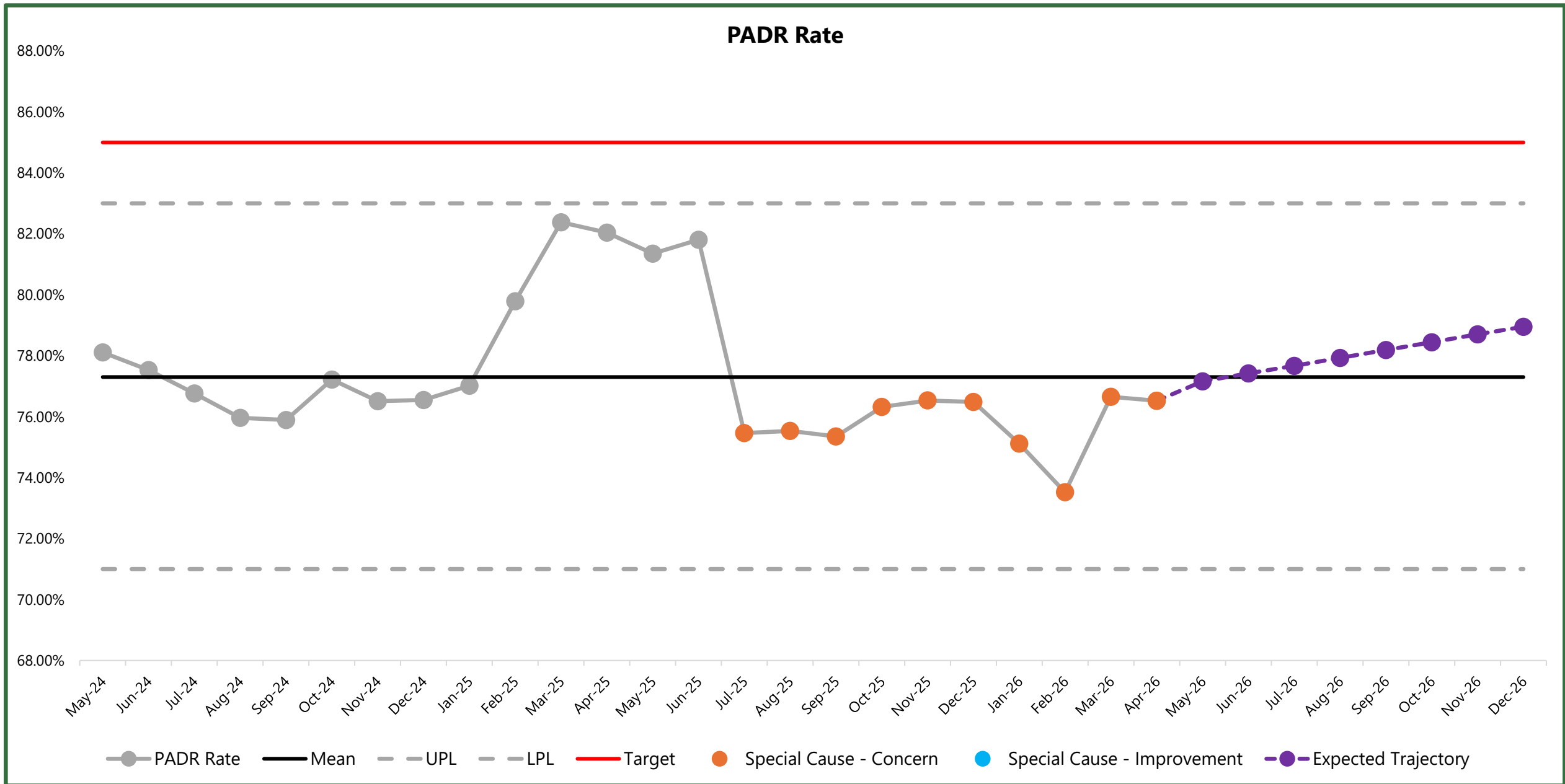
**Remedial Plans and Actions**

- 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



**Analysis**  
PADR rates (excluding pay progression meetings) decreased minimally from 76.65% in March 2025 to 76.52% in April 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.

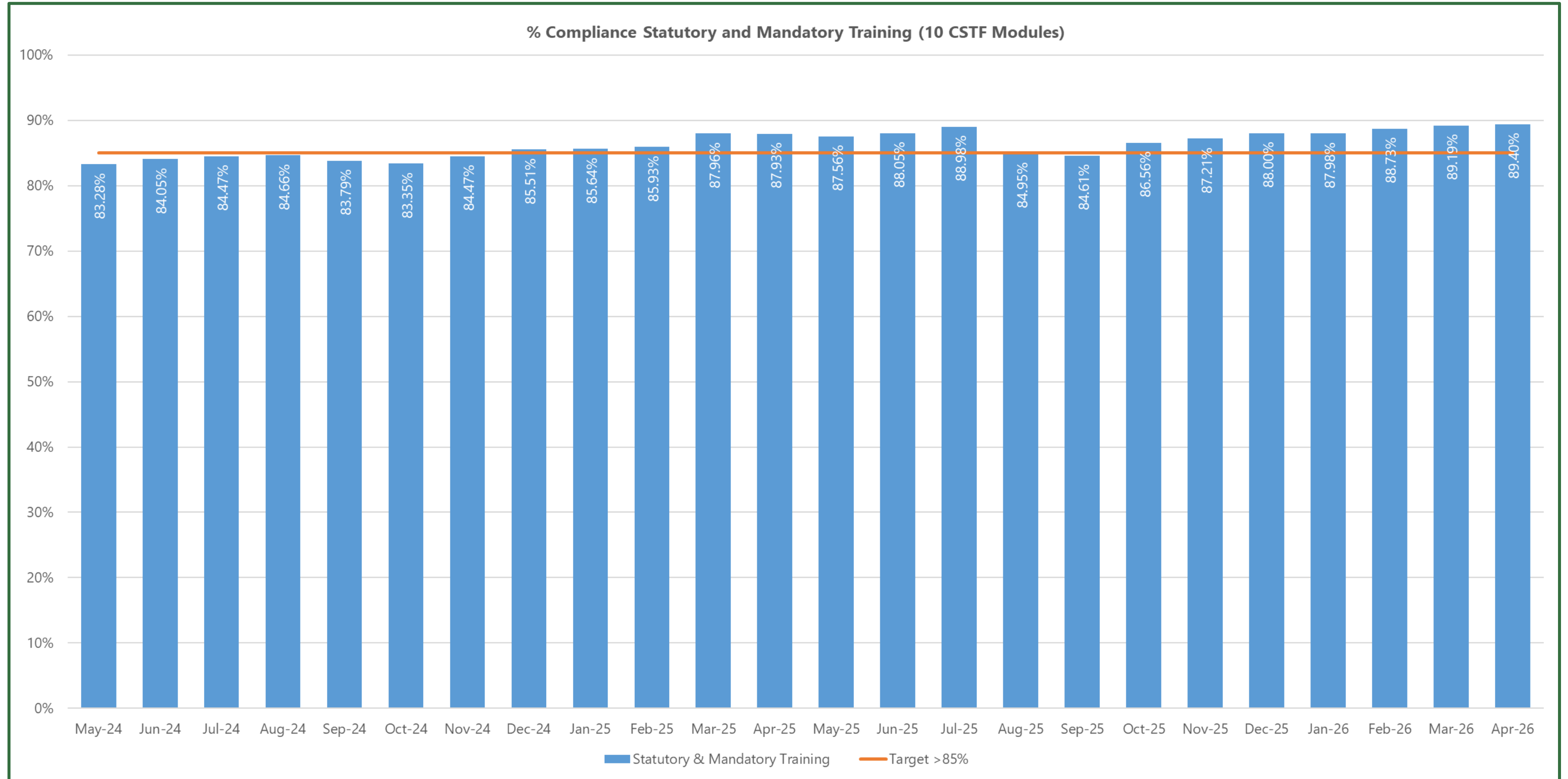
**Expected Improvement**  
The purple line denotes the expected trajectory during the rest of the year, with rates anticipated to improve as awareness increases and momentum is maintained throughout the year with continued communication.

# Our People

## Training Rates Indicators

Strategic Objective 2

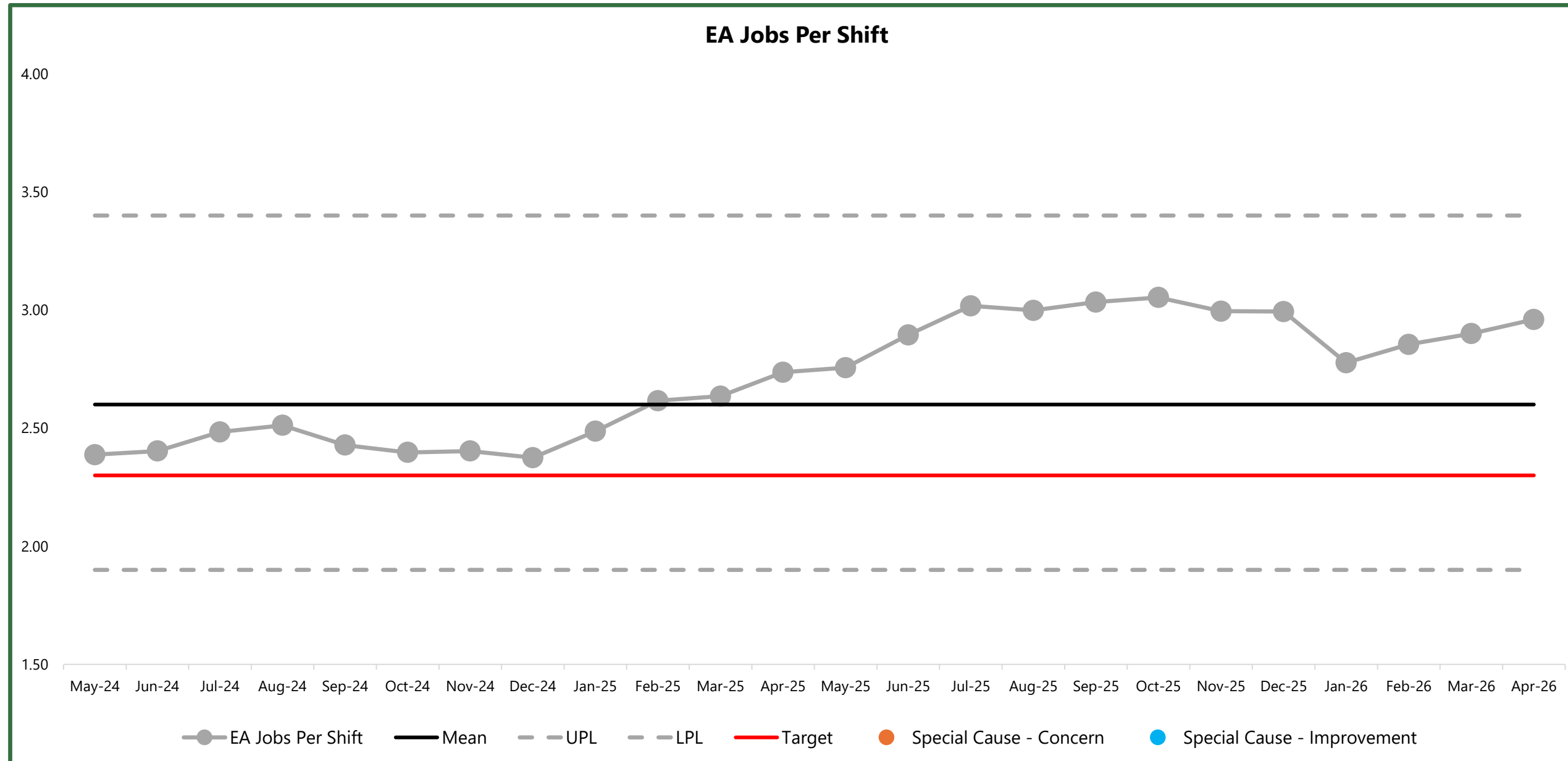
Stat & Mand  
G



# Finance, Resources and Value

## EA Average Jobs Per Shift

### Strategic Objective 6



#### Analysis

Overall, EAs averaged 2.96 jobs per shift. The ambition for this metric has been set at 2.3.

The SPC chart shows that there has been a sustained increase in the number of jobs per shift being carried out by EAs, as a result of improved handover.

#### 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

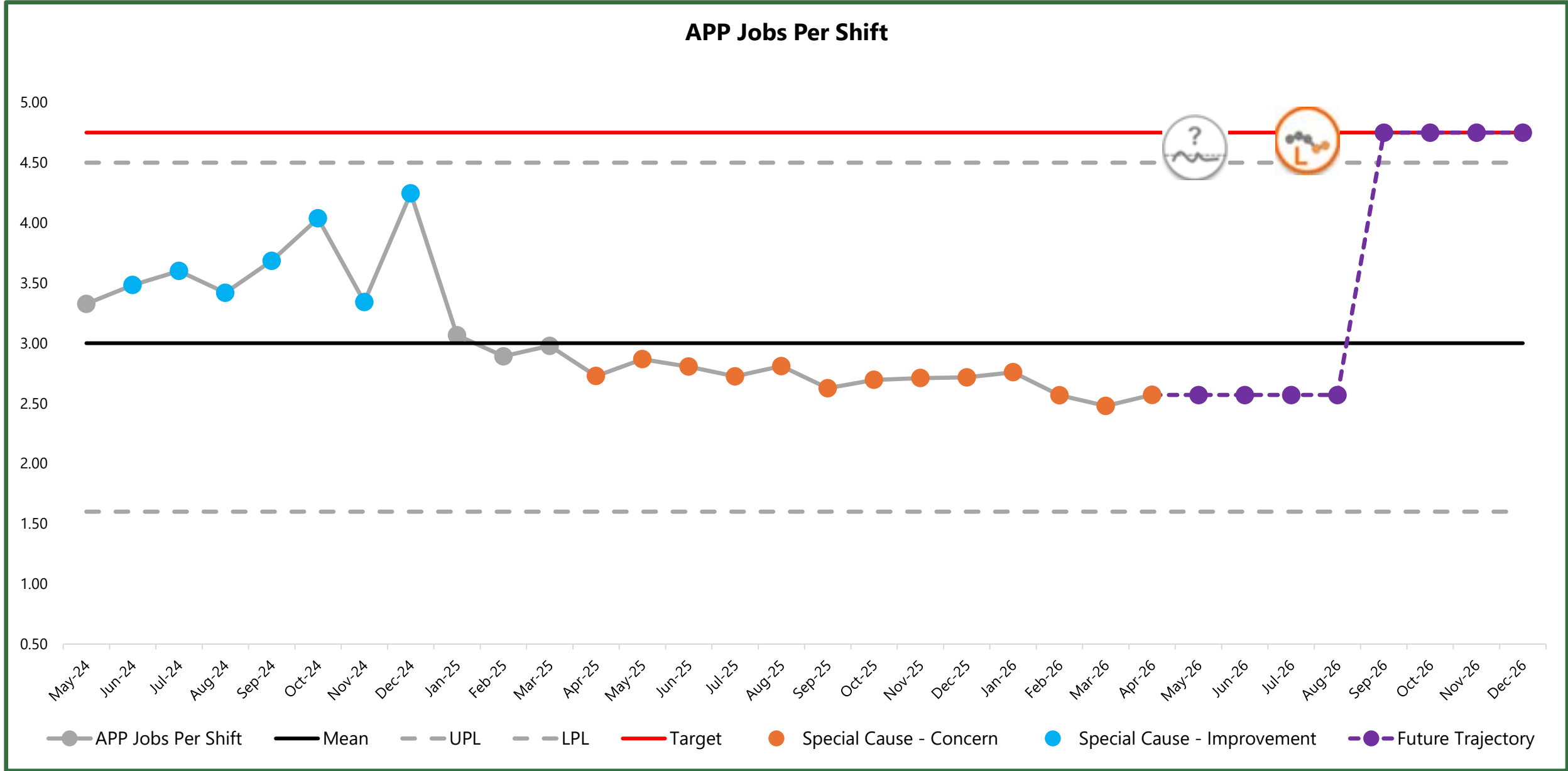
The ambition for this metric is based on the 2023 Demand & Capacity Review modelling, which produced a rate of 2.3 jobs per shift, based on reduced handover lost hours of 7,000. The Trust has already exceeded this ambition and if health boards can deliver further reductions on handover lost hours and 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 April 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 is not capable of meeting the target consistently..

**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.

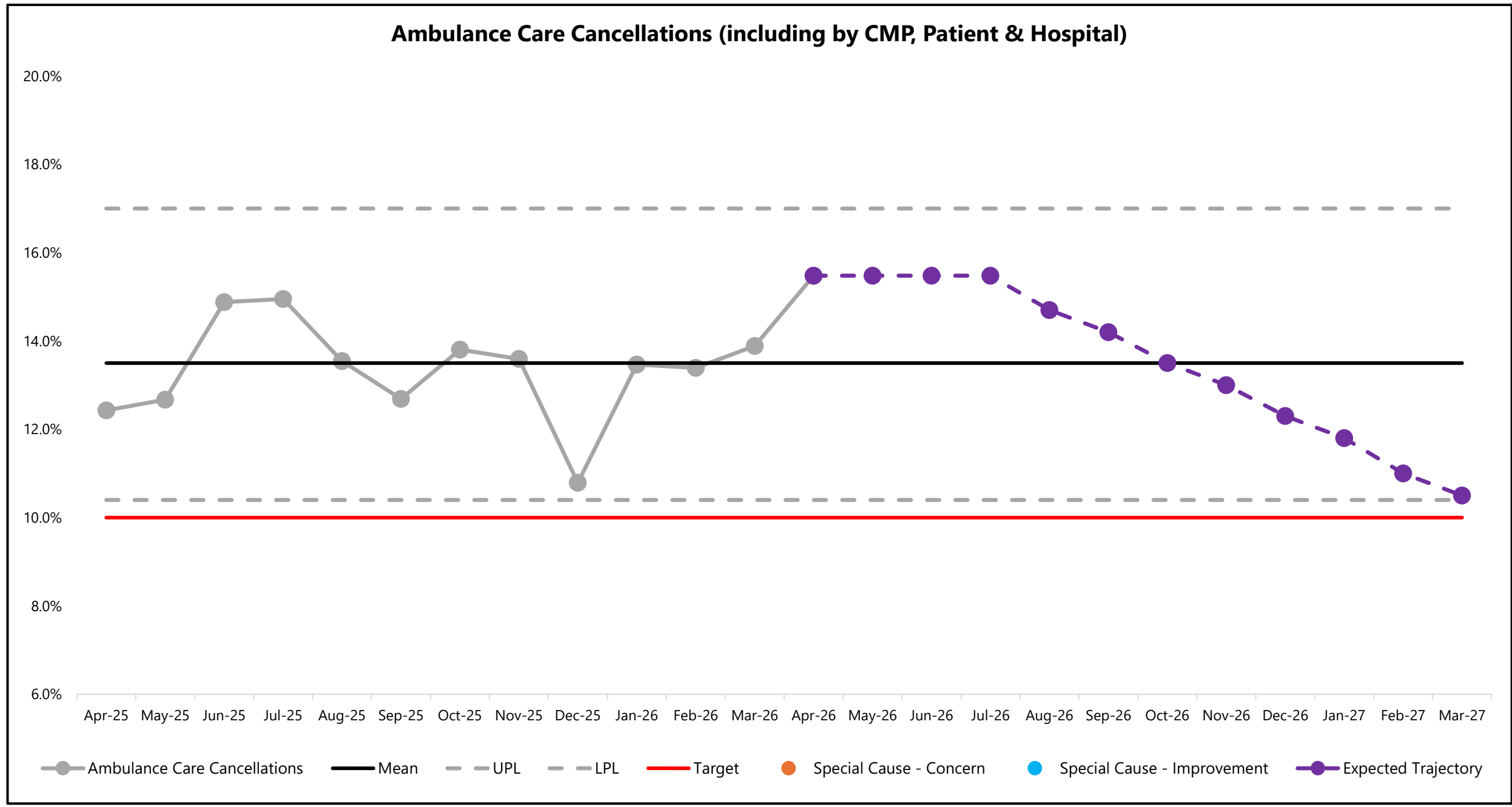
**Expected Performance Improvement**  
 As the purple future trajectory line indicates, due to the use of advanced simulation software to develop recommended roster keys for APP response resources, taking place over the first 6-months of the year, the Trust is expecting to see an improved step change 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.

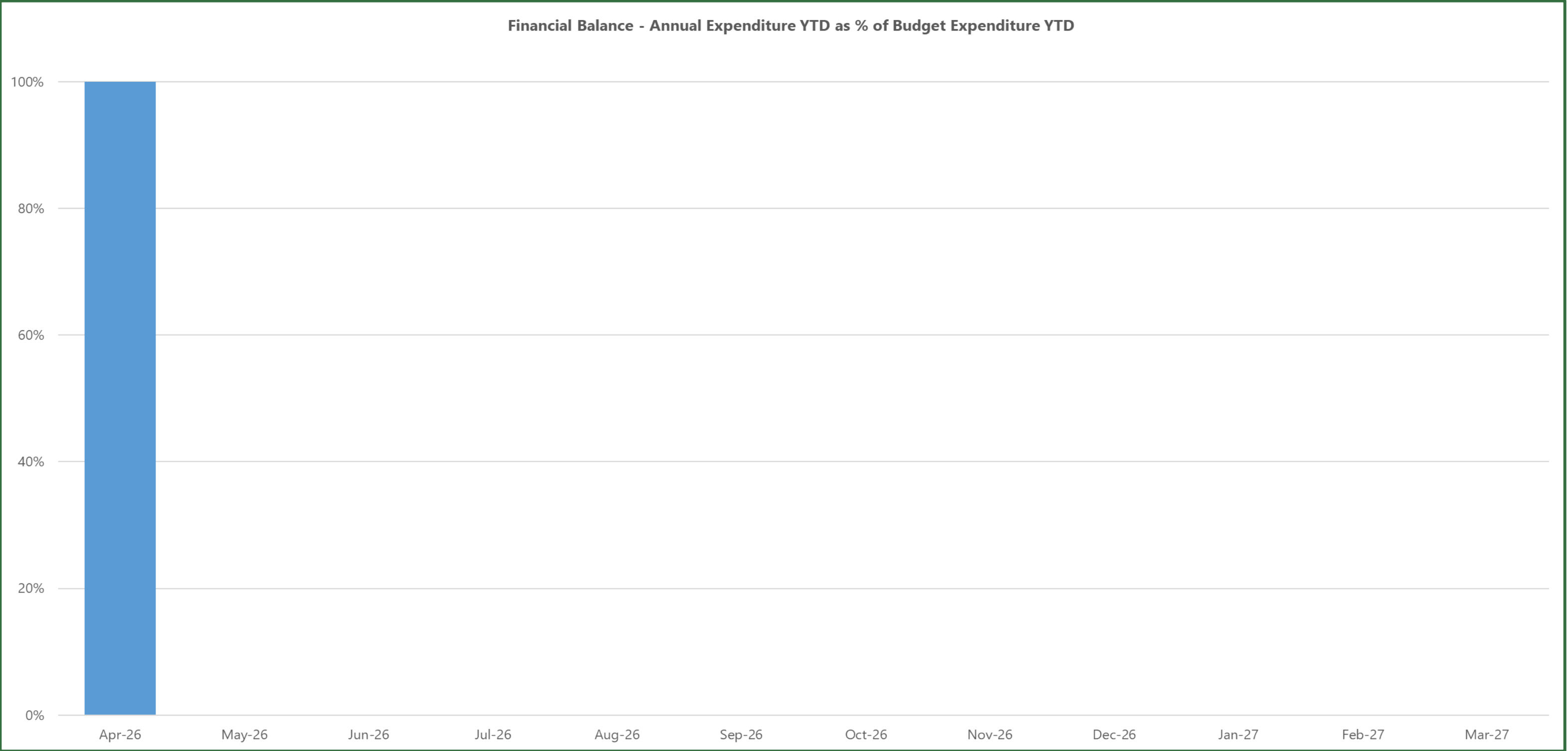
**Expected Performance Improvement**  
The chart illustrates the expected performance improvement, but the ambition of moving from 18% to less than 10%, needs to be reconsidered, in the light of a revised metric for this indicator.

# Finance, Resources and Value

## Financial Balance

Strategic Objective 6

Balance  
G



# Partnerships / System Contribution

## Albot and Web Chats

Strategic Objective 3

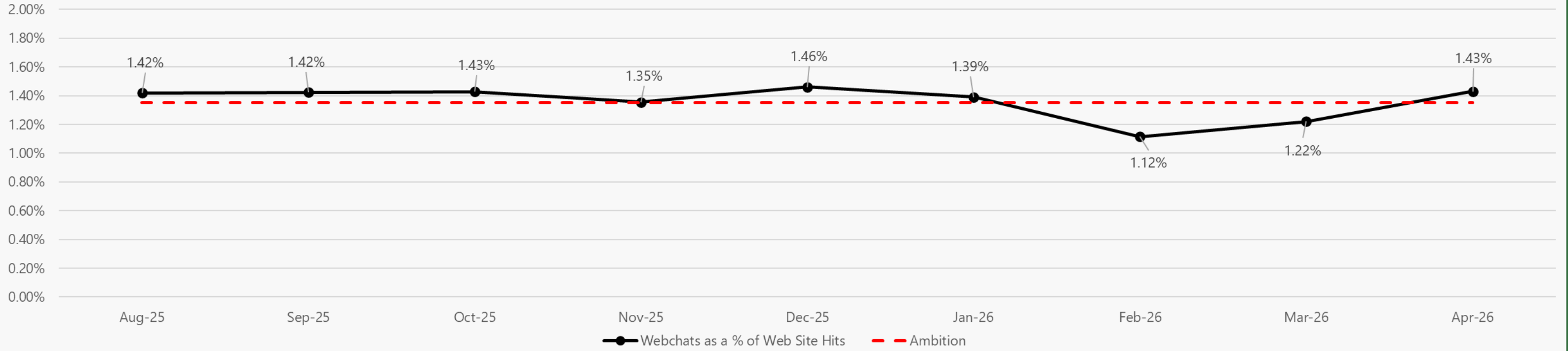
Web Chats

G

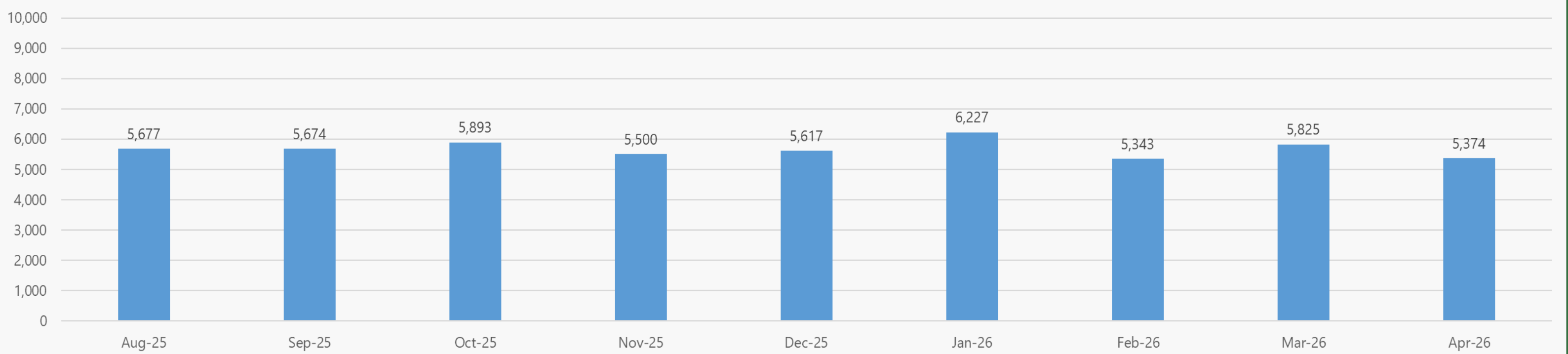
Albot

MOA

### Webchats as a % of Web Site Hits



### 111 Wales Online - Virtual Agent (Albot) Performance



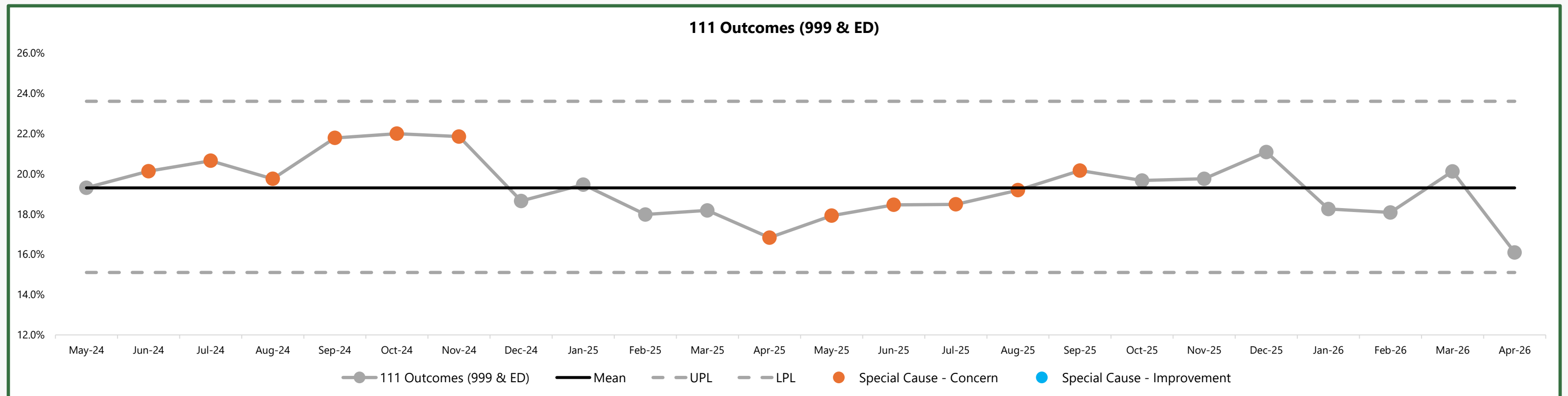
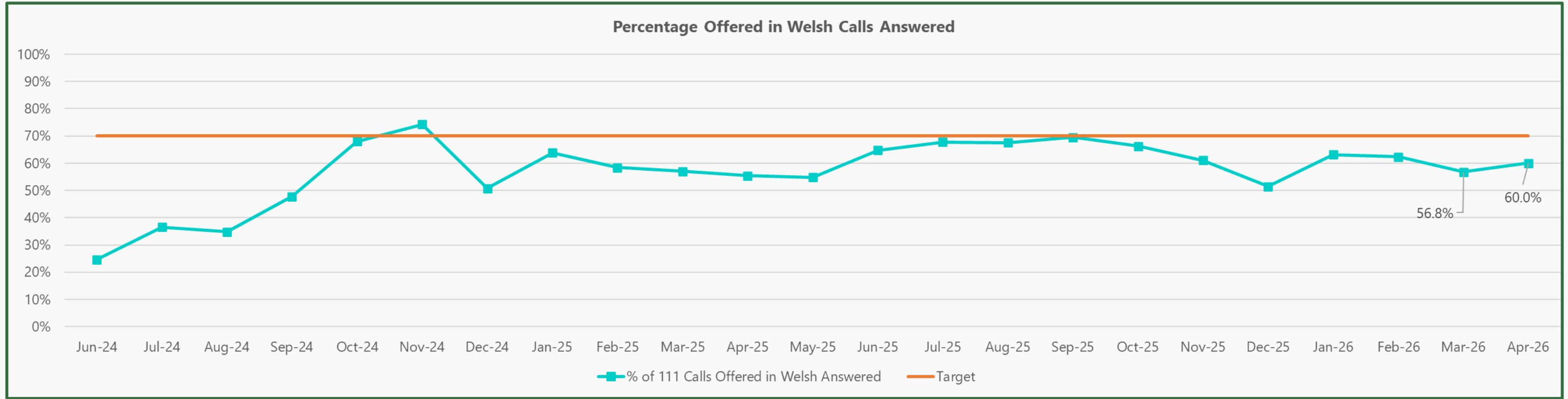
# Partnerships / System Contribution

## NHS111 Outcomes and Welsh Calls

**Strategic Objective 1**  
**Strategic Objective 4**

Welsh Calls  
**G**

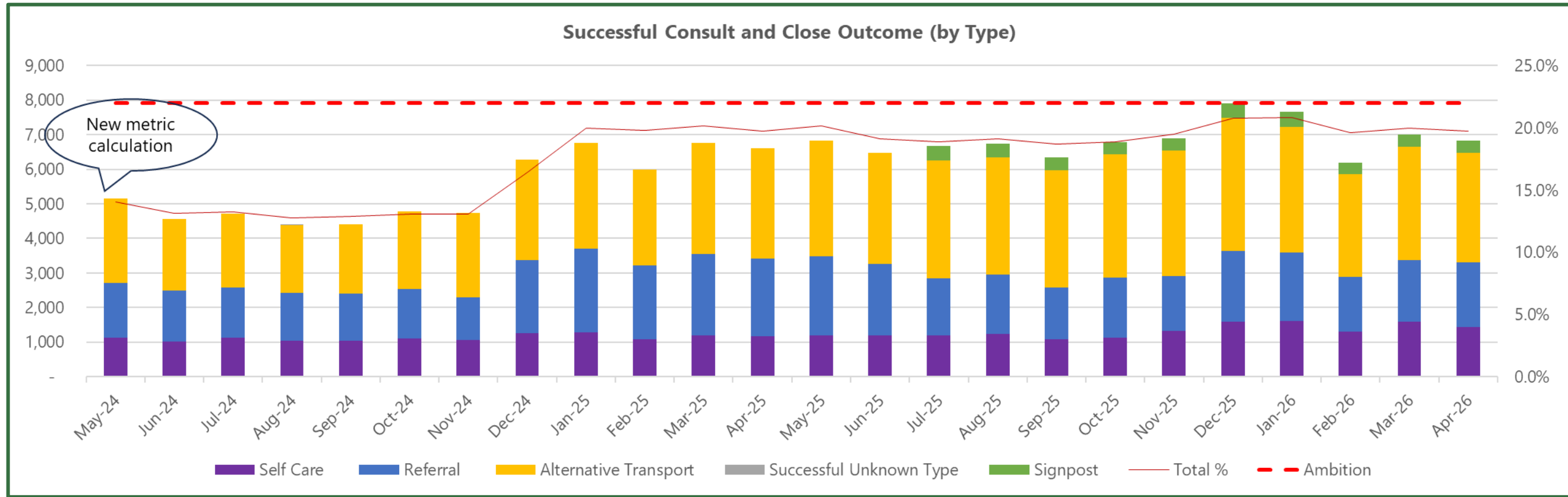
111 Outcomes  
**MOA**



# Partnerships / System Contribution

## Consult & Close Indicators

Strategic Objective 4



### 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.

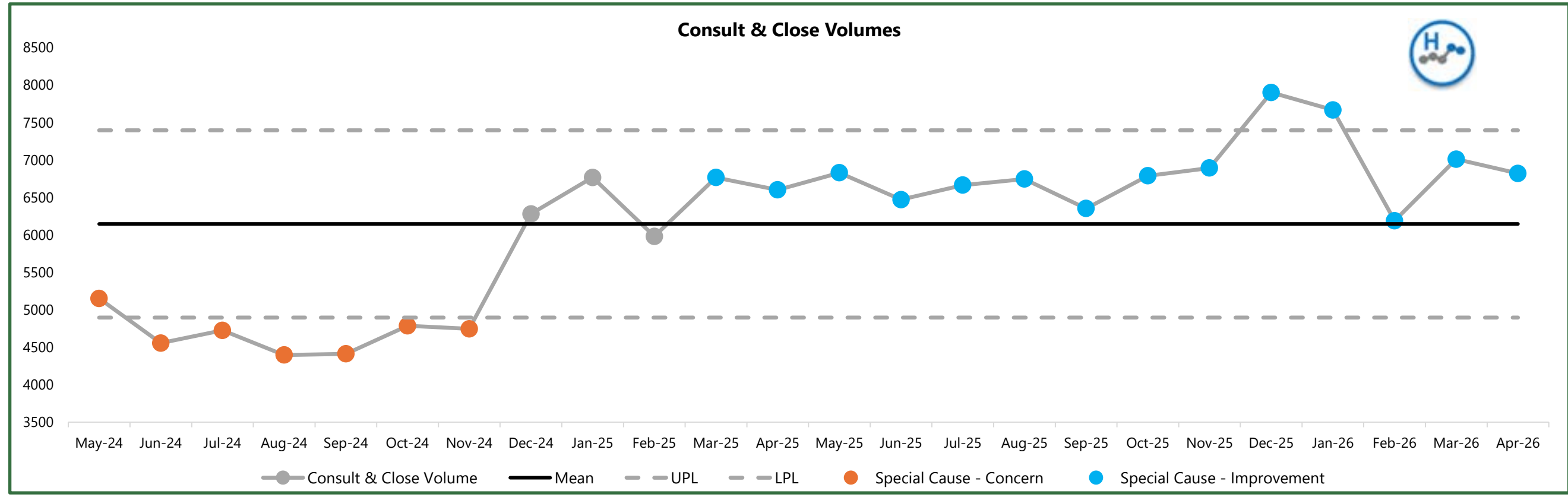
The SPC chart highlights a system improvement over the last year, with 14 consecutive data points exceeding the mean and two data points exceeding the upper process limit, indicating a sustained pattern of improvement in this metric.

### Remedial Plans and Actions

- Work 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 22%.



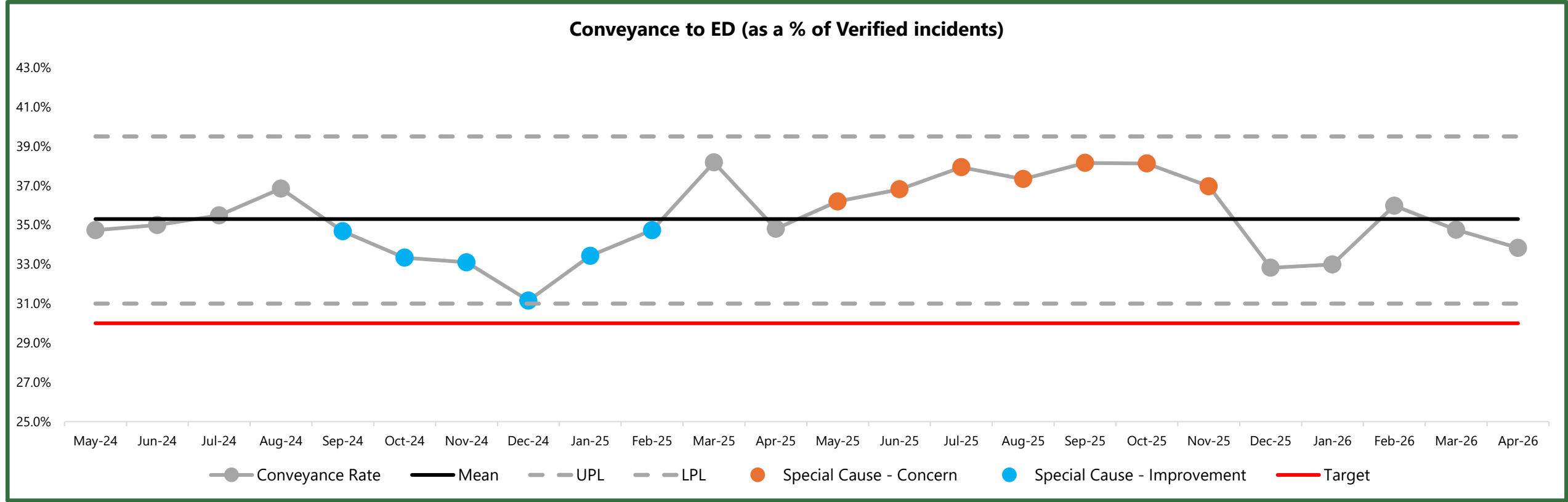
# Partnerships / System Contribution

## Conveyance to ED/See & Treat Indicators

Strategic Objective 4

Conveyed to ED  
R

% See & Treat  
R

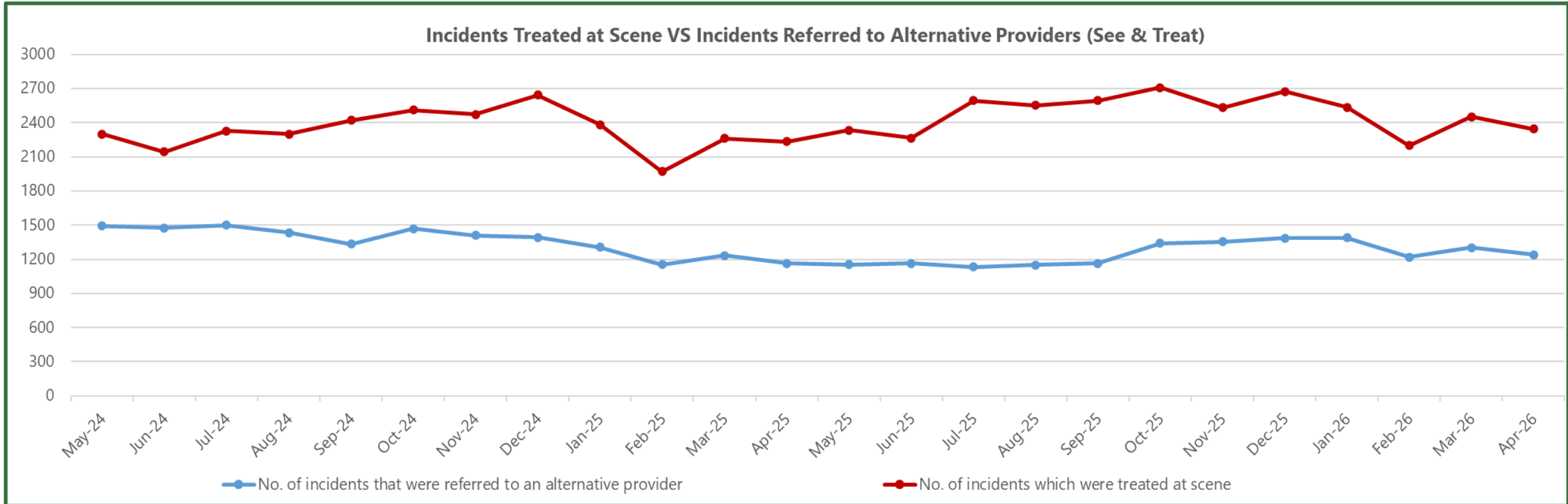


**Analysis**  
The SPC shows a period of special-cause deterioration in mid-2025, with a sustained run of points above the mean indicating higher conveyance rates. However, this was not sustained, and performance has since returned to its historical average. These conveyance rates remain above the 30% target, meaning the system is not currently capable of delivering the target consistently. 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 relatively stable over the past year, although both metrics in April 2026 are marginally above where they were during the same period in 2025.

**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.



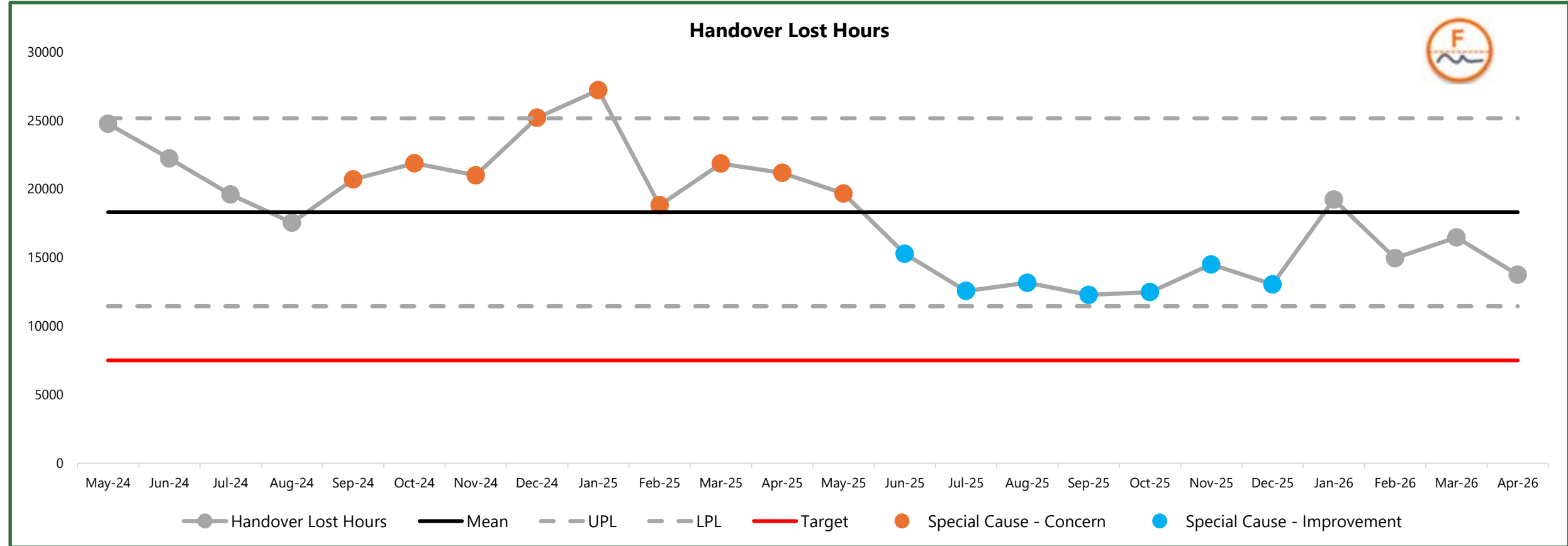
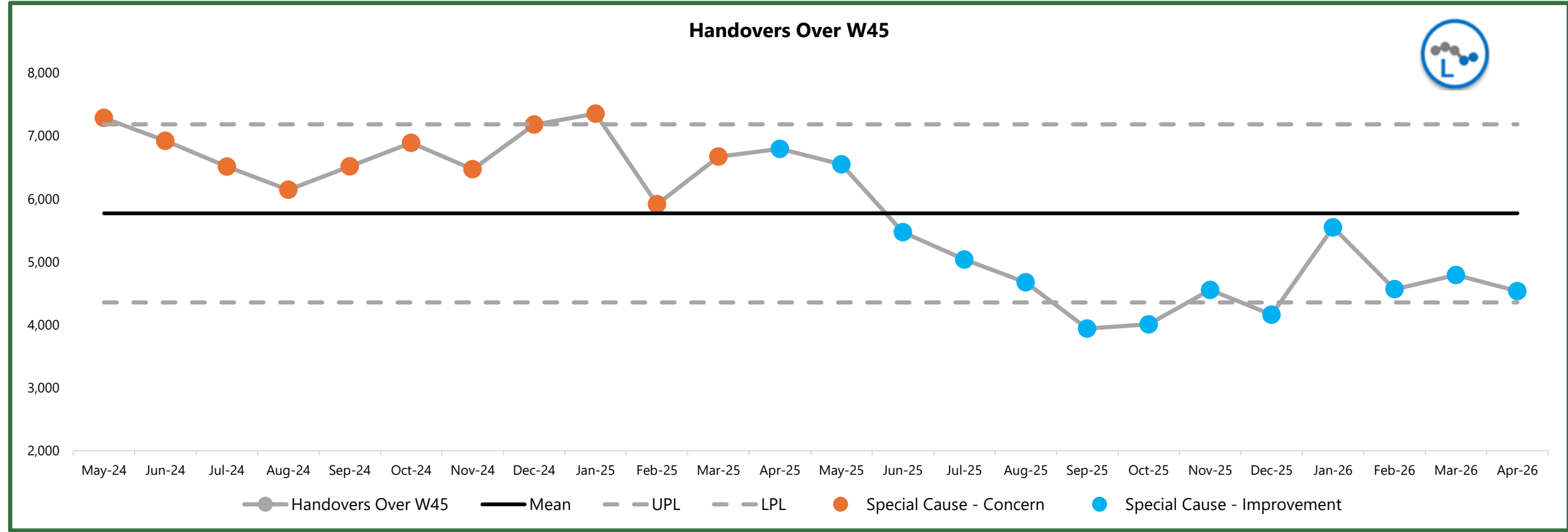
# Partnerships / System Contribution

## Handover Indicators

Strategic Objective 4

W45  
R

Lost Hours  
R



**Analysis**  
**177,402 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months (May-25 to Apr-26), compared to 261,945 hours over the same timeframe the previous year.** There were 13,748 hours lost in April 2026.

In relation to the W45 target, the chart shows there was a continual improvement in performance between April 2025 and September 2025, with variation remaining below the mean over the next few months, even during times of historical higher handover in December and January. This highlights an improvement in overall process.

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

In April 2026, the Trust could have responded to approximately 4,337 more patients if handovers were reduced to the target level, which highlights the impact these numbers are still having on the service.

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

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

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	Welsh Ambulance Services University NHS Trust	



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Agenda Item No. 10.1

## REPORT TITLE

Financial Performance as at Month 12 – 2025/26

## MEETING

Name of meeting	Trust Board
Date of meeting	28 May 2026
Public or Private	Public
If private - <a href="#">rationale</a>	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

<input type="checkbox"/> Approval	<input type="checkbox"/> Endorsement
<input checked="" type="checkbox"/> Assurance	<input type="checkbox"/> Discussion
<input type="checkbox"/> Information (goes in consent items)	<input checked="" type="checkbox"/> Noting

## REPORT SUMMARY:

1. This paper presents to the Board the Financial Performance Report of the 2025/26 financial year, the reported position as at Month 12 (March 2026) / year end. This was also presented to the meeting of the Finance & Performance Committee on 19 May 2026.



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2. The Board is asked to review, comment, note and receive assurance on the financial outturn position for 2025/26 (**subject to audit**) and ahead of the Trust Board presentation of the 2025/26 accounts in June 2026.
3. Key highlights from the report for the Board to note are:
  - The Trust is reporting a small revenue underspend/surplus. At M12 reporting this was £0.080m, this was then updated slightly to £0.078m, which is the basis for the draft accounts for the 2025/26 financial year (*subject to audit*);
  - Capital expenditure is fully spent;
  - In line with the financial plans that support the IMTP, gross savings of £8.556m have been achieved against a target of £8.500m;
  - Public Sector Payment Policy is on track with performance, against a target of 95%, of 98.4% for the number, and 98.8% of the value 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 12 revenue financial position and performance of the Trust as at 31<sup>st</sup> March 2026.
2. **Note** the delivery of the 2025/26 savings plan.
3. **Note** the capital programme for 2025/26.
4. **Note** the Month 12 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 12 – as required by WG
2. Monitoring return letter submitted to Welsh Government for month 12 – 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) [ <a href="#">link to objectives and what good looks like</a> ]	
<input type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input type="checkbox"/> SO2: Enabling our people to be the best they can be
<input type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input type="checkbox"/> SO4: Developing services in collaboration
<input type="checkbox"/> SO5: Being quality driven and clinically led	<input checked="" type="checkbox"/> 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) [ <a href="#">link to standards</a> ]		
<input type="checkbox"/> Safe	<input type="checkbox"/> Timely	<input type="checkbox"/> Effective
<input type="checkbox"/> Efficient	<input type="checkbox"/> Equitable	<input type="checkbox"/> Person Centred
Quality Enablers (select all that apply) [ <a href="#">link to standards</a> ]		
<input checked="" type="checkbox"/> Leadership	<input type="checkbox"/> Workforce	<input type="checkbox"/> Culture
<input checked="" type="checkbox"/> Information	<input type="checkbox"/> Learning Improvement & Research	<input checked="" type="checkbox"/> Whole Systems Approach

### WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [ <a href="#">link to goals</a> ]		
<input type="checkbox"/> A socially responsible and inclusive employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input type="checkbox"/> A pro-active, accessible and equitable care provider
<input checked="" type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	

### APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
19 May 2026	Finance & Performance Committee



## SITUATION

1. This report provides the Board with a summary of the revenue financial performance of the Trust as at 31 March 2026 (Month 12 2025/26 and therefore the draft 2025/26 year end position), along with an update on the final 2025/26 capital programme spend, both of which are now part of the draft 2025/26 accounts and therefore **subject to audit**.

## BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for 2025/26** (1 April 2025 – 31 March 2026) are that:
  - The cumulative revenue financial position reported at M12 is a **small underspend against budget of £0.080m**. This then got amended slightly to £0.078m for the draft accounts, *subject to audit*;
  - In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of **£8.556m** have been achieved against a target of **£8.500m**;
  - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 98.4% for the number, and 98.8% of the value** of non-NHS invoices paid within 30 days.
3. Any risks previously reported were continued to be reviewed and fully assessed right up to the year end, however there are now no reported financial risks included in the draft year-end position, subject to audit.

## ASSESSMENT

### REVENUE FINANCIAL PERFORMANCE – MONTH 12 2025/26

4. The table below presents an overview of the financial position for the period 1 April 2025 to 31 March 2026.

Revenue Financial Position for the period 1st April - 31st March				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
<b>Income</b>	<b>-344,348</b>	<b>-344,348</b>	<b>-344,337</b>	<b>11</b>
<b>Expenditure</b>				
Pay	261,780	261,780	258,635	-3,144
Non-pay	62,700	62,700	65,578	2,877
<b>Total pay &amp; non-pay expenditure</b>	<b>324,480</b>	<b>324,480</b>	<b>324,213</b>	<b>-267</b>
<b>Depreciation &amp; Impairments / interest payable &amp; receivable</b>	<b>19,868</b>	<b>19,868</b>	<b>20,044</b>	<b>176</b>
<b>Total</b>	<b>0</b>	<b>0</b>	<b>-80</b>	<b>-80</b>



## Income

- Reported Income against the initial budget set to Month 12 shows an underachievement of **£0.011m**.

## Pay Costs

- Overall, the total pay variance at Month 12 is an underspend of **£3.144m**.

## Non-pay Costs

- The overall non-pay position at Month 12 is an overspend of **£2.877m**. In addition, for reporting purposes Depreciation, Impairment and Interest is excluded from the above figure, which overspent by **£0.176m**, hence the total overspend to budget of **£3.053m**.
- Much of this however was not committed to until the income and, in particular, pay positions were largely known and forecast, within the overall bottom line balanced position and out-turn.

## Savings

- As above, the 2025/26 financial plan identifies that a minimum of **£8.500m** of planned savings (including income generation) were required to achieve financial balance in 2025/26, this equates to c.2.7% of the Trust's discretionary income. Of this, **£6.225m** is recurrent and **£2.275m** is deemed non recurrent.
- Month 12 in month performance was, plan of £0.752m and £0.781m achieved, therefore an overachievement of £0.029m (recurrent underachievement of £0.021m and non-recurrent overachievement of £0.050m), as per the below table.

	Annual Plan £000	In Month			Cumulative			Forecast		
		Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Recurrent Schemes / Themes	6,225	562	541	-21	6,225	5,850	-375	6,225	5,850	-375
Non Recurrent Schemes / Themes	2,275	190	240	50	2,275	2,706	431	2,275	2,706	431
<b>Overall Total</b>	<b>8,500</b>	<b>752</b>	<b>781</b>	<b>29</b>	<b>8,500</b>	<b>8,556</b>	<b>56</b>	<b>8,500</b>	<b>8,556</b>	<b>56</b>

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

- The split between savings, net income generation and accountancy gains as at month 12 is shown on the below table.



	Annual Plan £000	In Month			Cumulative			Forecast		
		Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Savings (Cash releasing and Cost Avoidance)	8,350	723	777	54	8,350	8,505	155	8,350	8,505	155
Net Income Generation	150	29	4	-25	150	50	-100	150	50	-100
Accountancy Gains	0	0	0	0	0	0	0	0	0	0
<b>Overall Total</b>	<b>8,500</b>	<b>752</b>	<b>781</b>	<b>29</b>	<b>8,500</b>	<b>8,556</b>	<b>56</b>	<b>8,500</b>	<b>8,556</b>	<b>56</b>

12. **Appendix 1** provides the overall detail for Month 12 by theme. This is now further split over recurring and non-recurring schemes.

### Financial Performance by Directorate

13. Whilst there is a small surplus reported at Month 12, 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. Some of this is driven by staffing vacancies. These are fairly minor in nature.

Financial position by Directorate @ 31st March	Annual Budget	Year to date			
		Budget	Actual	Variance	Tolerance 5%
	£000	£000	£000	£000	%
<b>Directorate</b>					
Operations Directorate	222,592	222,592	221,039	-1,553	-0.7%
Chief Executive Directorate	2,263	2,263	2,294	31	1.4%
Board Secretary	731	731	754	23	3.2%
Partnerships & Engagement Directorate	656	656	602	-54	-8.3%
Finance and Corporate Resources Directorate	37,703	37,703	38,846	1,144	3.0%
Planning and Performance Directorate	3,164	3,164	3,007	-157	-5.0%
Quality, Safety and Patient Experience Directorate	7,771	7,771	7,629	-143	-1.8%
Digital Directorate	16,413	16,413	16,028	-385	-2.3%
People and Culture	6,503	6,503	6,090	-413	-6.4%
Medical & Clinical Services Directorate	6,524	6,524	6,476	-47	-0.7%
Trust Reserves	574	574	1,110	536	93.4%
Trust Income (mainly JCC)	-304,894	-304,894	-303,955	939	0.3%
<b>Overall Trust Position</b>	<b>0</b>	<b>0</b>	<b>-80</b>	<b>-80</b>	

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

- Most directorates are either underspent or broadly in line with budget plan for Month 12 except for Trust Reserves and Finance and Corporate Resources, where a number of more technical and Trust wide budgets are held.
- Core budgets set for Finance and Corporate Resources at the 2025/26 financial year were balanced, following the reversal of the WRP assumptions the non-pay is overspent due to the following areas:
  - Interest receivable has been lower in year due to a reduction in rate from plan and also lower cash balances during the year.
  - General losses and special payments have been higher than budgeted.



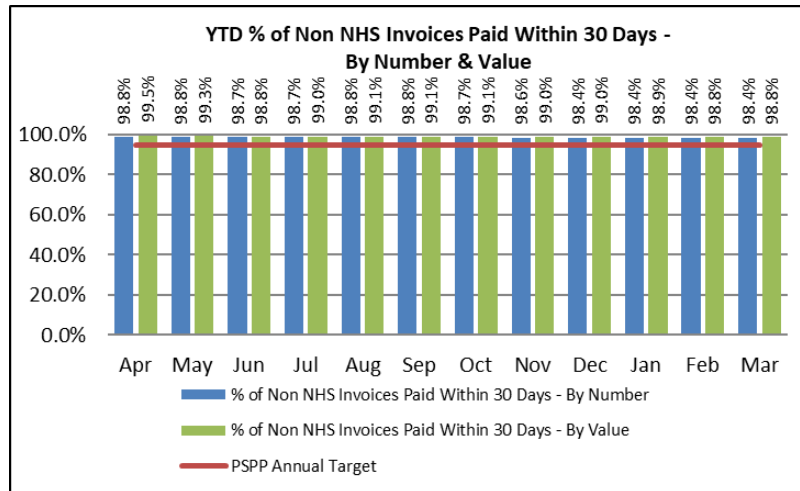
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- Trust reserves due to rebasing some balance sheet provisions from 2024/25 for annual leave sold.

### **PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)**

15. Public Sector Payment Policy (PSPP) compliance to Month 12 was **98.4%** against the **95%** WG target set for non-NHS invoices by number and **98.8%** by value.



### **2025-26 CAPITAL PROGRAMME**

16. At Month 12, the Trust’s approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2025/26 is **£32.326m**. This includes **£26.378m** of All Wales Approved schemes and **£5.948m** for Discretionary schemes.

17. The Trust achieved the CEL target of **£32.326m**, with a very small underspend against plan of **£0.73** (*subject to audit*). Below is a summary of the year end capital spend across the main headings of the capital plan.



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	Actual £'000	Plan £'000
<b>All Wales Capital Programme:</b>		
<b>Schemes:</b>		
ESMCP - Control Room Solutions	421	421
MDVS	72	72
Special Operational Response Teams (SORT) Enhancement Equipment	290	290
Welsh Ambulance Services NHS Trust – Vehicle Replacement Programme – 2025-26	22,452	22,452
TEF - Infrastructure	300	300
TEF - Decarbonisation	707	707
Replacement PC/Laptops, Server & Switch upgrades - End of Year Digital funding 2025-26	550	550
EA Chassis 26-27 - End of Year funding 2025-26	1,290	1,290
Voice Conference & Voice Recorders Upgrade - End of Year Digital Funding 2025-26	296	296
<b>Sub Total</b>	<b>26,378</b>	<b>26,378</b>
<b>Discretionary:</b>		
I.T.	1,149	1,149
Equipment	250	250
Statutory Compliance	0	0
Estates	4,507	4,507
Other	42	42
Unallocated Discretionary Capital	0	0
<b>Sub Total</b>	<b>5,948</b>	<b>5,948</b>
<b>Total Funding from WG</b>	<b>32,326</b>	<b>32,326</b>

## RISKS AND ASSUMPTIONS

18. There are currently no remaining or expected financial risks to the reported draft year end position (*subject to audit*). Inevitably any audit period has an element of inherent risk and based on the detailed audit plan received from Audit Wales there are some areas of greater focus that will be scrutinised through the accounts audit work, but at this stage there is no expectation that any of this should result in any material changes to the draft year end position, or the detailed notes that accompany this as part of the draft accounts.

## 2025/26 YEAR END ACCOUNTS AND AUDIT

19. Finalisation of the Accounts and audit work continues in respect of the 2025/26 Trust Annual Accounts. The draft accounts were submitted to WG and Audit Wales, as per the issued guidance, on 1 May 2026, with the audited accounts to be presented to Audit Committee on 23 June 2026 ahead of seeking final approval of these at Trust Board on 25 June 2026.

20. The 2025/26 year-end audit will again be conducted virtually, maximising the use of technology and building on the experiences of the previous 6 years' audits.



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## RECOMMENDATION

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

## NEXT STEPS

22. Monitor the ongoing revenue and capital as we move into 2026/27 the year, linking in with key stakeholders, to ensure delivery to plan.
23. 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 25-26

Reporting Month

12

	Annual Plan £000	In Month			Cumulative			Forecast		
		Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Apprentice Income	50	4	4	0	50	50	0	50	50	0
Balance Sheet Flexibility	200	50	100	50	200	150	-50	200	150	-50
Commercialisation Opportunities	100	25	0	-25	100	0	-100	100	0	-100
Disposals	250	35	35	0	250	250	0	250	250	0
End of Shift Overrun	100	8	8	0	100	98	-2	100	98	-2
Fuel	230	15	16	1	230	634	404	230	634	404
Interest Receivable	516	43	26	-17	516	218	-298	516	218	-298
Non Pay Local Schemes - Corporate	914	94	61	-33	914	714	-200	914	714	-200
Non Pay Local Schemes - Operations	650	58	54	-4	650	520	-129	650	520	-129
Pay Cost Management (Variable / Net Vacancies) - Operations	3,140	221	228	7	3,140	3,140	0	3,140	3,140	0
Pay Vacancy Management - Corporate	2,275	190	240	50	2,275	2,706	431	2,275	2,706	431
Pay Vacancy Management - Corporate 25-26	75	9	9	0	75	75	0	75	75	0
<b>Totals</b>	<b>8,500</b>	<b>752</b>	<b>781</b>	<b>29</b>	<b>8,500</b>	<b>8,556</b>	<b>56</b>	<b>8,500</b>	<b>8,556</b>	<b>56</b>

#### Savings Performance by Theme 25-26 - Recurrent

Reporting Month

12

	Annual Plan £000	In Month			Cumulative			Forecast		
		Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Apprentice Income	50	4	4	0	50	50	0	50	50	0
Balance Sheet Flexibility	200	50	100	50	200	150	-50	200	150	-50
Commercialisation Opportunities	100	25	0	-25	100	0	-100	100	0	-100
Disposals	250	35	35	0	250	250	0	250	250	0
End of Shift Overrun	100	8	8	0	100	98	-2	100	98	-2
Fuel	230	15	16	1	230	634	404	230	634	404
Interest Receivable	516	43	26	-17	516	218	-298	516	218	-298
Non Pay Local Schemes - Corporate	914	94	61	-33	914	714	-200	914	714	-200
Non Pay Local Schemes - Operations	650	58	54	-4	650	520	-129	650	520	-129
Pay Cost Management (Variable / Net Vacancies) - Operations	3,140	221	228	7	3,140	3,140	0	3,140	3,140	0
Pay Vacancy Management - Corporate	0	0	0	0	0	0	0	0	0	0
Pay Vacancy Management - Corporate 25-26	75	9	9	0	75	75	0	75	75	0
<b>Totals</b>	<b>6,225</b>	<b>562</b>	<b>541</b>	<b>-21</b>	<b>6,225</b>	<b>5,850</b>	<b>-375</b>	<b>6,225</b>	<b>5,850</b>	<b>-375</b>

#### Savings Performance by Theme 25-26 - Non Recurrent

Reporting Month

12

	Annual Plan £000	In Month			Cumulative			Forecast		
		Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Apprentice Income	0	0	0	0	0	0	0	0	0	0
Balance Sheet Flexibility	0	0	0	0	0	0	0	0	0	0
Commercialisation Opportunities	0	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0	0
End of Shift Overrun	0	0	0	0	0	0	0	0	0	0
Fuel	0	0	0	0	0	0	0	0	0	0
Interest Receivable	0	0	0	0	0	0	0	0	0	0
Non Pay Local Schemes - Corporate	0	0	0	0	0	0	0	0	0	0
Non Pay Local Schemes - Operations	0	0	0	0	0	0	0	0	0	0
Pay Cost Management (Variable / Net Vacancies) - Operations	0	0	0	0	0	0	0	0	0	0
Pay Vacancy Management - Corporate	2,275	190	240	50	2,275	2,706	431	2,275	2,706	431
Pay Vacancy Management - Corporate 25-26	0	0	0	0	0	0	0	0	0	0
<b>Totals</b>	<b>2,275</b>	<b>190</b>	<b>240</b>	<b>50</b>	<b>2,275</b>	<b>2,706</b>	<b>431</b>	<b>2,275</b>	<b>2,706</b>	<b>431</b>

Please note figures are rounded to the nearest whole number



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Agenda Item No. 10.2

## REPORT TITLE

Financial Performance as at Month 1 – 2026/27

## MEETING

Name of meeting	Trust Board
Date of meeting	28 May 2026
Public or Private	Public
If private - <a href="#">rationale</a>	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

- |  |  |
|--|--|
| <input type="checkbox"/> Approval                            | <input type="checkbox"/> Endorsement       |
| <input checked="" type="checkbox"/> Assurance                | <input type="checkbox"/> Discussion        |
| <input type="checkbox"/> Information (goes in consent items) | <input checked="" type="checkbox"/> Noting |

## REPORT SUMMARY:

1. This paper presents to the Board the first Financial Performance Report of the 2026/27 financial year, the reported position as at Month 1 (April 2026). This builds on the presentation provided to the meeting of the Finance & Performance Committee on 19 May 2026.



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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 1 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 £0.734m have been achieved in month 1 against a target of £0.726m
  - Public Sector Payment Policy is on track with performance, against a target of 95%, of 97.6% for the number, whilst slightly off track in terms of value at 81.4% 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 1 revenue financial position and performance of the Trust as at 30 April 2026.
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 initial capital programme for 2026/27.
4. **Note** the Month 1 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 1 – as required by WG
2. Monitoring return letter submitted to Welsh Government for month 1 – 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](#)]

<input type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input type="checkbox"/> SO2: Enabling our people to be the best they can be
<input type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input type="checkbox"/> SO4: Developing services in collaboration
<input type="checkbox"/> SO5: Being quality driven and clinically led	<input checked="" type="checkbox"/> 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](#)]

<input type="checkbox"/> Safe	<input type="checkbox"/> Timely	<input type="checkbox"/> Effective
<input type="checkbox"/> Efficient	<input type="checkbox"/> Equitable	<input type="checkbox"/> Person Centred

Quality Enablers (select all that apply) [[link to standards](#)]

<input checked="" type="checkbox"/> Leadership	<input type="checkbox"/> Workforce	<input type="checkbox"/> Culture
<input checked="" type="checkbox"/> Information	<input type="checkbox"/> Learning Improvement & Research	<input checked="" type="checkbox"/> Whole Systems Approach

### WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to goals](#)]

<input type="checkbox"/> A socially responsible and inclusive employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input type="checkbox"/> A pro-active, accessible and equitable care provider
<input checked="" type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	

### APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
19 May 2026	Finance & Performance Committee (presentation)



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## SITUATION

1. This report provides the Board with a summary of the revenue financial performance of the Trust as at 30 April 2026 (Month 1 2026/27), along with a brief update on the initial 2026/27 capital programme. A summarised presentation of the month 1 position was presented to Finance & Performance Committee on 19 May 2026.

## BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for 2025/26** (1 April 2026 – 30 April 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 **£0.734m** have been achieved against a target of **£0.726m**;
  - Public Sector Payment Policy is on track with performance, **against a target of 95%, of 97.6% for the number**, whilst slightly off track in terms of value at **81.4% 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 £9m 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 (£1.2m) 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



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remain as they are throughout the financial year, this would translate into a c£1.5m additional cost pressure not able to be recognised as such in the 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 £1.2m, in the context of other emerging issues, pressures and potential additional funding.
  - Assumed funding 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 1 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 M01 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 started the financial year in deficit, with a M01 position likely to be in the region of c£200k.



## ASSESSMENT

### REVENUE FINANCIAL PERFORMANCE – MONTH 1 2026/27

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

Revenue Financial Position for the period 1st April - 30th April				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-331,359	-27,008	-27,193	-185
Expenditure				
Pay	252,044	20,699	20,509	-190
Non-pay	64,719	4,991	5,373	382
Total pay & non-pay expenditure	316,763	25,690	25,882	192
Depreciation & Impairments / interest payable & receivable	14,596	1,318	1,311	-7
Total	0	0	0	0

#### Income

9. Reported Income against the initial budget set to Month 1 shows an overachievement of **£0.185m**.

#### Pay Costs

10. Overall, the total pay variance at Month 1 is an underspend of **£0.190m**.

#### Non-pay Costs

11. The non-pay position at Month 1 is an overspend of **£0.382m**. In addition, for reporting purposes Depreciation, Impairment and Interest is excluded from the above figure, which underspent by **£0.007m**, hence the total overspend to budget of **£0.375m**.

#### 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 1 in month performance was, plan of £0.726m and £0.734m achieved, therefore an overachievement of £0.008m (as per the below table).



	Annual	In Month			Cumulative			Forecast		
	Plan £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
BX01-Chief Executive Directorate	107	5	5	0	5	5	0	107	107	0
BX02-Corporate Governance	39	1	1	0	1	1	0	39	39	0
CX01-Partnerships & Engagement Directorate	40	3	3	0	3	3	0	40	40	0
DX01-Operations Directorate	4,337	450	450	0	450	450	0	4,337	4,289	-48
FX01-Finance and Corporate Resources Directorate	1,064	87	52	-34	87	52	-34	1,064	1,030	-34
HX01-Planning and Performance Directorate	267	10	34	24	10	34	24	267	333	66
JX01-Quality, Safety and Patient Experience Directorate	420	35	28	-7	35	28	-7	420	388	-32
KX01-Digital Directorate	720	60	85	25	60	85	25	720	701	-19
PX01-People and Culture Directorate	402	41	60	19	41	60	19	402	523	121
RR01-Trust Reserves	1,220	2	2	0	2	2	0	1,220	20	-1,200
UX01-Medical & Clinical Services Directorate	384	32	14	-18	32	14	-18	384	329	-55
<b>Totals</b>	<b>9,000</b>	<b>726</b>	<b>734</b>	<b>8</b>	<b>726</b>	<b>734</b>	<b>8</b>	<b>9,000</b>	<b>7,800</b>	<b>-1,200</b>

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

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

### Financial Performance by Directorate

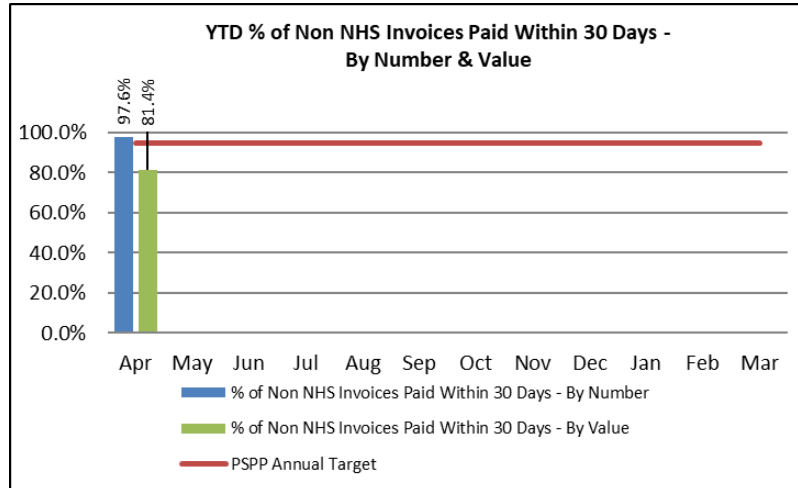
15. Whilst there is a breakeven position at Month 1, there are some small variances between Directorates, as shown in the table below, when compared to the budgets set at the outset of the financial year. These are fairly minor in nature, given we are so early in the financial year, but they will be continued to be closely monitored.

Financial position by Directorate @ 30th April	Annual Budget £000	Year to date			
		Budget	Actual	Variance	Tolerance 5%
		£000	£000	£000	%
<b>Directorate</b>					
Operations Directorate	226,688	18,561	18,607	46	0.2%
Chief Executive Directorate	2,189	190	189	-1	-0.5%
Board Secretary	781	68	68	-0	-0.1%
Partnerships & Engagement Directorate	716	53	50	-3	-5.2%
Finance and Corporate Resources Directorate	40,788	3,389	3,376	-13	-0.4%
Planning and Performance Directorate	3,242	281	254	-27	-9.8%
Quality, Safety and Patient Experience Directorate	8,120	677	687	10	1.6%
Digital Directorate	17,304	1,222	1,181	-41	-3.4%
People and Culture	6,993	575	604	29	5.1%
Medical & Clinical Services Directorate	6,782	510	510	-0	-0.1%
Trust Reserves	2,107	39	39	-0	-0.3%
Trust Income (mainly JCC)	-315,710	-25,565	-25,565	-0	0.0%
<b>Overall Trust Position</b>	<b>0</b>	<b>0</b>	<b>-0</b>	<b>-0</b>	

### PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

16. Public Sector Payment Policy (PSPP) compliance to Month 1 was **97.6%** against the **95%** WG target set for non-NHS invoices by number and **81.4%** 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, resulting in the 30 day target for value being missed.



## 2026-27 INITIAL CAPITAL PROGRAMME

18. As we are in the early stages of the financial year the discretionary capital programme and resulting budgets are only now being finalised.
19. At Month 1, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2026/27 is **£30.928m**.
20. A separate paper proposing the approval of the Trust's capital plan for 2026/27 is being presented to the Trust Board meeting.

## RISKS AND ASSUMPTIONS

21. 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 individual high likelihood risks as reported to WG, but as we move through the next few months 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, and are already assessing some as more medium risks as opposed to low. This will also inform a further review of risk 139 in the BAF.
22. However, at the outset of this financial year there are a number of risks that need to be documented within this initial reported financial position, which aligns to that fully described within the financial plan submitted as part of the IMTP.
23. A low risk has been included around any JCC additional saving request. Whilst nothing further has been formally received in relation to this risk, and work is in development to quantify the productivity and efficiency (non cash) improvements



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agreed with commissioners as part of the IMTP (up to an indicative value of **£6.000m**) a risk to this value is therefore noted at this time.

24. Given the pressures the Trust is already seeing in relation to the war in the Middle East, the Trust has included a further low risk of **£0.500m** around further increases in energy prices, noted that the current fuel cost increases have been included within the current reported position.
25. At this stage it is prudent to include a risk of the WRP funding not being provided by Welsh Government, as such a medium risk has been included for the full amount of **£2.355m**. However, should confirmation be received that this is to be funded the Trust would then clearly be able to remove this risk.
26. 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 medium risk has been included.
27. As noted above, there are therefore no current individually assessed high financial risks as we enter the financial year, 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 M01, based on the assumptions made in reporting this.
28. Full consideration and management of all these risks will clearly be high on the agenda for the Trust Board and its relevant Committees.

## RECOMMENDATION

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

## NEXT STEPS

30. Monitor the ongoing revenue and capital position as we move through 2026/27, linking in with key stakeholders, to ensure delivery to plan.
31. 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

1

	Annual	In Month			Cumulative			Forecast		
	Plan £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Income Commercialisation Opportunities	150	0	0	0	0	0	0	150	150	0
Non Pay Estates Efficiencies - Corporate	135	11	7	-5	11	7	-5	135	135	0
Non Pay Fleet Efficiencies - Corporate	250	21	0	-21	21	0	-21	250	158	-92
Non Pay Local Schemes - Corporate	471	39	23	-16	39	23	-16	471	311	-160
Non Pay Local Schemes - Operations	915	69	77	8	69	77	8	915	863	-52
Non Pay Local Schemes - Operations Contract Reviews	415	79	67	-12	79	67	-12	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	7	7	0	89	89	0
Pay Cost Management (Variable Cost reductions) - Operations	1,100	71	71	0	71	71	0	1,100	1,100	0
Pay End of Shift Overrun - Operations	110	10	14	4	10	14	4	110	114	4
Pay Skill Mix Modernisation - Operations	500	42	42	0	42	42	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	197	247	50	197	247	50	2,368	2,668	300
Pay Vacancy Management - Operations	1,297	179	179	0	179	179	0	1,297	1,297	0
<b>Totals</b>	<b>9,000</b>	<b>726</b>	<b>734</b>	<b>8</b>	<b>726</b>	<b>734</b>	<b>8</b>	<b>9,000</b>	<b>7,800</b>	<b>-1,200</b>

#### Savings Performance by Theme 26-27 - Recurrent

Reporting Month

1

	Annual	In Month			Cumulative			Forecast		
	Plan £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Income Commercialisation Opportunities	150	0	0	0	0	0	0	150	150	0
Non Pay Estates Efficiencies - Corporate	135	11	7	-5	11	7	-5	135	135	0
Non Pay Fleet Efficiencies - Corporate	250	21	0	-21	21	0	-21	250	158	-92
Non Pay Local Schemes - Corporate	471	39	23	-16	39	23	-16	471	311	-160
Non Pay Local Schemes - Operations	915	69	77	8	69	77	8	915	863	-52
Non Pay Local Schemes - Operations Contract Reviews	415	79	67	-12	79	67	-12	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	7	7	0	89	89	0
Pay Cost Management (Variable Cost reductions) - Operations	1,100	71	71	0	71	71	0	1,100	1,100	0
Pay End of Shift Overrun - Operations	110	10	14	4	10	14	4	110	114	4
Pay Skill Mix Modernisation - Operations	500	42	42	0	42	42	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	197	247	50	197	247	50	2,368	2,668	300
Pay Vacancy Management - Operations	1,297	179	179	0	179	179	0	1,297	1,297	0
<b>Totals</b>	<b>9,000</b>	<b>726</b>	<b>734</b>	<b>8</b>	<b>726</b>	<b>734</b>	<b>8</b>	<b>9,000</b>	<b>7,800</b>	<b>-1,200</b>

#### Savings Performance by Theme 26-27 - Non Recurrent

Reporting Month

1

	Annual	In Month			Cumulative			Forecast		
	Plan £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
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
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Please note figures are rounded to the nearest whole number



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Agenda Item No. 11

## REPORT TITLE

Integrated Medium Term Plan (IMTP) 2025/26 Q4 (End of Year Report)

## MEETING

Name of meeting	Trust Board
Date of meeting	28 May 2026
Public or Private	Public
If private - <a href="#">rationale</a>	n/a

## REPORT SPONSOR

Executive sponsor	Rachel Marsh, Executive Director of Strategy, Planning & Performance
Author(s) of report	James Houston, Assistant Director of Planning & Transformation

## PURPOSE OF REPORT

- |  |  |
|--|--|
| <input type="checkbox"/> Approval                            | <input type="checkbox"/> Endorsement       |
| <input checked="" type="checkbox"/> Assurance                | <input type="checkbox"/> Discussion        |
| <input type="checkbox"/> Information (goes in consent items) | <input checked="" type="checkbox"/> 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 an end of year (Q4) update and assurance on progress delivering the 2025/26 Integrated Medium Term Plan (IMTP). This report includes an end of year positional update on the Trust's Clinical Model Transformation



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Programme (CMT), directorate led IMTP Deliverables, Ministerial Priorities and the IMTP 'What good looks like' statements.

## RECOMMENDATION(S)

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

The Trust Board is asked to:

1. **NOTE** progress delivering the 2025/26 IMTP deliverables.

## ADDITIONAL PAPER(S)

Set out here any annexes.

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](#)]

<input checked="" type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input checked="" type="checkbox"/> SO2: Enabling our people to be the best they can be
<input checked="" type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input checked="" type="checkbox"/> SO4: Developing services in collaboration
<input checked="" type="checkbox"/> SO5: Being quality driven and clinically led	<input checked="" type="checkbox"/> 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](#)]

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input checked="" type="checkbox"/> Equitable	<input checked="" type="checkbox"/> Person Centred

Quality Enablers (select all that apply) [[link to standards](#)]

<input checked="" type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Culture
<input checked="" type="checkbox"/> Information	<input checked="" type="checkbox"/> Learning Improvement & Research	<input checked="" type="checkbox"/> Whole Systems Approach

## WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to goals](#)]

<input checked="" type="checkbox"/> A socially responsible and inclusive employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input checked="" type="checkbox"/> A pro-active, accessible and equitable care provider
<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> 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
28 April 2026	Strategic Transformation Board (STB)
19 May 2026	Finance & Performance Committee (FPC)



## SITUATION

1. The purpose of this paper is to provide Trust Board with an end of year (Q4) update and assurance on progress delivering the 2025/26 Integrated Medium Term Plan (IMTP). This report includes an end of year positional update on the Trust’s Clinical Model Transformation Programme (CMT), directorate led IMTP Deliverables, Ministerial Priorities and the IMTP ‘What good looks like’ statements.

## BACKGROUND

2. IMTP deliverables are monitored through two internal delivery mechanisms reporting into the Strategic Transformation Board (STB). STB undertook a detailed end of year progress review, by exception, against the 2025/26 IMTP Deliverables on the 28 April, reporting into the Finance & Performance Committee on the 19 May. This report provides a high-level summary of key progress for assurance.

## ASSESSMENT

### Clinical Model Transformation (CMT) Q4 Progress Report

3. The CMT Programme continues to progress in line with its strategic ambition to transition to an integrated, clinically led Clinical Services Model.
4. Following approval of the **CMT Programme Benefits Realisation Plan** in Jan-26, the majority of foundational documents are now complete. The **Benefits Realisation Steering Group** has initiated, and a **Benefits Realisation Workshop** was held in early April. Themes and priorities were identified, and a plan is now in development to mitigate the key issues discussed on the day through an agreed delivery structure. **Progress** continues in enabling the realisation of identified **benefits**, and PowerBI dashboards are in development. A total of 10 CMT programme led **IMTP deliverables** for 26/27 have been agreed in the plan.

Table 1: Overview of the CMT Q4 Highlight report

Workstream/Enabling Group	RAG	Notes
Digital Front-End	Green	<b>On Track:</b> Upward trend following Apr-26 Board, remaining deliverable Symptom Checker remaining deliverable rolled over into 2026/27 (Q2).
Remote Integrated Care	Green	<b>On Track:</b> Successful implementation of the single system for RICS clinicians went live on the 21 <sup>st</sup> April with 999 Remote and NHS 111 clinicians operating on a single system and queue. Early teething issues following implementation being mitigated.



Workstream/Enabling Group		RAG	Notes
Urgent Community Response		Yellow	<b>On Track</b> (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	<b>On Track:</b> No change. Closure Report for Call Flow and Rapid Clinical Screening submitted. Health Care Professional (HCP) flows Tests of Change underway, and Communications and Messaging (SMS Functionality) Project on Track
	Out of Hospital Cardiac Arrest	Green	<b>On Track:</b> No change. Additional funding received to distribute CPR school education
Health Transport		Closed	<b>Workstream closed</b> , and resource reallocated to Non-Emergency Patient Transport (NEPTS) Improvement Programme
CMT Metrics		Closed	<b>Closed:</b> Closed, outstanding items transferred to Benefits Realisation Steering Group.
Change Management		Amber	<b>Off Track:</b> Downgraded due to delay in number of deliverables - Change Management Plan for 2026/27 is in development and scheduled to go through governance routes and be approved in June. Senior Responsible Officer (SRO) and Executive Role Profile development is in progress but requires wider consultation and discussion prior to adoption. Anticipated downgrade of status to Yellow in June 2026 following approval of the 2026/27 Delivery Plan.
Partnerships & Engagement		Green	<b>On Track:</b> No change
CMT Benefits Realisation Steering Group		Green	<b>On Track:</b> Plan in development, proposed structure and membership developed and circulated. Priorities to include Urgent Care Metrics, Orange Now Call Distribution, People Metrics, and Data Linkage.

## Clinical Model Transformation (CMT) Year End Progress by work stream

### Accessing Online Digital Advice

- Digital Front End has progressed at pace over the last year, procuring the Online Symptom Checkers in Q1, launching Albot in Q2, developing the live agent pilot and WhatsApp integration in Q3, and demonstrating proof-of-concept for the Live Agent in Q4. The Virtual Assistant also received Highly Commended at the inaugural "Excellence in Healthcare Partnership Awards" in February 2026.
- Looking ahead at 2026/27, the DFE work stream will focus on final implementation and optimisation. This includes user acceptance testing (UAT) of the Symptom Checkers prior to anticipated Go Live in Q2 26/27. A new content management system is also expected to be procured by Q4.

### Emergency Response

- The Emergency Response workstream has seen significant change over the last twelve months with the Ambulance Performance Framework now in place in pilot form. The development of additional functionalities such as text-messaging functionalities and Healthcare Professional call flows was also initiated with early



Tests of Change, stakeholder engagement and process mapping undertaken. The Out of Hospital Cardiac Arrest plan has already completed work with GoodSAM responders (surveying outcomes and footprint expansion), as well as expanding into schools following the receipt of additional funding.

8. Delivery over the coming year will aim to refine the model by refining and optimising those additional functions (including the text messaging functionalities and dedicated Healthcare Professional call flows) and embedding the Out of Hospital Cardiac Arrest Action Plan. Interim Ambulance Performance Framework evaluations will take place throughout the year, and regular monthly reporting will look to demonstrate improved patient safety and clinical outcomes.

### **Remote Integrated Care**

9. Remote Integrated Care has supported implementation of the Ambulance Performance Framework which included RCS0. The workstream has also completed Tests of Change around remote monitoring and the CPSS Application (Winter Desk) in Q1, completed digital enhancements (Video Consultation) in Q2, refined the Care Planning function and implementation of the Falls Desk in Q3, and began the implementation of the Integrated Queue (Single CAD) in late Q3.
10. The final year of the programme will see RICS develop into a single, coherent service that supports patients to access safe, timely, and appropriate care following implementation of the Single CAD in late April 2026. Welsh Clinical Portal integration will follow in Q1 alongside expansion of CPSS. Q2 and Q3 will focus on refining professional practice and development, including standardising training plans, CPD and Clinical Supervision frameworks. It will also look to implement a dedicated Respiratory Desk, following the success of the Falls Desk in late 2025. The year will end with a series of evaluations and identification of opportunities for digital functionality enhancements.

### **Urgent Community Response (UCR)**

11. Year two of the programme saw the UCR workstream complete the APP Organisational Change Process (OCP), and subsequent recruitment of Senior APPs (SAPPs) to support clinical supervision. A Falls Response plan was also developed for Falls and Enhanced Falls response models. In Dec-25, UCR Scheduling piloted an approach, identifying opportunities for refinement of a preferred model, that is due to be implemented in Year Three. Following a year-long pilot, a decision was also made to step the Mental Health Response Vehicle (MHRV) Pilot down in favour of enhanced remote triage functionality.



12. Consistent community care remains the ambition for Phase Three. The workstream will continue developing its Face-to-Face interventions (Falls Response, Advanced Paramedic Care, and Mental Health crisis intervention) through the use of trial desks, pilot services, and national collaborative strategies, and following the anticipated completion of the APP Roster Review in Q1, is expected to implement a UCR Scheduling solution in Q2/Q3.

### Health Transport

13. Following work on evaluating taxi-eligible transport and development of a delivery proposal, the Health Transport workstream has ceased, transferring all resource to a standalone NEPTS Improvement Programme, which will be accountable to Strategic Transformation Board. It will continue to look to develop and optimise access points and pathways to support provision of transport following the outcome of a clinical assessment, based on the integration of the newly developed Digital Front End, Ambulance Performance Framework, and Remote Integrated Care models.

### Directorate led IMTP Deliverables 2025/26 (Q4 Update)

14. In addition to the strong progress made during 2025/26 across CMT, implementation of the Integrated Clinical Services Model and introduction of the new Ambulance Performance Framework, the Trust has also made good progress across the breadth of directorate led IMTP deliverables.

15. A total of 94 IMTP Deliverables were outlined in the plans for 2025/26 which included actions to be delivered 'in year' and other 'multi-year' actions rolling over into year 2/3 of the plan. The deliverables have been organised by strategic objective and sub-categorised by responsible directorate below.

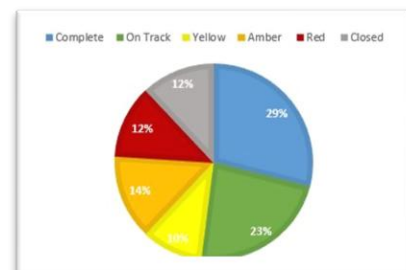


Table 2: Overview of IMTP Deliverables 25/26 by Strategic Objective & RAG status



Strategic Objective	Directorate	Green	Yellow	Amber	Red	Not Started /Closed	Complete
SO1: Right Care & Advice	Operations	2	4	1		6	2
SO2: Enabling our People	Operations	2					
	People & Culture	11	1	1		2	3
	Corporate Governance	1					4
SO3: Forefront of Innovation & Technology	Digital	3	1	8		2	2
	Finance & Corporate Resources	1			2		4
SO4: Collaboration	Partnerships & Engagement		2				4
SO5: Quality Driven & Clinically Led	Quality, Safety & Patient Experience	1	1	1	8		7
SO6: Exceptional Value	SP&P	1		2	1		
	Finance & Corporate Resources					2	1

16. A total of 27 deliverables (29%) have been completed in year. Some key highlights (over and above progress reporting in previous quarters) include strong progress developing our estate with practical completion dates scheduled for the Bangor Fleet workshop and Monmouth Ambulance Station in April-26. Welsh Government funding secured for the 2026/27 Fleet Business Justification Case (BJC). A new Quality Improvement hub was launched in Q4. The Trust successfully achieved its organisational savings target of £8.5 million.

17. A total of 22 deliverables (23%) are reported as 'Green' and on track and these are actions that span 'multi-year' delivery and will roll over into 2026/27.

18. There are 13 deliverables (14%) reported with an Amber 'cautionary status', predominantly linked to slippage on timescales against planned delivery dates. These deliverables have been reviewed with revised completion dates applied and will be rolled over and be delivered in 2026/27. The key Amber reported deliverable to highlight following discussion in STB is the Concerns Management Improvement Programme and implementation of the new 'Listening to People' regulations. Considerable efforts have been undertaken in support of the 'recovery period to reduce the concerns back log, however it was recognised that further work is required to continue this work to deliver a fully recovered position. This work will continue into Q1 whilst the wider programme continues to deliver the key improvement work and implementation of the new regulations.

19. STB focussed its attention on the 11 deliverables (12%) reported as Red and 'off-track' with slippage reported and wider internal / external factors that could impact delivery. These are outlined in the table below:



Table 3: Overview of 'Red' reported IMTP Deliverables 2025/26

Ref	IMTP Deliverable	Status	Progress Update
1	Estates SOP refresh in the context of AWC funding	Red	Capital position challenging - no capital funding pipeline and No immediate requirement to update Estates SOP.
2	Resource to support de-carbonisation of our fleet	Red	Executive agreement to deliver de-carb actions within current resource and financial envelope. Rolled over into directorate planning 26/27
3	De-Carb Action Plan (DAP)	Red	
4	Evaluation of fume mitigation report	Red	Internal staffing issues reported – rolled over into 26/27 directorate plan
5	Health Inequalities maturity matrix	Red	Superseded following new Health Impact Assessment (HIA) regulations – rolled over for 26/27 directorate plan
6	Draft Population Health Plan	Red	Capacity challenges to undertake work – joint post with Public Health Wales proposed to create capacity. Rolled over into directorate planning 26/27
7	Health & Safety culture framework	Red	Capacity issues in team prevented progress – rolled over into 26/27
8	Always On & Duty of Quality reporting	Red	Always on reporting delayed due to capacity – rolled over into 26/27
9	Population health reporting – surveillance opportunities	Red	Resource dependant (digital) – to be considered as part of directorate planning 26/27
10	Population Health: Scoping Primary and secondary prevention opportunities by end of Q3	Red	Resource Dependency. Will require multi-Directorate support: Digital, Operations, Clinical. To be considered as part of directorate planning 26/27
11	Public health shared research bid (population health)	Red	Internal resource dependency – to be considered as part of directorate planning 26/27

### IMTP 2025/26 'What good looks like' statements

20. STB considered the end of year position in relation to the IMTP 'what good would look like' statements, noting strong progress in some areas, and further work outlined in the 2026/27 plan to support improvement across key metrics.

### Ministerial Priorities 2025/26

21. The Trust has delivered positive progress against four of the Cabinet Secretary's 2025/26 priorities for NHS Wales, including its work to support Timely Access to Care, Prevention, Community Capacity and Mental Health.

### IMTP Deliverables and Reporting Arrangements for 2026/27

22. The refreshed 2026-29 IMTP and technical appendices were formally approved by Trust Board in March following a letter of endorsement from the JCC. The IMTP includes a consolidated list of prioritised IMTP deliverables for the next three-year



delivery period (see table below). Detailed 'Plans on a Page' for each strategic objective were provided as part of the IMTP submission.

Table 4: Overview of 2026-29 IMTP Deliverables by Strategic Objective & Priority

Strategic Objective	No of Deliverables	Priorities		
		MUST	SHOULD	COULD
SO1 - Providing the right care or advice, in the right place, every time.	18	15	1	2
SO2 - Enabling our people to be the best they can be	8	8	0	0
SO3 - Being at the forefront of innovation and tech	8	6	1	1
SO4 - Developing Services in Collaboration	2	1	1	0
SO5 - Being quality driven and clinically led	8	6	2	0
SO6 - Delivering exceptional value	3	1	2	0
<b>TOTAL</b>	<b>47</b>	<b>37</b>	<b>7</b>	<b>3</b>

23. Work is underway to refresh the internal planning processes (including updated directorate level plans) to ensure effective delivery and progress reporting arrangements are in place. This will include a review and alignment of the IMTP reporting arrangements by strategic objective into the respective committees, strengthening visibility and assurance across the Trust committee structure.

### RECOMMENDATION(S)

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

### NEXT STEPS

The next steps are as follows:

25. Refresh and update the internal planning processes to accommodate the revised IMTP deliverables for 2026/27 (end of Q1).

26. Align the IMTP Deliverables reporting across committee structures (from Q1).

27. Update Directorate level plans for 2026/27 (end of Q1) and continue the work to refresh the longer-term digitised approach for directorate level plans.



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Agenda Item No.

12

## REPORT TITLE

2025/26 Quality Governance Reviews

## MEETING

Name of meeting	Trust Board
Date of meeting	28 May 2026
Public or Private	Public
If private - <a href="#">rationale</a>	n/a

## REPORT SPONSOR

Executive sponsor	Trish Mills, Director of Corporate Governance/Board Secretary [Julie Boalch, Assistant Director of Corporate Governance and Risk]
Author(s) of report	Trish Mills, Director of Corporate Governance/Board Secretary Alex Payne, Corporate Governance Manager

## PURPOSE OF REPORT

<input checked="" type="checkbox"/> Approval	<input type="checkbox"/> Endorsement
<input checked="" type="checkbox"/> Assurance	<input type="checkbox"/> Discussion
<input type="checkbox"/> Information (goes in consent items)	<input type="checkbox"/> Noting



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## REPORT SUMMARY:

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

1. The Trust has completed its 2025/26 programme of quality and governance reviews across board committees as part of the annual assurance cycle, other than that of the Welsh Ambulance Services Partnership Team (WASPT), which has been formally deferred to June 2026.
2. Overall, the review confirms that the corporate governance framework is operating effectively, supported by a well-established committee structure, clear accountability arrangements, and a culture of openness, transparency, and constructive challenge. No material issues requiring escalation were identified, and committees are collectively providing appropriate assurance to the board in line with the Duty of Quality.
3. The Trust Board continues to demonstrate effectiveness in its core responsibilities, including setting strategic direction, overseeing risk management and internal controls, and shaping organisational culture. Board business is conducted transparently through public meetings, with strong attendance, appropriate quoracy, and mechanisms in place to promote accessibility and stakeholder engagement.
4. Board committees remain integral to the governance framework, undertaking detailed scrutiny to support informed decision-making. The 2025/26 committee reviews adopted a proportionate, qualitative approach: highlighting strong governance practices, high-quality reporting, and effective engagement across committees.
5. The review period has coincided with a broader programme of governance development, including adjustments to the committee framework and an externally commissioned effectiveness review by the Good Governance Institute (GGI). While routine improvements have progressed, more significant structural changes are being phased pending the final GGI report, due in July 2026.
6. The Audit, Risk and Assurance Committee (ARAC) has reviewed the outputs of the annual quality governance reviews and endorsed the suite of 2025/26 committee annual reports and associated updates, for board approval. Updates to the ARAC terms of reference are also presented to the board for approval.



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7. A minor procedural non-compliance is noted in relation to the timing of annual report submissions against the provisions in the Standing Orders. However, these have been appropriately reported and do not impact overall assurance.
8. Overall, the findings provide strong assurance that governance arrangements remain robust and effective, with a clear trajectory for further enhancement through the integrated governance programme and forthcoming GGI recommendations.

## RECOMMENDATION(S)

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

The Trust Board is requested to:

1. **Approve** 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.
2. **Approve** the ARAC 2026/27 terms of reference.

## ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

1. The Trust Board is asked to receive:
  - Annex 1: Academic Partnership Committee (APC) 2025/26 annual report
  - Annex 2: Audit, Risk and Assurance Committee (ARAC) 2025/26 annual report
  - Annex 3: Charity Committee (CC) 2025/26 annual report
  - Annex 4: Finance and Performance Committee (FPC) 2025/26 annual report
  - Annex 5: People and Culture Committee (PCC) 2025/26 annual report
  - Annex 6: Quality, Patient Experience and Safety Committee (QuESt) 2025/26 annual report
  - Annex 7: Remuneration Committee (RemCom) 2025/26 annual report
  - Annex 8: ARAC 2026/27 amended terms of reference
  - Annex 9: Board heatmaps 2025/26
  - Annex 10: Committee remits delegated by board



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) [ <a href="#">link to objectives and what good looks like</a> ]	
<input checked="" type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input checked="" type="checkbox"/> SO2: Enabling our people to be the best they can be
<input checked="" type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input checked="" type="checkbox"/> SO4: Developing services in collaboration
<input checked="" type="checkbox"/> SO5: Being quality driven and clinically led	<input checked="" type="checkbox"/> 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) [ <a href="#">link to standards</a> ]		
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input checked="" type="checkbox"/> Equitable	<input checked="" type="checkbox"/> Person Centred
Quality Enablers (select all that apply) [ <a href="#">link to standards</a> ]		
<input checked="" type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Culture
<input checked="" type="checkbox"/> Information	<input checked="" type="checkbox"/> Learning Improvement and Research	<input checked="" type="checkbox"/> Whole Systems Approach

### WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [ <a href="#">link to goals</a> ]		
<input type="checkbox"/> A socially responsible and inclusive employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input checked="" type="checkbox"/> A pro-active, accessible and equitable care provider
<input checked="" type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	



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## APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
16 July and 24 September	ELT discussions on 2025-26 reviews
25 July and 30 September	ARAC Sub-Group discussions on 2025-26 reviews
2 September 2025	ARAC update on quality and governance review
7 October 2025	APC meeting re quality and governance review
4 November 2025	QuEST meeting re quality and governance review
13 November 2025	PCC meeting re quality and governance review
18 November 2025	FPC meeting re quality and governance review
2 December 2025	ARAC meeting
29 January 2026	Trust Board meeting
2 March 2026	ARAC meeting



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## SITUATION

1. The Trust has completed its 2025/26 programme of quality and governance reviews across board committees, consistent with the annual assurance cycle. All committee reviews have been concluded, except for the Welsh Ambulance Services Partnership Team (WASPT), where the review has been formally deferred to June 2026. This has enabled the preparation of draft committee annual reports and updated cycles of business, which were presented through the Audit, Risk and Assurance Committee (ARAC) for endorsement ahead of submission to Trust Board.

## BACKGROUND

2. The Trust's corporate governance framework creates a supportive environment where decisions are made transparently, resources are used wisely, and responsibilities and accountabilities are clearly defined. It involves providing strong leadership, guiding the service with a clear vision, maintaining high standards of care and ethics, and fostering a positive and inclusive culture that builds trust among our people, our patients, and our stakeholders. Additionally, it includes having robust controls and processes in place to ensure everything runs smoothly and safely, from our preparedness to respond to change, to our day-to-day operations.
3. An effective board and committee structure is vital to ensure our corporate governance framework is operating effectively, ethically, and responsibly. Following the comprehensive committee effectiveness review undertaken in 2024/25, the ARAC agreed that the 2025/26 quality and governance reviews would adopt a proportionate, qualitative approach. Committees were invited to provide feedback through a short survey of members and prescribed attendees, focusing on terms of reference, membership, what is working well, and opportunities for improvement. This process checks our governance remains fit for purpose and demonstrates our commitment to the Duty of Quality. The ARAC received the results of these reviews at its meeting on the 28 April and endorsed all committee annual reports (set out in annexes one to seven) to the board for approval.



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4. The review activity has taken place alongside a broader period of governance development, including Trust Board–approved adjustments to the committee framework and an externally commissioned effectiveness review led by the Good Governance Institute (GGI). As a result, while the committee annual reports and associated routine updates progressed as planned, some structural changes to committee configuration and remit are being phased, with material changes intentionally deferred pending receipt of the external review findings.
5. ARAC were assured of the effectiveness of the board committee framework, noting that there are further changes which will be implemented – potentially in 2026/27. Additionally, as part of the integrated governance programme in 2026, the Trust will refresh the governance framework and the structures to which the executive delegates work. This will strengthen the operation of assurance from floor to board, supporting clear visibility of performance and risk to the Accountable Officer and the board.

## ASSESSMENT

### Part I: Trust Board effectiveness

#### Role of the board

6. The Trust Board is accountable for governance, risk management and internal controls at WAST. Its focus is on the following key areas:
  - The board is responsible for setting the Trust’s long-term **strategy**, identifying priorities, establishing goals, and allocating resources to support strategic planning and delivery. A key part of this responsibility is understanding the **risks** that may impact the achievement of strategic objectives and ensuring that robust systems of risk management and internal controls are in place.
  - Shaping the **culture** of the Trust through multiple avenues: how it engages with staff, patients, and stakeholders; how it sets and manages its agenda; the tone and focus of its discussions; the visibility and accessibility of its members across the organisation; and its decisions on where to invest time and resources. Board and committee members are expected to uphold the highest ethical standards, demonstrating integrity, probity, and a commitment to the Nolan Principles.



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- Setting clear, organisation-wide expectations for high performance and for ensuring compliance with the duty of quality and the duty of candour. It must foster a culture where all staff understand their role in delivering safe, effective, and high-quality care within a governance framework that values trust, openness, constructive debate, and effective challenge. **Accountability** is twofold: the board must hold others to account and remain open to being held to account itself, demonstrating leadership by example in delivering the strategy within the strategic and performance frameworks it has established.
7. The board has established several committees to support in discharging these responsibilities effectively. The committees are designed to undertake the detailed work required to provide robust assurance, explore risks and performance issues, and examine key matters within their specific remits. By doing this 'heavy lifting,' they have the capacity to delve deeper into issues, identify assurance gaps, and set the necessary context for informed decision-making. This paper includes the annual reports of the board committees which detail their effectiveness throughout 2025/26.

### Transparency and Accessibility of Meetings

8. In accordance with the Public Bodies (Admissions to Meetings) Act 1960, the Trust is required to meet in public and has done so for the seven scheduled meetings held in person in Cardiff in 2025/26. To ensure business is conducted in as open and transparent a manner as possible, members of the public, staff and stakeholders can join the public board and committee meetings virtually and can send questions to the board prior to those meetings. Recordings are retained on YouTube and the Trust website for future reference. All meetings, save for the May and September 2025 meetings of the Trust Board, had British Sign Language interpretation.
9. In addition to the public meetings, the board met nine times in private session in 2025/26, where matters of confidentiality and/or commercial sensitivity were discussed. Decisions made in private session are reported in the public session as soon as possible. The Trust held its Annual General Meeting on the 31 July 2025, and this too was available to watch in real-time, with the recording made available on YouTube after the meeting.



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10. A lived experience, either of a staff or patient, was heard at each board meeting. A thank you letter is sent to those sharing their experience from the Chair, and Trust staff are signposted to the story and the discussion that ensued via Siren.
11. There were two Chair's Actions taken in 2025/26. All were conducted in line with the Standing Orders and Governance Practice Note and were ratified by the board at the next available opportunity.
12. Board and committee meetings in 2025/26 were appropriately constituted and quorate with excellent attendance.
13. Agendas and papers for public sessions of the board and committees are published on the Trust's [website](#) seven days before a meeting. The committee AAA highlight reports are circulating to the board and published on the Trust's website in a timely manner.
14. Board members are provided with detailed briefs on the agenda to support the cross-over of substantive items and AAAs for Chairs in particular.

### Member Visibility

15. The Board Visibility and Engagement Standard Operating Procedure (SOP) supports the Chair and Chief Executive in their responsibility to provide strong, effective, and visible leadership in the Trust. It aims to provide a range of ways in which the board can be accessible, hear from our people, our patients, and our stakeholders and to triangulate the information received through more formal routes.
16. The SOP dashboard can be accessed by board members and staff via this [link](#) and manipulated and filtered for date ranges and to enable the user to move between the sub-dashboards of 'Board Member Visits', 'Roadshows and Awards', and 'Hospital Visits'. The dashboard heatmap, a snapshot of which is at annex nine, illustrates a good number of individual board member visits (98 individual visits in year).



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17. However, as was the case last year, there is a notable concentration of visits in the southern and northern regions of Wales, particularly around our headquarters in Cardiff, Cwmbran, Swansea, and St Asaph. Recognising the need for broader geographic engagement, members are encouraged to utilise this heatmap strategically to promote a more equitable distribution of visits across Wales in the coming year.

### Good Governance Institute Review

18. In January 2026, the Trust Board engaged the Good Governance Institute (GGI) to undertake an external effectiveness review. This review has formed the basis of the Trust Board quality governance review for 2025/26. The following desired outcomes were cited within the original scope:

- 18.1. An assessment of the remit and spread of board committees for an organisation of the Trust's size and complexity, taking account of the issues raised in the ARAC meeting on 1 May 2025.
- 18.2. A review of the current board agenda and, where there may be misalignment or duplication of committee scrutiny, proposals to streamline the agenda to be more strategic and reflective of the board's responsibility for culture.
- 18.3. An assessment of the current board culture including but not limited to transparency, radical candour, constructive challenge, meaningful feedback, ethical leadership, equality/diversity/inclusion, and quality service delivery, identifying areas for enhancement.
- 18.4. A detailed maturity matrix that assesses the board's alignment with the characteristics of high-performing boards, pinpointing areas of strength and improvement.
- 18.5. Recommendations on how the board can proactively address potential challenges and leverage opportunities to ensure sustainability and adaptability in a changing healthcare environment.

19. The 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 included: interviews with board members, senior leadership, and other stakeholders; meeting observations; a documentation review, thematic analysis of findings, and the facilitation of a board effectiveness survey conducted with board members.



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20. The Trust Board received the GGI's initial outcome report at its development day on the 30 April 2026, with the final report and associated action plan due by the board at its meeting on the 30 July 2026.

## Board Development

21. The board development programme continued in 2025/26 with a focus on understanding, learning, and reflection. The six scheduled sessions were well attended and designed to stimulate discussion on strategic initiatives; shape culture and behaviours; strengthen system and partnership working; enhance knowledge of the regulatory environment and allow for more detailed briefing of complex issues ahead of formal meetings. Sessions included:

- Strategy
- Review of organisational performance metrics (two sessions)
- Financial planning
- Value-based healthcare
- Political landscape
- IMTP 2026-29 (two sessions)

22. Each development session includes a CEO update and feedback from NEDs on recent visits and meetings of note.

## Part II: Committee effectiveness

### 2025/26 Quality and Governance Reviews for Committees

23. Given the extensive review undertaken in 2024/25, ARAC agreed that this year's approach would be qualitative. This included a survey of members to gather feedback on the proposed changes to the terms of reference (including membership) and to identify what is working well and where improvements could be made. The following four questions were asked of committee members and prescribed attendees:

- Are there any changes you wish to see to the terms of reference
- Are there any changes you would like to see to the committee's membership
- What works well in this committee
- What improvements would you recommend



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24. Engagement with the surveys was not high; however, a good deal of qualitative information was obtained. The below sets out the feedback from each committee from their 2025/26 review:

<b>Committee</b>	<b>Survey feedback</b>
<b>Academic Partnership Committee</b>	<p>The APC met on the 7 October 2025 and considered the 2025/26 quality governance review, endorsing the position proposed by the ARAC to redistribute the committee’s current responsibilities as follows:</p> <ul style="list-style-type: none"> <li>• Research: To be transferred to the Finance and Performance Committee (FPC), aligning with Strategic Objective three and enabling integration with technology, commercialisation, and financial sustainability portfolios.</li> <li>• Partnerships: Education and training collaborations to move to the People and Culture Committee (PCC), while commercial partnerships will be overseen by FPC.</li> <li>• University Trust Status (UTS): UTS is a designation, not a standalone programme. Oversight should focus on the contributing activities which are to be aggregated and monitored through the IMTP, with FPC ensuring visibility.</li> </ul> <p>It was recommended that the APC continue to meet in 2026/27 for oversight of the research portfolio, with its other responsibilities related to education and training partnerships and collaboration transferring to the PCC, and commercial partnerships transitioning to the FPC from 1 April 2026.</p>
<b>Charity Committee</b>	<p>Members were content with the current terms of reference, and most felt the committee’s membership remained appropriate; though some suggested considering involvement from project leads for emerging areas of charity work such as volunteering, staff wellbeing, or the Wish Ambulance as new strategic projects progress.</p> <p>The committee felt there was strong engagement from members and commended the quality of papers. Some improvements were suggested which focused on strengthening pre-committee governance structures to streamline operational discussions, and enabling a clearer focus on strategic priorities, alongside a call to further accelerate the Charity’s ambition.</p>



Committee	Survey feedback
<p><b>Finance and Performance Committee</b></p>	<p>Members praised the committee’s well-structured agendas, strong chairing, high-quality reporting, constructive scrutiny, transparent engagement from the Executive Leadership Team, and excellent corporate governance support.</p> <p>Suggested improvements centred largely on supporting members with complex or less-familiar areas of business, including potential bespoke development on fleet, estates and environmental matters; as well as continued work to improve the clarity and succinctness of reports.</p> <p>Further recommendations included ensuring consistency in how key metrics are reported across committees, reducing duplication between committees, maintaining regular reviews of potential remit overlaps and conflicts of interest, and continuing to refine the quality and volume of committee papers through ongoing writing-guidance improvements.</p>
<p><b>People and Culture Committee</b></p>	<p>Members felt that the committee is valued for its inclusivity, active participation, and high-quality reporting, which foster a collaborative environment and effective assurance to the board. There is a desire for the committee to focus more on strategic priorities and to measure the tangible impact of its work, ensuring that discussions address the most pressing and relevant issues for staff and the organisation.</p>
<p><b>Quality, Patient Experience and Safety Committee</b></p>	<p>Members felt that the committee's membership is appropriate and diverse, and whilst concerns were raised about the number of attendees, with some questioning the value added by non-contributing participants, wide attendance is encouraged and welcomed by the committee in open session.</p>
<p><b>Remuneration Committee</b></p>	<p>Members felt that the committee was functioning effectively, with clear, focused agendas; succinct and well-presented papers; strong attendance and engagement; and constructive, open discussion supported by good governance and executive input. Members confirmed no changes were needed to the terms of reference or membership for 2026/27, though some queried the rationale for full NED membership and the quorum of three, both of which reflect established NHS best practice and wider Board expectations.</p>



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25. Following the completion of this annual activity the suite of board committee annual reports were presented to the ARAC for endorsement on [28 April 2026](#). The ARAC discussed its annual effectiveness review results at its meeting on the [2 March 2026](#).
26. The ARAC retained use of the National Audit Office effectiveness toolkit as part of its annual self-assessment. In 2024 this committee agreed that the most effective way to approach the toolkit was for the ARAC sub-group to proactively address the questionnaire by identifying and addressing any gaps in advance. This preliminary work streamlined the review by allowing the committee to focus on key areas of improvement and maintain continuous oversight of their responsibilities.
27. This was replicated for this year's review and at the 2 March 2026 ARAC there were actions agreed in response to the 2025/26 review of the NAO effectiveness toolkit. These actions were in relation to communication between key ARAC stakeholders and the skills and experience of members. These matters will be taken to the ARAC sub-group for progression.
28. Changes to the ARAC terms of reference were endorsed by the committee on 2 March and are before the board for approval. The changes to the terms of reference for the other board committees (except WASPT) have already been approved by the Trust Board. The committee annual reports for all committees save for WASPT are before the board for approval.

### Non-compliance with standing orders

29. The Trust standing orders require that the board committees present the end of year annual reports to the board within six weeks of the end of the financial year. Due to the timing of the board meetings this timeframe will not be met. The ARAC was notified of this non-compliance at its meeting on the 28 April. All reports except for the WASPT have been completed, and the respective AAAs have reported to the board the completion of this work and escalated any issues to the board, as required.



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30. The reason that the report for WASPT has not been completed is because the group asked for the survey to be extended to permit further engagement from members. The annual quality and governance review work is therefore not complete. The business was originally programme for receipt in April 2026 but deferred to the June 2026 WASPT. The outcomes/annual report will be reported to the board in July 2026, which significantly exceeds the six-week timeframe.
31. Following the 2025 Audit Wales Structured Assessment, the Trust has been reporting to the ARAC non-compliance with standing orders where papers are published later than the seven-day publication milestone. The first of these reports was received by the ARAC in March 2026 and will be received at six monthly intervals.

### Conclusion

32. In conclusion, the Trust can take 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.
33. The 2025/26 programme of quality and governance reviews, alongside committee annual reports and ARAC's own effectiveness review, found no material issues for escalation and confirmed that committees are broadly fulfilling their roles and responsibilities in line with the Duty of Quality.
34. This assurance is further strengthened by a broader programme of governance development, including the phased refinement of the committee framework and the externally commissioned review by the Good Governance Institute, which will inform future improvements. Collectively, this positions the Trust well to maintain robust oversight, adapt to emerging risks, and continue enhancing the effectiveness, efficiency, and strategic focus of its governance arrangements.

### **RECOMMENDATION**

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



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## NEXT STEPS

36. The outcome report from the Good Governance Institute will be reviewed by the board and the associated programme of work developed for progression, throughout 2026/27 onwards.



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# ACADEMIC PARTNERSHIP COMMITTEE ANNUAL REPORT 2025/26

## INTRODUCTION

1. The Trust's Standing Orders and Committee Terms of Reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.
2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.
3. Standing Orders, committee terms of reference, and codes of governance provide that boards should routinely assess the effectiveness of their governance arrangements, of which the board's committees form an integral part.
4. The Academic Partnership Committee (APC) met on 7 October 2025 and, through a facilitated discussion, considered the board committee 2025/26 quality governance review, endorsing the position proposed by the Audit, Risk and Assurance Committee. The outcomes of the discussion on 7 October are described within this report. This Annual Report reflects on the effectiveness of the committee in 2025/26 and proposes changes to its terms of reference.
5. The Trust Board has commissioned an external effectiveness review which will be undertaken in early 2026 by the Good Governance Institute (GGI). The GGI will review the board committee framework within quarter four 2025/26 and quarter one of 2026/27 which may necessitate further changes throughout 2026/27. Although at this stage it is not anticipated that there will be material changes to this committee.

## PURPOSE OF THE COMMITTEE

6. The purpose of the Committee as set out in the 2024/25 terms of reference reflected the maturing University Trust Status (UTS) journey. The committee approached its remit with a mixture of *scrutiny* (particularly with respect to refreshed UTS priorities, obtaining and maintaining UTS status), *partnering* (ensuring the right partners were on the Committee, that appropriate arrangements were in place with partners), *connecting* (existing and new partners to research/programmes of work in WAST), and *inquisitorial* (drilling down into elements of the priorities and other programmes where we are partnering with academic and industry to foster and promote).
7. However, the committee's focus in 2025/26 was solely on the areas delegated from the board in relation to research and oversight of the Trust's research governance framework. This reflects the evolution of the Trust's governance for other committee responsibilities and the achievement of University Trust Status, which was the original purpose of the committee's establishment. Academic partnerships and research are now embedded across multiple areas of the Trust's strategy and planning processes, meaning that the committee's agendas had become less predictable and its business was naturally drawing to a close.

## MEMBERSHIP AND ATTENDANCE

8. In light of this position, it was only necessary for the committee to meet twice in 2025/26 (and was quorate on each occasion). There were four meetings scheduled throughout 2025/26; however, its Members agreed to stand down two of the meetings for the reasons set out in paragraph seven. The committee met in October 2025 and March 2026, respectively.
9. The committee has been supported by the Chair and two Non-Executive Directors as members, and a number of prescribed attendees with good attendance. The chart below illustrates attendance of members and attendees as listed in the terms of reference for 2025/26.

COMMITTEE ATTENDANCE				
Name	07 October 2025	06 March 2026		
Hannah Rowan				
Prof Hayley Hutchings				
Jayne Beeslee				
Estelle Hitchon				
Carl Kneeshaw				
Andy Swinburn				
Jonny Sammut	Keith Dorrington	Keith Dorrington		
Jonathan Chippendale				
Prof Nigel Rees				
James Houston				
Jo Kelso				
Trish Mills	Julie Boalch	Julie Boalch		
Mark Marsden				
Keith Rogers				
Ceri Griffiths				

	Attended
	Deputy attended
	Apologies received
	No longer member

10. There has been one adjustment to the membership in year reflecting the restructure within the Quality, Safety and Patient Experience directorate. The role of the 'Assistant Director of Quality and Nursing' has been superseded by the role of 'Deputy Director of Remote Clinical Care.'

## COMMITTEE'S VIEWS ON EFFECTIVENESS

### Feedback from membership

11. During 2024/25 the ARAC initiated a project to streamline the Trust's governance structures. Key drivers included Non-Executive Director availability, quorum pressures, the high volume of meetings and the transitional status of this committee following the achievement of University Trust Status.
12. The ARAC project group considered a range of options, which culminated in a preferred option to reduce the number of board committees from seven to six by standing down the APC subject to Board approval.
13. The APC met on the 7 October 2025 and considered the 2025/26 quality governance review, endorsing the position proposed by the ARAC to redistribute the committee's current responsibilities as follows:
- 13.1. *Research*: To be transferred to the Finance and Performance Committee (FPC), aligning with Strategic Objective three and enabling integration with technology, commercialisation, and financial sustainability portfolios.

- 13.2. *Partnerships*: Education and training collaborations to move to the People and Culture Committee (PCC), while commercial partnerships will be overseen by FPC.
- 13.3. *University Trust Status (UTS)*: UTS is a designation, not a standalone programme. Oversight should focus on the contributing activities which are to be aggregated and monitored through the IMTP, with FPC ensuring visibility.
14. It was recommended that the APC continue to meet in 2026/27 for oversight of the research portfolio, with its other responsibilities related to education and training partnerships and collaboration transferring to the PCC, and commercial partnerships transitioning to the FPC from 1 April 2026.
15. The direct link to the paper setting out the position is available here: [ambulance.nhs.wales/files/committee-meetings/academic-partnership-committee/papers-7-october-2025/](https://ambulance.nhs.wales/files/committee-meetings/academic-partnership-committee/papers-7-october-2025/).

#### Management of the committee's work programme

16. The committee has a cycle of business that is aligned to its terms of reference. A cycle of business for 2025/26 was not prepared due to the changes to the committee's remit; however, due to the ongoing discussions regarding the board committee framework and the position reached in year (as discussed on the 7 October), the business transacted was deliberately limited to matters regarding research and the research governance framework.
17. The board is kept informed of the committee's oversight of a range of issues by way of an 'Alert,' 'Assure' and 'Advise' (AAA) report to the Board after each meeting. Any issues of concern are escalated to the board in the 'Alert' section, and the chair of this committee presents that report at each board meeting.
18. Other than that which is set out in this report, the substantial detail of the work of the committee in 2025/26 is included in the committee AAA reports which are linked below:
- 18.1. AAA: [7 October 2025](#)
- 18.2. AAA: [6 March 2026](#)
19. The committee is required to promote and support the exploration of opportunities with higher and further education providers, commercial partners, and wider community partners for collaboration. The purpose of these sections 3.1 to 3.3 in the terms of reference and the way in which the committee discharges these were explored in the January meeting.

20. The board received a highlight report from this committee by email circulation following each meeting which included alerts, advice, and areas of assurance. This was also presented to the next public board meeting by the Chair of the committee.
21. All committee papers were published in line with the Trust's Board and Committees Secretariat Standard Operating Procedure.

## **PROPOSED CHANGES TO THE TERMS OF REFERENCE**

22. The changes to the terms of reference for 2026/27 reflect those proposed by the ARAC and as endorsed by the committee on the 7 October 2025. The two areas delegated by the board, which remain in the committee's terms of reference, are to:
  - 22.1. Oversee the strategic direction and development of research and innovation activities within the Trust, and to oversee the implementation of the research governance framework in accordance with the Health and Care Research Wales Research Governance Framework,' and
  - 22.2. Monitor plans to build capacity for the whole workforce whether they be in a clinical, professional, or corporate role, to participate in research; that opportunities to do so are being promoted; and that the workforce is encouraged to be professionally inquisitive.
23. The remaining changes to the terms of reference align them with updates made to other committee terms of reference and reflect adjustments to membership based on the revised remit. This is partly because the terms of reference were not amended for 2025/26, unlike those of the other committees.

## **COMMITTEE PRIORITIES**

### Priorities for 2025/26

24. The committee did not set priorities for the 2025/26 due to the ongoing discussions regarding the board committee framework and its future role and remit.

### Priorities for 2026/27

25. It is good practice for committees to set priorities for the forthcoming year when they review their effectiveness. However, given the agreed position regarding the committee and the changes to the terms of reference for 2026/27 it has been considered unnecessary to set priorities for the forthcoming year.



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# AUDIT, RISK AND ASSURANCE COMMITTEE ANNUAL REPORT 2025/26

## INTRODUCTION

1. The Trust's Standing Orders and Committee Terms of Reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.
2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.
3. Standing Orders, Committee terms of reference, and Codes of Governance provide that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part.
4. The committee met on 2 March 2026 to review the outcome of the committee sub-group review of the National Audit Office toolkit, its terms of reference, and its operating arrangements. This annual report reflects on the effectiveness of the committee in 2025/26 and proposes changes to terms of reference.
5. The trust board has commissioned an external effectiveness review which will be undertaken in early 2026 by the Good Governance Institute (GGI). The GGI will be reviewing the board committee framework within quarter four 2025/26 and quarter one of 2026/27 which may necessitate further changes throughout 2026/27, including potential material changes to this committee.

## **PURPOSE OF THE COMMITTEE**

6. The purpose of the committee is to advise and assure the board and the Accountable Officer on whether effective arrangements are in place - through the design and operation of the Trust's system of assurance - to support them in their decision taking, and in discharging their accountabilities for securing the achievement of the Trust's objectives, in accordance with the standards of good governance determined for the NHS in Wales. Where appropriate, the committee will advise the board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further.

## **MEMBERSHIP AND ATTENDANCE**

7. The committee met five times in public and four times in private session as scheduled in 2025/26 and was quorate on each occasion. Pre-meets were held with the Chair and Auditors.
8. In 2025/26 the Committee was supported by the Chair and three Non-Executive Directors (NEDs) as members, and several prescribed attendees with good attendance
9. As at year end of the committee membership is Peter Curran, Ceri Jackson and Rhiannon Beaumont-Wood. Rhiannon Beaumont-Wood left the trust board on the 8 February 2026 and consequently the committee membership from the same date.
10. The chart below illustrates attendance of members and prescribed attendees as listed in the terms of reference for 2025/26. Audit Wales and Internal Audit were in attendance, and the committee welcomed non prescribed attendees at various meetings. The Chief Executive Officer attended two meetings in 2025/26: Jason Killens attended the June 2025 meeting, and Emma Wood (Chief Executive effective 1 October 2025) attended the December 2025 meeting. The committee welcomed non prescribed attendees at various meetings as well as external guests.

COMMITTEE ATTENDANCE					
Name	1 May 2025 <sup>1</sup>	24 Jun 2025 <sup>2</sup>	2 Sep 2025	2 Dec 2025 <sup>3</sup>	2 Mar 2026
Peter Curran					
Ceri Jackson					
Rhiannon Beaumont-Wood					Hayley Hutchings
Chris Turley			Ed Roberts	Ed Roberts	
Audit Wales	Fflur Jones	Fflur Jones	Fflur Jones	Fflur Jones	Fflur Jones
Julie Boalch					
Judith Bryce	Jon Sweet		Pete Brown		
Christian Fox				Hugh Parry	
Carl Kneeshaw					Liz Rogers
Osian Lloyd					
Trish Mills					
Liam Williams		Wendy Herbert		Wendy Herbert	
Carl Window					
Damon Turner					

	Attended
	Deputy attended
	Apologies received
	No longer member

<sup>1</sup> The chairs of the Finance and Performance Committee (Jayne Beeslee) and QUEST (Bethan Evans) were in attendance for the committee effectiveness reviews

<sup>2</sup> Jason Killens, CEO, joined for the presentation and endorsement of the annual report and audited accounts

<sup>3</sup> Emma Wood, CEO joined this meeting

## COMMITTEE VIEWS ON EFFECTIVENESS

### Feedback from membership

11. In previous years, members of the committee were asked to complete the extensive NAO Audit and Risk Assurance Committee Effectiveness Toolkit questionnaire. Recognising the need for a more engaging and efficient process, the committee adopted a new approach for the current effectiveness review, commencing in April 2024. This process was also applied to the 2025 review.
12. A subgroup of ARAC members met to address the 180 questions in the toolkit by identifying and addressing any gaps in advance. This preliminary work aims to streamline the effectiveness review by allowing the committee to focus on key areas of improvement and maintain continuous oversight of their responsibilities.
13. The ARAC sub-group agreed that the 2025/26 responses to the questions were appropriate and spent time reviewing the three areas below in more detail:
  - A. Communication: Question 1.2.9 indicates that it is good practice for the ARAC Chair and others to keep in touch on a continuing basis between meetings:

- Members agreed that they remain connected through touchpoint meetings during the year, and Non-Executive Director (NED) meetings allow the ARAC Chair to raise any issues with NED colleagues. Regular meetings of the ARAC sub-group take place with the recent focus being the review of the board's committee framework. There were no changes requested to these arrangements.
- The ARAC Chair and the Executive Director of Finance and Corporate Resources also meet regularly on a one-to-one basis, and both attend agenda setting meetings. The Chair also meets with the auditors regularly, and it was agreed that the sub-group will continue to meet quarterly with the Chair feeding back to the committee on issues discussed.

#### B. Skills and experience of members:

- Sub-group members noted that committee members are appointed for their experience and skills, particularly executive and senior leaders whose portfolios align with a committee's remit. Where a committee does not have specific expertise in an area, members are encouraged to seek bespoke development, either through the board development programme or through deep dive sessions. This is particularly important in areas identified in the toolkit such as cyber, digital, environmental and sustainability, commercial and procurement.
- The sub-group proposed that this issue is raised at board to ensure that, pending the broader review of the skills mix, chairs of all board committees (including ARAC) continue to encourage targeted upskilling where it is needed. This will help maintain robust oversight and understanding, while avoiding the risk of committees becoming overly operational. The ARAC agreed that this should be taken forward, with the ARAC overseeing progress/development.
- Related to this, the sub-group recognised that there may be work for ARAC to undertake at board level to review the board skills matrix, to ensure it is fit for purpose and that the distribution of NEDs and directors across committees aligns with remit and the matrix. The ARAC agreed with the proposal from the sub-group that this should be taken forward, with the ARAC overseeing progress/development. It was agreed that the ARAC subgroup would progress development of a refined skills matrix, aligned to organisational priorities and committee responsibilities. This work will be brought back to ARAC before being reported to the Board.

## Management of the committee's work programme

14. The committee has a cycle of business that is aligned to its terms of reference. All matters scheduled for oversight and review have been brought to the Committee and in this respect, it has discharged its responsibilities in providing assurance to the board aligned to its terms of reference. The revised cycle of business for the committee was reviewed at the meeting on the 28 April 2026.
15. The board is kept informed of the committee's oversight of a range of issues by way of an 'Alert', 'Assure' and 'Advise' (AAA) report to the Board after each meeting. Any issues of concern are escalated to the board in the 'Alert' section, and the chair of this committee presents that report at each board meeting.
16. Other than that which is set out in this report, the substantial detail of the work of the committee in 2025/26 is included in the committee AAA reports which are linked below:
  - 16.1. AAA: [1 May 2025](#)
  - 16.2. AAA: [24 June 2025](#)
  - 16.3. AAA: [25 September 2025](#)
  - 16.4. AAA: [2 December 2025](#)
  - 16.5. AAA: [2 March 2026](#)
17. The board received a highlight (AAA) report from this Committee by email circulation following each meeting which included alerts, advice, and areas of assurance. This AAA report included reporting at a high level of matters taken in private session.
18. The committee is not serviced by any sub-committees or task and finish groups that this time in addition to the sub-group which considered the NAO effectiveness tool. In year, all papers were published in line with the trust's board and committee's secretariat standard operating procedure,

## **PROPOSED CHANGES TO THE TERMS OF REFERENCE**

19. The proposed changes to terms of reference for this committee for 2025/26 were endorsed by the committee at its meeting on the 2 March 2026. The only change proposed is the adjustment to the membership to include the Deputy Director of Quality and Putting Things Right in place of the Executive Director of Quality and Nursing.

## COMMITTEE PRIORITIES

### Priorities for 2025/26

20. The committee received an update on progress against its priorities at each meeting. The 2025/26 priorities were:

Priority	Progress
<ul style="list-style-type: none"> <li>Monitoring progress of the committee effectiveness review 'part II' throughout 2025/26 (as set out at the 01 May 2025 ARAC) with respect to the committee delegations, membership and meeting frequency.</li> </ul>	<ul style="list-style-type: none"> <li>This committee reviewed its own quality and governance at the March 2026 meeting and completed the discussion with the review of the annual report from 2025/26 and cycle of business for 2026/27 at the April 2026 meeting.</li> <li>In December 2025 the committee considered the options for the wider board committee framework changes and endorsed option 1, to be deferred until the outcomes of the externally facilitated board effectiveness review are received and considered (noting this may be mid-year in 2026/27). They also approved the approach to the quality and effectiveness review for ARAC, being that the ARAC sub-group will review the NAO effectiveness toolkit and provide this and any key issues to the March 2026 meeting, alongside responses to a short qualitative survey of members. They also recommended to the board that their quality and governance review includes a repeat of the survey conducted in 2024/25.</li> <li>A project plan was agreed with a sub-group of ARAC. The Director of Corporate Governance/Board Secretary presented a paper at the meeting of the Audit Risk and Assurance Committee on 2 September 2025 regarding the 2025/26 Effectiveness Review and has facilitated an ongoing discussion with a sub-group of ARAC regarding this work.</li> </ul>



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Welsh Ambulance Service  
**CHARITY**

## **CHARITY COMMITTEE ANNUAL REPORT 2025/26**

### **INTRODUCTION**

1. The Trust's Standing Orders and this committee's terms of reference requires that board committees evaluate their effectiveness annually and present an annual report to the Trust Board/Corporate Trustee.
2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of committees ensure governance remains fit for purpose.
3. Standing Orders, committee terms of reference, and codes of governance provide that boards should routinely assess the effectiveness of their governance arrangements, of which this committee forms an integral part.
4. The committee met on 13 January 2026 and 2 April 2026 and through a facilitated discussion reviewed its effectiveness, its terms of reference, and its operating arrangements. This Annual Report reflects on the effectiveness of the committee in 2025/26 and proposes changes to terms of reference.
5. The Trust Board has commissioned an external effectiveness review which commenced in early 2026 by the Good Governance Institute (GGI). The GGI will be reviewing the board committee framework within quarter four 2025/26 and quarter one of 2026/27 which may necessitate further changes throughout 2026/27. Although at this stage it is not anticipated that there will be material changes to this committee.

## **PURPOSE OF THE COMMITTEE**

6. The purpose of the committee as set out in its terms of reference is to:
  - Contribute to the development of the charity's strategy and monitor its implementation.
  - Assure the Corporate Trustee that charitable funds are accounted for, deployed, and invested in line with legal and statutory requirements, taking account of the public benefit guidance.
  - Consider and endorse the annual report and accounts for approval by the Corporate Trustees; and
  - Raise the profile and reputation of the charity within the Trust.

## **MEMBERSHIP AND ATTENDANCE**

7. The committee met four times as scheduled in 2025/26, was well attended and quorate on each occasion.
8. The committee is supported by the Chair and two Non-Executive Directors. The Director of Partnerships and Engagement is the executive lead, and the Executive Director of Finance and Corporate Resources is the Charity Treasurer. Attendance in 2025/26 was excellent. The chart below illustrates the attendance of members and attendees as listed in the terms of reference, and in addition, the committee welcomed guests and observers at various meetings.

COMMITTEE ATTENDANCE				
Name	2 April 2025	3 July 2025	2 October 2025	13 January 2025
Peter Curran (Chair)				
Ceri Jackson				
Hannah Rowan				
Estelle Hitchon				
Chris Turley			Ed Roberts	
Lee Brooks		Mark Harris		From item 7 to 13
Andy Swinburn				
Liz Rogers	From Finance Item		Sara Williams	
Trish Mills				
Hugh Parry			Left meeting at 09:30	
Damon Turner			Left meeting at 09:30	
Marcus Viggers	From Performance Item		Left meeting at 09:30	
Julie Boalch				
Jo Kelso				
David Hopkins				
Leanne Smith			Attended for item 11	
Jackie Hatton-Bell				
Andrew Cotton				
Matt Dugdale				

	Attended
	Deputy attended
	Apologies received
	No longer member/not member

## COMMITTEE'S VIEWS ON EFFECTIVENESS

### Feedback from membership

9. The committee undertook a light effectiveness review on 13 January 2026, as agreed with the Audit, Risk and Assurance Committee (ARAC). This was due to the comprehensive review undertaken in 2024/25 involving a detailed examination of the terms of reference and the assurance arrangements for each delegated responsibility. No changes have been proposed to the terms of reference for 2026/27 except for the removal of the Executive Director of Paramedicine as a prescribed attendee.
10. For the 2025/26 effectiveness review, a survey of the members was carried out to gather feedback on the proposed changes to the terms of references and to identify what is working well, and where improvements could be made. The questions asked were:
  - Are there any changes you wish to see to the terms of reference?
  - Are there any changes you would like to see to the committee's membership?
  - What works well in this committee?
  - What improvements would you recommend?

11. The feedback from the committee concluded that members were content with the current terms of reference, and most felt the committee's membership remained appropriate; though some suggested considering involvement from project leads for emerging areas of charity work such as volunteering, staff wellbeing, or the Wish Ambulance as new strategic projects progress. The committee felt there was strong engagement from members and commended the quality of papers. Some improvements were suggested which focused on strengthening pre-committee governance structures to streamline operational discussions, and enabling a clearer focus on strategic priorities, alongside a call to further accelerate the Charity's ambition.

### Management of the committee's work programme

12. The committee has a cycle of business that is aligned to its terms of reference. All matters scheduled for oversight and review have been brought to the committee and in this respect, it has discharged its responsibilities in providing assurance to the board and also to the Corporate Trustee. To ensure real-time effectiveness at each meeting the committee receives a monitoring report against the cycle of business which escalates matters for the attention of the committee.

13. The Corporate Trustee is kept informed of the committee's oversight of a range of issues by way of an 'Alert', 'Assure' and 'Advise' (AAA) report after each meeting. Any issues of concern are escalated to in the 'Alert' section, and the Chair of this committee presents that report at each corporate trustee meeting.

14. Other than that which is set out in this report, the substantial detail of the work of the committee in 2025/26 is included in the committee AAA reports which are linked below:

- 14.1. AAA: [2 April 2025](#)
- 14.2. AAA: [3 July 2025](#)
- 14.3. AAA: [2 October 2025](#)
- 14.4. AAA: [13 January 2026](#)

15. In year, all papers were published in line with the Trust's Board and Committees Secretariat Standard Operating Procedure except the fundraising targets and expenditure paper in April 2025, and the risk report and Bids and Bursary panel AAAs in October 2025.

## **SUB-COMMITTEES AND TASK AND FINISH GROUPS**

16. The Bids Panel and Bursary Panel are the established sub-committees of the committee. As set out above, they report to the committee by way of a AAA report and the committee in turn reports to the corporate trustee on their work. The Bids Panel has an authority level of £5k and Bursary Panel of £3k.
17. Both panels demonstrate the application of the Healthcare Financial Management Association (HFMA) guidance on the use of NHS Charitable Funds.
18. The Bids Panel held seven meetings in 2025/26 (three of which were extraordinary meetings). The Bursary Panel met twice in 2025/26.
19. The terms of reference of both the Bids and Bursary Panel were reviewed and approved by the committee in 2025/26. During 2026/27, further work will continue to determine the most appropriate governance structures feeding into the committee, with the aim of strengthening the quality and flow of business from these panels, in particular. This will ensure that operational matters are addressed within the appropriate forums, enabling the committee to focus its time on strategic matters.

## **PROPOSED CHANGES TO THE TERMS OF REFERENCE**

20. There are no proposed amendments to the terms of reference for 2026/27 save for the adjustment to the prescribed attendees, with the removal of the Executive Director of Paramedicine from the membership.

## **PROPOSED CHANGES TO THE OPERATING ARRANGEMENTS**

21. Proposed changes to operating arrangements for this committee are set out below. Some are relevant to arrangements across other committees also and they include:
  - 21.1. It was suggested that the committee may wish to explore inviting project leads for key areas of the charity's work, such as volunteering and staff well-being, or a representative from the Wish Ambulance (as the charity's new strategic projects begin).

## COMMITTEE PRIORITIES

### Priorities for 2025/26

22. The committee received an update on progress against its 2025/26 priorities at each meeting and as can be seen below, progress on agreed priorities has been good:

Priority	Progress
<p>1. Governance of the Bids and Bursary Panels' operating arrangements, including their new terms of reference.</p>	<ul style="list-style-type: none"><li>▪ The revised Terms of Reference for the <b>Bids Panel</b> were approved by the Charity Committee at the April 2025 meeting.</li><li>▪ The Chair of the Bids Panel, with the Head of Charity, has progressed a review of the expenditure guidance for the Bids Panel. The guidance was endorsed by the Bids Panel in December 2025, and it is before the Committee for approval at this meeting.</li><li>▪ The Chair of the Bids Panel intends to undertake a review of its operational effectiveness in quarter four of 2025/26 to inform the arrangements from quarter one of 2026/27.</li><li>▪ The Terms of Reference for the <b>Bursary Panel</b> were revised and approved by the Charity Committee in July 2025.</li><li>▪ Conversations are ongoing between the Chair of the Bursary Panel and the Head of Charity to review guidance documents and application processes. A verbal update will be provided by the Chair of the Bursary Panel at the meeting.</li></ul>

<p>2. A development session for the Corporate Trustee, initially planned for last year, which has now been rescheduled with Withers Worldwide for February 2026 to explore the role of the Corporate Trustee.</p>	<ul style="list-style-type: none"> <li>▪ This session has been scheduled as part of the Board Development Day on 26 February 2026. The arrangements for this are being progressed by the Head of Charity. There will be no further update against this priority until the after the development session has been delivered.</li> </ul>
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Priorities for 2026/27

23. It is good practice for committees to set priorities for the forthcoming year when they review their effectiveness. The committee will do so at its April 2026 meeting, and these will be provided to the Corporate Trustee at its May 2026 meeting.
24. Progress on priorities will be reported to the committee quarterly and to the Corporate Trustee through its highlight report.



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## **FINANCE AND PERFORMANCE COMMITTEE ANNUAL REPORT 2025/26**

### **INTRODUCTION**

1. The Trust's Standing Orders and committee terms of reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.
2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.
3. Standing Orders, Committee terms of reference, and Codes of Governance provide that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part.
4. The committee met on 18 November 2025 and the 17 March 2026 and through a facilitated discussion reviewed its effectiveness, its terms of reference, and its operating arrangements. This Annual Report reflects on the effectiveness of the committee in 2025/26 and proposes changes to terms of reference.
5. The trust board has commissioned an external effectiveness review which will be undertaken in early 2026 by the Good Governance Institute (GGI). The GGI will be reviewing the board committee framework within quarter four 2025/26 and quarter one of 2026/27 which may necessitate further changes throughout 2026/27.

## **PURPOSE OF THE COMMITTEE**

6. The committee is established to enable scrutiny and review of the Trust's arrangements in respect of the:

- overall financial performance (both capital and revenue) of the Trust and its compliance with statutory financial duties.
- ability of the Trust to deliver on its core objectives as set out in the Integrated Medium-Term Plan (IMTP).
- monitoring performance against delivery of the IMTP and ensuring achievement of key milestones.
- Review performance against targets and standards including those set by Commissioners and/or Welsh Government for the Trust.
- robustness of any cost improvement measures and delivery of key strategies and plans.
- ensure development of the long-term strategy and delivery of the Trust's strategic aims in relation to value and efficiency, including an increased focus on benchmarking.
- scrutinise business cases for capital and other investment.
- oversight of the development and implementation of the digital, estates, fleet, and environmental strategies.
- business continuity including emergency preparedness, resilience and response, information governance and security, cyber security, and cyber resilience.

## **MEMBERSHIP AND ATTENDANCE**

7. The committee met six times in private and in public as scheduled in 2025/26 and was quorate on each occasion.

8. The committee is supported by the Chair and two Non-Executive Directors as members, alongside several prescribed attendees who have demonstrated good levels of attendance. During the year, meetings of the Joint Commissioning Committee (JCC) clashed with this committee’s meeting schedule. In addition, for part of the year the Executive Director of Strategy, Planning and Performance was undertaking the Interim Chief Executive Officer role, which resulted in her membership being deputised with full authority at several meetings. These scheduling JCC clashes will not occur in 2026/27.
9. The chart below illustrates attendance of members and prescribed attendees as listed in the terms of reference for 2025/26. The committee welcomed non prescribed attendees at various meetings as well as external guests.

COMMITTEE ATTENDANCE						
Name	20 May 2025	21 Jul 2025	16 Sep 2025	18 Nov 2025 <sup>1</sup>	20 Jan 2026	17 Mar 2026
Jayne Beeslee (Chair)						
Bethan Evans					Colin Dennis	
Peter Curran			<sup>2</sup>			
Chris Turley			Ed Roberts	Ed Roberts		Ed Roberts
Rachel Marsh	Hugh Bennett	Hugh Bennett	Estelle Hitchon	Hugh Bennett	Hugh Bennett	From 10.30 <sup>3</sup>
Lee Brooks				Judith Bryce		Sonia Thompson
Liam Williams	Wendy Herbert	Wendy Herbert				
Carl Kneeshaw						
Jonny Sammut			From 1022			Keith Dorrington
Trish Mills						
Hugh Parry				<sup>4</sup>		
Damon Turner						
Matt Dugdale						

	Attended
	Deputy attended
	Apologies received
	No longer member

<sup>1</sup> Emma Wood, Chief Executive Officer joined for this meeting.

<sup>2</sup> Peter Curran left the meeting at 10.25. Rhiannon Beaumon-Wood joined at 10.30 and was counted towards quorum.

<sup>3</sup> James Houston deputising until 10.30

<sup>4</sup> Left for items 6 and 7

10. No changes to membership are proposed at this stage, noting however that may change following the outputs from GGI.

## COMMITTEE'S VIEWS ON EFFECTIVENESS

### Feedback from membership

11. The committee undertook a light effectiveness review on 18 November 2025, as agreed with the Audit, Risk and Assurance Committee (ARAC). This was due to the comprehensive review undertaken in 2024/25 involving a detailed examination of the terms of reference and the assurance arrangements for each delegated responsibility.
12. For 2025/26 a survey of the members was carried out to gather feedback on the proposed changes to the terms of references and to identify what is working well, and where improvements could be made. The questions asked were:
  - Are there any changes you wish to see to the terms of reference?
  - Are there any changes you would like to see to the committee's membership?
  - What works well in this committee?
  - What improvements would you recommend?
13. The feedback from the committee included that members praised the committee's well-structured agendas, strong chairing, high-quality reporting, constructive scrutiny, transparent engagement from the Executive Leadership Team, and excellent corporate governance support. Suggested improvements centred largely on supporting members with complex or less-familiar areas of business, including potential bespoke development on fleet, estates and environmental matters; as well as continued work to improve the clarity and succinctness of reports.
14. Further recommendations included ensuring consistency in how key metrics are reported across committees, reducing duplication between committees, maintaining regular reviews of potential remit overlaps and conflicts of interest, and continuing to refine the quality and volume of committee papers through ongoing writing-guidance improvements.

15. The changes to the terms of reference were reviewed on the 18 November 2025 and were endorsed for review by the ARAC. The amendments agreed were the transferral of the oversight of assurance on value-based healthcare to the Quality, Patient Experience and Safety Committee, and the inclusion of assurance on the development of commercial partnerships, in addition to the Trust's commercial framework, from the Academic Partnership Committee.

### Management of the committee's work programme

16. The committee has a cycle of business that is aligned to its terms of reference. All matters scheduled for oversight and review have been brought to the Committee other than the waste management, noting however that the committee received assurances that there were no escalations in this regard. The annual capital revenue budget for 2026/27 had been scheduled on the cycle to be received in quarter four, however it was adjusted to be received in quarter one going forward which is more appropriate. The revised cycle of business was reviewed on the 17 March 2026.

17. The committee prepares its agenda aligned to the cycle of business in order to ensure it discharges its delegated responsibilities in a systemic way. Any deviation from the cycle is reported to the committee.

18. The board is kept informed of the committee's oversight of a range of issues by way of an 'Alert', 'Assure' and 'Advise' (AAA) report to the Board after each meeting. Any issues of concern are escalated to the board in the 'Alert' section, and the chair of this committee presents that report at each board meeting.

19. Other than that which is set out in this report, the substantial detail of the work of the committee in 2025/26 is included in the committee AAA reports which are linked below:

- 19.1. AAA: [20 May 2025](#)
- 19.2. AAA: [21 July 2025](#)
- 19.3. AAA: [16 September 2025](#)
- 19.4. AAA: [18 November 2025](#)
- 19.5. AAA: [20 January 2026](#)
- 19.6. AAA: [17 March 2026](#)

20. In year the committee has informed the ongoing review of the metrics within the Trust's Monthly Integrated Quality and Performance Report (MIQOR). This work has continued throughout quarter four and will continue into 2026/27 and included discussion at the February 2026 Board Development Day.
21. In private session the committee took matters that were commercially sensitive and confidential. Most matters made their way to the trust board private session and where appropriate were reported in public session in accordance with the standing orders. Other matters taken in private session included updates on the Manchester Arena Inquiry recommendations, as well as cyber key performance indicators and business cases.
22. The committee is not serviced by any sub-committees or task and finish groups that this time. In year, where papers were not published in line with the Trust's Board and Committee's Secretariat SOP, the late submission or publication was managed in discussion with the Chair on most occasions.

## **PROPOSED CHANGES TO THE TERMS OF REFERENCE**

23. There are only two material changes to the terms of reference for 2025/26, which are the transferral of the oversight of assurance on value-based healthcare to the Quality, Patient Experience and Safety Committee, and the inclusion of assurance on the development of commercial partnerships, in addition to the Trust's commercial framework, from the Academic Partnership Committee.
24. Proposed changes to the operating arrangements for this committee set out below, were agreed on the 18 November 2025:
  - 24.1. Members are encouraged to provide feedback on reports after meetings, should that be considered appropriate. This was on reflection of the volume and length of papers.
  - 24.2. Report authors are encouraged to seek advice from the Corporate Governance Team should further support be required when preparing papers.

## COMMITTEE PRIORITIES

### Priorities for 2025/26

25. The committee received an update on progress against its priorities at each meeting. The 2025/26 priorities were:

Priority	Progress
A focus on financial sustainability	<ul style="list-style-type: none"> <li>It was agreed that an update on the Financial Sustainability Programme will be received at every other meeting of the Committee, and as such was programmed for July 2025, November 2025 and March 2026 (on the Committee Cycle of Business). The November 2025 and March 2026 updates were received as scheduled, and additional progress reported, including the evolution of the commercial plan, which was received in March 2026.</li> </ul>
A focus on Clinical Model Transformation performance	<ul style="list-style-type: none"> <li>The August 2025 meeting focused on the implementation of Phase 2 of the Ambulance Performance Framework. The committee provided assurance to the board on readiness ahead of the extraordinary Quality, Patient Experience and Safety Committee and board meetings in October 2025.</li> <li>Updates on the progress of CMT delivery are included as part of the Integrated Medium-Term Plan (IMTP) Progress Report which is received at every meeting of the committee.</li> <li>An update on Phase 2 go-live was received at the November 2025 meeting. The committee were assured that plans were in place for Phase 2 go-live in early December 2025. An assurance piece regarding clinical response in rural areas was due to in March 2026 but deferred to May 2026.</li> </ul>

Priority	Progress
	<ul style="list-style-type: none"> <li>The internal audit report on the governance arrangements for the Clinical Model Transformation programme management was received at the March 2026 meeting</li> </ul>
<p>A focus on resilience including information security</p> <p>A focus on the progress of the Manchester Arena Inquiry recommendations</p>	<ul style="list-style-type: none"> <li>The Information Governance (IG) Report received at every meeting highlights ongoing efforts to enhance information governance and data protection within the Trust, addressing both compliance requirements and operational challenges.</li> <li>As part of the additional funding secured for the Digital Directorate in 2024/25 and 2025/26, a significant recruitment programme is ongoing to strengthen capacity within the directorate.</li> <li>The committee received progress updates against the Manchester Arena Inquiry (MAI) with regards to the recommendations required via the Operations Directorate report received at each meeting.</li> <li>An update on the progress of recommendations and the case submitted to Welsh Government was received in the private session of the September 2025 and November 2025 meetings. A further separate update was also received at the private meeting in January 2026.</li> </ul>



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## PEOPLE AND CULTURE COMMITTEE ANNUAL REPORT 2025/26

### INTRODUCTION

1. The Trust's Standing Orders and Committee Terms of Reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.
2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.
3. Standing Orders, Committee terms of reference, and Codes of Governance provide that boards should routinely assess the effectiveness of their governance arrangements, of which the Trust Board's Committees form an integral part.
4. The People and Culture Committee met on 13 November 2025 and 10 February 2026, and through a facilitated discussion reviewed its effectiveness, its terms of reference, and its operating arrangements. This Annual Report reflects on the effectiveness of the committee in 2025/26 and proposes changes to terms of reference.
5. The Trust Board has commissioned an external effectiveness review which will be undertaken in early 2026 by the Good Governance Institute (GGI). The GGI will be reviewing the board committee framework within quarter four 2025/26 and quarter one of 2026/27 which may necessitate further changes throughout 2026/27. Although at this stage it is not anticipated that there will be material changes to this committee.

## PURPOSE OF THE COMMITTEE

6. The committee is established to enable scrutiny and review of the Trust’s arrangements for all matters pertaining to its workforce, both paid and volunteer, and organisational culture and behaviour to a level of depth and detail not possible in board meetings. The committee will provide assurance to the board of the Trust’s leadership arrangements; behaviours and culture; training, education and development; equality, diversity and inclusion; health, safety and welfare; people and culture related partnerships and engagement; the Welsh Ambulance Services Partnership Team (advisory group); and Welsh Language, in accordance with its stated objectives and the requirements and standards determined by the Welsh Government, the NHS in Wales and other regulatory bodies.

## MEMBERSHIP AND ATTENDANCE

7. The committee met four times as scheduled in 2025/26 and was quorate on each occasion.
8. The committee is supported by the Chair and three Non-Executive Directors (NED) as members, and several core attendees with good attendance. The chart below illustrates attendance of members and attendees as listed in the terms of reference for 2025/26. The committee welcomed non prescribed attendees at various meetings as well as external guests.

COMMITTEE ATTENDANCE				
Name	15 May 2025	12 August 2025	13 November 2025	10 February 2026
Ceri Jackson				
Bethan Evans				
Hayley Hutchings				
Hannah Rowan				
Angela Lewis				
Carl Kneeshaw				
Chris Turley				
Lee Brooks	From item 6	Sonia Thompson	From item 5	
Penny Durrant				
Estelle Hitchon				
Andy Swinburn		Greg Lloyd		
Alex Crawford		James Houston	Hugh Bennett	
Trish Mills				
Lizzie O'Shea				
Damon Turner				
Marcus Viggers			Left for items 9-13	
Christian Fox			Hugh Parry	
Tim Cahalane				

	Attended
	Deputy attended
	Apologies received
	No longer member

9. As can be seen above attendance is excellent. No changes to membership are proposed at this stage, noting however that may change following the outputs from GGI.

## COMMITTEE'S VIEWS ON EFFECTIVENESS

### Feedback from membership

10. The committee undertook a light effectiveness review on 13 November 2025, as agreed with the Audit, Risk and Assurance Committee (ARAC). This was due to the comprehensive review undertaken in 2024/25 involving a detailed examination of the terms of reference and the assurance arrangements for each delegated responsibility.
11. For 2025/26 a survey of the members was carried out to gather feedback on the proposed changes to the terms of references and to identify what is working well, and where improvements could be made. The questions asked were:
  - Are there any changes you wish to see to the terms of reference?
  - Are there any changes you would like to see to the committee's membership?
  - What works well in this committee?
  - What improvements would you recommend?
12. The feedback from the committee included that the committee is valued for its inclusivity, active participation, and high-quality reporting, which foster a collaborative environment and effective assurance to the board. There is a desire for the committee to focus more on strategic priorities and to measure the tangible impact of its work, ensuring that discussions address the most pressing and relevant issues for staff and the organisation.
13. The changes to the terms of reference were reviewed on the 13 November 2025 and were endorsed for review by the ARAC. The amendments agreed were to include broader education and training matters, related partnership and collaboration, and the corresponding membership changes to reflect these updates.

14. Following discussion on the 13 November it was agreed to add in provision 13.4, *'Provide oversight of the Trust's approach to education, training, and development for all staff, ensuring programmes are comprehensive, accessible, and aligned with organisational priorities and values'*. Related to this, the Head of Workforce and Education will be a prescribed attendee.
15. The reporting against the remit of the committee now including collaboration with education partners this provision will be developed throughout 2026/27, through discussion with the Director of People and Director of Culture Change.

### Management of the committee's work programme

16. The committee has a cycle of business that is aligned to its terms of reference. All matters scheduled for oversight and review have been brought to the committee and in this respect, it has discharged its responsibilities in providing assurance to the board. The area of reporting on 'learning and development' will continue to be developed into 2026/27. The revised cycle of business for the committee was reviewed at the meeting on the 10 February 2026.
17. The committee prepares its agenda aligned to the cycle of business in order to ensure it discharges its delegated responsibilities in a systemic way. Any deviation from the cycle is reported to the committee.
18. The board is kept informed of the committee's oversight of a range of issues by way of an 'Alert', 'Assure' and 'Advise' (AAA) report to the Board after each meeting. Any issues of concern are escalated to the board in the 'Alert' section, and the chair of this committee presents that report at each board meeting.
19. Other than that which is set out in this report, the substantial detail of the work of the committee in 2025/26 is included in the committee AAA reports which are linked below:
  - 19.1. AAA: [15 May 2025](#)
  - 19.2. AAA: [12 August 2025](#)
  - 19.3. AAA: [13 November 2025](#)
  - 19.4. AAA: [10 February 2026](#)
20. The committee is serviced by one sub-committee, the Welsh Ambulance Services Partnership Team (WASPT). This is the Trust's Local Partnership Forum. The Committee received a AAA report from WASPT at each meeting.

21. The private business received in year included receipt of the suspensions over four months.
22. In year all papers were published in line with the Trust's Board and Committees Secretariat Standard Operating Procedure except for the May 2025 publication of the Monthly Integrated Quality and Performance Report.

## **PROPOSED CHANGES TO THE TERMS OF REFERENCE**

23. There are only two material changes to the terms of reference for 25/26, and that is the inclusion of broader education and training, related partnership and collaboration, and the corresponding membership changes to reflect these updates. This was endorsed by the committee on the 13 November 2025 and approved by the board on the 29 January 2026.
24. Proposed changed to operating arrangements for this committee set out below were agreed on the 13 November 2025:
  - 24.1. To hold discussions in 2026/27 on the committee specific metrics following the revision of the MIQPR and consider the onward committee reporting.
  - 24.2. Continue to encourage stakeholders to observe the open committee meeting.
  - 24.3. Continue with agenda setting meetings and encourage themes for meetings to aid in the flow and triangulation. Members are encouraged to review the agenda both when it is commissioned and closer to the meeting and alert the secretariat if insufficient time has been allocated. Likewise, presenters should ensure they are cognisant of the time allocated which includes time to present and for discussion.

## **COMMITTEE PRIORITIES**

### Priorities for 2025/26

25. The Committee received an update on progress against its priorities at each meeting. The 2025/26 priorities were:

Priority	Progress
<ul style="list-style-type: none"> <li>A focus on Equality, Diversity and Inclusion</li> </ul>	<ul style="list-style-type: none"> <li>At the November 2025 meeting, the committee received the Workforce Race Equality Standards (WRES) Annual Report 2024/25.</li> <li>At the August 2025 meeting, the committee received the following suite of Strategic Equality Reports 2024/2025: <ul style="list-style-type: none"> <li>Strategic Equality Plan Annual Report 2024/25</li> <li>Annual Gender Pay Gap Annual Report 2024/25</li> <li>Annual Workforce Quality Monitoring Report Annual Report 2024/25</li> </ul> </li> <li>The Welsh Language Report was presented at the August 2025 meeting. Within this update the Committee also received receive the year 3 "More Than Just Words" Action progress report for assurance.</li> </ul>
<ul style="list-style-type: none"> <li>The Trust's approach to development of our people.</li> </ul>	<ul style="list-style-type: none"> <li>At the February 2026 meeting the committee received the Education Commissioning Report which incorporates pre-registration commissioning for commencement for studies in financial year 2027/28 and all other commissioning for commencement of studies in financial year 2025/26.</li> <li>At the February 2026, the committee also received the Skills Mix on Emergency Ambulances paper. The ongoing Skills Mix work related to the Clinical Model Transformation and Ambulance Performance Framework has been taken into consideration regarding the impact on Education Commissioning requirements alongside the financial settlement and budget pressures.</li> <li>At the November 2025 meeting it was agreed to amend the TOR to include development and training for a broader staff group and membership to reflect that update. It discussed senior EMD training, apprenticeships, EAP training, and the training provided for staff ahead of the go-live of Phase two of</li> </ul>

the CMT. The lived experience was from the essential skills tutors.

- At the November 2025 meeting the committee received the People and Culture Plan extension, and the purpose of which as to discuss and support the proposal to extend the current People and Culture Plan (2023-26), until at least April 2027. This was based on its continued relevance, alignment with strategic priorities, and timeframes to refresh the Trust Long-Term Strategic Framework.
- At the November 2025 committee meeting the presentation from the Essential Skills Tutors highlighted the breadth and diversity of experience within their team. This illustrated how their collective strengths foster an inclusive environment, where individual contributions are valued and complement each other. The Committee gained an understanding of how Essential Skills initiatives help advance shared objectives and promote ongoing development for all members of WAST.
- A progress update on the People Development Plan was received at August 2025 meeting. The committee were updated on the progress made in implementing the People Development Plan and the development of the supporting policy. The Committee received an overview of the ongoing work to develop professional group frameworks and associated professional proficiencies. The Committee were informed of the outline of the next phase of planned activity and priorities.
- At the May 2025 meeting, the committee received the People and Culture Plan Metrics, which highlighted:
  - an increase in PADR completion rates reflected for March (82.38%); This represents the highest recorded rate within this dataset. PADR process improvements are in progress with a focus on

making the conversation the core of the process, with the form acting as a simple tool to guide (not define) the discussion.

- an increase in statutory and mandatory training compliance (87.84%, against a Welsh Government target of 85%). At 31st March 2025, 90.44% of colleagues required to attend Mandatory In-Service Training (MIST) had done so.

*2024/25 Progress (included as this priority was carried over into 2025/26)*

- At its meeting in May 2024 the committee received the 'Staff Development Outline Plan' which was a deliverable of the People & Culture Plan. The aim of this was to provide equity in development opportunities for our people to undertake their roles and benefit from progression opportunities.
- At the May 2024 meeting the committee were assured that mapping was underway on professions and roles, which define skills and competencies. It was noted that the 'Learning and Development' reporting was still in development.
- The People and Culture Plan metrics – which the committee receives at every meeting – includes metrics regarding the statutory and mandatory training (giving organisational compliance figures) in addition to the MIST compliance.
- The People and Culture Plan metrics provided to the committee also included qualitative feedback regarding the Trust's learning and development initiatives, which enables us to take a continuous improvement approach to the development of our people.

## QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE (QUEST) ANNUAL REPORT 2025/26

### INTRODUCTION

1. The Trust's Standing Orders and Committee Terms of Reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.
2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.
3. Standing Orders, committee terms of reference, and codes of governance provide that boards should routinely assess the effectiveness of their governance arrangements, of which the board's committees form an integral part.
4. The committee met on the 4 November 2025 and 3 February 2026, and through a facilitated discussion reviewed its effectiveness, its terms of reference, and its operating arrangements. This Annual Report reflects on the effectiveness of the committee in 2025/26 and proposes changes to terms of reference.
5. The trust board has commissioned an external effectiveness review which will be undertaken in early 2026 by the Good Governance Institute (GGI). The GGI will be reviewing the board committee framework within quarter four 2025/26 and quarter one of 2026/27 which may necessitate further changes throughout 2026/27. Although at this stage it is not anticipated that there will be material changes to this committee.

## PURPOSE OF THE COMMITTEE

6. The committee is established to scrutinise improvements in outcomes in quality, patient experience, effectiveness, and safety to reduce incidences of avoidable harm. It provides oversight of and seeks assurance on statutory and regulatory compliance, including but not limited to the Duty of Quality and the Duty of Candour as set out in the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

## MEMBERSHIP AND ATTENDANCE

7. The committee met six times in 2025/26 and was quorate on each occasion. Of the six meetings this year two were extraordinary (13 June and 10 October) and were convened to transact urgent matters of business related to the Clinical Model Transformation Programme.
8. The committee is supported by the Chair and two Non-Executive Directors as members, and a number of prescribed attendees. The chart below illustrates attendance of members and attendees as listed in the terms of reference for 2025/26. The committee welcomed non prescribed attendees at various meetings as well as external guests.

COMMITTEE ATTENDANCE						
NAME	9 MAY 2025	13 JUN 2025 <sup>1</sup>	5 AUG 2025	10 OCT 2025 <sup>2</sup>	4 NOV 2025	3 FEB 2026
Bethan Evans (Chair)						
Ceri Jackson						
Rhiannon Beaumont-Wood						
Liam Williams						
Andy Swinburn			Jonathan Chippendale			
Lee Brooks	Peter Brown				Mark Harris	
Rachel Marsh			Hugh Bennett		Hugh Bennett	
Jonny Sammut	Keith Williams					
Trish Mills		Julie Boalch		Julie Boalch		
Mark Marsden						
Hugh Parry					From item 6.1	
Henry Garrard						

	Attended
	Deputy attended
	Apologies received
	No longer member

<sup>1</sup> Extraordinary meeting

<sup>2</sup> Extraordinary meeting

9. As can be seen above attendance is excellent. No changes to membership are proposed at this stage, noting however that may change following the outputs from GGI.

## COMMITTEE'S VIEWS ON EFFECTIVENESS

### Feedback from membership

10. The committee undertook a light effectiveness review on 4 November 2025, as agreed with the Audit, Risk and Assurance Committee (ARAC). This was due to the comprehensive review undertaken in 2024/25 involving a detailed examination of the terms of reference and the assurance arrangements for each delegated responsibility.
11. For 2025/26 a survey of the members was carried out to gather feedback on the proposed changes to the terms of references and to identify what is working well, and where improvements could be made. The questions asked were:
  - Are there any changes you wish to see to the terms of reference?
  - Are there any changes you would like to see to the committee's membership?
  - What works well in this committee?
  - What improvements would you recommend?
12. The feedback from the committee included that there was broad agreement that the committee's membership is appropriate and diverse, and whilst concerns were raised about the number of attendees, with some questioning the value added by non-contributing participants, wide attendance is encouraged and welcomed by the committee in open session.
13. The committee is seen as effective with high engagement, robust agendas, and strong scrutiny and chairing. However, there is a desire for more focus on the effectiveness of the Quality Management System as a whole, including quality planning, control, and improvement; not just assurance.

14. The terms of reference are viewed as suitable and were endorsed by the committee on 4 November, subject to changes which transfer responsibility for value based healthcare from the Finance and Performance Committee. These matters are reflected in the cycle of business for the committee for 2026/27.

#### Management of the committee's work programme

15. The committee has a cycle of business that is aligned to its terms of reference. All matters scheduled for oversight and review have been brought to the committee and in this respect, it has discharged its responsibilities in providing assurance to the Board. The revised cycle of business for the committee was reviewed at the meeting on the 3 February 2026.

16. The committee prepares its agenda aligned to the cycle of business in order to ensure it discharges its delegated responsibilities in a systemic way. Any deviation from the cycle is reported to the committee.

17. The board is kept informed of the committee's oversight of a range of issues by way of an 'Alert', 'Assure' and 'Advise' (AAA) report to the Board after each meeting. Any issues of concern are escalated to the board in the 'Alert' section, and the chair of this committee presents that report at each board meeting.

18. Rather than set out in this report the substantial detail of the work of the committee in 2025/26, the AAA reports for all six meetings are linked below.

- 18.1. [AAA: 9 May 2025](#)
- 18.2. [AAA: 13 June 2025](#) (extraordinary meeting)
- 18.3. [AAA: 5 August 2025](#)
- 18.4. [AAA: 10 October 2025](#) (extraordinary meeting)
- 18.5. [AAA: 4 November 2025](#)
- 18.6. [AAA: 3 February 2026](#)

19. The committee is not currently serviced by any sub-committees.

20. The private business received in year included receipt of closed risk management discussions.

## PROPOSED CHANGES TO THE TERMS OF REFERENCE

21. There is only one material change to the terms of reference and that is the inclusion of the 'receipt of assurance on the delivery of core aims in relation to delivering value and development of value based healthcare in an out of hospital setting', transferred from the Finance and Performance Committee. This was endorsed by the committee on 4 November and will be approved by the board on 29 January.
22. Proposed changes to operating arrangements for this committee set out below were agreed on 4 November:
  - 22.1. Committee to consider how to focus business in relation to quality management systems, given the existing provision of the terms of reference (3.6). It was agreed to be for the Executive Director of Quality and Nursing to take account of this for future committee reporting.
  - 22.2. Continue with agenda setting meetings and encourage themes for meetings to aid in the flow and triangulation. Members are encouraged to review the agenda both when it is commissioned and closer to the meeting and alert the secretariat if insufficient time has been allocated. Likewise, presenters should ensure they are cognisant of the time allocated which includes time to present and for discussion.
  - 22.3. To encourage the use of dashboard reporting where possible, and for the use of presentations to be proportionate. The recently published report and presentation guidance will support this approach.
  - 22.4. To encourage a focus on outcomes and achievement of deliverables, where organisational plans are agreed.
  - 22.5. To hold discussions in 2026/27 on the committee specific metrics following the revision of the MIQPR and consider the onward committee reporting.

## COMMITTEE PRIORITIES

### Priorities for 2025/26

23. The committee received an update on progress against its priorities at each meeting. The 2025/6 priorities were:

Priority	Progress
<ul style="list-style-type: none"> <li>Continued monitoring and reporting on performance against the Duty of Quality and Duty of Candour</li> </ul>	<ul style="list-style-type: none"> <li>The committee receives the PTR report at each meeting with focused discussion on the metrics that demonstrate how the Trust meets its statutory duties. At the August and November 2025, and February 2026 meetings, the Putting Things Right (PTR) recovery plan was reviewed.</li> <li>At the February 2026 meeting the quarter three Putting Things Right (PTR) report was received at this meeting. The committee noted that despite significant additional resources, improvement has not been achieved, and performance has deteriorated for some indicators. Further context to this report is in the associated AAA.</li> <li>The Duty of Quality Annual Report 2024/25 was received by the committee at its meeting on 13 June 2025 and was approved by the Trust Board on 26 June 2025 for publication.</li> <li>Future updates on the implementation of the Duty of Candour and Duty of Quality will be programmed as required, informed by the prompts on the Cycle of Business.</li> </ul>
<ul style="list-style-type: none"> <li>Prioritising the implementation of the new Strategic Quality Plan to ensure tangible outcomes</li> </ul>	<ul style="list-style-type: none"> <li>The committee received the Strategic Quality Plan 2025-28 Quarterly Update at the meeting on 3 February 2026. Members will be asked to note the key risks, dependencies and capacity constraints impacting delivery, and the mitigating actions in place. The committee endorsed continued quarterly assurance reporting and welcomed a move toward outcome-based measures as the plan matures.</li> </ul>

	<ul style="list-style-type: none"> <li>The committee received a progress update against the delivery of the Strategic Quality Plan 2025/28 at the November 2025 meeting. This followed the receipt of the Strategic Quality Plan 2025-2028 by the Committee at its meeting on 09 May 2025, which was approved by the Trust Board approved the plan on 29 May 2025.</li> </ul>
<ul style="list-style-type: none"> <li>Focus on the Clinical Model Transformation, ensuring robust quality assurance and patient experience improvements</li> </ul>	<ul style="list-style-type: none"> <li>The committee held an extraordinary meeting in October 2025 to review and endorse the Quality Impact Assessment and Equality Impact Assessment for the phase two go-live of the revised Ambulance Performance Framework (APF), ahead of the extraordinary Trust Board meeting to approve the go-live of phase two APF</li> <li>The committee continues to monitor progress through regular updates and highlight reports; scrutiny of evaluation findings and interim reports; and assurance that the transformation aligns with statutory duties and strategic goals.</li> <li>Verbal updates on the Ministerial Advisory Group Wait-45 Taskforce and Revised Performance Framework were provided at the August 2025 and February 2026 meetings. This activity is not a part of the Clinical Model Transformation; however, it is often discussed in relation to this organisational change.</li> </ul>



GIG  
CYMRU  
NHS  
WALES

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

## REMUNERATION COMMITTEE ANNUAL REPORT 2025/26

### INTRODUCTION

1. The Trust's Standing Orders and Committee Terms of Reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.
2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.
3. Standing Orders, committee terms of reference, and Codes of Governance provide that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part.
4. The committee met on 4 December 2025 and 13 March 2026 and through a facilitated discussion reviewed its effectiveness, its terms of reference, and its operating arrangements. This Annual Report reflects on the effectiveness of the committee in 2025/26 and proposes changes to terms of reference.
5. The trust board has commissioned an external effectiveness review which will be undertaken in early 2026 by the Good Governance Institute (GGI). The GGI will be reviewing the board committee framework within quarter four 2025/26 and quarter one of 2026/27 which may necessitate further changes throughout 2026/27. Although at this stage it is unlikely that there will be material changes to this committee.

## **PURPOSE OF THE COMMITTEE**

6. The purpose of the committee is to:
  - (a) Approve on behalf of the Board matters relating to the appointment, termination, remuneration, terms of service and appraisal for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government and in accordance with the Standing Orders; and
  - (b) Approve proposals regarding termination arrangements, including those under the Voluntary Early Release Scheme, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance.
  - (c) Provide assurance to the Board in relation to the Trust's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.

## **MEMBERSHIP AND ATTENDANCE**

7. The committee has meetings scheduled four times a year, however given the nature of the work of this committee, they can sometimes be moved because there are limited issues to review. At other times additional meetings are required depending on demand.
8. During 2025/26 the committee met seven times; three of which were extraordinary and closely linked to the appointment of the new Chief Executive. Meetings were quorate on each occasion. The committee has been supported by the Chair and all of the non-executive directors as members, as with several prescribed attendees.
9. The chart below illustrates attendance of members and attendees as listed in the terms of reference for 2025/26.

COMMITTEE ATTENDANCE							
Name	15 May 2025 <sup>1</sup>	3 June 2025 <sup>2</sup>	11 July 2025 <sup>3</sup>	25 July 2025 <sup>4</sup>	3 Sept 2025	4 Dec 2025	13 Mar 2026
Colin Dennis							
Rhiannon Beaumont Wood							
Peter Curran							
Bethan Evans							
Prof. Hayley Hutchings							
Ceri Jackson							
Hannah Rowan							
Jayne Beeslee							
Jason Killens							
Rachael Marsh							
Emma Wood							
Carl Kneeshaw							
Trish Mills				Recused for J/D item			
Hugh Parry							
Damon Turner							

	Attended
	Sent Deputy
	Apologies
	No longer a member.

<sup>1</sup> Extraordinary meeting

<sup>2</sup> Jason Killens was recused for the discussion on the CEO's outturn position for 2024/25

<sup>3</sup> Extraordinary meeting

<sup>4</sup> Extraordinary meeting

## COMMITTEE'S VIEWS ON EFFECTIVENESS

### Feedback from membership

10. The committee undertook a light effectiveness review on 4 December 2025 as agreed with the Audit, Risk and Assurance Committee (ARAC). This was due to the comprehensive review undertaken in 2024/25 involving a detailed examination of the terms of reference for all board committees, and the assurance arrangements for each delegated responsibility.

11. For 2025/26 a survey of the members was carried out to gather feedback on the proposed changes to the terms of references and to identify what is working well, and where improvements could be made. The questions asked were:

- Are there any changes you wish to see to the terms of reference?
- Are there any changes you would like to see to the committee's membership?
- What works well in this committee?
- What improvements would you recommend?

12. The feedback from the committee included that the Remuneration Committee is functioning effectively, with clear, focused agendas; succinct and well-presented papers; strong attendance and engagement; and constructive, open discussion supported by good governance and executive input. Members confirmed no changes were needed to the terms of reference or membership for 2026/27, though some queried the rationale for full NED membership and the quorum of three, both of which reflect established NHS best practice and wider Board expectations.
13. While the committee's agility and clarity of purpose were praised, two areas for improvement were noted: exploring whether quarterly meetings could be aligned with other scheduled sessions, while recognising the practical constraints of already-busy dates and varied committee memberships; and ensuring topics never feel pre-determined, with members reminded that papers are issued seven days in advance to enable clarification and challenge ahead of meetings.
14. There were no material changes to the committee terms of reference proposed and no specific changes to the operating arrangements are proposed following the above positive comments, other than those that are relevant for all committees.

#### Management of the committee's work programme

15. The committee has a cycle of business that is aligned to its terms of reference, albeit there are limited opportunities to proactively plan the work of this committee. All matters scheduled for oversight and review have been brought to the committee.
16. The board is kept informed of the committee's oversight of a range of issues by way of an 'Alert', 'Assure' and 'Advise' (AAA) report to the Board after each meeting. Any issues of concern are escalated to the board in the 'Alert' section, and the chair of this committee presents that report at each board meeting.
17. Other than that which is set out in this report, the substantial detail of the work of the committee in 2025/26 was included in the committee AAA reports into both private and public board meetings where appropriate. All of the business scheduled for receipt in line with the committee's cycle of business was received as planned.

18. The committee is a private committee of the board. In year there were several papers were published later than the required deadline, in line with the Trust's Board and Committees Secretariat Standard Operating Procedure (SOP). All these were managed and published ahead of each meeting in agreement with the committee Chair.

## **PROPOSED CHANGES TO THE TERMS OF REFERENCE**

19. The proposed changes to terms of reference for this committee for 2025/26 were minimal and only included an additional sentence in provision 8.1 (a) "while retaining discretion to limit or delay reporting if the matters discussed are particularly sensitive' in relation to the reporting of the committee's activities to the board.

20. It was not considered necessary to adjust the membership of the committee despite varied practices across NHS Wales. However, given the matters considered by the committee are often highly sensitive it was agreed that inviting the full Non-Executive Director membership provides the appropriate level of oversight and assurance.

21. The Executive Director of Finance and Corporate Resources must have signed off the relevant budget for any settlement agreements presented to the committee for approval; however, the Executive Director of Finance and Corporate Resources may be asked to attend where VERS or other settlement applications are being considered.

22. Given the somewhat reactive nature of the committee, it does not set annual priorities.



## AUDIT, RISK AND ASSURANCE COMMITTEE

### TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

2025/262026/27

#### 1. INTRODUCTION

- 1.2 The Trust's Standing Orders provide that *"The board may and, where directed by the Welsh Government must, appoint committees of the Trust either to undertake specific functions on the board's behalf or to provide advice and assurance to the board in the exercise of its functions. The board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.
- 1.2 In line with Standing Orders, the board shall nominate annually a committee to be known as the **Audit, Risk and Assurance Committee**. The detailed terms of reference and operating arrangements set by the board in respect of this committee are set out below.
- 1.3 The board committees play an important role in supporting the board in fulfilling its responsibilities by:
- providing advice on strategic development and performance within the terms of reference;
  - undertaking scrutiny and gaining assurance on key aspects of organisational performance, and supporting achievement of the Trust's strategic goals;
  - carrying out specific responsibilities on the board's behalf; and
  - providing a forum where ideas can be explored in greater detail than board meetings are able to allow, providing time and space to consider issues in greater depth.

Regular and timely reporting and escalations to the board on the issues within the committee's remit allow for more focused discussions.



## 2. INTRODUCTION

- 2.2 The purpose of the committee is to advise and assure the board and the Accountable Officer on whether effective arrangements are in place - through the design and operation of the Trust's system of assurance - to support them in their decision taking, and in discharging their accountabilities for securing the achievement of the Trust's objectives, in accordance with the standards of good governance determined for the NHS in Wales.
- 2.3 Where appropriate, the committee will advise the board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further.
- 2.4 The committee shall, in carrying out its functions and responsibilities, consider how their decisions secure an improvement in the quality of health services (the duty of quality) as outlined in The Health and Social Care (Quality and Engagement) (Wales) Act 2020. This includes but is not limited to ensuring the provision of high-quality, safe, and effective healthcare services that meet the needs of patients, service users, and their families.
- 2.5 The committee shall demonstrate the duty of quality through its own operating arrangements, ensuring that its processes, procedures, and decision-making mechanisms uphold the highest standards of transparency, accountability, and governance. It shall regularly review and refine its operating procedures to align with best practices and legal requirements, fostering an environment of continuous improvement. Furthermore, the committee shall monitor, assess, and report on the implementation of Health and Care Quality Standards, outcomes, and performance indicators where relevant within their remit.
- 2.6 In alignment with the Wellbeing of Future Generations (Wales) Act 2015, this committee will adopt a long-term perspective in its deliberations and decisions. The committee will consider the broader implications of its actions, particularly in relation to the three wellbeing objectives established by the



trust in order to contribute positively to the wellbeing of future generations. These objectives are: 1) being a socially responsible and inclusive employer, 2) fostering an innovative and sustainable organization, and 3) ensuring we are a proactive, accessible, and equitable care provider.

### 3. DELEGATED RESPONSIBILITIES

- 3.1 With regard to its role in providing advice to the board, the committee will comment specifically upon:
- (a) the adequacy of the Trust's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities (both clinical and non-clinical) designed to support the public disclosure statements that flow from the assurance process, including the Annual Governance Statement, providing reasonable assurance on:
    - (i) the organisation's ability to achieve its objectives.
    - (ii) compliance with relevant regulatory requirements, standards, quality and service delivery requirements and other directions and requirements set by the Welsh Government and others.
    - (iii) the efficiency, effectiveness, and economic use of resources; and
    - (iv) the extent to which the organisation safeguards and protects all its assets, including its people,and to ensure the provision of high quality, safe healthcare for its citizens:
  - (b) the board's Standing Orders and Standing Financial Instructions (including associated framework documents, as appropriate) and receive a report from the Director of Corporate Governance/Board Secretary on any non-compliance.
  - (c) the accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, the ISA 260 Report 'Communication with those charged with Governance' and managements'



letter of representation to the external auditors; the committee shall approve all financial procedures.

- (d) the Schedule of Losses and Special Payments.
- (e) the register of Single Tender Actions.
- (f) the planned activity and results of internal audit, external audit and the Local Counter Fraud Specialist (including strategies, annual work plans and annual reports).
- (g) the adequacy of executive and management's response to issues identified by audit, inspection, and other assurance activity.
- (h) proposals for accessing Internal Audit services via Shared Services arrangements (where appropriate).
- (i) anti-fraud policies, whistle-blowing processes, and arrangements for special investigations.
- (j) any particular matter or issue upon which the board or the Accountable Officer may seek advice.
- (k) the adequacy of the arrangements for Declarations of Interests, providing an annual report to the board to this effect.
- (l) arrangements for the discharge of the Trust's responsibility as bailee for patients' property.

3.2 The committee will support the board with regard to its responsibilities for governance (including risk and control) by reviewing:

- (a) all risk and control related disclosure statements (in particular the Annual Governance Statement) together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the board.
- (b) the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.
- (c) the policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements.
- (d) the policies and procedures for all work related to fraud and corruption as



set out in the Welsh Government Directions and as required by the Counter Fraud and Security Management Service.

- 3.3 In carrying out this work the committee will primarily utilise the work of Internal Audit, External Audit, and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness. The committee will receive assurance on the integration and effectiveness of governance structures that span the entirety of the organisation from floor to board.
- 3.4 This will be evidenced through the committee's use of effective governance and assurance arrangements to guide its work and that of the audit and assurance functions that report to it, and enable the committee to review and form an opinion on:
- (a) the comprehensiveness of assurances in meeting the board and the Accountable Officers assurance needs across the whole of the Trust's activities, both clinical and non-clinical; and
  - (b) the reliability and integrity of these assurances.
- 3.5 To achieve this, the committee's programme of work will be designed to provide assurance that:
- (a) there is an effective internal audit function that meets the standards set for the provision of internal audit in the NHS in Wales and provides appropriate independent assurance to the board and the Accountable Officer through the committee;
  - (b) there is an effective counter fraud service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the board and the Accountable Officer through the committee and ensure all reported fraud concerns and ongoing investigations are notified to the committee.
  - (c) there are effective arrangements in place to secure active, ongoing



assurance from management with regard to their responsibilities and accountabilities, whether directly to the board and the Accountable Officer or through the work of the board's committees.

- (d) the work carried out by key sources of external assurance, in particular, but not limited to the Trust's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity.
- (e) the work carried out by the whole range of external review bodies is brought to the attention of the board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply.
- (f) the systems for financial reporting to the board, including those of budgetary control, are effective.
- (g) the results of audit and assurance work specific to the Trust, and the implications of the findings of wider audit and assurance activity relevant to the Trust's operations, are appropriately considered and acted upon to secure the ongoing development and improvement of the organisations' governance arrangements.
- (h) monitor progress against the requirement of the Auditors' Management Letter.
- (i) receive and review key Trust Annual Reports e.g., Trust Annual Report (including the Annual Governance Statement) and make recommendations to the board for their adoption.
- (j) review the content of the Corporate Risk Register and obtain assurance that control measures are in place to mitigate all identified risks.

## **Risks and Audit**

3.6 The committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust and that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register and Board Assurance



Framework and each recommendation from the audit tracker, will be presented to an appropriate board committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. In addition, these committees will follow due process to escalate any issues to Audit, Risk and Assurance Committee for oversight, scrutiny and assurance. Regular reports will be provided to individual committees on those items for which they have responsibility for oversight and overall Trust-wide progress reports will be presented to each Audit, Risk and Assurance Committee.

- 3.7 The committee will receive assurance that management actions to address recommendations are in place via the audit tracker and receive appropriate reporting as agreed by the Audit, Risk and Assurance Committee. This committee will, where appropriate, scrutinise the impact of actions in response to audit recommendations

## 4 DELEGATED RESPONSIBILITIES

- 4.1 The committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the committee.
- 4.2 The committee is authorised by the board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the board's procurement, budgetary and other requirements
- 4.3 The committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.



### **Chair's Action**

- 4.4 There may, occasionally, be circumstances where decisions which would normally be made by the committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the committee. This is most likely, but not exclusively, to arise with respect to approval of policies.
- 4.5 In these circumstances, the Chair and the Lead Executive, supported by the Director of Corporate Governance/Board Secretary as appropriate, may deal with the matter on behalf of the committee after first consulting with at least two other Members (Non-Executive Directors).
- 4.6 The Director of Corporate Governance/Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the committee for consideration and ratification.

### **Access**

- 4.7 The Head of Internal Audit and the Engagement Leads/Audit Manager of External Audit shall have unrestricted and confidential access to the Chair of the committee.
- 4.8 The committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.
- 4.9 The Chair of committee shall have reasonable access to Directors and other relevant senior staff.

### **Sub Committees**

- 4.10 The committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of committee business. Formal sub-committees may only be established with the agreement of the board.



## 5. MEMBERSHIP AND QUORUM

- 5.1 The Trust's Standing Orders at 3.3.5 and 3.3.6 provide the rules around committee membership. That includes that the designation of Chair, definition of member roles and powers and terms and conditions of appointment are determined by the board, based on the recommendation of the Trust Chair. Executive Directors and other Trust officers cannot be appointed as committee Chairs, nor should they be appointed to serve as 'members' on any Committee set up to review the exercise of functions delegated to them. They may however be 'in attendance' as appropriate.
- 5.2 The application of these provisions means that the designation of 'members' in NHS Wales committees is applied to Non-Executive Directors. This ensures there is independent scrutiny, support and challenge, and is a relevant for quorum (see below) and – where it is required – for voting.
- 5.3 Notwithstanding the above, the 'members' and 'prescribed attendees' listed below are often referred to collectively as members or membership.

### Committee Membership

- 5.4 The committee will comprise three Non-Executive Directors, one of whom will be designated as Chair, and the following prescribed attendees:
- Executive Director of Finance and Corporate Resources (Committee Lead)
  - Director of People
  - ~~Executive Director of Quality and Nursing~~ Deputy Director of Quality and Putting Things Right
  - Assistant Director of Operations, National Operations & Support
  - Director of Corporate Governance/Board Secretary
  - Assistant Director of Corporate Governance and Risk
  - Head of Internal Audit
  - Local Counter Fraud Specialist
  - Representative of the Auditor General
  - Trade Union Partners (x2)
  - Other Directors will attend as required by the committee Chair



- 5.5 In the absence of the committee Chair, one of those in attendance must be designated as Chair of the meeting.
- 5.6 The Chair of the Trust Board shall not be a member of the committee but may be invited to attend meetings.
- 5.7 The Chief Executive (Accountable Officer) will be invited to attend meetings of the committee and will attend to discuss the process for assurance that supports the Annual Governance Statement.
- 5.8 The committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.
- 5.9 The committee may also co-opt additional independent external members from outside the organisation to provide specialist skills, knowledge and expertise e.g. Wales Audit Office, Internal Audit
- 5.10 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Director of Corporate Governance/Board Secretary before the day of the meeting that they are unable to attend and the name of the member who will attend as the substitute.

### **Quorum**

- 5.11 The quorum for meetings of the committee shall be two Non-Executive Directors.
- 5.12 While only two Non-Executive Directors are required for quorum, it is strongly



recommended that all three Non-Executive Director members be present at each meeting to ensure robust discussion and effective oversight. The presence of all Non-Executive Directors is crucial for fostering diverse perspectives and maintaining rigorous challenge and scrutiny. Therefore, other Non-Executive Directors of the board may be co-opted to meetings where it is not possible for all three Non-Executive Directors to attend

### **Member Appointments**

- 5.13 The membership of the committee shall be determined by the board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.
- 5.14 Non-Executive Directors shall be appointed to hold office for a period of one year at a time, (membership being reviewed by the Chairman of the board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the board.
- 5.15 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration committee.

## **6. COMMITTEE MEETINGS**

### **Secretariat and Support to Committee Members**

- 6.1 The Director of Corporate Governance/Board Secretary, on behalf of the committee Chair, shall:
- (a) arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and



- (b) ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of People and Culture.

### **Frequency of Meetings**

- 6.2 Meetings shall be held no less than quarterly and otherwise as the Chair of the committee deems necessary, consistent with the Trust's annual plan of board business and calendar of meetings. Meeting agendas, papers and minutes shall be circulated no less seven days prior to each meeting.
- 6.3 The Chair of committee, External Auditor or Head of Internal Audit may request a private meeting if they consider that one is necessary.

### **Withdrawal of individuals in attendance**

- 6.4 The committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of particular matters.
- 6.5 The committee may meet in private – without the presence of management – where necessary.

## **7. RELATIONSHIPS AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS**

- 7.1 Although the board has delegated authority to the committee for the exercise of certain functions as set out within these terms of reference, the board retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 7.2 The committee is directly accountable to the board for its performance in exercising the functions set out in these terms of reference.



- 7.3 The committee, through its Chair and members, shall work closely with the board's other committees, including where appropriate joint (sub) committees and groups to provide advice and assurance to the board through the:
- (a) joint planning and co-ordination of board and committee business; and
  - (b) sharing of information;

in so doing, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the board's overall risk and assurance arrangements.

- 7.4 The committee will consider the assurance provided through the work of the board's other committees and sub-groups to meet its responsibilities for advising the board on the adequacy of the Trust's overall framework of assurance.
- 7.5 The committee shall embed the Trust's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

## 8. REPORTING AND ASSURANCE ARRANGEMENTS

- 8.1 The committee Chair shall:
- (a) report formally, regularly and on a timely basis to the board and the Chief Executive (Accountable Officer) on the committee's activities. This includes verbal updates on activity, ~~the submission of committee minutes~~ and written reports where appropriate throughout the year;
  - (b) bring to the board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the committee; and
  - (c) ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.



- 8.2 The committee shall provide a written, Annual Report to the board and the Chief Executive (Accountable Officer) on its work in support of the Annual Governance Statement, specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.
- 8.3 The board may also require the committee Chair to report upon the committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.
- 8.4 The Director of Corporate Governance/Board Secretary, on behalf of the board, shall oversee a process of regular and rigorous self-assessment and evaluation of the committee's performance and operation including that of any sub-committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

## 9. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the committee, except in the following areas:

- Quorum (as set out in section 5)

## 10. REVIEW

These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.



GIG  
CYMRU  
NHS  
WALES

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

## Annex 9: Board visits heatmap

Exhibit 1 – Individual board director visits 2025/26



Exhibit 2 – Individual board non-executive director visits 2025/26



## WAST BOARD COMMITTEE REMITS – 2026/27

### Quality, Patient Experience and Safety Committee

QUEST related strategies/plans;  
KPIs in remit (strategy and performance)  
Safe Care, Equitable Care

- Duty of Quality and Duty of Candour
- QMS
- Health and Care Quality Standards
- Quality Impact Assessment
- Putting Things Right
- Safeguarding (including mental health and dementia)
- Infection prevention and control

Effective, Timely

- Clinical audit
- Mortality reviews
- Quality improvement
- Value based healthcare

Patient Centred

- Citizens voice/patient experience;

Learning across areas in remit  
Clinical and quality governance  
Clinical negligence & personal injury  
Risks, audits, policies in remit

### People and Culture Committee

PCC related strategies/plans  
KPIs in remit (strategy and performance)  
Culture:

- Speaking up safely
- Trust behaviours
- Health and wellbeing
- Partnership working (TUPs)
- Staff & volunteer experience
- Equality, diversity, and inclusion
- Health and safety

Capacity:

- Recruitment and retention
- Workforce plans

Capability:

- Staff development
- Leadership programmes
- Training and education
- Registration and revalidation

Risks, audits, policies in remit

Advisory Group (WASPT) reports to this Committee

### Finance and Performance Committee

FPC related strategies/plans  
Long term strategic direction  
KPIs in remit (strategy and performance)  
Finance:

- Capital and revenue monitoring
- Annual budgets
- Financial sustainability
- Business cases and PIRs

Commercial development/partnerships

Performance:

- Commissioners and WG targets
- MIQPR
- QPMF

Planning:

- IMTP endorsement and delivery
- Wellbeing objectives
- Demand and capacity

Infrastructure

- Estates and fleet
- Environment and sustainability

Digital:

- Systems
- Information governance
- Information security

Resilience:

- Major Incident Plan and Business Continuity Plan
- Cyber resilience & security

Risks, audits, policies in remit

### Audit, Risk and Assurance Committee

Governance and assurance  
Effective systems of

- Good governance
- Risk management and
- Internal control

Integrated Governance Programme  
BAF  
Annual Report  
Audited financial accounts  
Standing Orders and SFIs  
Accounting policies  
Assurance processes  
Losses & special payments  
Single tender actions  
Internal audit  
Audit Wales  
Local Counter Fraud Service  
Standards of business conduct  
Patient's property  
Policies in remit

### Remuneration Committee

- Contractual arrangements for staff
- Appointment, termination, remuneration, terms of service and appraisal for Chief Executive; Executive Directors (including interim); Very Senior Managers
- Redundancy, VERs, Settlement settlements

### Academic Partnerships Committee

- Research governance framework
- Research performance
- Risks, audits, policies in remit

### Charity Committee

Charity strategy/plans  
KPIs in remit (strategy and performance)  
Charitable funds  
Audited accounts/annual report  
Fundraising  
Approve bids over £5K, bursary over £3K  
Risks, audits and policies in remit

# **Welsh Ambulance Services University NHS Trust - Audit Plan 2026**

Date issued: April 2026



# Contents

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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

# Introduction

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**Adrian Crompton**

Auditor General for  
Wales

I am pleased to share my 2026 Audit Plan. The Plan sets out how I will undertake your audit.

My audit team has developed the Plan following a structured and risk-based planning process, which will remain ongoing throughout the audit. My [Code of Audit Practice](#) provides further detail on how my audit and certain other functions are to be carried out by my auditors.

At the core of all our work is our commitment to maintaining the highest standards of professional integrity, objectivity, independence and audit quality. Our three

lines of assurance model (page 21) sets out how we will ensure those standards of quality are met. Our latest annual [audit quality report](#) provides more information about our audit quality arrangements.


My audit team will work constructively with your staff to understand the issues you are facing, ensure the audit process operates as smoothly as possible, and provide valuable insights about any areas for improvement.

My local performance audit work programme, as outlined in this Plan, sits alongside other [national audit work](#) that may include coverage of your organisation. Local performance audit work may also inform wider national reporting.


Should you have any questions about your audit my audit team will be happy to discuss them with you. They will also keep you regularly updated as work progresses.

# Our aims and ambitions


## Our purpose



Assure people that public money is being managed well




Explain how that money is being spent




Inspire the public sector to improve


## Our vision




Fully exploiting our unique perspective, expertise and depth of insight



Strengthening our position as an authoritative, trusted and independent voice




Increasing our visibility, influence, and relevance




Being a model organisation for the public sector in Wales and beyond


## Our areas of focus



A strategic, dynamic, and high-quality audit programme



A targeted and impactful approach to communications and influencing



A culture and operating model that enables us to thrive

You can find out more about Audit Wales in our [Annual Plan 2025-26](#) and [Our Strategy 2022-27](#).

# Financial audit work

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## Audit of financial statements

I am required to issue a report on your financial statements which includes an opinion on their 'truth and fairness', their proper preparation in accordance with accounting standards and legal requirements, and the regularity of income and expenditure and the proper preparation of key elements of your Accountability and Performance Report. I lay them before the Senedd together with any report that I make on them.

I will also report by exception on a number of matters which are set out in more detail in our [Statement of Responsibilities](#).

I am also required to certify a return to the Welsh Government which provides information about the Trust to support preparation of the Whole of Government Accounts.

There have been no limitations imposed on me in planning the scope of this audit.

## Financial statements materiality

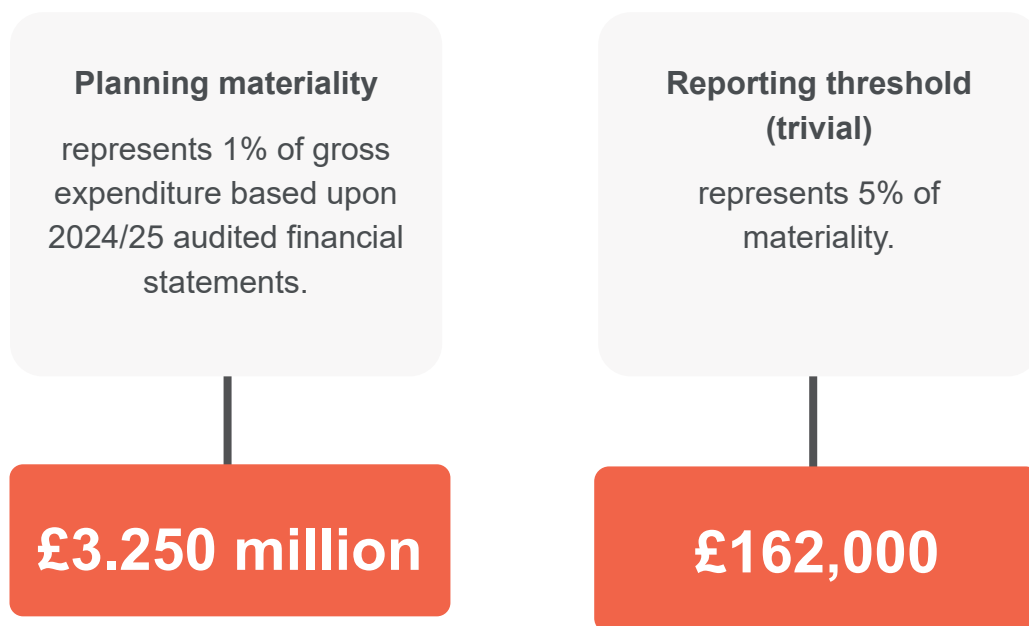
I do not seek to obtain absolute assurance on the truth and fairness of the financial statements and related notes but adopt a concept of materiality. My aim is to identify material and correct misstatements, that is, those that might result in a reader of the accounts being misled. Materiality applies not only to financial misstatements, but also to disclosure requirements and adherence to the applicable accounting framework and law.

I set planning and performance materiality to:

- Determine the level of misstatement that could cause the user of the accounts to be misled;
- Assist in the scoping of our audit approach and resultant audit tests;
- Determine sample sizes;
- Assess the effect of known and likely misstatements in the financial statements; and

- Report to those charged with governance any unadjusted misstatements above a trivial level, our reporting threshold.

The levels at which I judge such misstatements to be material is set out below.



There are some areas of the accounts that may be of more importance to the user of the accounts, and we have set a lower materiality level for these:



My audit team will assess materiality levels throughout the audit.

## Significant financial statements risks

Significant risks are identified risks of material misstatement for which the assessment of inherent risk is close to the upper end of the spectrum of inherent risk or those which are to be treated as a significant risk in accordance with the requirements of other International Standard on Auditing (ISAs). The ISAs require us to focus more attention on these significant risks.

### Risk of management override

The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk.

#### Our planned response

My audit team will:

- test the appropriateness of journal entries and other adjustments made in preparing the financial statements;
- review accounting estimates for bias; and
- evaluate the rationale for any significant transactions outside the normal course of business.

### Risk of fraud in expenditure recognition

There is a risk of material misstatement due to fraud in expenditure recognition and as such is treated as a significant risk [PN 10].

There is a risk that you will fail to meet your first financial duty to break even over a three-year period. The position at month 11 shows a year-to date surplus of £100,000 and a forecast year-end position of £nil. This, combined with the outturns for 2023-24 and 2024-25, predicts a three-year surplus of £155,000. Where you fail this financial duty, we will place a substantive report on the financial statements highlighting the failure.

Your current financial pressures increase the risk that management judgements and estimates could be biased to achieve the agreed year end outturn and its financial duty.

There is a risk that cut off will not be correctly applied to expenditure incurred around the year end to ensure successful delivery of the year-end target.

### **Our planned response**

The audit team will:

- substantively test all material areas of pay and non-pay expenditure;
- test the appropriateness of journal entries and other adjustments made in preparing the financial statements;
- review the basis of accruals for any estimation bias;
- review the year-end cut-off of expenditure; and
- test key year balances to ensure they were appropriate and complete.

### **Other areas of focus**

I set out below other identified risks of material misstatement which, although not determined to be significant risks as above, I would like to bring to your attention.

### **Remuneration report disclosures**

There have been a few new permanent and interim appointments to senior officer and board member posts during 2025-26 which need to be captured in the remuneration report.

There is a risk that these are not appropriately disclosed in the remuneration report as remuneration paid to senior officers and board members continues to be of high interest and is material by nature.

Therefore, there is a risk that even low value errors in the disclosure could result a material misstatement.

### **Our planned response**

My audit team will:

- understand the movements in the senior management team during 2025-26;
- ensure that remuneration disclosed is consistent with supporting evidence;

- ensure that amounts paid are consistent with those approved by the Board and are in accordance with Welsh Government pay rates; and
- ensure that disclosures are complete based on the team's knowledge and are prepared in accordance with requirements.

## Valuation of property assets

The value of property assets reflected in the balance sheet and notes to the accounts are material estimates.

Property assets are required to be held on a valuation basis which is dependent on the nature and use of the assets. This estimate is subject to a high degree of subjectivity, depending on the specialist and management assumptions, and changes in these can result in material changes to valuations.

Assets are required to be formally revalued every five years as a minimum, with indexation applied in interim years, but values may also change year on year, particularly where there are ongoing refurbishment projects resulting in subsequent expenditure being capitalised.

There is a risk that the carrying value of assets recognised in the accounts could be materially different to the current value of assets as at 31 March 2026.

### Our planned response

My audit team will:

- review the indices used by management for reasonableness;
- evaluate the competence, capabilities and objectivity of the professional valuer who provide indices to management and undertake valuations as necessary;
- confirm that indexation has been appropriately applied and has been correctly reflected in the financial statements; and
- test the reconciliation between the financial ledger and the asset register.

## Related party disclosures

The financial statements must disclose any related party relationships along with the transactions and balances between the Trust and the other body/party.

The Trust has many relationships that could be considered a related party. Many are well known for example, Welsh Government as funder.

However, where related party relationships arise via individual officer or member relationships, there is likely to be less transparency regarding these relationships. These transactions are of high interest and are considered to be material by their nature

There is a risk of material misstatement due to incomplete or inaccurate disclosures, even where these are of relatively low value.

### Our planned response

My audit team will:

- review management's process for identifying related party relationships and associated transactions and balances;
- undertake procedures to confirm the completeness of related party relationships; and
- ensure disclosures are complete, accurate, consistent with evidence and are in accordance with requirements.

## Provisions

The financial statements include provisions for legal obligations, particularly in relation to clinical negligence.

There is a significant degree of subjectivity and uncertainty in the measurement and valuation of these provisions.

This subjectivity and uncertainty increases the risk of material misstatement.

### Our planned response

My audit team will:

- review management's estimation process for the valuation of provisions;

- consider the competence, capability and objectivity of the management experts who are prepare the estimates; and
- ensure that disclosures are in accordance with the FReM and Welsh Government’s Manual for Accounts.

## Capital expenditure

This is the first year in which the Capital Resource Limit (CRL) applies to the Trust, replacing the previous External Funding Limit. The Trust is required to utilise the capital funding allocated by the Welsh Government and there is significant investment in capital projects during the year. Capital expenditure up to month 11 was reported at £12.97 million, with a forecast of £32.79 million at year end, resulting in a substantial level of capital expenditure being required in March 2026.

There is a risk that capital classified as Assets Under Construction is materially mis-stated. There is an element of judgement needed when determining the amount of costs to be capitalised on each project and the valuation of these assets at the end of the year.

### Our planned response

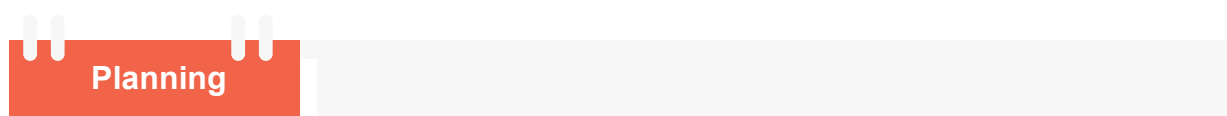
My audit team will:

- understand the reasons for the peak in capital expenditure predicted in month 12 and assess impact on audit approach;
- perform detailed testing on a sample of additions and capital accruals; and
- review and challenge whether any assets under construction require impairment.

## Financial statements audit timetable

Below is a timetable showing the key stages of the audit and our key audit deliverables that we will provide to you.

### Exhibit 1: Financial statements audit timetable



<p><b>January to April 2026</b></p>	<p>Planning meeting            High level risk assessment procedures            Fraud risk assessment            Accounting estimates planning            IT environment risk assessment and IT controls            Detailed risk assessment procedures            Develop testing strategy            Indicative audit fee            Outline Plan            Draft Audit Plan</p>
<p><b>Fieldwork</b></p> <p><b>May to June 2026</b></p>	<p>Update risk assessment            Audit of financial statements to include narrative report and annual governance statement            Complete audit testing            Evaluate audit findings            Audit closure meeting</p>
<p><b>Reporting</b></p> <p><b>June 2026</b></p> <p><b>Post- certification</b></p>	<p>Audit of Accounts Report            Recommendations for improvement            Present findings to those charged with governance            Auditor General certification            Submission of accounts to Welsh Government            Laying of accounts with Senedd Cymru</p> <p>Annual audit summary            Post project learning</p>

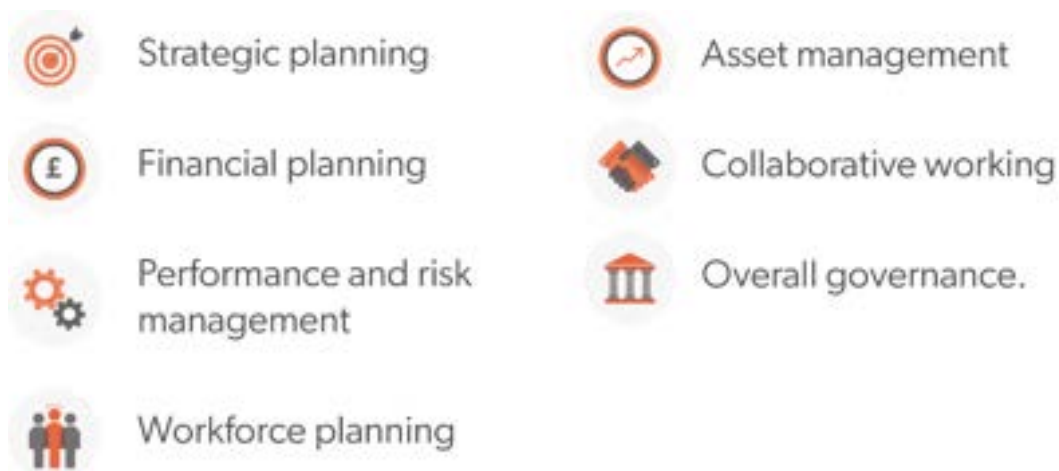
# Performance audit work

## Proper arrangements

As set out in the Code of Audit Practice, I must satisfy myself that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources ('value for money'), and conclude accordingly.

I do this by undertaking an appropriate programme of performance audit work each year. I base my work programme on an assessment of risks of the Trust and the wider NHS in Wales not having the proper arrangements in place, with the work typically focusing on the areas of greatest risk.

In designing the programme, my auditors must have considered corporate and service level arrangements, including:



My auditors will also have taken account of relevant work that is being undertaken or planned by other audit, regulatory and inspection bodies at the Trust.

I conduct my performance audit work using the [ISSAI 3000 standard](#) developed by the International Organisation of Supreme Audit Institutions (INTOSAI). INTOSAI is a global umbrella organisation for the performance audit community. It is a non-governmental organisation with special consultative status with the Economic and Social Council (ECOSOC) of the United Nations.

## Well-being of future generations

Section 15 of the Well-being of Future Generations (Wales) Act 2015 (the Act) requires me to carry out examinations of public bodies for the purposes of assessing the extent to which a body has acted in accordance with the sustainable development principle when setting well-being objectives and taking steps to meet those objectives.



I must carry out these examinations at each public body covered by the Act at least once during a specified period.

These could be stand-alone examinations as part of my performance audit programme. However, where relevant and appropriate to do so, my auditors will integrate the work required into other planned performance audit work for the Trust. My auditors will continue to engage closely with the Office of the Future Generations Commissioner for Wales to help coordinate our respective activities.

## Planned performance audit work

I set out below details of my planned performance audit work.

## Structured Assessment

### Scope of the work

Structured assessment will continue to form a key part of the audit work my audit teams do at each NHS body.

My 2026 structured assessment will examine proper arrangements for the efficient, effective, and economical use of resources.

This work will also review how the audited body tracks progress against previous audit recommendations. This helps the audit team check that improvements identified in earlier audits are being addressed. It also helps us measure the impact of our work more clearly.

My 2026 Structured Assessment work will also inform our thinking on whether we should undertake future work on hosted bodies' governance arrangements, particularly the Joint Commissioning Committee (JCC) and the NHS Wales Shared Services Partnership (NWSSP).

### Indicative timescales

Fieldwork to commence between June and August 2026 and reporting by the end of December 2026.

## Local project work – 111 service

### Scope of the work

Where appropriate, my audit team will also undertake performance audit work that reflects issues specific to the Trust. The local performance audit work will focus on the governance, oversight and performance of the 111 service. This will also include a follow-up of the two recommendations made in our review of urgent and emergency care services at the Trust which reported in 2025.

### Indicative timescales

Fieldwork to commence between June and August and reporting by October 2026.

## Timing of Performance Audit Work

My team will work with officers in the Trust to arrange exact timescales for the individual projects and progress will be communicated regularly through our updates to the Audit, Risk and Assurance Committee. My auditors aim to substantially complete the performance audit work set out in this plan by the end of March 2027.

# Audit fee

In January 2026 we published our [2026-27 Fee Scheme](#) following approval by the Senedd Finance Committee which details the average increase to fee rates of 5.3%.

The actual fee that any individual audited body will pay depends not just on our fee rates but on the quantum of work and the skill mix required.

Based on those requirements, my estimated total audit fee for 2026 will be £216,942, an increase of 5.3% on my estimated 2025 fee.

**Your estimated total audit fee: £216,942**

Planning will be ongoing, and changes to my programme of audit work, and therefore my fee, may be required if any key new risks emerge. I shall make no changes without my auditors first discussing them with the Executive Director of Finance and Corporate Resources. **Exhibit 2** sets out a further breakdown of your estimated audit fee.

## I base my audit fee on the following assumptions:

- The agreed audit deliverables set out the expected working paper requirements to support the financial statements and include timescales and responsibilities.
- The audit requirements of my individual performance audit projects are met by the audited body, or suitable alternative arrangements are put in place that satisfy the needs of my audit team.
- No matters of significance, other than as summarised in this plan, are identified during the audit.

**Exhibit 2: Breakdown of my estimated audit fee for 2026 (and 2025 for comparison)**

<b>Estimated fee for 2026 (£)<sup>1</sup></b>		<b>Estimated fee for 2025 (£)</b>	
<b>Audit of financial statements<sup>2</sup></b>	<b>Performance audit work<sup>3</sup></b>	<b>Audit of financial statements</b>	<b>Performance audit work</b>
<b>£124,878</b>	<b>£92,064</b>	<b>£118,595</b>	<b>£87,423</b>
<b>Total fee: £216,942</b>		<b>Total fee: £206,018</b>	

<sup>1</sup> The fees shown in this document are exclusive of VAT.

<sup>2</sup> Payable November 2025 to October 2026

# Audit team

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The main members of my team, together with their contact details, are summarised in **Exhibit 3**.

## Exhibit 3: My local audit team

<b>Engagement Director</b>	Tom Haslam <a href="mailto:tom.haslam@audit.wales">tom.haslam@audit.wales</a>	
	<b>Financial Audit</b>	<b>Performance Audit</b>
<b>Engagement Lead</b>	Gareth Lucey <a href="mailto:gareth.lucey@audit.wales">gareth.lucey@audit.wales</a>	Tom Haslam <a href="mailto:tom.haslam@audit.wales">tom.haslam@audit.wales</a>
<b>Audit Manager</b>	Yvonne Thomas <a href="mailto:yvonne.thomas@audit.wales">yvonne.thomas@audit.wales</a>	Darren Griffiths <a href="mailto:darren.griffiths@audit.wales">darren.griffiths@audit.wales</a>
<b>Audit lead</b>	Sioned Owen <a href="mailto:sioned.owen@audit.wales">sioned.owen@audit.wales</a>	Fflur Jones <a href="mailto:fflur.jones@audit.wales">fflur.jones@audit.wales</a>

I can confirm that my team members are all independent of the Trust and your officers.

## Staff secondment

An employee of Audit Wales is on secondment with you. In order to safeguard against any potential threats to auditor independence and objectivity, the following restrictions apply in line with the Financial Reporting Council's Revised Ethical Standard 2024:

- the secondee will not undertake any management responsibilities; and
- the secondment will be for a maximum of 12 months.

# Audit quality

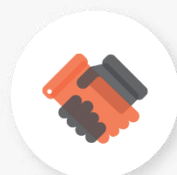
Our commitment to audit quality in Audit Wales is absolute. We believe that audit quality is about getting things right first time.

We use a three lines of assurance model to demonstrate how we achieve this. We have established an Audit Quality Committee to co-ordinate and oversee those arrangements. We subject our work to independent scrutiny by the Institute of Chartered Accountants in England and Wales and our Chair of the Board, acts as a link to our Board on audit quality. For more information see our [Audit Quality Annual Report](#).



## Our People

- Selection of right team
- Use of specialists
- Supervisions and review



## Arrangements for achieving audit quality

### Selection of right team

- Audit platform
- Ethics
- Guidance
- Culture
- Learning and development
- Leadership
- Technical support



## Independent assurance

- EQRs
- Themed reviews
- Cold reviews
- Root cause analysis
- Peer review
- Audit Quality Committee
- External monitoring

## Further Information

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Audit Wales has a range of resources to support the scrutiny of Welsh public bodies, and to support them in continuing to improve the services they provide to the people of Wales.

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Our [newsletter](#) which provides you with regular updates on our public service audit work, good practice, and events.



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We welcome correspondence and telephone calls in Welsh and English.

Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.





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Agenda Item No.

14

## REPORT TITLE

Partnerships and Influencing: An Update

## MEETING

Name of meeting	Trust Board
Date of meeting	28 May 2026
Public or Private	Public
If private - <a href="#">rationale</a>	n/a

## REPORT SPONSOR

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

## PURPOSE OF REPORT

- |  |  |
|--|--|
| <input type="checkbox"/> Approval                            | <input type="checkbox"/> Endorsement       |
| <input type="checkbox"/> Assurance                           | <input type="checkbox"/> Discussion        |
| <input type="checkbox"/> Information (goes in consent items) | <input checked="" type="checkbox"/> Noting |

## REPORT SUMMARY:

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

1. This report follows one considered by the Board in November 2025 which outlined a proposed approach to the reporting of the Trust's stakeholder engagement work.



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2. In that meeting, the Board agreed that the focus of stakeholder engagement in 2026-29 would be focused, as an enabling function, on a small number of IMTP priorities and reported through existing IMTP reporting mechanisms, while the Trust's broader influencing work would be reported separately on a twice yearly basis.
3. This report focuses on broader influencing in line with that previous recommendation. Please note that the matters represented in this report are highlights only, and do not represent the totality of the Trust's engagement and influencing activities.

## RECOMMENDATION(S)

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

The Board is asked to:

1. Note the content of this 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](#)]

<input type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input type="checkbox"/> SO2: Enabling our people to be the best they can be
<input type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input checked="" type="checkbox"/> SO4: Developing services in collaboration
<input type="checkbox"/> SO5: Being quality driven and clinically led	<input type="checkbox"/> SO6: Delivering exceptional value

### RISK(S) THIS REPORT MITIGATES

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

Corporate Risk 201(a) Reputation

### HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [[link to standards](#)]

<input type="checkbox"/> Safe	<input type="checkbox"/> Timely	<input type="checkbox"/> Effective
<input type="checkbox"/> Efficient	<input type="checkbox"/> Equitable	<input type="checkbox"/> Person Centred

Quality Enablers (select all that apply) [[link to standards](#)]

<input checked="" type="checkbox"/> Leadership	<input type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Culture
<input type="checkbox"/> Information	<input type="checkbox"/> Learning Improvement & Research	<input checked="" type="checkbox"/> Whole Systems Approach

### WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to goals](#)]

<input type="checkbox"/> A socially responsible and inclusive employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input type="checkbox"/> A pro-active, accessible and equitable care provider
<input checked="" type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	

### APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
20 May 2026	Executive Leadership Team



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## SITUATION

1. This short paper is intended to provide Trust Board with a flavour of the organisation's partnership and influencing activities over recent months and an indication of priorities for the rest of the year. It is not intended as a full audit of the Trust's engagement activities.

## BACKGROUND

2. The last few months have focused primarily on a number of elements:
  - Preparation for the Senedd elections and engagement with the new government
  - Identification of engagement priorities within the IMTP, notably
    - support for the development of a refreshed long-term organisation strategy;
    - engagement support for the commercialisation and financial sustainability agenda;
    - engagement support for academic partnerships and
    - system engagement and collaboration, including creation of more strategic opportunities for dialogue
  - Continued representation at Regional Partnership Boards

## ASSESSMENT

### **Senedd Election Preparation**

3. The Director of Partnerships and Engagement was a member of an executive group brought together by the Welsh NHS Confederation to discuss matters of interest and share intelligence in the run-up to the election, which proved helpful in ensuring the Trust took an integrated approach to its election preparations, aligned to those of the rest of NHS Wales.
4. Board members will recall that colleagues from the Welsh NHS Confederation attended a Board development session in December 2025 to outline the changes to the Senedd in 2026.
5. In February 2026, the Trust developed a web-based resource for political candidates contesting the recent Senedd elections, to enable candidates to



access a wide range of information about the Welsh Ambulance Service to inform their campaigning.

6. This resource was developed as it was recognised that it would be virtually impossible for the Trust to manage requests for information on an individual basis or face-to-face engagement with such a multiplicity of candidates across 16 “super constituencies”.
7. Post-election, that resource has now been retained as a [politicians’ information hub](#), which will be updated regularly with relevant documents and information, which it is hoped will be helpful to parliamentary, Senedd and local politicians.
8. The Trust also worked with the Welsh NHS Confederation (now part of the newly re-branded NHS Alliance) to develop an “explainer” on urgent and emergency care in Wales, which can be found [here](#).
9. At the time of writing, the Trust is now planning its engagement approach in respect of the new government (and other key stakeholders, where there have been some changes), including reaching out to the new government and party political group leaders to offer briefings and visits. The aim is to ensure that there is a full understanding of the opportunities the Trust has to make a broader contribution to the health and care system in Wales, in line with its strategic ambitions, as well as consolidating existing, and developing, new relationships with elected representatives from across the political spectrum.
10. Similarly, relationships will need to be built with a new cadre of special advisers, once known.

### **IMTP Priorities**

11. While updates on IMTP priorities will be provided through the normal reporting routes, there are a couple of particular engagement priorities to note.
12. Significant work has been undertaken in recent months with academic partners and Health Education and Improvement Wales (HEIW), particularly in relation to managing the difficult decision not to recruit newly qualified paramedics (NQPs) this year and to pause recruitment to paramedic science degree courses in Wales for a year from September 2026.



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13. The Director of People, Executive Director of Paramedicine and Director of Partnerships and Engagement, have worked closely with HEIW, WG and university colleagues to manage dialogue with affected students, to support students graduating this year and to work with system partners to identify appropriate and viable alternatives for those graduating in the summer of 2026.
14. It is recognised that further work needs to be undertaken over the coming months in respect of future recruitment and to ensure that relationships with universities are maintained. Lead directors and senior Trust leaders continue to work closely with HEIW, WG and university colleagues to plan the way forward and to ensure that the future supply of graduate paramedics in Wales is maintained.
15. Similarly, the Chief Executive and directors have actively engaged with system partners on a range of issues and in different fora over recent months. Given some changes in personnel across the system, for example within NHS Wales Performance and Improvement, it has been important to take the opportunity to ensure constructive relationships are established from the outset.
16. Linked to the IMTP priority to create strategic opportunities to engage more fully with stakeholders, and to inform the Trust's long term strategy development, members of the strategy and planning and partnerships and engagement teams have recently taken part in a stakeholder mapping exercise to ensure the changing political and partnership landscape is properly reflected in both planning for the development of the Trust's refreshed long-term strategy, as well as in identifying key stakeholders who require a more individualised approach. This should result in a more tailored and focused approach to stakeholder management, with the broader executive team continuing to develop their roles in stakeholder engagement.
17. Given both political and system changes in personnel, an engagement plan is in development which will provide a basis for the Executive Team's engagement approach. The Executive Team will also discuss these matters at its forthcoming development day.

### **Regional Partnership Boards**

18. The Trust has a seat at each of the seven Regional Partnership Boards. While this is positive and, indeed, the Trust has benefited from financial support for



innovations like the falls service in the Aneurin Bevan University Health Board area, as well as support for the original mental health response vehicle in the same area, there is still some way to go for regional partnership boards to really deliver their potential in terms of collaborative working.

19. The current focus across RPBs includes their contribution to the development of integrated community care systems (ICCS), working in tandem with other national programmes like Community By Design and Six Goals for Urgent and Emergency Care.
20. The Trust will continue to be represented in these discussions and continues to hold the Vice Chair role at the North Wales Regional Partnership Board.
21. The new Welsh Government suggested in its manifesto placing regional partnership boards on a statutory footing, which would require a change in legislation. The Trust will keep abreast of developments and apprise Board of any material developments.

## **RECOMMENDATION**

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

## **NEXT STEPS**

23. Work will continue over the coming months to establish productive working relationships with the new Welsh Government, while consolidating stakeholder mapping work and working to a refreshed engagement plan, which will see all Executives managing appropriate stakeholder interfaces in a more co-ordinated way. This will ensure that an adequate investment of time is made in working with system stakeholders to create more space for genuinely strategic conversations that will position the Welsh Ambulance Service more centrally within the wider NHS Wales system.



## QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

The papers for this meeting can be found by following this [link](#) to the Committee page on the Trust website.

<b>Trust Board Meeting Date</b>	28 May 2026
<b>Committee Meeting Date</b>	7 May 2026
<b>Chair</b>	Bethan Evans

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

(Alert the Board to areas of attention)

1. The Committee discussed a significant and emerging **patient safety risk relating to delays in gaining access to properties**, noting the Trust lacks statutory powers to force entry and is reliant on Police and Fire and Rescue Services, whose roles are critical but have been inconsistent in practice. Instances of non-attendance have contributed to serious patient safety consequences. An interim joint operating model in place from 1 April 2026 for a pilot period of six months will continue to be closely monitored, with recognition that ambulance services must not be left unable to act when patients are at risk.
2. The Committee noted that delivery of the **Strategic Quality Plan** is off track against original timelines due to capacity constraints, system dependencies and wider organisational pressures. A formal review has been built into the IMTP to reset expectations, with executive engagement planned in June to support reprioritisation and ensure focus on deliverable, high impact actions. The Committee welcomed the shift towards a more realistic and prioritised approach, while acknowledging ongoing challenges, particularly in relation to data and digital dependencies and programme governance. It was agreed that future reporting should provide clarity on revised priorities, timelines and any areas for de-prioritisation, with assurance that credible delivery will depend on alignment with organisational capacity.

#### ADVISE

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

3. Committee heard from **Community First Responder, Mike Senior**, who highlighted the use of video triage during a call involving a young child with acute symptoms. Mike described how real-time video



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consultation enabled a clinician to visually assess the patient, gather additional information from the parent, and determine the most appropriate course of action, providing reassurance to both the responder and the family and resulting in a positive outcome. Members recognised the potential benefits of video-enabled clinical support, including enhanced patient reassurance, improved clinical decision-making through visual assessment, and a more collaborative approach between clinicians and responders. It was noted that video consultations are already in use within the service but remain relatively low in overall utilisation, with variability in uptake across clinical teams. Members discussed the balance between clinical value and operational efficiency, noting that while video can enhance patient experience and support certain clinical scenarios (e.g. paediatric, stroke, and mental health presentations), it may also extend call handling times and therefore requires considered application. The importance of identifying where video adds the greatest value, rather than adopting a universal approach, was emphasised and the Executive Leadership Team were requested to discuss the approach further.

4. NHS Wales Performance and Improvement has been commissioned by Welsh Government to support rapid implementation of the **45-minute handover** protocol across Wales, taking an active facilitation and assurance role with health boards during May to assess readiness, refine timelines and agree standard operating procedures. Initial engagement will focus on the most challenged systems, including Betsi Cadwaladr, Aneurin Bevan and Swansea Bay, which is a positive development. However, a degree of caution remains, as delivery continues to rely heavily on local ownership and similar approaches have not previously achieved sustained improvement.
5. The committee noted the significant breadth and scale of **operational delivery in Q4**, achieved despite sustained leadership capacity pressures, with progress recognised across key areas including remote clinical care, Datix backlog reduction, quality and support days, and the remote integrated care service (RICS) developments following the single CAD queue go-live. The falls desk was highlighted as delivering clear patient and system benefits, supported by robust evaluation, although concerns remain regarding sustainability due to short term funding arrangements and the need to strengthen the evidence base. The committee also recognised the substantial challenge of delivering over £4m of savings within the operations directorate, commending the careful and balanced approach taken to protect frontline care, patient safety and workforce impact in what was the first year requiring service reductions at this scale.
6. Members welcomed Dr Umar Ahmad, Non-Executive Director to his first meeting of this committee. **Reflections** included a sense of strong assurance across a wide range of areas, with evidence of increasingly mature. Members noted the positive impact of cross-directorate working, which is helping to embed quality across the organisation. Overall, the committee reflected a positive trajectory, with clear progress evident alongside an ongoing commitment to maintaining focus on key risks and areas for improvement.

## ASSURE

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

7. The board will recall that during 2025/26 this committee escalated the issues of performance and backlogs with respect to **Putting Things Right and concerns management**. This meeting



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recognised clear and tangible improvement in performance, following a period of recovery activity. Members acknowledged the significant organisational effort involved, with improvement achieved against a backdrop of sustained operational pressure and staffing constraints. Strengthened governance arrangements were welcomed, including programme oversight, with regular executive leadership scrutiny.

However, members were equally clear that, while progress is evident, assurance on sustainability cannot yet be fully provided. Concerns remain about whether current performance can be maintained now that recovery resources have stepped down and activity has moved into business as usual. It was acknowledged that the introduction of the new Listening to People regulations from 1 April presents additional uncertainty, with limited national guidance and KPIs available at the point of implementation. In particular, early experience suggests higher than anticipated demand for face to face resolution meetings, with implications for future capacity.

There was agreement that clear trajectories are now required, even if assumption based, to support ongoing monitoring and to demonstrate what sustained improvement should reasonably look like over time. This was seen as critical for assurance at committee and board level.

8. The **Monthly Integrated Performance Report (MIQPR)** was received, setting out the metrics for March 2026. Performance against high acuity measures remains under pressure, with limited improvement in emergency response times, with work underway through clinical model transformation programme to better manage demand and categorisation. It was recognised that delivery against the new ambulance performance framework targets is fundamentally dependent on reducing ambulance handover delays, which currently represent activity loss significantly beyond planned assumptions and cannot be mitigated by ambulance service actions alone. As above, while recent national direction on the 45 minute handover standard is encouraging, a degree of caution remains given reliance on local health board ownership and the lack of sustained improvement from previous initiatives. Any future performance trajectories will therefore be dependent on wider system change, particularly improvements in hospital flow.
9. The committee focused on **Return of Spontaneous Circulation (ROSC) as a key clinical indicator**. Members heard that while direct linkage to survival to discharge remains limited, ROSC represents a critical early outcome. Data shows a gradual improvement in performance over time, with trends broadly consistent with international comparators. Improvements in this area are typically incremental and achieved over a sustained period and should therefore be viewed as part of a longer-term trajectory of continuous improvement. The relevant measure in the MIQPR is the metric on response to Purple Arrest calls for which the ROSC rate for March 2026 was 22.5%, which is an improvement on 19.8% recorded in March 2025.
10. Internal audit on Cymru High Acuity Response Unit (CHARU) – confident to keep to timelines.
11. The **Annual Duty of Quality Report 2025/26** was endorsed and will be presented to the board for approval in June. The committee welcomed the report as a strong and improved iteration, particularly recognising its streamlined, integrated approach and enhanced accessibility. Feedback focused on refining structure and strengthening context for an external audience, including giving greater prominence to patient safety and clearer articulation of governance and oversight arrangements.



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12. The biannual **patient experience and community involvement (PECI) report** from October 2025 to March 2026 provided triangulated insight into patient experience, safety and person-centred care alongside operational performance data. Members noted that:
- the report continues to show strong and consistent positive feedback on the care, professionalism and compassion of frontline staff, with patients clearly differentiating between individual care experiences and wider system pressures
  - compliments featured prominently and were welcomed as an important source of staff recognition
  - conversely, negative experience feedback remains system-driven and consistent, focused primarily on access delays, callback reliability and long waits – these that were not unexpected and reinforce existing organisational risk understanding rather than identifying new concerns
  - sample sizes remain relatively small, particularly for EMS and 111 feedback, and should therefore be interpreted as experience intelligence rather than statistically representative data, with increasing feedback volumes, including through SMS and digital routes, recognised as a key next step to strengthen assurance
  - patient experience intelligence is embedded within governance arrangements and linked to improvement activity: the value of PECI was seen as its ability to inform learning and improvement, not monitoring alone
  - progress was welcomed on digital engagement and co-production, including one-to-one web chat development and work with seldom-heard groups, describing this as a meaningful shift towards human-centred design
- Overall, the Committee agreed that the PECI report now clearly articulates the 'so what', providing assurance on the quality of care delivered while reinforcing the impact of wider system pressures on patient experience that continue to require system-level action.
13. The Committee received assurance from the **learning from deaths (mortality) report**, covering the period October 2025 to March 2026. Seasonal increases in Medical Examiner referrals were noted, alongside continued operation of the two-tier triage process for review of deaths. Members discussed the backlog of Level 2 multidisciplinary reviews, acknowledging this reflects capacity pressures during PTR recovery and incident management activity, but were assured that learning continues to be identified and that plans are in place to reduce the position. Recurring themes remain consistent and system-driven, including prolonged waits for ambulance response, patient deconditioning, limitations in community and end-of-life care, and outcomes in time-critical conditions such as stroke and sepsis. Two Regulation 28 Prevention of Future Death reports were received and responded to within required timescales, with themes aligning to known organisational risks. The committee welcomed recent digital safety improvements to the ePCR system, strengthening NEWS2 controls, but emphasised the need for continued focus on timeliness and sustainability, with clearer indicative timeframes requested in future reporting.
14. The committee were assured that **medicines management arrangements** are strong with continual improvements, with high compliance across key controls including audits, controlled drugs management and patient group direction use, supported by strengthened governance arrangements. No significant risks were identified, and the position reflects a robust, safe and effective medicines management system.



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15. Following an action from the last meeting where the annual infection prevention and control report was presented, the committee were assured regarding the Trust's **current respiratory protective equipment arrangements** following the organisational transition from Filtering Facepiece 3 respirators to Powered Air-Purifying Respirators. The report provided moderate assurance on these arrangements, with a clinically robust and embedded model in place and no evidence of systemic safety risk.
16. The **Q4 Audit Tracker** report focused on high priority actions or actions from limited assurance audits that were on their final revised date. No escalations are required to the board.

## RISKS

### Risks Discussed:

The committee reviewed the most recent risk report on **risk 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).

The scoring on risk 223 is set to increase from 20 to 25 following three consecutive months of deteriorating handover performance. As noted above, Welsh Government has directed rapid implementation of the 45 minute handover protocol, with NHS Performance and Improvement providing national facilitation and assurance. New actions on logistics for the release to respond approach have been introduced to the risk.

Risk 224 has not changed in score and remains at 25. The great majority of mitigations for these two risks remain outside of the Trust's control, however the committee continues to focus on actions for those areas the Trust can 'manage', and the ways in which it can influence those which it 'monitors'.

**New Risks Identified:** no new risks identified to be added to the register from this meeting.

### COMMITTEE AGENDA FOR MEETING

Staff experience of community first responder	Operations directorate Q4 report	PTR Q4 report and update on PTR concerns management programme
MIQPR	Spotlight on ROSC	Internal audit: CHARU
Duty of Quality Annual Report	Strategic quality plan implementation update	RPE report
PECI report	Mortality report	Medicines management report
Risk management and BAF	Audit tracker	Cycle of business monitoring report

### COMMITTEE ATTENDANCE

NAME				
Bethan Evans (Chair)				
Ceri Jackson				
Dr Umar Ahmad				
Liam Williams	Penny Durrant			
Andy Swinburn				



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Lee Brooks				
Rachel Marsh				
Trish Mills				
Mark Marsden				
Hugh Parry				
Henry Garrard				

	Attended
	Deputy attended
	Apologies received
	No longer member

# Duty of Quality Annual Report 2025-2026

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## Foreword

We are pleased to introduce the Welsh Ambulance Services University NHS Trust Duty of Quality Annual Report for 2025–2026. This report sets out how the Trust has met its Duty of Quality and how we continue to place quality, safety, experience and improvement at the centre of our services for the people of Wales.

This year has continued to bring significant challenge for patients, families, staff and the wider health and care system. Demand across urgent and emergency care services has remained exceptionally high, and we recognise that some people have experienced long waits, distress or uncertainty while awaiting care. We understand the impact this can have on patients, families and staff, and we remain committed to learning openly from these experiences and improving wherever we can.

Listening to people has remained central to our approach. Feedback from patients, carers, communities and staff continues to inform decision making at every level of the organisation,

including the Trust Board and quality governance committees. Where care or experience has fallen below the standards we aspire to provide, we have continued to focus on openness, compassion, candour and learning.

This report also demonstrates the arrangements in place to oversee and strengthen quality across the organisation, including patient safety reviews, audit, assurance processes, inspections and national standards. These systems help us identify risk earlier, understand variation, and support continuous improvement across our services.

Our staff remain at the heart of everything we do. We would like to acknowledge their professionalism, compassion and resilience in often very difficult circumstances. Supporting staff wellbeing, development and leadership continues to be fundamental to improving quality, safety and patient experience.

As Executive and Non-Executive leaders, we are committed to ensuring quality remains a core consideration in every decision the Trust makes. This includes maintaining strong oversight and assurance, fostering a culture of openness and continuous learning, and working collaboratively with partners across Wales to improve outcomes and experiences for the people who rely on our services.

Finally, we would like to thank everyone who has shared their experiences to help shape improvement, and to recognise the continued dedication of our staff and partners in supporting, serving and saving the people of Wales.



Liam Williams

**Executive Director of  
Quality & Nursing**



Bethan Evans

**Non-Executive  
Director**

## Quality Management

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*The Duty of Quality created through the Health and Social Care (Quality and Engagement)  
(Wales) Act 2020 defines quality as:*

**‘Continuously, reliably and sustainably meeting the needs of the population we serve’**

*This includes, but is not limited to, the effectiveness of health services; the safety of health services; and the positive experience of individuals to whom health services are provided.*

*We achieve this through our Quality Management System (QMS).*

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### **Quality Improvement Definition**

Consistent implementation of strategic and everyday improvements by those closest to the work, using a standardised methodology to test, learn, implement, scale and spread improvements in the quality of services and population outcomes.

### **Quality Control Definition**

Daily management to monitor quality and sustain results by creating and maintaining the culture and processes for those closest to the work to take action to keep the system in control, escalating when appropriate.

### **Quality Assurance Definition**

Effective structure, systems and standards provide a clear line of sight across the organisation giving assurance both internally and externally to stakeholders, that the desired improvements to services and population outcomes are being achieved and sustained.

### **Quality Planning Definition**

Planning to improve the quality of services and outcomes for the population, by understanding and prioritising the needs of citizens and stakeholders. Designing policies, structures, systems and processes to achieve this.



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*We are working with partners across Wales to strengthen the Quality Management Systems across the Trust through the **QMS Learning and Delivery Network** facilitated by NHS Wales Performance and Improvement. We share our own experiences and learn from other organisations to ensure our QMS evolves and improves.*

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### **Quality Governance Infrastructure**

Our quality governance infrastructure enables all teams to communicate about quality, learning and improvement. The infrastructure is made up of several different groups at all levels with risks, issues and intelligence escalated to our Quality, Patient Experience and Safety Committee, which provides assurance to our Trust Board.

The governance infrastructure is supported by digital tools and systems to help us collaborate, monitor, and report on the services we offer to the population of Wales. By doing this, we can share quality information and intelligence in a timely manner, identify best practice, risks and/or priorities for improvement.

Our organisational Quality, Performance and Management Framework provides a quality policy for the organisation setting out the building blocks for continual improvement. Our quality management system is built around these principles and aligns to the guidance set out by Welsh Government.



## Quality Assurance



### Quality Self-Assessments

Many of our services this year have completed quality self-assessments. Our services have been assessing how well they fulfil the 12 Health and Care Standards and how they evidence this.

We have been pleased to note some common positive themes running throughout the self-assessments. These include well-established governance structures and reporting processes, collaborative working (both internally and pan-Wales), and a commitment to staff development and wellbeing. Themes around opportunities for improvement include improved frameworks for quality indicators and more automated reporting. A key theme amongst our corporate teams is a need for more structured feedback mechanisms.

We will use the learning from these self-assessments to create an improvement plan over the next 12 months. We will report back to you on this in our next Duty of Quality report.

### **Quality Assurance Dashboard**

This year has seen the development of an automated dashboard designed to strengthen the Trust's approach to organisational learning and improve the Quality Assurance elements of our Quality Management Systems across the organisation.

The dashboard will support operational leaders to identify trends, themes and areas for further investigation. Incorporating run charts to display trends over time across three levels of incident reporting will enhance the ability of our leaders to recognise emerging risks. The dashboard also allows for analysis of final harm levels where the harm level is moderate or above.

The second iteration of the dashboard, expected later this year, will include sections for complaints analysis and more comprehensive harm analysis.



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*You can read more about how we assure the quality of our services in our section on [Audit and Inspection](#) [here](#).*

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**Our website includes information on our services, our committees and our Trust Board. You can also find documents and papers that have been discussed and the decisions we have taken over the last year. There is also a section dedicated to our response to the Duty of Quality: [Welsh Ambulance Services University NHS Trust](#)**

## Patient Safety

**During 2025–26, our approach to the Duty of Candour, Learning from Deaths and Safeguarding reflected a continued commitment to openness, compassion and accountability in everything we do.** We remained focused on being open and honest with people and families when care did not go as expected, ensuring that apologies, explanations and support were provided in a timely and sensitive way, and that learning was identified and acted upon.

Learning from deaths remained a vital part of our quality and safety arrangements, helping us to understand where care could be improved and to strengthen systems to prevent harm in the future. Safeguarding continued to be central to our responsibilities, with clear arrangements in place to identify, escalate and respond to concerns relating to children and adults at risk.

Together, these areas support a culture of learning and improvement, reinforce public trust and underpin our commitment to providing safe, high-quality and person-centred care across Wales.

### **Putting Things Right**

During the last year, the Trust has experienced sustained difficulty in being able to provide timely responses when people raise concerns with us. Over the course of the year from April 2025 to March 2026, the organisation experienced a significant increase in the volume and complexity of concerns received, alongside rising demand for services.

Timely management of concerns is a critical component of the Trust's quality governance framework. Complaints, incident investigations and coronial processes provide important opportunities to identify learning and improve patient care. Delays in the investigation or

response to concerns can therefore impact the organisation's ability to identify and act on patient safety learning. Most importantly, we acknowledge the impact this had had on people waiting for explanations and apologies, particularly where a loved one may have died or has been very severely affected by a health condition.

Since the establishment of a programme of support to monitor and improve our compliance to the national response time of 30 working days, overdue complaint volumes have steadily reduced. The total number of open complaints in April 2026 is at its lowest level since November 2024 and we are providing considered and careful responses in the timeframe that the public deserves.



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### *Listening to People*

*The Listening to People guidance is a new NHS Wales approach to how concerns and complaints about NHS-funded care are handled. It replaces the previous system known as Putting Things Right and is designed to make the experience fairer, kinder and easier for patients, families and carers. At its heart, the guidance recognises that when something goes wrong, people want to be listened to properly, treated with respect and kept informed about what will happen next. The new approach puts compassion, openness and clear communication at the very start of the process.*

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A key change under Listening to People is that everyone who raises a concern will be offered a listening conversation at an early stage. This can take place face-to-face, over the phone or by video call, depending on what suits the individual. The aim is to give people the opportunity to explain what has happened in their own words and feel heard, rather than relying only on letters or forms. There is also a new early resolution stage, which allows concerns that can be resolved quickly to be dealt with within 10 working days, helping to reduce stress and avoid unnecessary delays.

The guidance also strengthens expectations around honesty and transparency. When harm may have occurred, NHS organisations must be open, provide a clear explanation, and apologise where appropriate. Timeframes are clearer, with concerns acknowledged within five working days and responses written in plain, accessible language rather than medical or legal jargon. For people who have experienced distress or loss, this aims to create a more humane and supportive process at an already difficult time.



Overall, the benefits of Listening to People are intended to be felt by everyone. Members of the public should find it easier to raise concerns and feel more confident that they will be treated with dignity, listened to carefully and kept informed. For the NHS, listening earlier and learning more effectively from concerns helps improve safety, prevent future harm and build greater trust with the communities it serves. The focus shifts from simply processing complaints to genuinely hearing people and using their experiences to make care better for all.

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*You can read more about our response to the Duty of Candour, Learning from Deaths and Safeguarding in our Patient Safety section [here](#).*

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## Safeguarding



Safeguarding means making sure that people are protected from abuse, neglect or harm. Our Safeguarding Team works to ensure that everyone in our care, including children and adults who may be at risk, is looked after and listened to if there are any concerns about their safety.

This important work is overseen by the Assistant Director of Safeguarding, who leads a team of specialists. Together, they make sure we meet our legal responsibilities to protect those who need help most.

We follow clear policies and procedures and provide essential training so that safeguarding is always at the heart of what we do. Our specialists offer expert guidance across the organisation, helping to create and deliver a safeguarding plan that follows the law and responds to the latest issues affecting people in Wales

Our Corporate Safeguarding Team works together with other organisations to help keep people safe. This includes collaborating with local, regional and national partners throughout Wales. By working closely with groups such as Public Health Wales, Community Safety Partnerships, and the Children's and Older People's Commissioners, the team supports the Welsh Government's priorities for safeguarding.

At the Welsh Ambulance Services University NHS Trust, we promote a positive and supportive workplace culture. Staff are encouraged to speak up if they have concerns, ask questions when something does not seem right, and take action to protect anyone who may be at risk or in need of care and support.

Our Corporate Safeguarding Team works with colleagues across the Trust to create a safe environment for everyone. They also partner with other organisations throughout Wales to help protect people from harm.



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You can read more about our approach to safeguarding in our Patient Safety section [here](#).

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## People's Experience



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NHS Wales define people's experience as **the sum of all interactions, shaped by the culture of the organisation, staff and systems**. It incorporates every encounter and touchpoint, and acknowledges how an organisation, its staff and systems shapes, impacts and influences an individual's experience of the care and service provided.

Our 'Experience Cycle' covers each touchpoint someone has with our service. It helps us to improve by listening to people's feedback and acting on it to drive continuous quality improvement.

In capturing experiences, methods will vary but generally include:

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- Experience surveys
- Individual/patient stories

- *SMS text*
  - *'Have your Say' online facility*
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People's experience is important within the dimension of healthcare quality, alongside clinical excellence and patient safety. Over the year there has been a stronger focus on understanding and improving the patient's journey and overall experience, primarily in response to the Peoples' Experience Framework (PEF).

This has been incorporated within our approach to being quality led and along with the introduction of the National People's Experience Survey (PES) and Patient Reported Experience Measure (PREM), Welsh Friends and Family Test, Civica and Datix compliment code changes has ensured that the Trust has been positioned to capture and record against the required datasets within the PEF.

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*You can read more about People's Experience in our Experiences Section [here](#).*

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## Learning from Lived Experience



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*The experiences shared through coronial reviews, medical examiner findings, complaints and feedback from patients and families show the real human impact of delays and pressure within the health and care system. Behind the data are people who have experienced pain, distress, loss of dignity and trauma while waiting for help that did not reach them in time.*

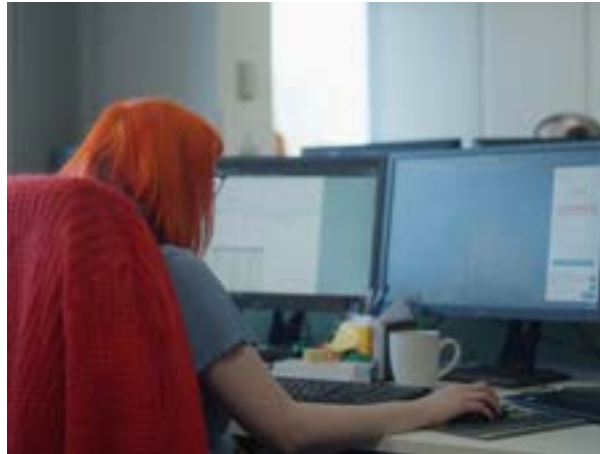
*These stories are an important part of how the Trust understands the consequences of system pressures and why improving care remains an urgent priority.*

***The Trust ensures that these lived experiences are shared openly with its Board and the Quality, Patient Experience and Safety (QUEST) Committee. This happens through regular insight reports, as well as through direct contributions from patients, families and staff. Hearing these voices helps to ensure that decisions are shaped not just by performance figures, but by a clear understanding of how services affect people's lives.***

*You can watch our Trust Board meetings and see how lived experiences form a key contribution via our website [here](#).*

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The Trust recognises that there is much more to do. We are not complacent about the harm that can occur when services are under pressure, and we are committed to reducing variation and improving care so that more people receive the right help at the right time. The Board and QUEST Committee receive regular updates on the actions being taken to reduce risk and limit harm, and these reports are actively discussed, challenged and scrutinised.

While some of the pressures affecting care require action at a national and system level, many improvements remain within the Trust's control. We are committed to continuing to strengthen our own services, while also working closely with health boards, the Joint Commissioning Committee and Welsh Government to improve outcomes for patients and families across Wales.

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*You can read more about our Quality, Patient Experience and Safety (QuEst) Committee and how we used lived experience to shape our decisions [here](#).*

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## Welsh Language

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*The Welsh Language (Wales) Measure 2011 provides a clear legal framework requiring WAST, along with other public sector bodies, to comply with specific standards relating to the Welsh language. More than a statutory obligation, it offers a valuable opportunity to strengthen and enhance the quality and availability of our services through the medium of Welsh.*

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### **Translation Services**

We told you in our 2023-24 report about the recruitment of a Welsh Language Translator. We have made great strides in improving how we deliver our services, including written correspondence and telephone calls, through the introduction of our own translation service. This means we can now translate letters, communication channels and publications more quickly and efficiently. However, we recognise that further progress is needed to ensure that our reception services provide a welcoming first point of contact for Welsh speakers.

### **Leadership**

Strong leadership has been essential in promoting the Welsh language within our organisation. The Board actively champions the Welsh language, ensuring it is included in all aspects of our planning and decision-making. Our commitment to offering Welsh language services is central to our wider work on equality, diversity and inclusion, sitting alongside our Strategic Equality Plan and People and Culture Plan. The Board oversees these plans and our Welsh Language Standards Annual Report, ensuring progress and accountability for all our staff and the communities we serve.



1 - Breakdown of staff language skills from ESR

### **Level 0 - No Skills**

You do not understand or use Welsh, including basic greetings, simple words or written Welsh.

### **Level 1 - Entry Level Skills**

You can use and understand a small number of simple Welsh words and phrases.

### **Level 2 - Foundation Level Skills**

You can understand and use Welsh in straightforward, everyday situations and read or write short, simple messages.

### **Level 3-Intermediate Level Skill**

You can keep up a simple conversation on a work related topic in most day-to-day situations.

### **Level 4 - Higher Levels Skills**

You can comfortably speak, read, understand and write Welsh in work-related and service-delivery settings.

### **Level 5 - Proficiency**

You can use the language confidently and professionally in all situations.

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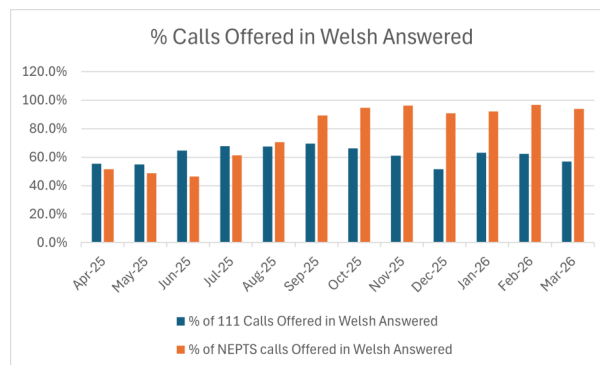
## Welsh Language and our Workforce

Operational standards compliance (i.e. the use of Welsh internally) is growing stronger each year, with a significant increase in the number of resources available to our people. From a total of 4,579 members of staff, 4,477 (97.77%) have self-assessed and recorded their Welsh language skills on the Electronic Staff Record (ESR) system.

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### Clinical Consultation Plan

This year a key deliverable within our Integrated Medium-Term Plan (IMTP) was the development of a revised five-year clinical consultation plan. The focus of the plan is how the Trust will seek to deliver remote clinical care consultations in Welsh. We have worked in partnership with the Welsh Language Commissioner's Office to support a sustainable increase in bilingual service provision. We will keep you updated on our progress in delivering this plan through our Duty of Quality reports each year.



2 - Data on service users accessing services in Welsh

### Accessing our Services in Welsh

There has been a steady increase in the number of service users accessing our Welsh language services when calling NHS 111 Wales and Non-Emergency Patient Transport Services.

#### NHS 111 Wales

62% of calls offered in Welsh were answered in Welsh

#### Non-Emergency Patient Transport Services

74% of calls offered in Welsh were answered in Welsh

#### Communication Needs

The Trust continues to engage with service users to help us improve our communication. We recognise that people have different communication needs and we are striving to ensure that people can access information about our services easily.

We have been reaching out to communities who do not speak English or Welsh as their first language, as well as members of the deaf community, to better understand their experiences when using our services. By attending events such as the Big Halal Expo, the Mela, and dedicated Deaf Community Focus Groups, we have listened to service users' feedback on how we can improve accessibility and support. In response, we have set up a steering group to review and enhance how we provide interpretation and translation support across all areas of the Trust.

Our aim is to join a shared business framework that will give us greater access to telephone interpretation and translation services within our contact centres. This new approach will also help us make significant savings, with the potential to reduce costs by over £100,000 each year.



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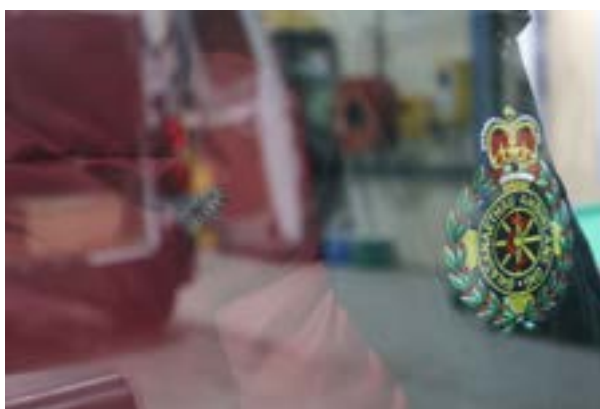
### ***British Sign Language (BSL)***

*We have expanded our use of Sign Video to our Ambulance Care Teams which will help our deaf service users when booking transport and have built relationships with BSL interpreters to provide interpretation for our Trust Board meetings.*

*We welcomed the introduction of the BSL (Wales) Act and have played an active role in Welsh Government's consultation process.*

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### **Infection Prevention and Control**



Throughout 2025, the Infection Prevention and Control (IPC) team navigated a range of **operational and organisational challenges**. These included leadership transitions, workforce changes, staffing shortages and reduction in training opportunities, all of which affected the team's overall capacity and effectiveness. Despite the challenges faced, there has been **significant progress** within the IPC service. The team, which is newly established and supported by a new Head of Service and experienced IPC specialists, has focused on building a robust baseline from which sustained development and improvement can continue.

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*Despite these pressures, core statutory and regulatory responsibilities were maintained. No evidence has been identified of increased infection-related harm attributable to service disruption during this period. Risks associated with reduced capacity were monitored through established governance arrangements, with prioritisation protocols in place to protect high-risk areas.*

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Over the past year, the team has successfully introduced a **comprehensive annual IPC audit programme**. This programme includes systemic audits of emergency and non-emergency vehicles, ambulance premises, hand hygiene, bare below the elbow (BBE) and personal

protective equipment (PPE) compliance. These foundations have created a clearer picture of current performance, enabling **targeted improvement activity**, strengthened independent assurance and governance oversight, and improved organisational visibility of IPC compliance and variance.



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*Audit activity during 2025 has not identified any recurring or widespread IPC concerns. Where isolated areas of non-compliance were observed, corrective actions were agreed with local leads and monitored through to completion. This shift towards structured, data-informed assurance has strengthened organisational visibility and oversight.*

*You can read more about our findings in our Audit and Inspection section [here](#).*

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The IPC team has focused its efforts on building strong relationships and increasing confidence in the IPC service. The profile of the IPC portfolio has been significantly raised across the Trust and has been met with strong support and engagement. During this period, we have undertaken a thorough review of existing IPC arrangements and mapped out the requirements and priorities for the next 12 months. While there remains further

development to achieve full service maturity, meaningful progress has been made in establishing systematic assurance processes aligned to the organisation's Duty of Quality responsibilities, with a defined improvement trajectory for 2026.

## Looking Back at 2025-26

### Public Accountability Meeting

This year the Cabinet Secretary for Health and Social Care in Wales held a series of public accountability meetings with each health body as part of arrangements to hold the NHS to account for delivering against Welsh Government priorities. These meetings focused on how we are delivering against our plans including quality, safety and risk. On 5 March 2026, Welsh Ambulance Services University NHS Trust leaders met with the Cabinet Secretary and other members of Welsh Government. This meeting was streamed live for the public to view in real-time and is also available as a recording.

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origin-when-cross-origin" allowfullscreen></iframe>

[Welsh Ambulance Services University NHS Trust public accountability meeting recording: 5 February 2026 | GOV.WALES](#)



### Working in Partnership

Over the past year, the Trust has continued to turn our commitment to partnership into practical action. We have worked closely with Welsh Government, commissioners, health boards and wider system partners to embed our refreshed clinical model, strengthen community-based pathways and support more people to receive the right care at the right time, closer to home. Collaboration has been central to progress on initiatives such as single points of access, same-day emergency care, improved hospital handovers and the expanding role of remote clinical services. We have also deepened our engagement with patients, staff

and communities, using feedback, lived experience and co-production to shape service improvement and innovation. While challenges remain, particularly in managing demand and system pressure, the Trust's approach remains grounded in transparent dialogue, shared accountability and collective problem-solving. Working in partnership is not an ambition for the future alone; it is how we are delivering change now, in line with our purpose to support, to serve and to save.

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*You can read more about some of the initiatives we have undertaken through partnership in our 'Whole Systems Approach' update in our Standards section [here](#).*

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### **Public and Patient Reference Group**

Last year, we committed to stronger collaboration with patient and community groups through the development of a formal public and patient reference group. Over the course of the year, we have continued to progress this commitment, building on feedback from earlier engagement activity. This has included continued engagement through existing forums, targeted conversations with community and voluntary sector partners, and the use of feedback from public events and engagement activities to inform service priorities. Our existing People and Community Network has more than 100 members and continues to play a vital role in informing and improving services. They regularly receive updates and are invited to observe and submit questions to our Trust Board. In February 2026, they contributed to a planned event exploring what quality means in health care delivery.

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*You can read more about our People and Community Network in our Experiences Section [here](#).*

## ***Delivering Our Integrated Medium-Term Plan***

*Last year, as part of our ongoing effort to transform how we provide care, we shared our commitment to collaborating with partners in order to better respond to people's needs, enhance the workforce experience and ensure we have the necessary resources to deliver timely and effective care so every patient has the best chance at a positive outcome. We gave you an overview of some key initiatives aimed at improving our service quality. Throughout this Duty of Quality Annual Report for 2025-26, you'll find updates covering a variety of services and standards, highlighting both our achievements and the challenges we continue to face as we strive to enhance the quality of care you receive.*

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### **Evolving the Clinical Model**

Over the past year, our ambulance service has continued to change how we respond to 999 calls, moving away from measuring success purely by response times and instead focusing on delivering the right care, at the right time, based on clinical need. From summer 2025, we began piloting Welsh Government's new Ambulance Performance Framework that prioritises patients with the most life-threatening conditions, such as cardiac arrest, using measures that reflect patient outcomes and quality of care rather than speed alone. Building on this, further changes were introduced later in the year to improve how we respond to people with serious and urgent conditions, such as stroke or chest pain, by introducing clearer response categories and more tailored clinical responses. Together, these changes support a more patient-centred approach, help our clinicians make better decisions and aim to improve care and outcomes for communities across Wales.

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*You can see more information about how our services have changed and what that means for you on our website [how our service is changing - Welsh Ambulance Services University NHS Trust](#)*

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## **Quality Improvement**

During 2025-26, our Quality Improvement Team has gone through an exciting period of change. We have set out a new mission “Assuring Quality, Driving Excellence”, and put in place clear goals and values to guide our work. Our aim is to make sure that everything we do leads to better care and higher standards across the service. *To make the biggest difference*, our team is now offering even more advice and support. We’re building a network of improvement champions across the country who help turn good ideas into real solutions. Working with partners like WAST Education and Development and NHS Wales Performance and Improvement, our team will deliver Improvement Cymru courses. To help achieve this, our Quality Improvement Team is completing a Certificate in Education and Training (CET) as well as a Certificate of Assessing Vocational Achievement (CAVA) and Internal Quality Assurance of assessment processes and practice (IQA) certification.



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*Sicrhau Ansawdd, Ysgogi Rhagoriaeth  
Assuring Quality, Driving Excellence*



**To help improvement happen**, we've designed a digital platform where staff can safely share their ideas for change, either at any time or through special challenges. We carefully review all projects to make sure they fit with our goals and have the best chance of making a positive impact. Our online Q Hub offers digital training, brings people together to share knowledge and keeps everyone up-to-date through dashboards and regular updates.

**To understand how we're doing and where we want to go**, we're mapping out how different parts of our organisation work together, spotting areas to improve and making sure our systems are joined up. By measuring and comparing our standards, we can see what's working well and where we need to get better. This helps us set clear goals for quality right across the organisation, making sure we're always moving forward and delivering the best possible care.

## [Health & Care Quality Standards 2023](#)



3 - Health & Care Quality Standards 2023

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*The 12 Health and Care Quality Standards help us to understand what good quality means and how we can apply it in practice.*

*They provide a guide to measure quality across the services we provide to the population and our stakeholders, helping us to plan, make decisions, deliver and monitor quality.*

*You can read more about how we are complying with the Health and Care Quality Standards in our Standards section [here](#)*

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Look Forward to 2026-27

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### ***Integrated Medium Term Plan 2026-29***

*Our updated Integrated Medium -Term Plan for 2026-29 focuses on making the improvements we have already introduced work well and consistently for people across Wales. Rather than making lots of new changes, this plan is about strengthening and settling our services so that patients can rely on them, even during a time of high demand and limited funding. We are bringing together our 999, NHS 111 Wales and patient transport services to work as one joined-up system, helping people get the right care, at the right time, in the right place. By concentrating on quality, safety and making the best use of our resources, we aim to improve reliability, support our staff and ensure we continue to listen to patient feedback while delivering safe, compassionate care for everyone who needs us.*

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### **Safe Care**

During 2026-27, we will continue to strengthen safety through a stronger focus on clinical outcomes, particularly for high-risk patient groups. The **Out of Hospital Cardiac Arrest (OHCA) delivery plan**, developed in partnership with Save a Life Cymru, brings together actions to improve early intervention, defibrillator access, community readiness and post-resuscitation care.

## Timely Care

Improving timely access to advice, assessment and care remains a core priority for the next year. The Trust will focus on improving time to clinical consultation through the continued development of **Remote Integrated Care Services**, supporting patients to receive early, senior clinical assessment regardless of whether they access services via 999 or NHS 111. A key delivery for 2026-27 will be the implementation of **a single remote clinical queue**, enabling more consistent and timely prioritisation across contact routes.

## Effective Care

Effectiveness will be driven through the continued delivery of the Clinical Model Transformation Programme, ensuring services are consistently clinically led and evidence-based. We will continue to strengthen **urgent community response**, including improved use of Advanced Paramedic Practitioners and **enhanced falls pathways**, supporting more patients to be safely treated and cared for closer to home.

## Efficient Care

Efficiency and value will be a key focus for 2026-27, supported by the Trust's Financial Sustainability Programme and a strong emphasis on productivity improvement. A dedicated **Non-Emergency Patient Transport Services Improvement Programme** will be established to improve booking, scheduling and coordination, reducing short-notice cancellations and improving overall service reliability

## Equitable Care

The Trust will continue to act to reduce unwarranted variation and improve equity of access and outcomes. During 2026-27, population health **intelligence will be strengthened** to better understand variation for high-risk and vulnerable groups, including those experiencing cardiac arrest, frailty related falls and mental health crisis.

## Person-Centred Care

Improving people's experience of care will remain central to the Trust's quality agenda. Over the next year, the Trust will transition further to **real-time, digital approaches for capturing patient experience**, enabling more timely understanding of feedback and earlier identification of themes.

## Leadership

**Visible leadership** at all levels will continue to underpin the Trust's approach to quality during 2026-27. Board-level oversight, supported by established quality governance arrangements, will ensure that strategic decisions are made through a quality lens and are aligned to the Duty of Quality.

## Workforce

Our workforce is fundamental to the Trust's ability to deliver safe, effective, person-centred and sustainable care. During 2026-27, we will continue to prioritise workforce wellbeing, capability and capacity as key enablers of quality improvement, recognising the direct relationship between staff experience and patient outcomes. This includes **targeted action to reduce sickness absence and work-related stress**, continued **focus on staff safety and psychological wellbeing**, and strengthening leadership capability to support openness, learning and improvement.

### **Culture**

The Trust will continue to foster a culture that values people, encourages openness and promotes psychological safety. During 2026-27, further emphasis will be placed on enabling staff to raise concerns, learn from improvement activity and engage meaningfully in service change.

### **Information**

A continued focus on **strengthening data quality, linkage and insight** will support delivery of the Duty of Quality. During 2026-27, the Trust will enhance its use of quality intelligence by triangulating performance, safety, experience and outcome data to inform decision-making, prioritisation and assurance. This will support both organisational learning and transparent reporting of improvement.

### **Learning, Improvement and Research**

Learning and improvement will remain embedded across the Trust through structured quality improvement, evaluation and research activity. Independent academic evaluation of clinical model changes, alongside **internal benefits realisation** workstreams, will provide robust evidence of impact and identify opportunities for further improvement.

### **Whole-System Perspective**

The Trust will continue to work collaboratively with Health Boards, commissioners, national programmes, voluntary sector partners and communities to improve quality across the wider health and care system. Recognising that many quality challenges are system-wide, actions during 2026-27 will focus on **shared solutions** that improve access, flow, experience and outcomes for the population of Wales.

## Summary

Looking back on 2025–26, the Welsh Ambulance Services University NHS Trust recognises a year shaped by significant and ongoing pressure across the health and care system. Throughout this period, the Duty of Quality has remained a constant guide, helping the Trust to reflect honestly on how care is delivered, where it has been effective, and where further improvement is needed. Robust governance, audit and assurance arrangements supported

this reflection, while patient safety remained a central focus. Through Duty of Candour, safeguarding and learning from deaths, the Trust continued to commit to openness, accountability and learning, particularly when care did not meet expectations.

The voices and experiences of patients, families, carers and staff continued to provide essential insight into the real impact of services. These experiences reinforced both the compassion shown by staff and the challenges faced by people accessing care in a pressured system. Learning from lived experience, alongside progress across the Health and Care Quality Standards, has informed ongoing improvement in leadership, workforce wellbeing, equality, accessibility and partnership working. As the Trust looks ahead, it does so with a clear understanding of the work still to be done and a renewed commitment to listening, learning and working together to strengthen the quality, safety and experience of care for the people of Wales.

## Feedback



**For more information about Welsh Ambulance Services University NHS Trust, visit our website at [www.ambulance.nhs.wales](http://www.ambulance.nhs.wales)**

To provide us with feedback on our services you can follow the links below

- [Calling 999 Survey](#)
- [Calling 111 Survey](#)
- [111 Website Survey](#)
- [Non-Emergency Transport Survey](#)
- [Communicating in your language of choice](#)
- [Virtual Video Booth](#)



## PEOPLE AND CULTURE COMMITTEE HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

The papers for this meeting can be found by following this [link](#) to the Committee page on the Trust website.

<b>Trust Board Meeting Date</b>	28 May 2026
<b>Committee Meeting Date</b>	5 May 2026
<b>Chair</b>	Ceri Jackson

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

(Alert the Board to areas of attention)

1. No alerts arose from this meeting.

#### ADVISE

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

2. The committee did not receive a **staff experience** at this meeting. An update was received on the previous staff experience given in February by Ben Collins, in relation to work around cultural improvements in EMS South Central.
3. The **report from the Director of Culture Change** and the **Director of People** was received. The report highlighted the significant external impact of the Trust's People and Culture work during the quarter, particularly through staff networks and leadership activity across the ambulance sector. Key achievements included national leadership on the neurodiversity pledge through the Disability Forum, wide engagement through International Women's Day activity and women's health events, and continued progress on inclusive recruitment initiatives.

Members were reminded of the recent decision not to appoint Newly Qualified Paramedics (NQPs) in the current year acknowledging the recent media interest. This is due to a reassessment of workforce demand following improved retention, changes to post-COVID planning assumptions, the introduction of a new clinical model, and ongoing financial pressures. This was noted in relation to the system-level decision by Welsh Government and Health Education and Improvement Wales (HEIW) not to commission the full-time direct entry paramedicine course this year. Assurance was



provided that internal conversion routes to become a paramedic remain unaffected; that a dedicated project team are working on delivering a range of options to create capacity for NQP recruitment opportunities such as ring-fenced Emergency Medical Technician opportunities, flexible deployment options and continued engagement with universities and trade unions.

Members explored the impact of workforce decisions on managers and the balance between compassionate leadership, performance management and 24/7 service delivery. Assurance was given managers are being supported through organisational development, essential conversations training and access to People Services, with a focus on early intervention and avoiding escalation. The committee noted the inherent tension within people leadership and reaffirmed the importance of supporting sustainable leadership to maintain staff experience and long-term service resilience in a challenging financial context.

4. The committee was reminded of the breadth and depth of work underway across the **Operations Directorate from the Q4 update** which demonstrated the scale of insight, intelligence and staff feedback routinely captured across this large and complex directorate. Members noted the richness of information being generated through multiple routes, including quality and support days, culture reviews and routine operational engagement, providing strong assurance on how operational issues and staff experience are understood and responded to. Specific discussion highlighted the significant progress on TOIL, with an 80% approval rate over the winter period, reflecting positive collaboration and a focus on staff wellbeing. The Committee acknowledged the improved MIST training compliance following considerable management effort and welcomed the revised approach for the year ahead aimed at improving and sustaining that position.
5. Members **reflected** on the richness of information and intelligence presented throughout the meeting, while recognising that discussion at times became operational in nature. Members reflected on the inherent challenge of balancing detailed operational insight with a strategic, system-level perspective, particularly in relation to workforce pressures, leadership capacity and cultural change. There was recognition that the Trust is at a critical point in sustaining momentum on culture and people-focused improvement against a backdrop of financial constraint, and that continued focus, challenge and coherence across reporting will be essential to avoid regression and to support long-term organisational resilience.

## ASSURE

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

6. The committee received the **MIQPR** and the **People and Culture Plan metrics and workforce scorecard**. The committee welcomed the additional analysis included sickness absence and discussed areas of higher absence and acknowledged that while there had been a spike in a particular month, overall levels had reduced and were trending downwards. Assurance was provided that the Trust is broadly holding its position in comparison with other ambulance services. Members noted the actions being taken to do more in this area, including bolstering the wellbeing offer, focusing on the least performing areas, and undertaking targeted work to better understand what is



driving absence and how improvements can be sustained over time.

Members discussed the capacity of investigating officers, recognising the positive impact of dedicated resource in reducing investigation times, while noting the potential knock-on effects where capacity is constrained and the importance of managing delays given the impact on staff experience.

7. Two related internal audits were reviewed as set out below. They had both been discussed in the Audit, Risk and Assurance Committee the week previously.
  - Job evaluation – reasonable assurance. Members discussed the progress made since the previous audit, including action taken to address historic backlogs, strengthen capacity and improve resilience within the function, particularly in the context of sustained organisational change and workforce transformation. Committee noted the positive direction of travel since the last review and that this triangulated the workforce metrics report.
  - Welsh language standards – reasonable assurance. Members discussed the strong foundations now in place, including clear roles and responsibilities, an established policy framework, and consistent statutory reporting, with recognition of progress in embedding Welsh language considerations into service delivery. Overall, the Committee was reassured by the direction of travel achieved with limited dedicated resources and noted the emphasis on cultural embedding rather than compliance alone.
8. The **NHS staff survey results** were reviewed. The Committee discussed the NHS Staff Survey findings, noting that following consideration at the Board. Further workshops had been held with the Executive Leadership Team and Trade Union colleagues to agree upon priorities for action. These conversations identified three critical areas for organisational focus (a) workload, capacity and resourcing, (b) leadership and management behaviours, and (c) fairness, opportunity and career experience.

Members were assured that actions to address these priorities are already reflected within the IMTP and Local Delivery Plans, providing a strong foundation to build from rather than starting afresh. However, the Committee noted the limited time available before the next staff survey in October, emphasising the importance of focusing on tangible, meaningful changes that can be evidenced and felt by staff over the coming months.
9. The **health and safety and violence and aggression report** from January to March 2026 was reviewed with members noting that incidents of violence and aggression remain a concern, particularly verbal abuse affecting contact centre staff, with higher prevalence in areas aligned to Betsi Cadwaladr and Aneurin Bevan University Health Boards. All incidents are reviewed and support is provided to affected staff, with improved reporting compliance evident. The committee reflected on the impact of wider system pressures and community frustration on staff experience, acknowledging that while a direct correlation has not yet been assessed, continued focus is required on prevention, staff support and mitigating the impact of sustained aggression on staff experience and wellbeing.



10. The Welsh Ambulance Services Partnership Team (WASPT) is the Board's local partnership advisory forum. The **WASPT highlight reports** for January and March noted:
- a workshop on social partnership and the Public Procurement Act was held, including a collective self-assessment, with learning to be embedded through ongoing development sessions
  - the industrial injuries process was reviewed, noting progress but also continued reliance on paper-based systems, associated administrative burden, and variable quality of submissions
  - updates were received on skill mix changes, including EMT to EAP progression and the workforce skill mix programme, with assurance that there was no intention to pursue redundancies or voluntary exits
  - progress on ACAS actions and social partnership development days for line managers was noted
  - the draft IMTP and associated financial planning context were discussed, highlighting a highly challenging financial environment and a focus on embedding recent changes and maximising benefit
  - financial saving proposals were discussed, based on no redundancies, vacancy controls, a focus on recurrent savings, and protection of frontline services
  - workforce commitments were noted, including sexual safety, sickness absence, staff engagement, leadership development and recruitment approaches
  - updates were received on All-Wales disciplinary policy training, with assurance of alignment to national guidance, and on paid parental leave, confirming that any changes would need to be progressed on an all-Wales basis
  - shift overruns were reviewed, with actions taken, early signs of improvement, and emphasis on consistent application of SOPs, with progress noted on integrated overrun action planning, alternative dispatch models, the smart tether proof of concept, and quality and support days
  - actions linked to the non-pay elements of the 2024 collective agreement are now complete
11. The **Q4 Audit Tracker** report focused on high priority actions or actions from limited assurance audits that were on their final revised date. For this meeting it was only one – the audit on the Resourcing Policy and an action related to standard operating procedures. Members were assured that this would be progressed by the revised date and that there was no increased risk.
12. In the **private session**, the committee reviewed progress against suspensions over four months, and cases in the Employment Tribunal. Members were assured on the actions in place to manage these cases.
13. The committee received the **cycle of business monitoring report** and noted the Strategic Equality Plan will be presented in quarter 2 due to the timing of the meeting and end of year data production.



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## RISKS

### Risks Discussed:

As foreshadowed at the last meeting, risks 160 (sickness absence) and 558 (wellbeing) have been streamlined into one holistic risk. Risk 680 is the failure to prioritise people capability and organisational culture which could result in deteriorating employee experience, reduced wellbeing and absence. That risk is currently scored at 16 (4x4) and members were assured that the controls, gaps and actions were appropriately identified to mitigate the risk.

The first sight of the strategic board assurance framework (BAF) risk for strategic objective 2 – enabling our people to be the best they can be – was discussed. The risk is articulated as: *if the organisation is unable to create and sustain the culture, capability and capacity needed for our people to develop and perform at their best then we will not be able to build and maintain a skilled, engaged and empowered workforce capable of meeting current and future service demands resulting in reduced organisational resilience, impaired ability to innovate and improve, and failure to deliver our strategic objectives.*

The risk will continue to be developed with scoring (noting an open risk appetite for this strategic objective), controls and assurance, as well as actions – linked to the principal risk 680 above.

**New Risks Identified:** No new risks identified at this meeting for the register.

COMMITTEE AGENDA FOR MEETING		
Directors update	Operations quarterly report Q4	Staff experience and staff experience update
NHS staff survey update	People and culture plan metrics and workforce scorecard	Internal audit report – job evaluation
MIQPR	Health and safety, and violence and aggression – January to March 2026	Internal audit report on Welsh language standard
WASPT highlight report 22 January and 18 March	Risk management and board assurance framework	Audit tracker Q4
Cycle of business monitoring report		

COMMITTEE ATTENDANCE			
Name	5 May 2026		
Ceri Jackson			
Bethan Evans			
Hayley Hutchings			
Hannah Rowan			
Angela Lewis			
Carl Kneeshaw			
Chris Turley			
Lee Brooks			
Liam Williams			
Estelle Hitchon			



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COMMITTEE ATTENDANCE				
Name	5 May 2026			
Andy Swinburn				
James Houston				
Trish Mills				
Damon Turner				
Marcus Viggers				
Christian Fox				
Tim Cahalane				

	Attended
	Deputy attended
	Apologies received
	No longer member



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## 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.

<b>Trust Board Meeting Date</b>	27 April 2026
<b>Committee Meeting Date</b>	28 April 2026
<b>Chair</b>	Peter Curran

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT (Alert the Board to areas of attention)

1. No issues for escalation to the board.

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

2. A **pre-meeting** was held with Audit Wales, Internal Audit and the committee Chair ahead of the meeting.
3. Members **reflected** positively on the quality of the papers and the depth and effectiveness of the discussion. It was noted that the meeting had concluded earlier than scheduled, which was welcomed. Reference was made to this being **Dr Umar Ahmad's first meeting**, and his contribution and engagement were welcomed. Overall, the meeting was regarded as productive and well-managed, reflecting a strong collective contribution from both members and officers.

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

##### 2025/26 Committee Quality and Governance Reviews

1. All committees completed their reviews, with the exception of WASPT, which was deferred due to low survey response rates and will be concluded in June following improved engagement. All Committees approved their annual reports and only minor changes to terms of reference, with more substantive changes deferred pending the Good Governance Institute (GGI) review. The annual reports are **attached** to his AAA for review and approval by the board at their May meeting.
2. Across committees, the reviews did not identify material new governance concerns. Common themes included the need to reduce operational focus, strengthen strategic oversight aligned to organisational objectives, and ensure confidence in integrated governance and delivery arrangements below committee and Executive Leadership Team (ELT) level. Low survey response rates were noted as a recurring issue, with alternative approaches to be considered in future.



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3. ARAC discussed committee attendance, including the use of deputies, and emphasised the importance of consistent attendance by members and officers to support effective assurance. While contextual factors such as interim roles, system pressures and diary clashes were acknowledged, ARAC agreed that maintaining consistency remains important. ARAC also discussed committee skills mix, noting increasing demands in specialist areas and emphasising the importance of understanding where skills gaps exist and how these are mitigated through the skills matrix, targeted development and access to appropriate expertise – work which the ARAC sub-group will undertake in 2026/27.

Of note for the board for each of the committees:

- Academic Partnership Committee was recognised as being in transition, having largely fulfilled its original purpose. Its sole current focus is research. While there remains an intention for research oversight to transfer to the Finance and Performance Committee, this has been deferred pending the GGI review. ARAC was assured that interim arrangements are appropriate.
- Charity Committee was assessed as significantly strengthened over the past 12–18 months, with no requirement for major change. Ongoing development remains necessary, particularly around capacity to deliver and continued clarity on conflicts of interest and trustee roles. Overall effectiveness and proportionality were confirmed.
- Finance and Performance Committee was considered effective, with strong foundations in place. Discussion highlighted increasing pressures arising from financial constraints, capacity limitations, and the breadth of its remit, including sustainability and estates. Structural issues were noted, including duplication with board business.
- People and Culture Committee was assessed as operating well with key challenges including stepping away from operational detail, while maintaining assurance in higher-risk areas. Delivery groups below committee level were identified as a critical enabler for future effectiveness.
- Quality, Patient Experience and Safety Committee was acknowledged as the most challenging committee due to system pressures and levels of harm. While reviewing positively, ARAC highlighted the risk of reducing operational details without sufficient confidence in underlying assurance arrangements. Meeting length, discipline of questioning, and officer attendance were discussed. Attendance variation was acknowledged as contextual, with agreement to reflect this explicitly in the AAA to Board.
- Remuneration Committee arrangements were considered appropriate and effective, with short, focused meetings welcomed given overall non-executive workload. ARAC noted agreement to streamline Board business by no longer routinely including approved Committee minutes on the Board agenda, given existing assurance routes and public availability.
- ARAC's own effectiveness review was positive. The Committee continues to use a rolling, continuous improvement approach based on the National Audit Office toolkit, achieving full engagement and meaningful scrutiny. Skills gaps were acknowledged, with assurance that these are being addressed through the skills matrix refresh and targeted development. ARAC discussed



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the suboptimal sequencing of audit reports, noting that timing constraints sometimes prevent ARAC from being the first recipient. While no immediate solution was identified, the issue was formally noted and will be reflected in reporting to the Board.

4. **Audit Wales** updated the committee on progress and presented their audit plan for 2026. It was noted that the external audit of accounts is due to commence shortly following submission of the accounts on the 1 May. It was reported that performance audit work is progressing; however, the digital review of investment in digital systems was not available for this meeting due to internal delays. It will be shared reported to a future meeting alongside the Non-Emergency Patient Transport Services review. The deep dive review on arrangements to manage estates is currently in fieldwork and is expected to report later in the year. Members reviewed the **Audit Wales annual plan for 2026/27** and noted the anticipated audit fee for 2026/27 of £216,942, which is a 5.3% increase on the 2025/26 fee estimate.
5. **Internal Audit** reported steady progress against the 2025/26 plan noting there is confidence that the audit plan will be completed by June. The Internal Audit reviews that follow were completed during the quarter and presented to the Committee. Members reviewed the action plans that accompanied the audits and were assured they were appropriate and timely.
6. **Risk management and board assurance framework – Reasonable Assurance.** This audit assessed the effectiveness of the procedures for identification, management and reporting of strategic and key operational risk through the Board Assurance Framework and the Corporate Risk Register.

The committee took assurance from clear governance arrangements, regular review of principal risks by the board and committees, and improved articulation of risk appetite aligned to strategic objectives. The audit recognised positive developments, including greater movement in risk scores reflecting active mitigation, clearer differentiation between strategic and corporate risks, and progress towards a refreshed strategic board assurance framework (BAF). Members noted that the move to clearer strategic oversight linked to delivery of objectives and associated metrics.

Two medium-priority findings related to updating references within the risk management policy and strengthening discipline around action management, particularly ensuring that completed actions translate into strengthened controls, updated assurance and, where appropriate, revised risk scores. ARAC agreed this represents the next stage of maturity rather than a fundamental weakness.

Discussion also highlighted the highly manual nature of the current BAF process and the anticipated benefits of the planned in-house electronic risk management system. Members noted that implementation will be phased, with piloting planned, and that delivery timescales remain dependent on capacity. The committee will receive the high-level project plan on this in June.

Overall, ARAC was assured that risk management arrangements are effective and moving in the right direction, while recognising that further work is required to embed a fully strategic BAF and strengthen the linkage between actions, controls and risk reduction.



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7. **Welsh language standards – Reasonable Assurance.** This purpose of this audit was to provide assurance on the adequacy and effectiveness of the arrangements in place to comply with the requirements of the Welsh language standards.

The audit recognised strong foundations, including clear executive leadership, established roles and responsibilities, a comprehensive Welsh Language Policy, and consistent statutory reporting, including timely publication of the Welsh Language Annual Report. The committee noted positive progress in embedding Welsh language considerations into service delivery, particularly through innovative approaches within NHS 111, and welcomed constructive engagement with the Welsh Language Commissioner's Office.

Three medium-priority findings related to weaknesses in governance and monitoring arrangements, recording and escalation of Welsh language related complaints, and non-compliance with Standard 110 due to delays in assessing and publishing the required five-year plan.

Members recognised were assured that actions are underway, including strengthening governance through alignment with People and Culture delivery groups, refreshing the Welsh language clinical consultation arrangements, and improving complaint recording processes. ARAC acknowledged that complaints volumes are low and that overall progress represents cultural improvement rather than narrow compliance.

Overall, ARAC was assured that arrangements are improving and proportionate, with further work required to strengthen governance, consistency and assurance as part of wider organisational development. The People and Culture Committee will review this report at their May meeting.

8. **Capacity management plan (Ambulance Care) – Reasonable Assurance.** The purpose of this audit was to provide assurance that the capacity management plan (CMP) is being applied appropriately, with consistent decision-making and clear communication of outcomes to patients.

ARAC recognised that the CMP is operating in an exceptionally pressured environment where demand routinely exceeds capacity. Strong operational foundations are in place, including clear guidance, training, scripts and dashboards. One high-priority finding related to the need for greater consistency, transparency and audit trail in decision-making, particularly around journey cancellations and prioritisation. Discussion highlighted the lack of objective thresholds, limited recording of rationale within systems, and the absence of systematic analysis of ineligible patients, appeals and downstream patient impact, compounded by eligibility criteria set nationally and not reviewed for many years.

Members recognised the significant impact on patients and staff, including potential disproportionate effects, while taking assurance that management actions are appropriate and realistic, albeit dependent on system changes and funding. Overall, ARAC was assured that the CMP is functioning as intended within current constraints, with further work required to strengthen learning, assurance and patient impact visibility. The Finance and Performance Committee will review this audit at their May meeting.



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9. **Job evaluation – Reasonable Assurance.** This audit assessed how effectively the requirements of the NHS Job Evaluation Handbook are being applied by the trust.

ARAC noted a clear improvement from the previous limited assurance rating and welcomed progress made, including increased stability within the function, the absence of a backlog, and generally compliant processes for new roles, re-evaluations and reviews.

Six medium-priority findings related to strengthening training records for job matchers and consistency checkers, improving documentation and audit trails, managing conflicts of interest, and enhancing performance reporting to the Executive Leadership Team. ARAC acknowledged the impact of recent capacity challenges and organisational change but took assurance that management actions are appropriate, timescales realistic, and that additional training is planned to support sustainability and staff confidence in the process.

The People and Culture Committee will review this audit at their May meeting.

- 10. Register of interests and the gifts, hospitality and sponsorship registers were received with members welcoming the transparency of reporting of hospitality and the culture of declaration, while noting the relatively low volume of entries is consistent with sector benchmarks.
- 11. The annual governance statement in the Trust’s annual report provides compliance with the 2017 corporate governance code for central government departments was and ARAC can assure the board that the self-assessment was reviewed, with no elements for escalation.
- 12. Governance practice notes, developed to aid interpretation of standing orders, were renewed. These related to the use of the Trust seal, division of business between private and public meetings, and the use of chair’s actions.

**RISKS**

- 13. The risk management and board assurance audit was received as above.

**COMMITTEE AGENDA**

2025/26 annual reports from committees	Internal Audit: - Progress report - Risk management and BAF audit - Welsh language standards audit - Capacity management plan audit - Job evaluation audit	Audit Wales update and 2026 audit plan
Register of interests, gifts and hospitality	Self-assessment against the 2017 corporate governance code for central government departments	Review of governance practice notes



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**COMMITTEE ATTENDANCE**

Name	28 April 26	23 June 26	3 September 26	3 December 26	4 March 27
Peter Curran					
Dr Umar Ahmed					
Ceri Jackson					
Julie Boalch					
Judith Bryce					
Christian Fox					
Wendy Herbert					
Fflur Jones					
Carl Kneeshaw					
Osian Lloyd					
Trish Mills					
Chris Turley					
Damon Turner					
Carl Window					

	Attended
	Deputy attended
	Apologies received
	No longer member



## 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.

<b>Trust Board Meeting Date</b>	28 May 2026
<b>Committee Meeting Date</b>	19 May 2026
<b>Chair</b>	Jayne Beeslee

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

(Alert the Board to areas of attention)

#### Items for board approval:

1. The committee endorsed the Commercial Plan (**Annex 1**), aligned to the Trust’s Integrated Medium Term Plan, which establishes a structured and values led approach to commercial development, focussed on reinvestment in services, workforce and innovation, rather than income generation alone. Members received assurance on the governance framework, ethical considerations and application of Value Based Healthcare principles. Members acknowledged the ambition to develop a self-sustaining commercial function by 2027/28 and confirmed the intention to maintain oversight as implementation progresses. Members emphasised the importance of a clear and consistent costing and pricing framework, including transparent treatment of overheads, to ensure credibility and avoid challenge regarding full cost attribution. The importance of a defined reinvestment principle was highlighted, recognising the risk of disengagement if teams do not see a direct link between their contribution and organisational or local benefit, and the need to balance organisational gain with local incentivisation.

#### ADVISE

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

2. The committee was advised on the forthcoming **Cyber Security and Resilience Bill** and accepted an opportunity for a focused briefing session to outline implications for NHS Wales organisations. Members welcomed further engagement, recognising the increasing importance of cyber resilience within the Trust’s overall risk profile and the need for continued visibility, including via the forthcoming audit reporting.
3. Members **reflected positively** on the quality of the discussions and overall assurance received. The committee noted constructive and meaningful debate, particularly on strategic items such as the Commercial Plan, and recognised continued organisational delivery within a challenging



environment. Specific commendation was given to financial management and year-end delivery and the transparency and candour of reporting, with issues clearly articulated alongside mitigating actions.

## ASSURE

(Detail here assurance items the Committee receives)

*The following items will also be presented to board at their 28 May 2026 meeting however members may benefit from the following points of discussion from the committee:*

### Financial Position

4. The committee received the detailed financial position for **month 12 2025/26**. The detail of the paper is not included here as it will be presented separately to board, but members may wish to note:
  - As at M12, a small revenue underspend/surplus of £0.080m was reported, which is the basis for the draft accounts for the 2025/26 financial year (subject to audit).
  - Full delivery of the capital programme.
  - Gross savings of £8.556m have been achieved against a £8.500m target.
5. A breakeven position for **month 1 2025/26** was reported including delivery of planned savings; however, Members noted that there are some risks and fragility with this and its reliant on some key assumptions as follows:
  - Assumption of c.£2.3m additional Welsh Government funding for risk pool pressures, not yet confirmed.
  - Emerging cost pressures, particularly fuel price volatility, not fully anticipated in planning potentially adding material in-year financial pressure.
  - A remaining savings gap (c.£1.2m), requiring continued focus on delivery, with an expectation to maximise recurrent savings.
  - An overall higher level of risk than typically reported, including emerging medium risks.

### Integrated Medium Term Plan 2025/26 Delivery Assurance

6. The committee received the **Year End Integrated Medium Term Plan (IMTP) Assurance Report** (supported by detailed appendices), noting a positive overall position on delivery and strong alignment with multi-year priorities. Reporting for 2026-29 has been updated to align deliverables with strategic objectives supporting improved oversight. The evolving nature of the Clinical Model Transformation (CMT) programme, was highlighted including a shift from large-scale milestones to a more mature phase of delivery, strengthened through the benefits realisation approach and more proportionate reporting.

### Performance Metrics

7. The board will receive the new form **Monthly Integrated Quality and Performance Report** (MIQPR) for March/April 2026 at its May meeting; however, of note from the committee's existing reporting were higher than expected 111 call abandonment rates in April, increased clinical call-back



times across remote assessment services, with actions underway to increase clinical capacity and improve patient flow. While performance for life-threatening incidents remains strong, pressures in higher acuity demand and system flow continue to impact performance, with further improvement work progressing through the CMT benefits realisation programme. The committee welcomed the ongoing work to refine the MIQPR reporting including that for committees.

*The following items were only presented to this committee, and assurance is provided to the board as follows:*

8. The reasonable assurance **Internal Audit Report** on the **Capacity Management Plan (Ambulance Care)** was received with recommendations focussing on strengthening documentation of decision making in a high demand operational environment.
9. Members received the **Rurality report** describing performance variations between rural and urban areas noting the importance of a clearly defined problem statement with commissioners before identifying further actions. Committee discussed system level factors influencing outcomes, the need for clarity in performance measures and continued engagement on key enablers such as Handover 45 and targeted recruitment approaches.
10. The **Digital Report** was noted including continued digital innovation with constrained capacity relative to demand, with ongoing recruitment and market challenges. Members were assured that while the position has stabilised, future prioritisation and potential investment will be required to sustain delivery.
11. Members noted the **Information Governance** report which provided transparency on key risks, including pressures in records management and Subject Access Request compliance, a backlog of Data Protection Impact Assessments, and issues relating to CCTV governance. Members were assured that these risks are being actively managed, with targeted recovery actions in place, including the establishment of a dedicated recovery cell.
12. Members were assured that the **2025/26 Information Governance Toolkit** was successfully submitted and all minimum standards had been met for the first time. Many standards were rated as exceeded, a significant step forward within a complex NHS landscape of compliance. An action plan is in development for the 2026/27 submission to maintain existing requirements and to address new standards on AI use, data subject complaint processes and an updated Information Asset Register, and DPIAs for AI solutions.
13. The **Operations Quarterly report** was received, with the following of note for the board:
  - The **111 rostering review** on track for June, supported by enabling digital developments.
  - Early work on RCS0 pre-alert functionality has identified capacity trade-offs within clinical navigation, and further work is underway to better understand and optimise resource requirements.
  - The **Falls Desk** has secured funding for the current year and is demonstrating clear impact. However, there is no confirmed funding beyond this period, and further evaluation will be undertaken in year to support a case for continuation, with potential reliance on internal prioritisation if external funding is not secured.



- The **single clinical queue/Integrated Care Clinical Queue** has been implemented, with a stabilising position; however, further data reporting investigation is required for accurate callback times and consult and close rates.
- Improvements have been made in **workforce planning and training**, with a revised approach to MIST delivery reducing pressure on management and training teams. Our Trade Unions Partners were recognised for the partnership working to improve the experience for all involved.
- The next phase of **NEPTS roster changes** remains on track and is expected to deliver additional operational capacity through Q2.
- Delivery of £4.3m of **operational savings** was noted, with associated capacity impacts.

## Governance Reports

14. The **audit tracker for Q4** was received with no escalations to the board.
15. In **private session** members received an update on the forward plan of contracts within board delegation over the next 18 months, the strategic commercial partnership and contractual arrangements paper, the cyber papers and audit tracker for Q4. There were no escalations to the board with respect to those items. The private session also considered and endorsed a contract replacement, call prioritisation streaming system and online symptom checkers paper and the 2026/27 capital plan for approval by the board. All items taken in private session were done based on commercial or security sensitivity and will be reported to the open session of the board in due course.

## RISKS

The committee received the **Risk and Board Assurance Framework report** noting all risks have undergone their quarterly review, with no changes in scores. The activity undertaken during this period is due to be considered by the Executive Leadership Team on 27 May 2025.

### Risk 139 Finance

The risk remains at a score of 8 (2x4) but it is expected to increase to reflect the emerging financial pressures, reliance on key assumptions that are still emerging and increased overall risk exposure.

### Risk 641 Manchester Arena Inquiry

Members noted that the independent review commissioned by the JCC was largely supportive of the Trust's position. It was helpful to attend a facilitated meeting with the reviewer, hosted by the JCC, to discuss the small number of areas of divergence. Ongoing engagement with commissioners continues, although timelines on the formal outcome and funding remain uncertain. A further focused update will be provided as the position develops.

### Risk 542 Decarbonisation

Members noted that while the risk retains its high score, mitigation continues to be constrained by capacity limitations. Members acknowledged that this remains a stand-alone risk and not part of a wider regulatory /compliance risk. Committee noted the ongoing review of the score to ensure that it remains proportionate in the context of the wider risk landscape and reflective of what is within the Trust's control



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CYMRU  
**NHS**  
WALES

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

as we navigate a challenging financial position.

### COMMITTEE AGENDA FOR MEETING

Operations Q4 2025/26 report	Internal audit – Capacity Management Plan (Ambulance Care)	Rurality, including overruns
Financial position M12 2025/26 Financial position M1 2026/27	Commercial plan	IMTP Year End 2025/26 assurance
MIQPR March/April 2026	Digital reporting May 2026	Information Governance Progress Report
Information Governance Toolkit	Risk management report	Audit tracker Q4 2025/26

### 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						
Chris Turley						
Rachel Marsh						
Lee Brooks						
Liam Williams						
Carl Kneeshaw						
Jonny Sammut						
Trish Mills	Julie Boalch					
Hugh Parry	Until 12:40					
Damon Turner						
Matt Dugdale						

	Attended
	Deputy attended
	Apologies received
	No longer member



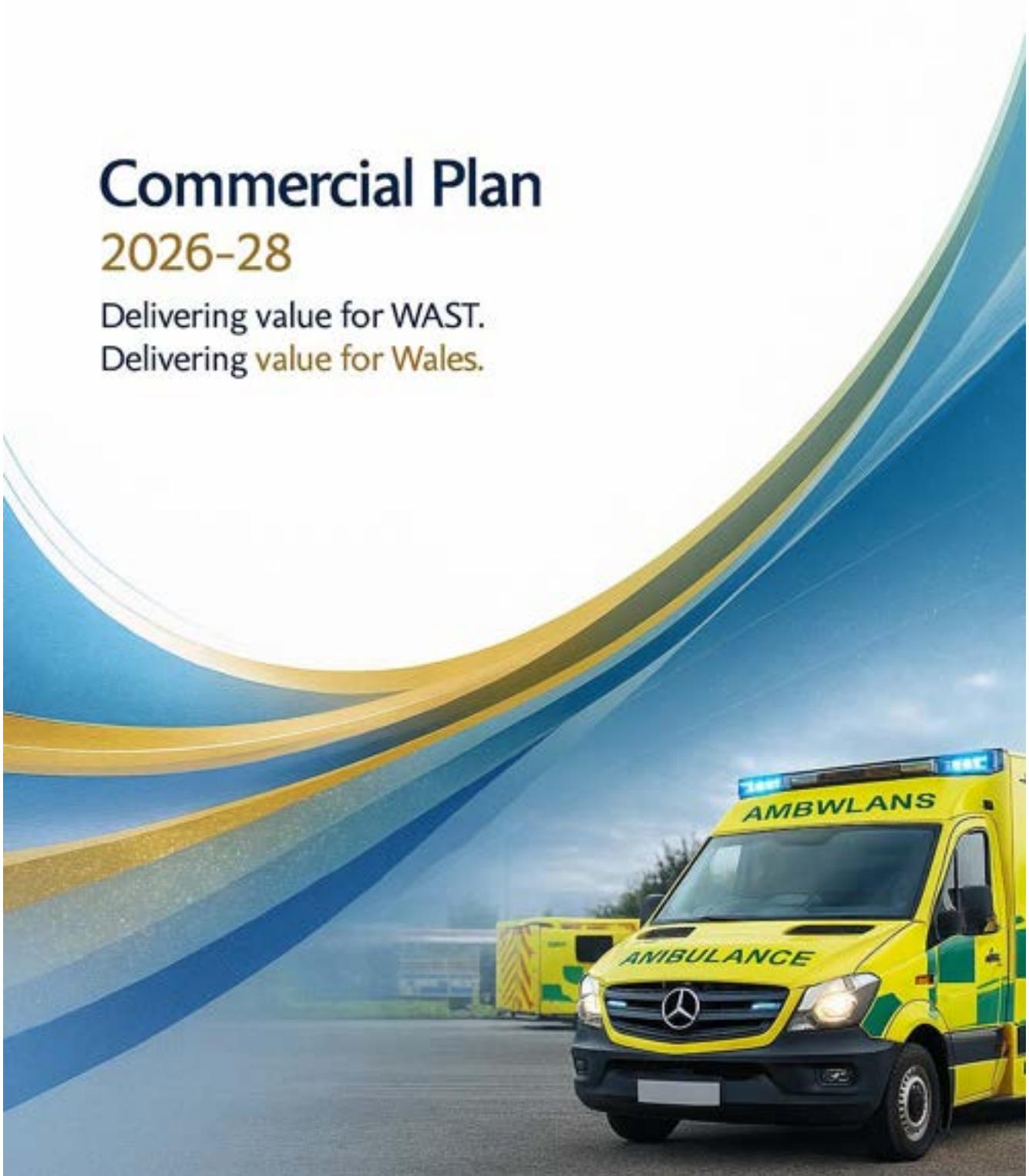
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Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
University NHS Trust

# Commercial Plan

2026-28

Delivering value for WAST.  
Delivering value for Wales.



# Foreword

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From the Executive Director for Strategy, Planning and Performance



I am pleased to present the Welsh Ambulance Services University NHS Trust's Commercial Plan for 2026–2028. This plan sets out how we will take a clear, values-driven and well-governed approach to commercial development, ensuring that commercial activity supports our core purpose as a public service organisation and contributes to better outcomes for the people of Wales.

For WAST, commercial development is not an end in itself. It is a means of creating sustainable value, strengthening organisational capability, supporting innovation and enabling reinvestment in patient care, workforce development and service improvement. At a time of increasing demand and financial pressure, it is important that we make the best possible use of our expertise, assets, partnerships and ideas.

This plan reflects our ambition to be outward-looking, collaborative and enterprising in the right way. It recognises the opportunities presented by innovation, digital development, data-driven insight and scalable service models, while making clear that all commercial activity must be aligned to our values, strategic objectives and robust governance arrangements.

The Commercial Plan is closely aligned to our wider strategic direction, particularly our objectives on Innovation and Technology, Developing Services in Collaboration, and Delivering Exceptional Value. It provides a practical framework for how we will identify and prioritise opportunities, build trusted partnerships, and develop the capability needed across the organisation to respond effectively and responsibly.

Importantly, this plan is grounded in realism. Commercial development will only be pursued where it is proportionate, value-driven and supported by the right capacity, capability and enabling arrangements across the Trust. This plan is also about creating opportunities for our people. We want colleagues across WAST to feel that commercial development is relevant to them, not as something separate from day-to-day improvement, but as a route through which good ideas can be supported, developed and, where appropriate, scaled for wider benefit. Through this approach, we aim to create clearer routes for innovation, stronger support for staff-led ideas and greater opportunities for reinvestment in training, development and service improvement.

Above all, this plan is about responsible growth in support of public value. It reflects our commitment to improving care, strengthening resilience and delivering long-term benefit for patients, communities and the wider system.

Thank you for taking the time to read our plan. I look forward to working with colleagues, partners and communities to deliver it over the years ahead.

**Rachel Marsh**

Executive Director of Strategy, Planning and Performance

# Introduction

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The commercial landscape within the healthcare sector has evolved significantly in recent years, driven by increasing financial pressures, the need for system-wide collaboration, and a growing emphasis on innovation and sustainability. For NHS organisations, commercial development is no longer solely about income generation; it is about creating value, strengthening capability, and forming partnerships that enhance patient care and organisational resilience.

The Welsh Ambulance Services University NHS Trust (WAST), as a critical component of Wales' urgent and emergency care system, is uniquely positioned to harness its expertise, assets and reputation to develop commercial opportunities that are a natural extension of its existing portfolio. Through innovation, collaboration and responsible enterprise, WAST seeks to grow its services in a way that is sustainable, aligned to our values, and supportive of our core mission to deliver high-quality care for the people of Wales.

Commercial development within WAST is not simply a transactional activity; it is a strategic enabler. It is about building trusted partnerships, unlocking new ways of working, and creating mutually beneficial opportunities that balance risk with long-term value, all of which are underpinned by our Delivering Excellence strategic framework. By approaching commercial activity through the lens of value creation, system benefit and ethical practice, we can ensure that income-generating activity directly supports improved outcomes for patients, staff and the wider healthcare system.

The establishment of a dedicated Commercial Development function marks a significant milestone in the Trust's maturity and ambition. As a new team and capability, it provides the focus and structure required to identify opportunities, develop partnerships, and grow organisational confidence in operating within commercial environments. Realising this ambition will require not only strong ideas and partnerships, but also sufficient organisational capability, delivery capacity and enabling support across the Trust. A clear understanding of our current capabilities, assets and areas for development is therefore fundamental to ensuring that our approach is realistic, proportionate and aligned to our Integrated Medium Term Plan (IMTP) priorities.

This Commercial Plan for 2026–2028 sets out how WAST will create sustainable value and organisational capability, build and sustain trusted partnerships, and drive innovation and responsible income-generating activity. It recognises that the healthcare landscape will continue to change at pace, and that, to thrive within it, we must be outward-looking, collaborative and commercially astute. In particular, WAST recognises that some of its most significant future commercial opportunities are likely to arise through digital services, data-driven insight, artificial intelligence, and scalable platforms that extend the reach and impact of our expertise across Wales and beyond.

Over the lifetime of this plan, our ambition is for the Commercial Development function to be progressively developed to achieve financial self-sufficiency by the end of 2027/28 and establish an enduring, well-governed commercial capability for WAST. By 2028, WAST will have a commercial approach that is aligned to the IMTP, enables innovation and partnership working, embeds social value and Value Based Healthcare principles, and generates sustainable value for reinvestment in services for the people of Wales.

# What we mean by commercial development

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In the context of the Welsh Ambulance Services University NHS Trust (WAST), commercial development is the strategic and responsible pursuit of opportunities that create sustainable value, strengthen organisational capability, and support the delivery of high-quality patient care. It is not solely about generating income, but about using our expertise, assets and relationships in ways that are mutually beneficial, ethically grounded and aligned to our core purpose as a public service organisation.

Commercial development within WAST encompasses innovation, partnership working and income-generating activity that is a natural extension of our existing portfolio and our clinical, operational and educational strengths, maximising our offer and contribution to NHS Wales where we are best placed to deliver value. This includes collaborating with partners across the public, private and third sectors, developing and scaling new services and products, and exploring new delivery models that improve efficiency, resilience and outcomes across the wider health and care system.

As a newly established function, commercial development provides a structured and coordinated approach to identifying, assessing and delivering opportunities. It ensures that activity is strategically aligned, appropriately governed, and balanced against risk, capacity and operational priorities. This approach enables WAST to transition from opportunistic engagement to a proactive, planned and sustainable commercial opportunity pipeline.

In practical terms, this means building the capability to:

- Identify and evaluate commercial opportunities that align with our strategic objectives and values.
- Develop and sustain trusted partnerships based on shared purpose and long-term value.
- Support innovation and the translation of ideas into viable, scalable services and solutions.
- Generate commercial income that can be reinvested to enhance patient care, workforce development and service resilience.

In support of this approach, WAST will not commercialise identifiable patient data. Opportunities involving data, digital or artificial intelligence will only be progressed where they are lawful, ethical, proportionate and aligned to the Trust's information governance, data protection, clinical safety, cybersecurity and AI governance requirements.

Through this lens, commercial development becomes a catalyst for growth, innovation and collaboration, supporting WAST to remain financially sustainable, system-focused and future-ready while continuing to place patients and communities at the heart of everything we do.

# Why we need a commercial plan

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WAST needs a Commercial Plan to provide a clear, consistent and governed approach to how we identify, develop and deliver commercial opportunities that support our public service purpose. It moves us from ad hoc or reactive activity to a proactive, strategically aligned approach that creates sustainable value, strengthens organisational capability and supports service improvement.

The Commercial Plan is a practical enabler of the Trust's strategic priorities, in particular Strategic Objective 3 (Innovation and Technology), Strategic Objective 4 (Developing Services in Collaboration) and Strategic Objective 6 (Delivering Exceptional Value). Strategic Objective 3 is especially significant to this plan, as many of WAST's most promising commercial opportunities are likely to arise through innovation, digital development, data-driven insight, artificial intelligence and the application of technology to improve services and create scalable models.

Commercial development is explicitly supported by Strategic Objective SO6 – Delivering Exceptional Value, under which the Trust has set an open risk appetite for commercial innovation and responsible growth. WAST will actively seek opportunities that maximise value for service users and stakeholders, including in commercial innovation, the foundational economy and environmental sustainability. The Trust will take calculated risks where this can deliver significant improvement, supported by robust risk management and governance.

The Plan also strengthens how we secure value from public resources through better commercial planning, option appraisal, contract and supplier management, and reinvestment of income into patient care, workforce development, innovation and service resilience. In this way, commercial activity is not an end in itself; it is a means of improving outcomes and building long-term sustainability.

As a named NHS Wales organisation, WAST must act in accordance with the Well-being of Future Generations (Wales) Act 2015, ensuring our plans and decisions contribute to the well-being goals and apply the five ways of working. The Commercial Plan supports this by ensuring commercial activity and partnerships are designed to deliver long-term public value for Wales, including through prevention, collaboration, involvement, integration and a long-term approach.

The Plan is also shaped by the public procurement framework, including the Procurement Act 2023, which places emphasis on value for money, maximising public benefit, transparency and integrity in covered procurement. These principles reinforce WAST's approach to responsible commercial activity and how we design, procure and manage commercial relationships.

For WAST, applying Value Based Healthcare (VBHC) principles in a commercial context means assessing opportunities not only on financial return, but on the wider value they create - outcomes for patients, experience of care, equity of access, workforce benefit, environmental sustainability, and benefit to communities across Wales. This includes demonstrating social value through our partnerships, supply chains and reinvestment decisions, so that commercial activity contributes to better care and wider system benefit. NHS Wales VBHC also emphasises outcomes that matter to patients, equity, reducing unwarranted variation and prudent use of resources, which aligns strongly with this approach.

Commercial development will be pursued in a way that is proportionate and realistic, and WAST will not pursue commercial growth at the expense of safe, effective core service delivery. Prioritisation will

therefore be essential, with opportunities progressed according to strategic fit, value, delivery capacity, risk and readiness. The Trust also recognises that its ability to pursue commercial opportunities will at times be constrained by operational demand, workforce pressures and competing organisational priorities.

The Commercial Plan therefore provides the framework WAST needs to pursue innovation and responsible growth with clear governance, proportionate risk management and a consistent focus on public value.

# Our vision for commercial development

## THE VISION

To build **trusted** and **innovative** commercial partnerships that strengthen the Welsh Ambulance Service, create sustainable **value**, and enable **reinvestment** in patient **care** and community **well-being** across Wales.

Our vision for Commercial Development reflects the Trust's ambition to be an outward-looking, values-driven and system-focused organisation. It articulates our commitment to building trusted and innovative partnerships that create sustainable value, strengthen organisational capability, and support the reinvestment of resources into patient care and community well-being across Wales. This vision provides a clear and unifying direction for all commercial activity, ensuring that growth, innovation and income generation are pursued in a way that is ethical, collaborative and firmly aligned to the core purpose and strategic priorities of the Welsh Ambulance Services University NHS Trust.

This vision is underpinned by three strategic pillars, which define our commercial objectives:

### Pillar 1 | Trusted partnerships

Develop strong, transparent and mutually beneficial relationships across the public, private and third sectors.

### Pillar 2 | Innovation and income

Identify and deliver value-driven commercial opportunities that enhance resilience and service capability.

### Pillar 3 | Sustainable capability

Build the capacity, skills, systems and culture to assess, prioritise and deliver opportunities robustly.

The following sections set out these strategic objectives in greater detail and describe what they mean for our people, our patients and our partners.

# Pillar 1 | Build and sustain trusted partnerships

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## Delivery Objectives

Under this pillar, the Trust will seek to explore new markets, products and services that leverage WAST's expertise, including digital, data and AI-enabled opportunities, while supporting healthcare innovation across Wales. To deliver our ambitions for the future, it is essential that we develop and maintain strong, transparent and mutually beneficial relationships across the public, private and third sectors, ensuring that all partnerships are aligned with WAST's values, strategic priorities and commitment to high-quality patient care.

## How will this be delivered?

- Develop and implement a Commercial Partnerships Framework that sets out how partnerships are identified, developed and governed, prioritising partnerships where WAST's national role, expertise and assets can add the greatest value to NHS Wales.
- Identify and progress opportunities for commercial co-development that align with WAST's values and strategic priorities, for example partnering with a mental health organisation to deliver innovative elements of our mental health response or partnering with a technology provider to accelerate our AI ambitions.
- Design and deliver partner-led innovation programmes focused on our highest-priority challenges, engaging organisations across Wales and beyond to co-create solutions.

# Pillar 2 | Drive innovation and commercial income-generating activities

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## Delivery Objectives

Under this pillar, the Trust will seek to identify and deliver innovative commercial opportunities that enhance WAST's operational resilience and service capability. To ensure sustainable success, this will focus on value-driven opportunities, particularly those arising from digital service models, data and insight, artificial intelligence, scalable platforms, and market developments within the health and social care sector, alongside efficiencies achieved through robust and effective contract management.

## How will this be delivered?

- Develop a structured route for consideration of commercial ideas through existing Trust prioritisation and governance arrangements, with clear criteria to assess strategic fit, value, risk, capacity and impact on patient care before progressing to delivery.
- Consider piloting innovative commercial models such as joint ventures, licensing, managed services, or shared services that support innovation, spread best practice, and create sustainable income streams.

# Pillar 3 | Create sustainable value and organisational capability

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## Delivery Objectives

Under this pillar, the Trust will continue to develop a culture of enterprise and innovation, centred on building the internal capacity, capability, skills and systems required to identify, assess, prioritise and deliver commercial opportunities in a robust and sustainable way. Sustainability principles will be embedded throughout all stages of planning and delivery, ensuring that commercial activity supports long-term organisational resilience, responsible growth and alignment with the Trust's values and strategic priorities.

## How will this be delivered?

- Encourage staff-led proposals for new services, process improvements, or digital solutions through our ambition to design and deliver a single, aligned ideas management platform. This will be delivered through close working with Quality Improvement, Research and Development, Digital and Charity.
- Conduct regular reviews of projects to ensure they are delivering financial and non-financial benefits.
- Strengthen Board and senior leadership commercial capability through targeted development sessions on commercial models, risk, governance, value-based decision-making and reinvestment, to support confident oversight, constructive challenge and timely decision-making.
- Provide commercial and innovation training for relevant staff, e.g., finance, operational leads, and business managers.
- Establish a live, Trust-wide contract register to oversee and ensure supply-chain value. This will be delivered in partnership with NHS Wales Shared Services Partnership, with the aim of ensuring transparency, efficiency and accountability.
- Implement systems to capture and track commercial activity, project pipelines, and outcomes.
- Ensure commercial and operational planning reflects long-term organisational resilience.

# What does this mean for our patient, people and partners?

**The plan creates value only when it improves care, supports colleagues and enables purposeful collaboration.**

## Patients and communities

Improved quality, accessibility and responsiveness of care through trusted partnerships, co-design and reinvestment.

## Our people

Clearer routes to bring forward ideas, access support, develop skills and turn improvements into practical change.

## Potential partners

A transparent, values-led route to collaborate with a trusted NHS organisation on shared outcomes and system benefit.

## What this means for our patients

For patients and communities across Wales, this plan is about improving the quality, accessibility and responsiveness of care. By building and sustaining trusted commercial partnerships, WAST will be able to work with a wider range of organisations to develop and deliver services that better meet the needs of the people we serve. This includes, for example, partnering with technology providers to strengthen digital and artificial intelligence capability, or working with regional and national organisations to strengthen specialist services, such as respiratory care and paediatrics.

Strong, well-governed partnerships enable the sharing of knowledge, expertise and resources, supporting the adoption of best practice, accelerating research and delivering more joined-up care across the system. Central to this approach is the co-design of services and pathways with patients and communities, ensuring that innovation is shaped by lived experience and results in services that are accessible, culturally sensitive and responsive to local need.

Responsible commercial activity and sustainable income generation will ensure financial sustainability and enable reinvestment in new and improved services, technologies and models of care that enhance quality, safety and patient experience. For example, income generated from the Trust's intellectual property can be reinvested to strengthen service capability, reduce unwarranted variation and support more consistent and equitable care. By embedding sustainability principles throughout planning and delivery, the Trust will be better placed to provide resilient, high-quality services that continue to adapt to changing patient and community needs.

## How our patients can get involved

- Sharing experiences and feedback on current services, digital tools and patient pathways to help identify priorities for improvement.
- Taking part in engagement activity (e.g. surveys, focus groups, listening events and community conversations) to inform the design of new services or innovations.

- Joining co-design workshops with staff and partners to help shape how commercial partnerships can contribute to new models of care and service improvements.
- Helping test and evaluate new ideas (for example digital tools, information resources or service changes) to ensure they are accessible, safe and meet patient needs.
- Providing feedback on what matters most in how value is measured, so that success is judged not only by financial return but by patient outcomes, experience, equity and wider community benefit.

We will ensure involvement is accessible and meaningful, providing feedback on how views have shaped decisions and service development.

## **What this means for our people**

For our people, this plan is about creating real opportunities to improve services, develop skills and turn good ideas into practical change. It means that commercial activity will not only support the long-term sustainability of the Trust but can also generate income that can be reinvested in our workforce, including staff ideas, improvement initiatives, training and service development across the organisation.

For individual members of staff, this should mean clearer routes to bring forward ideas and greater support to develop them. If a colleague identifies an opportunity to improve a service, develop a new approach, create a training offer, or design a product or solution that could benefit WAST and the wider system, the Trust's ambition is to provide the right support to help take that idea forward.

This includes creating opportunities for staff to access protected time, coaching, advice and development support so that promising ideas can be explored and, where appropriate, developed into tested improvements, new services or commercial products. It also means helping colleagues build skills in areas such as innovation, service development, partnership working, intellectual property and commercial thinking, so that they feel confident and supported throughout the process.

Income generated through ethical and sustainable commercial activity will be reinvested to support workforce development, innovation and service improvement. This includes supporting staff-led ideas to be developed and scaled, improving access to training and development, and strengthening the tools, equipment and digital solutions that help colleagues deliver high-quality care.

Through this approach, the Trust will continue to foster an environment where staff and volunteers are encouraged to contribute ideas, shape improvement and pursue professional growth. Commercial development should therefore feel relevant not only to specialist teams, but to colleagues across the organisation who want to improve services, develop their skills and help create lasting value for patients, communities and WAST.

## **How our people can get involved**

- Sharing ideas for new services, service improvements, training offers, digital tools, partnership opportunities or other initiatives that could create value for patients, communities and the Trust.
- Taking part in innovation and service design activity, including workshops, pilots and improvement projects to help shape and test new approaches.

- Accessing support to develop promising ideas, including guidance, coaching and development opportunities.
- Contributing specialist expertise (clinical, operational, technical, educational or corporate) to the development of proposals, business cases and partnership opportunities.
- Helping to trial, refine and implement new services, products or delivery models in a safe and practical way.

We will support involvement through clear routes for submitting ideas, access to guidance and training, and feedback on how contributions have informed outcomes. Where ideas show strong potential, we will seek to provide appropriate support and development to help colleagues take them forward.

## **What this means for potential partners**

For potential partners, this plan represents an opportunity to collaborate with a trusted, values-driven NHS organisation with a clear strategic intent to innovate, share expertise and create mutual benefit. WAST is strengthening its internal commercial capability and governance to enable transparent, purpose-led and well-managed partnerships that focus on shared outcomes, long-term value and improved health and well-being across Wales.

Through this approach, WAST will actively seek strategic partners who can support the responsible development and use of our knowledge assets and intellectual property, helping to build organisational capability and intellectual capital over the long term. Our commitment is to provide a strong platform for co-design, innovation and sustainable growth, working with partners to develop and deliver solutions that generate meaningful value for our people, our patients and the wider health and care system.

## **How partners can get involved**

- Proposing collaborative opportunities that align with WAST's strategic priorities, including service improvement, innovation, education and training, digital solutions, research, and system resilience.
- Taking part in co-design and discovery activity to help define problems, shape solutions and develop models that are practical, safe and responsive to patient and service needs.
- Partnering on pilot projects and innovation programmes to test and evaluate new approaches, technologies or service models before wider adoption.
- Working with WAST to develop and scale products, services or intellectual property, where there is clear strategic alignment, public benefit and appropriate governance.
- Contributing specialist expertise, technology or capacity to support priority programmes, including clinical innovation, digital transformation, workforce development, estate and fleet solutions, and operational improvement.
- Collaborating on funding, research and development opportunities that enable shared learning, innovation and long-term value creation.

We will provide clear routes for engagement and proportionate governance processes to support transparent, values-led partnership development.

# Managing risk and measuring success

## Commercial activity will be safe, ethical value-driven and proportionate.

The delivery of the Commercial Plan will be underpinned by a robust and proportionate approach to risk management and clear measures of success. Commercial activity will be pursued in a way that is safe, ethical, value-driven and consistent with the Trust's statutory duties, public service ethos and strategic objectives.

The Trust recognises that, while commercial innovation can support sustainability, capability and wider public benefit, it must be undertaken within clearly defined risk boundaries and with appropriate governance and assurance.

## Managing Risk

Commercial activity within a publicly funded healthcare system presents a distinct risk profile. These risks will be actively identified, assessed and managed through the Trust's established risk management framework, including the Board Assurance Framework, the Integrated Medium Term Plan, and the Trust's Risk Appetite Statements.

In line with the Trust's articulated risk appetite:

- The Trust is open to carefully managed commercial innovation where this supports strategic objectives, public value, learning, sustainability and the foundation economy.
- The Trust is keen to lead in innovation and technology, actively seeking and embracing new opportunities.
- The Trust has minimal appetite to take risks that could compromise patient safety, clinical quality, financial probity, statutory compliance, or public trust.

Key areas of risk associated with the Commercial Plan include:

Risk area	Control focus
Strategic and Reputational	The risk that commercial partnerships or activities do not align with the Trust's values, public service ethos, or strategic objectives, potentially undermining public confidence or stakeholder trust. All commercial proposals will therefore be assessed for strategic fit, public benefit and reputational impact prior to approval.
Clinical and Operational	The risk that commercial activity could adversely impact patient safety, quality of care or operational performance if not appropriately governed or integrated. The Trust has a low appetite for risk in this area, and commercial activity will not proceed where it could detract from core clinical priorities or safe service delivery.
Financial	The risk associated with investment decisions, income volatility, cost recovery, and the potential for activities not to deliver anticipated returns or value for money. The Trust's appetite for financial risk remains cautious, with a clear expectation that commercial activity supports long-term sustainability without exposing the organisation to undue financial exposure or subsidy risk.
Legal and Regulatory	The risk of non-compliance with procurement law, subsidy control, competition law, information governance, intellectual property protection,

	and contractual obligations. This includes compliance with data protection law, information governance requirements, DPIA processes, clinical safety standards for digital and AI-enabled solutions, and the appropriate oversight of data and AI-related risk. The Trust has a low tolerance for non-compliance and will ensure appropriate specialist advice and assurance is in place.
Workforce and Capacity Risk	The risk that commercial activity places additional pressure on staff capacity and diverts focus from core services if not carefully planned and resourced. Periods of sustained operational pressure, workforce constraint or competing strategic priorities may limit the Trust’s ability to pursue, develop or scale commercial opportunities at the pace envisaged. Commercial activity will therefore be prioritised and phased in line with organisational capacity.
Ethical and Social Value	The risk that commercial decisions do not adequately reflect Value Based Healthcare principles, the Well-being of Future Generations (Wales) Act, equality duties, or the Trust’s commitment to social partnership and sustainability. All commercial activity will be assessed for ethical impact, social value and alignment with the Trust’s wider public sector responsibilities.

## Measuring Success

Success in delivering the Commercial Plan will not be measured solely by financial performance, but by the extent to which commercial activity delivers sustainable value for patients, staff, partners and the wider system. Success will be assessed through a balanced set of indicators including:

- Demonstrable alignment with the Trust’s strategic objectives and IMTP priorities
- Delivery of clear public, clinical or system benefit
- Compliance with the Trust’s risk appetite and governance requirements
- Evidence that patient safety, quality and core services have not been compromised
- Generation of sustainable value, learning or capability for the Trust and wider NHS in Wales

Additional measures include:

<p><b>Patient and population impact</b></p> <p>Demonstrable improvements in quality, safety, access, experience and equity of care resulting from commercially enabled innovation and reinvestment.</p>	<p><b>Value and sustainability</b></p> <p>Generation of sustainable, recurrent income and efficiency gains, with clear evidence that commercial activity is delivering value and supporting reinvestment into frontline services, workforce development and service improvement.</p>
<p><b>Financial performance</b></p> <p>Measured through a small set of clear indicators, including the value of the commercial opportunity pipeline, the number</p>	<p><b>Partnership quality</b></p> <p>The establishment of trusted, long-term partnerships that deliver shared outcomes, innovation and system benefit.</p>

of opportunities progressed to approved business case, income generated, net contribution after costs, and the level of reinvestment into agreed priority areas.

### **Innovation and capability**

Growth in the Trust's ability to develop, prioritise, scale and commercialise innovation, including the effective management of intellectual property and knowledge assets, and the development of the organisational capacity required to respond effectively to commercial opportunities.

### **Governance and assurance**

Strong compliance, transparency and Board assurance, with all commercial activity demonstrably aligned to the Trust's values, statutory duties and Value Based Healthcare principles.

### **Workforce engagement**

Increased staff involvement in innovation and commercial activity, enhanced skills and capability, and a positive impact on recruitment, retention and well-being.

This approach ensures that commercial activity is pursued within the Trust's agreed risk boundaries, supports long term sustainability, and reinforces public confidence in the Trust's stewardship of public resources.

# Delivery Plan

## General

Objective	Key Actions	Owned By	Timescale
Establish a communications plan to support the delivery of the Commercial Plan 2026-28	Develop, approve and deliver an engagement plan.	Assistant Director of Commercial Development	Q2–Q3 2026/27
Track value and impact	Develop benefits realisation framework including pipeline value, approved business case value, income, net contribution, reinvestment, patient outcomes, workforce benefit and social value	Assistant Director of Commercial Development	Q2 2026
Redesign a single, aligned ideas generation framework	Continue partnership working with QI, Transformation, RD&I, Charity and Digital.	Assistant Director of Commercial Development	Q3 2026/27

## Pillar 1 – Build and Sustain Trusted Partnerships

Objective	Key Actions	Owned By	Timescale
Establish a clear and consistent approach to commercial partnerships	Develop and approve a WAST Commercial Partnerships Framework (governance, due diligence, social value, intellectual property ownership and licensing, benefit-sharing, protection of public value, data and information governance, risk allocation, and exit arrangements)	Assistant Director of Commercial Development	Q2–Q3 2026/27
Build a strategic partnership pipeline aligned to Trust priorities	Map priority clinical, digital and system challenges and identify target partner sectors (e.g. tech, mental health, academia, third sector)	Assistant Director of Commercial Development	Q3 2026/27

Develop flagship strategic partnerships	Establish 1–2 anchor partnerships (e.g. AI, mental health response, education/training) with formal MoUs and delivery plans	Assistant Director of Commercial Development	By Q1 2027/28
Embed co-design with patients and communities	Create patient and public involvement (PPI) model for commercial innovation and partnership programmes	Assistant Director of Commercial Development	Q4 2026/27
Launch partner-led innovation programmes	Design and deliver themed open calls around innovation in areas such as urgent care, mental health, workforce and digital.	Assistant Director of Commercial Development	2027–2028

## Pillar 2 – Drive Innovation and Commercial Income-Generating Activity

Objective	Key Actions	Owned By	Timescale
Develop a Commercial Income Reinvestment Framework	Set out governance, decision-making criteria, priority reinvestment areas, and reporting arrangements for income/surplus generated through commercial activity.	Assistant Director of Commercial Development	Q1 2026/27
Create a structured commercial opportunity pipeline within existing Trust prioritisation and governance arrangements	Design and implement an ideas triage and approval process aligned to existing Trust prioritisation and governance arrangements, including DOG and DLG oversight where appropriate (strategic fit, value, risk, capacity, governance)	Assistant Director of Commercial Development	Q2–Q3 2026/27
Develop priority income streams	Develop business cases for priority areas (e.g. IP licensing such as CPSS)	Assistant Director of Commercial Development	Q3 2026/27 – Q1 2027/28
Strengthen IP and knowledge asset management	Establish IP register, protection process, ownership principles, benefit-sharing arrangements and commercialisation routes	Assistant Director of Commercial Development	Q3 2026
Pilot innovative commercial models	Test joint ventures, managed services, licensing and partnership delivery models	Assistant Director of Commercial Development	2027/28

Grow sustainable commercial income	Scale successful pilots into recurring income streams	Assistant Director of Commercial Development	2027/28
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### Pillar 3 – Create Sustainable Value and Organisational Capability

Objective	Key Actions	Owned By	Timescale
Build internal commercial capability	Develop and deliver a commercial skills and capability framework (IP, contracting, business cases, negotiation, partnership management)	Assistant Director of Commercial Development	Q3 2026/27 – Q1 2027/28
Embed innovation culture	Launch cross directorate staff innovation programme with seed funding established through the Commercial Team	Assistant Director of Commercial Development	2027/28
Implement commercial governance and assurance	Establish and embed governance principles within Commercial Steering Group and Financial Sustainability Programme (risk, ethics, value, social impact, VBHC alignment, information governance, clinical safety and AI assurance)	Assistant Director of Commercial Development	Q1 2026
Improve contract and commercial performance	Implement Trust-wide contract register and commercial assurance process	Assistant Director of Commercial Development	Q4 2026/27
Implement commercial systems	Develop and deploy a CRM / opportunity management tool for opportunities, partners, IP and contracts	Assistant Director of Commercial Development	2027/28
Align commercial and IMTP planning	Integrate commercial opportunity pipeline into annual IMTP and capital planning cycles	Assistant Director of Commercial Development	Annually 2026–2028

## Governance and Accountability

Senior Advisors	
Area	Role
Senior Responsible Owner - Commercial Plan & Delivery	Executive Director for Strategy, Planning & Performance
Commercial Development Function	Assistant Director of Commercial Development
Financial Assurance & Reinvestment	Executive Director of Finance and Corporate Resources
Clinical & Patient Safety Alignment	Executive Director of Quality and Nursing
Governance, Legal and Regulatory Framework Alignment	Director of Corporate Governance
Partnership & System Alignment	Director of Partnerships & Engagement
Innovation & Research	Assistant Director of Research, Development and Innovation, Director of Digital
Information Governance, Data and AI Assurance	SIRO, Director of Digital and Director of Corporate Governance



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## ACADEMIC PARTNERSHIPS COMMITTEE HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

<b>Trust Board Meeting Date</b>	26 March 2026
<b>Committee Meeting Date</b>	06 March 2026
<b>Chair</b>	Hannah Rowan

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

(Alert the Board to areas of attention)

1. There were no alerts raised in this meeting.

#### ADVISE

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

2. The Chair welcomed Ceri Griffiths, Assistant Director of Remote Clinical Care to her first meeting.
3. Committee endorsed the **decisions made via Chair's Action** which included the changes to the Terms of Reference for 2026/27, and the Responsible Research Development Annual Plan 2025-2030. Members noted that both documents were approved by the Trust Board in January 2026.
4. Members approved the **2025/26 Committee Annual Report** and **2026/27 Cycle of Business**.
5. An update was received from the Trust's **Research Non-Executive Director, Prof. Hayley Hutchings**. Hayley shared that she wrote the foreword to the five year Responsible Research & Innovation Plan and noted ongoing engagement with Welsh Government, including an upcoming meeting where R&D performance and priorities will be considered. Hayley confirmed her role as an independent member on the Championing Research group, supporting the national research agenda and alignment with organisational priorities.
6. Members congratulated the Trust which has been recognised as **Apprentice Employer of the Year** by Skills Academy Wales, announced during Apprenticeship Week. This as a significant achievement for work-based learning and the positive recognition of its commitment to apprenticeships.
7. Members **reflected** on the importance of increasing visibility of research and development activity and clearly communicating its impact across the organisation; shining a light on good work already underway, reinforcing that research is inclusive and relevant across both clinical and corporate



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functions, as well as supporting engagement and understanding of practice change. The Committee noted the Trust’s apprenticeship success as a positive example of learning, innovation and organisational improvement.

**ASSURE**

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

- 8. Committee received the **Responsible Research Development Five Year Plan 2025 – 2030** and welcomed the quality and ambition of the plan, noting the strong and increasingly visible research profile. Members were assured that the plan aligns to the wider Integrated Medium-Term Plan. The importance of a research led approach to innovation and future commercial opportunities was emphasised and the importance of clear, proportionate and consistent metrics to enable effective delivery and impact of the plan. Progress will be tracked through the Research Development and Innovation reports, the IMTPs, directorate plans and national returns.
- 9. An update was provided on the **NHS Research and Development Framework 2026**, and members were assured that it provides a structured and proportionate approach to monitoring research activity and impact. A spotlight approach on specific directorates will be implemented to ensure the framework becomes meaningful, accessible and inclusive of research activity across both clinical and corporate functions. The impact slides are attached at Annex 1

**RISKS**

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

**New Risks Identified:** No risks raised.

The papers for this meeting can be found by following this [link](#) to the Committee page on our website.

COMMITTEE AGENDA FOR MEETING		
Ratification of Chairs Action	Responsible Research Development Plan 2025-2030	NHS Research and Development Framework Assessment 2026
2025/26 Quality Governance Review – Annual Report and CoB	Update from Research NED	



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**COMMITTEE ATTENDANCE**

Name	07 October 2025	06 March 2026		
Hannah Rowan				
Prof Hayley Hutchings				
Jayne Beeslee				
Estelle Hitchon				
Carl Kneeshaw				
Andy Swinburn				
Jonny Sammut	Keith Dorrington	Keith Dorrington		
Jonathan Chippendale				
Prof Nigel Rees				
James Houston				
Jo Kelso				
Trish Mills	Julie Boalch	Julie Boalch		
Mark Marsden				
Keith Rogers				
Ceri Griffiths				

	Attended
	Deputy attended
	Apologies received
	No longer member

Welsh Ambulance Services University NHS Trust

# Today's research, tomorrow's care

The impact of Welsh Ambulance Research  
on patient outcomes, staff wellbeing and  
healthcare delivery



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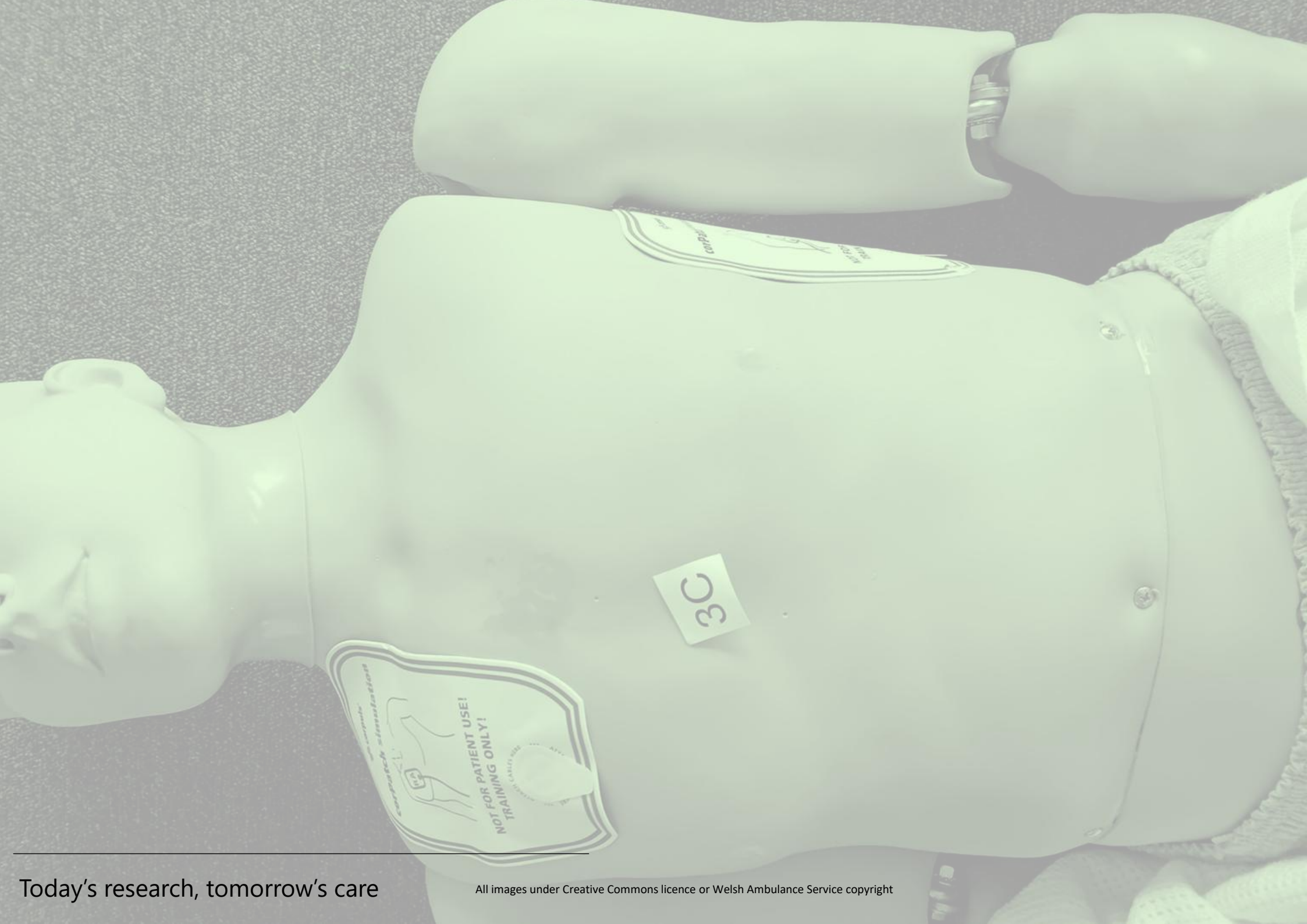
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Impact of WAST research  
Version 1.0  
Released: March 2026

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By Professor Nigel Rees QAM  
Assistant Director of Research and Innovation  
[Amb\\_Research.Development@wales.nhs.uk](mailto:Amb_Research.Development@wales.nhs.uk)



A photograph showing a person lying on a stretcher, being attended to by medical staff. One person is pointing at a laptop screen. The scene is overlaid with a semi-transparent green filter.

## Foreword

The Welsh Ambulance Services University NHS Trust (WAST) has a longstanding reputation of developing and delivering high quality Research Development and Innovation (RD&I).

In recognition of the role in Education and RD&I, WAST was awarded University Trust Status in 2024, which has raised the profile of RD&I across the organisation. Rapid progress has been made in the breadth and scale of RD&I, providing opportunities to tackle complex challenges faced by WAST, across healthcare in Wales and beyond.

Patients and staff deserve treatments which work, in a high-performing healthcare system. This report shares the work WAST has taken part in and led over the past two decades. We look forward to continuing our research in the years to come.

*Professor Nigel Rees QAM  
Assistant Director of Research and Innovation*



## Our research questions and their impact

- Defining impact across our portfolio
- Should we use mechanical chest compressions routinely in out-of-hospital cardiac arrest? **PARAMEDIC-1**
- How effective is adrenaline in out-of-hospital cardiac arrest? **PARAMEDIC-2**
- Should we use injections into the bone for patients whose heart has stopped beating? **PARAMEDIC-3**
- Could a simple patch help patients with suspected stroke? **RIGHT-2**
- Could local anaesthetic improve pain relief for patients with suspected hip fracture? **RAPID**
- Could drones help improve cardiac arrest response in rural areas?
- Publications



# Defining impact across our portfolio

- This report shows just a few of the studies WAST has supported
- We have a portfolio of research studies covering the three strands of our emergency work: hear and treat (telephone triage), see and treat (where patients are cared for at the scene of the 999 call), and see and convey (where patients are taken to hospital). These do not directly align with acuity, for example, many cardiac arrest patients are cared for under see and treat and have resuscitation discontinued at scene.
- The portfolio includes observational studies, where care is not impacted, but we gain new insights from routinely-collected data, or from research tools such as surveys, focus groups, and simulations
- Finally, we have interventional studies, where a new treatment, medicine, or pathway is compared to existing care, to see whether it has positive impact (see right)

## Defining how research creates impact

UK Research and Innovation (a public body sponsored by the Department for Science, Innovation and Technology) defines various research impacts, from academic (changing our understanding) through to instrumental (changing policy, practice and behaviour). Translation to practice can vary in timescale from rapid for withdrawing ineffective treatments such as routine mechanical chest compressions, through to long-term such as introducing new medicines to practice, which needs governance, planning, and training, even after studies demonstrate benefit. See these icons throughout this report:

### Patient impact



We look at a range of outcomes, not just survival, but also quality of life, through surveying our patients after they enter a study

### Practice impact



Policies and strategies may be impacted by research; ineffective treatments and devices may be withdrawn; pathways may change

### Financial impact



Research helps us use limited funding effectively, by considering people's quality of life – do we improve survival to good health, or simply prolong death?

### Academic impact



WAST regularly contributes to research which expands our understanding of how to provide excellent care. We measure this impact in various ways, such as by how often studies are cited by other researchers

The PARAMEDIC-1 study



Should we use  
mechanical chest  
compressions routinely  
in out-of-hospital  
cardiac arrest?

# Should we use mechanical chest compressions routinely in out-of-hospital cardiac arrest?

## ***Mechanical versus manual chest compression for out-of-hospital cardiac arrest (PARAMEDIC): a pragmatic, cluster randomised controlled trial***

*WAST were one of four ambulance services who took part in this important study. 4471 patients whose hearts had stopped beating were treated with either mechanical chest compressor devices or the usual method of ambulance staff delivering chest compressions manually. Researchers followed these patients up for up to 12 months.*

“On the basis of ours and other recent randomised trials, widespread adoption of mechanical CPR devices for routine use does not improve survival”  
Perkins et al, 2015

### **Financial impact**

“Our study demonstrates that the use of the mechanical chest compression device LUCAS-2 represents poor value for money when compared to standard manual chest compression in out-of-hospital cardiac arrest.”

Marti et al, 2017



### **Patient impact**

There was no evidence of improved survival to 30-days with the use of mechanical chest compressions (6% of patients survived) compared to manual chest compression (7% survived).



### **Practice impact**

Guidelines around the world were informed by this study: “The task force continues to suggest against routinely using mechanical CPR devices while acknowledging their utility in specific situations” *International Liaison Committee on Resuscitation*

“HTW advises that routine adoption of mechanical chest compression devices across the ambulance service is not currently supported by available evidence” *Health Technology Wales*



### **Academic impact**

The PARAMEDIC-1 study is highly-regarded around the world, being cited 392 times in academic papers. It was published in the Lancet, which, with an impact factor of 88.5, ranks 1<sup>st</sup> among 332 general medicine journals.



The PARAMEDIC-2 study

How effective is  
adrenaline in out-of-  
hospital cardiac  
arrest?



# How effective is adrenaline in out-of-hospital cardiac arrest?

## ***A Randomized Trial of Epinephrine in Out-of-Hospital Cardiac Arrest (PARAMEDIC-2)***

*WAST were one of five ambulance services who took part in this important study. 8014 patients whose hearts had stopped beating were treated with either adrenaline (in some regions known as epinephrine) or placebo, in addition to all other usual treatments.*



### **Patient impact**

“In adults with out-of-hospital cardiac arrest, the use of epinephrine resulted in a significantly higher rate of 30-day survival than the use of placebo, but there was no significant between-group difference in the rate of a favorable neurologic outcome because more survivors had severe neurologic impairment in the epinephrine group.” Perkins et al, 2018



### **Practice impact**

Clinicians and policy-makers alike were clear after this study that the impact of adrenaline administration was much smaller than other interventions such as early bystander recognition of cardiac arrest, early CPR, and early defibrillation. Simultaneously, the study showed that the small improvements seen with adrenaline administration were highly time-dependent; this led the study team to design the PARAMEDIC-3 trial, which WAST also supported (see next page).

### **Academic impact**

The PARAMEDIC-2 study is a landmark piece of research cited by over 600 other papers. Its conceptual impact has helped reshape our understanding of how to improve cardiac arrest outcomes – away from advanced care and towards early intervention from our communities (such as by drone delivery of defibrillators, explored later in this report)



“The number of patients who would need to be treated with epinephrine to prevent one death after cardiac arrest was 112, as compared with early recognition of cardiac arrest (number needed to treat, 11), CPR performed by a bystander (number needed to treat, 15), and early defibrillation (number needed to treat, 5)”

Perkins et al, 2018

### **Financial impact**

“Adrenaline was not cost-effective when only directly related costs and consequences are considered. However, incorporating the indirect economic effects associated with transplanted organs substantially alters cost-effectiveness, suggesting decision-makers should consider the complexity of direct and indirect economic impacts of adrenaline.” Achana et al, 2020



**Should we use injections into the bone for patients whose heart has stopped beating?**



**The PARAMEDIC-3 study**

# Should we use injections into the bone for patients whose heart has stopped beating?

## **Pre-hospital Randomised trial of MEDICATION route in out-of-hospital cardiac arrest (PARAMEDIC-3)**

WAST joined forces with 10 other ambulance services in this important study. 6082 patients whose hearts had stopped beating were treated with either an injection into the bone (intraosseous) or the usual method of ambulance staff injecting into the vein (intravenous). Researchers followed these patients up for up to 6 months.

“Among adults with out-of-hospital cardiac arrest requiring drug therapy, the use of an intraosseous-first vascular access strategy did not result in higher 30-day survival than an intravenous-first strategy.”

Couper et al, 2025



### **Financial impact**

Cost-effectiveness modelling is in progress. Intraosseous devices are many times more expensive than the usual treatment of cannulation, but costs are also borne downstream through differing admission patterns, so full health economic analysis also uses long-term patient outcomes



### **Patient impact**

There was no evidence of improved survival to 30-days with the use of the intraosseous-first strategy (4.5% of patients survived) compared to intravenous-first (5.1% survived). Neither was there evidence of improved survival to discharge with a good neurological outcome (2.7% intraosseous versus 2.8% intravenous)



### **Practice impact**

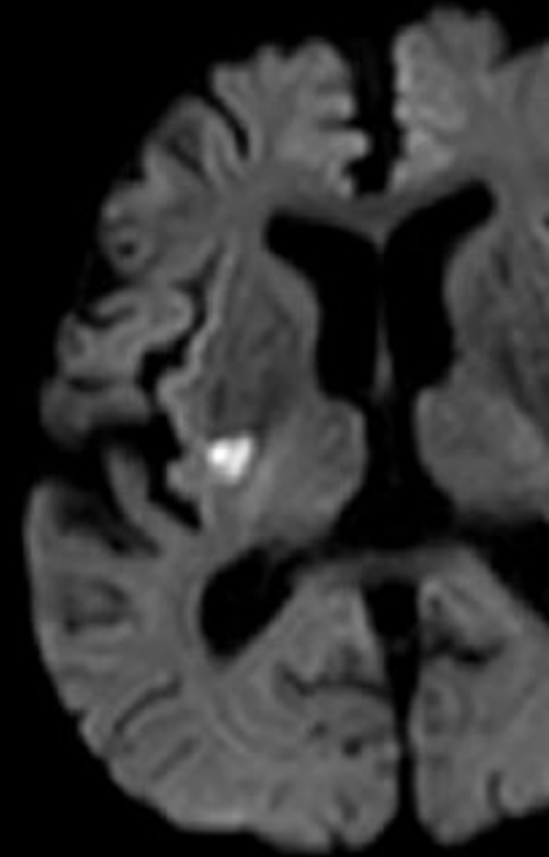
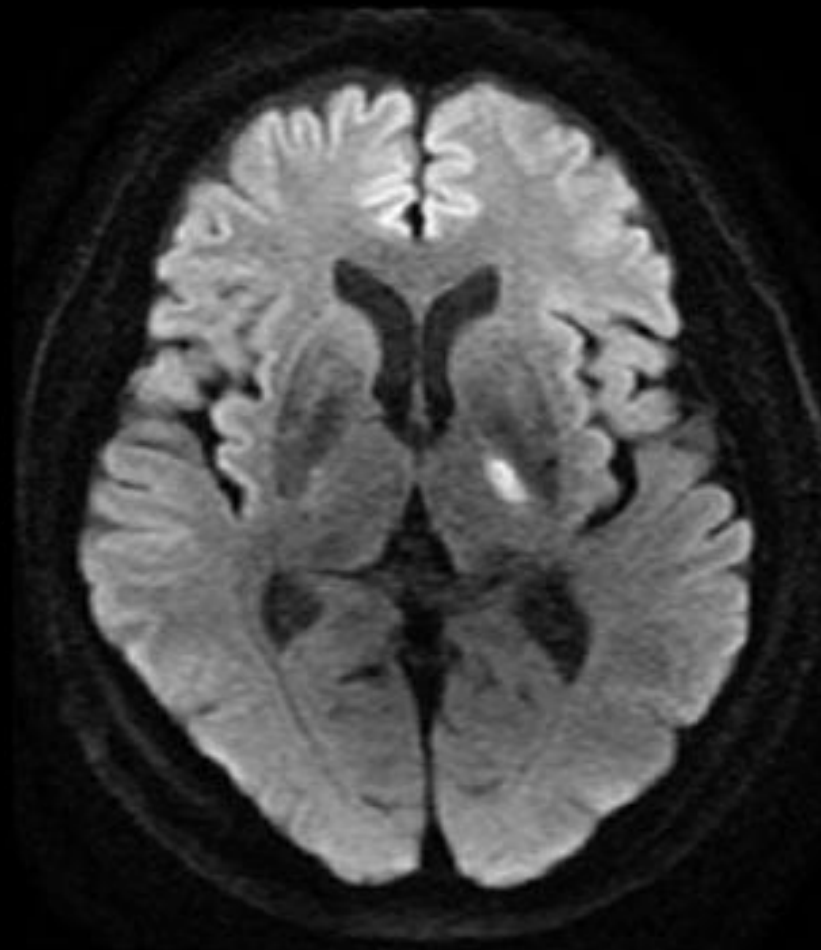
Guidelines already recommended that intravenous-first strategy should be adopted, but in practice, ambulance services were seeing increasing rates of intraosseous use before this study.

“We suggest IV access, as compared to IO access, as the first attempt for vascular access during adult cardiac arrest (weak recommendation, low certainty evidence).”  
*International Liaison Committee on Resuscitation, draft Consensus on Science with Treatment Recommendations*



### **Academic impact**

The PARAMEDIC-3 study, although very recently published, has already been cited 47 times in academic papers. It was published in the New England Journal of Medicine, which is internationally esteemed with a Journal Impact Factor of 78.5, as well as a programme to grant free access to low-income countries.



The RIGHT-2 study

**Could a simple patch help patients  
with suspected stroke?**

# Could a simple patch help patients with suspected stroke?

## ***Prehospital transdermal glyceryl trinitrate in patients with ultra-acute presumed stroke (RIGHT-2): an ambulance-based, randomised, sham-controlled, blinded, phase 3 trial***

*This highly collaborative study involved paramedics applying either a GTN patch or a similar sham patch to patients with signs of suspected stroke, replaced for up to 3 days in hospital. It involved eight ambulance services, including WAST, conveying to 54 stroke hospitals.*

“Prehospital treatment with transdermal GTN does not seem to improve functional outcome in patients with presumed stroke. It is feasible for UK paramedics to obtain consent and treat patients with stroke in the ultra-acute prehospital setting.”

The RIGHT-2 investigators, 2019

### **Financial impact**

Stroke is an important research topic for the healthcare sector, due to both the impact it has on patients, but also the economy, with the Stroke Association estimating annual costs of stroke at £26 billion. Research spending for stroke is limited, with just £48 per patient, compared with £241 per cancer patient and £118 per dementia patient



### **Patient impact**

There was no evidence of improved survival to 30-days with the use of the intraosseous-first strategy (4.5% of patients survived) compared to intravenous-first (5.1% survived). Neither was there evidence of improved survival to discharge with a good neurological outcome (2.7% intraosseous versus 2.8% intravenous)



### **Practice impact**

This study demonstrated to the research community that ambulance clinicians could recruit to stroke studies in the critical early stages of illness, and that a transdermal patch is a feasible method of medication delivery for prehospital clinicians.



### **Academic impact**

This well-received study showed that ambulance clinicians can recruit to interventional studies even when stroke patients are acutely unwell. Following on from it, other researchers have begun investigations into topics pertinent to stroke care, including:

- Prehospital video triage (PHOTONIC)
- Thrombectomy bypass (SPEEDY)
- Saliva lateral flow test for stroke (GHOST)
- Blood lateral flow test for large vessel occlusion (PRONTO, which WAST has joined)



# Could local anaesthetic improve pain relief for patients with suspected hip fracture?



The RAPID study

# Could local anaesthetic improve pain relief for patients with suspected hip fracture?

## **Rapid Analgesia for Prehospital hip Disruption (RAPID): findings from a randomised feasibility study**

*This feasibility study was delivered with Welsh Ambulance Service as the sole ambulance service treating patients with suspected hip fracture, comparing usual care to fascia iliaca compartment block. This used a local anaesthetic, administered at the scene by specially-trained paramedics to provide pain relief.*

“They explained everything – the situation and the reason, did I want to try this and all this. I was glad to see them come in. It was perfect. I could not wish for better.”

[RAPID study patient interview]

Jones et al, 2019

## **Financial impact**

As a feasibility study, this did not provide cost-effectiveness data, but tested whether the patient outcome measures and costs could be measured in a definitive study (currently underway). Costs of an intervention like this include not just the direct costs of anaesthetic and paramedic training, but also downstream costs or savings through length of admission, for example.



## **Patient impact**

We sent quality of life questionnaires to patients in both arms of the study. Patient satisfaction was similar: experimental mean 3.4 (n = 20) versus 3.5 (n = 13) for usual care. Some patients were interviewed about their experiences in the study.

## **Practice impact**

Usual paramedic pain relief for this patient group can include paracetamol, Entonox gas, and opioids. The new method, local anaesthetic injected into the fascia iliaca has been used in hospital settings successfully and with fewer side effects than opioids. It has been tested twice in small prehospital studies, but with the use of morphine at the same time. This feasibility study compared local anaesthetic alone to usual pain relief.



## **Academic impact**

This feasibility study was designed to show whether a full trial would be likely to succeed. The feasibility study RAPID has led directly to the RAPID-2 definitive study being funded. Led by the same research team, and again involving Welsh Ambulance Service staff, this study aims to answer whether local anaesthetic for suspected hip fracture is beneficial for our patients. This study is ongoing.



# Could drones help improve cardiac arrest response in rural areas?

o Drone take-off site

o Participant staging area

DRONES



# Could drones help improve cardiac arrest response in rural areas?

***The use of drone-delivered Automated External Defibrillators in the emergency response for out-of-hospital cardiac arrest.***

## ***A simulation study***

*Welsh Ambulance Service worked with academic and industry partners to simulate the delivery by drone of a defibrillator to a bystander performing CPR on a manikin. The study combined audio-recording of the simulated 999 call, video observation, and post-simulation interviews to allow detailed understanding of the entire timeline of events.*



## **Patient impact**

This simulation study explored how drones could be delivered to a simulated cardiac arrest. The clinical benefits of early defibrillation are well-established, exceeding by many times some of the so-called advanced care interventions provided by ambulance staff (see PARAMEDIC studies elsewhere in this report).



“Drone start-up procedures were quick but there were delays once the drone arrived on scene..”

Smith et al, 2025

## **Financial impact**

Defibrillation cost-effectiveness does depend on timeliness of delivery as well as siting of the units. Drone-delivered defibrillation may offer an opportunity to overcome some disparities in the location of static public access defibrillators, which are disproportionately located in more affluent areas.



## **Academic impact**

This study’s conceptual impact shows the importance of considering all aspects of the timeline to defibrillator use – including the time before dispatch and after arrival of the drone – not simply the flight time. WAST are now involved in a bid for research funding to model optimal locations for defibrillator drone sites, as well as a study into public acceptability of drones flying over land for health purposes.

# Publications

The academic impact of research WAST has taken part in can be measured objectively in a variety of ways. Here, we list a non-exhaustive set of publications based on WAST research alongside the journal impact factor (measures the overall prestige of the journal which published our work) and the number of citations for that specific paper. For both scores, the higher the better. We also present instrumental impact throughout this report – such as changes in practice.

Study	Selected publications	Journal impact factor	Citations
PARAMEDIC-1	Gavin D Perkins, Ranjit Lall, Tom Quinn, Charles D Deakin, Matthew W Cooke, Jessica Horton, Sarah E Lamb, Anne-Marie Slowther, Malcolm Woollard, Andy Carson, Mike Smyth, Richard Whitfield, Amanda Williams, Helen Pocock, John J M Black, John Wright, Kyee Han, Simon Gates <b>Mechanical versus manual chest compression for out-of-hospital cardiac arrest (PARAMEDIC): a pragmatic, cluster randomised controlled trial</b> , <i>The Lancet</i> , Volume 385, Issue 9972, 2015, Pages 947-955	88.5	397
	Marti J, Hulme C, Ferreira Z, Nikolova S, Lall R, Kaye C, Smyth M, Kelly C, Quinn T, Gates S, Deakin CD, Perkins GD. <b>The cost-effectiveness of a mechanical compression device in out-of-hospital cardiac arrest</b> . <i>Resuscitation</i> . 2017 Aug;117:1-7. doi: 10.1016/j.resuscitation.2017.04.036. Epub 2017 May 2. PMID: 28476479	4.6	25
	Ji C, Lall R, Quinn T, Kaye C, Haywood K, Horton J, Gordon V, Deakin CD, Pocock H, Carson A, Smyth M, Rees N, Han K, Byers S, Brace-McDonnell S, Gates S, Perkins GD; <b>PARAMEDIC trial Collaborators</b> . <b>Post-admission outcomes of participants in the PARAMEDIC trial: A cluster randomised trial of mechanical or manual chest compressions</b> . <i>Resuscitation</i> . 2017 Sep;118:82-88. doi: 10.1016/j.resuscitation.2017.06.026. Epub 2017 Jul 5. PMID: 28689046.	4.6	22
PARAMEDIC-2	Perkins GD, Ji C, Deakin CD, Quinn T, Nolan JP, Scomparin C, Regan S, Long J, Slowther A, Pocock H, Black JJM, Moore F, Fothergill RT, Rees N, O'Shea L, Docherty M, Gunson I, Han K, Charlton K, Finn J, Petrou S, Stallard N, Gates S, Lall R; PARAMEDIC2 Collaborators. <b>A Randomized Trial of Epinephrine in Out-of-Hospital Cardiac Arrest</b> . <i>New England Journal of Medicine</i> . 2018 Aug 23;379(8):711-721. doi: 10.1056/NEJMoa1806842. Epub 2018 Jul 18. PMID: 30021076.	78.5	630
	Achana F, Petrou S, Madan J, Khan K, Ji C, Hossain A, Lall R, Slowther AM, Deakin CD, Quinn T, Nolan JP, Pocock H, Rees N, Smyth M, Gates S, Gardiner D, Perkins GD; PARAMEDIC2 Collaborators. <b>Cost-effectiveness of adrenaline for out-of-hospital cardiac arrest</b> . <i>Critical Care</i> . 2020 Sep 27;24(1):579. doi: 10.1186/s13054-020-03271-0. PMID: 32981529; PMCID: PMC7520962.	9.3	36
	England E, Deakin CD, Nolan JP, Lall R, Quinn T, Gates S, Miller J, O'Shea L, Pocock H, Rees N, Scomparin C, Perkins GD. <b>Patient safety incidents and medication errors during a clinical trial: experience from a pre-hospital randomized controlled trial of emergency medication administration</b> . <i>European Journal of Clinical Pharmacology</i> . 2020 Oct;76(10):1355-1362. doi: 10.1007/s00228-020-02887-z. Epub 2020 Jun 14. PMID: 32535646.	2.7	11
	Perkins GD, Kenna C, Ji C, Deakin CD, Nolan JP, Quinn T, Scomparin C, Fothergill R, Gunson I, Pocock H, Rees N, O'Shea L, Finn J, Gates S, Lall R. <b>The influence of time to adrenaline administration in the Paramedic 2 randomised controlled trial</b> . <i>Intensive Care Medicine</i> . 2020 Mar;46(3):426-436. doi: 10.1007/s00134-019-05836-2. Epub 2020 Jan 7. PMID: 31912202; PMCID: PMC7067734.	26.1	77

# Publications

Study	Selected publications	Journal impact factor	Citations
PARAMEDIC-3	Couper K, Ji C, Deakin CD, Fothergill RT, Nolan JP, Long JB, Mason JM, Michelet F, Norman C, Nwankwo H, Quinn T, Slowther AM, Smyth MA, Starr KR, Walker A, Wood S, Bell S, Bradley G, Brown M, Brown S, Burrow E, Charlton K, Claxton Dip A, Dra'gon V, Evans C, Falloon J, Foster T, Kearney J, Lang N, Limmer M, Mellett-Smith A, Miller J, Mills C, Osborne R, Rees N, Spaight RES, Squires GL, Tibbetts B, Waddington M, Whitley GA, Wiles JV, Williams J, Wiltshire S, Wright A, Lall R, Perkins GD; PARAMEDIC-3 Collaborators. <b>A Randomized Trial of Drug Route in Out-of-Hospital Cardiac Arrest.</b> <i>New England Journal of Medicine</i> . 2025 Jan 23;392(4):336-348. doi: 10.1056/NEJMoa2407780. Epub 2024 Oct 31. PMID: 39480216; PMCID: PMC7616768.	78.5	48
	Hooper A, Nolan JP, Rees N, Walker A, Perkins GD, Couper K. <b>Drug routes in out-of-hospital cardiac arrest: A summary of current evidence.</b> <i>Resuscitation</i> . 2022 Dec;181:70-78. doi: 10.1016/j.resuscitation.2022.10.015. Epub 2022 Oct 26. PMID: 36309248.	4.6	32
	Couper K, Ji C, Lall R, Deakin CD, Fothergill R, Long J, Mason J, Michelet F, Nolan JP, Nwankwo H, Quinn T, Slowther AM, Smyth MA, Walker A, Chowdhury L, Norman C, Sprauve L, Starr K, Wood S, Bell S, Bradley G, Brown M, Brown S, Charlton K, Coppola A, Evans C, Evans C, Foster T, Jackson M, Kearney J, Lang N, Mellett-Smith A, Osborne R, Pocock H, Rees N, Spaight R, Tibbetts B, Whitley GA, Wiles J, Williams J, Wright A, Perkins GD. <b>Route of drug administration in out-of-hospital cardiac arrest: A protocol for a randomised controlled trial (PARAMEDIC-3).</b> <i>Resuscitation Plus</i> . 2023 Dec 30;17:100544. doi: 10.1016/j.resplu.2023.100544. PMID: 38260121; PMCID: PMC10801302.	2.4	7
RIGHT-2	RIGHT-2 Investigators. <b>Prehospital transdermal glyceryl trinitrate in patients with ultra-acute presumed stroke (RIGHT-2): an ambulance-based, randomised, sham-controlled, blinded, phase 3 trial.</b> <i>Lancet</i> . 2019 Mar 9;393(10175):1009-1020. doi: 10.1016/S0140-6736(19)30194-1. Epub 2019 Feb 6. PMID: 30738649; PMCID: PMC6497986.	88.5	92
RAPID	Jones JK, Evans BA, Fegan G, Ford S, Guy K, Jones S, Keen L, Khanom A, Longo M, Pallister I, Rees N, Russell IT, Seagrove AC, Watkins A, Snooks HA. <b>Rapid Analgesia for Prehospital hip Disruption (RAPID): findings from a randomised feasibility study.</b> <i>Pilot and Feasibility Studies</i> 2019 Jun 12;5:77. doi: 10.1186/s40814-019-0454-1. PMID: 31210961; PMCID: PMC6560881.	1.6	18
DRONES	Smith CM, Powell C, Bernstein CJ, Howe H, Holt M, O'Sullivan M, Couper K, Rees N. <b>The use of drone-delivered Automated External Defibrillators in the emergency response for out-of-hospital cardiac arrest. A simulation study.</b> <i>Resuscitation Plus</i> . 2025 Jul 25;25:101045. doi: 10.1016/j.resplu.2025.101045. PMID: 40821007; PMCID: PMC12355114.	2.4	-

# Thank you for supporting Welsh Ambulance Service research

For any questions and/or support, please contact the Research Team:

[Amb\\_Research.Development@wales.nhs.uk](mailto:Amb_Research.Development@wales.nhs.uk)

<https://ambulance.nhs.wales/about-us/research-and-development/>



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Agenda Item No. 16

## REPORT TITLE

Governance Report – May 2026

## MEETING

Name of meeting	Trust Board
Date of meeting	28 May 2026
Public or Private	Public
If private - <a href="#">rationale</a>	n/a

## REPORT SPONSOR

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

## PURPOSE OF REPORT

- |  |                                      |
|--|--------------------------------------|
| <input checked="" type="checkbox"/> Approval                 | <input type="checkbox"/> Endorsement |
| <input checked="" type="checkbox"/> Assurance                | <input type="checkbox"/> Discussion  |
| <input type="checkbox"/> Information (goes in consent items) | <input type="checkbox"/> Noting      |

## REPORT SUMMARY:

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

1. This report sets out where applicable the Chair's Action's taken since the last Board meeting, use of the Trust Seal, decisions made in private session and any other governance matters.



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### 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 Agreement for the Retrospective Licence for Alterations Relating to Unit B5 Porthmadog Business Park, Porth Madog, Gwynedd. The parties to the document are the Welsh Ministers and the Welsh Ambulance Services University NHS Trust.

### Decisions in Private Session

4. The decisions made at the private Trust Board meeting on **26 March 2026** were:
  - 4.1 The approval of the participation of the Trust in the new NHS Wales Microsoft Enterprise Agreement for the period 01 July 2026-30 June 2031.
  - 4.2 The approval of the renewal of the Microsoft SQL Server agreement with Trustmarque Solutions Ltd under the DHCW NHS Wales Microsoft Reseller Provider Framework Agreement, with the associated funding requests approved.

## RECOMMENDATION(S)

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

The Board is requested to:

1. Receive and note the report.
2. 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](#)]

<input type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input type="checkbox"/> SO2: Enabling our people to be the best they can be
<input type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input type="checkbox"/> SO4: Developing services in collaboration
<input checked="" type="checkbox"/> SO5: Being quality driven and clinically led	<input checked="" type="checkbox"/> 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](#)]

<input type="checkbox"/> Safe	<input type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input type="checkbox"/> Equitable	<input type="checkbox"/> Person Centred

Quality Enablers (select all that apply) [[link to standards](#)]

<input type="checkbox"/> Leadership	<input type="checkbox"/> Workforce	<input type="checkbox"/> Culture
<input checked="" type="checkbox"/> Information	<input type="checkbox"/> Learning Improvement & Research	<input type="checkbox"/> Whole Systems Approach

### WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to goals](#)]

<input type="checkbox"/> A socially responsible and inclusive employer	<input type="checkbox"/> An innovative and sustainable organisation	<input type="checkbox"/> A pro-active, accessible and equitable care provider
<input checked="" type="checkbox"/> n/a	<input checked="" type="checkbox"/> n/a	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
--	--

If yes, what impact assessment is attached

### APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
n/a	

## ACRONYMS BUSTER

ABBREVIATION	TERM
<b>AAA</b>	Alert, Assure, Advise Report
<b>ACA1/2</b>	Ambulance Care Assistant
<b>ADLT</b>	Assistant Directors' Leadership Team
<b>AfC</b>	Agenda for Change
<b>AGM</b>	Annual General Meeting
<b>AMR</b>	Antimicrobial Resistance
<b>APC</b>	Academic Partnership Committee
<b>APPs</b>	Advanced Paramedic Practitioners
<b>AQIs</b>	Ambulance Quality Indicators
<b>ARAC</b>	Audit, Risk and Assurance Committee
<b>ARWAP</b>	Anti Racist Wales Action Plan
<b>BAF</b>	Board Assurance Framework
<b>BI</b>	Business Intelligence
<b>CVUHB</b>	Cardiff and Vale University Health Board
<b>CAS</b>	Clinical Assessment System
<b>CASC</b>	Chief Ambulance Services Commissioner
<b>CC</b>	Charity Committee
<b>CCC</b>	Clinical Contact Centres
<b>CFRs</b>	Community First Responders
<b>CHARU</b>	Cymru High Acuity Response Unit
<b>CIAT</b>	Clinical Intelligence and Assurance Team
<b>COPI</b>	Control of Patient Information Regulations
<b>COSHH</b>	Control of Substances Hazardous to Health
<b>CPD</b>	Continual Professional Development
<b>CPR</b>	Child Practice Reviews
<b>CardioPR</b>	Cardiopulmonary Resuscitation
<b>CRM</b>	Clinical response Model
<b>CRR</b>	Corporate Risk Register
<b>CQGG</b>	Clinical Quality Governance Group
<b>CSD</b>	Clinical Support Desk
<b>CTP</b>	Clinical Transformation Programme
<b>DAP</b>	Decarbonisation Action Plan

## ACRONYMS BUSTER

ABBREVIATION	TERM
<b>DEEE</b>	Diesel Engine Exhaust Emissions
<b>DPIA</b>	Data Protection Impact Assessment
<b>EAP</b>	Emergency Ambulance Practitioner
<b>EASC</b>	Emergency Ambulance Services Committee
<b>EDs</b>	Emergency Departments
<b>EMS</b>	Emergency Medical Service
<b>EMT</b>	Emergency Medical Technician
<b>ELT</b>	Executive Leadership Team
<b>ePCR</b>	Electronic Patient Care Record
<b>EPRR</b>	Emergency Preparedness Resilience and Response
<b>ESR</b>	Electronic Staff Record
<b>GRS</b>	Global Rostering System
<b>HART</b>	Hazardous Area Response Team
<b>HEIW</b>	Health Education and Improvement Wales
<b>HIW</b>	Health Inspectorate Wales
<b>FPC</b>	Finance and Performance Committee
<b>FReM</b>	Government Financial Reporting Manual
<b>FTE</b>	Full-time Equivalent
<b>HSE</b>	Health and Safety Executive
<b>ICAP</b>	Integrated Commissioning Action Plan
<b>ICO</b>	Information Commissioner's Office
<b>IMTP</b>	Integrated Medium-Term Plan
<b>IPC</b>	Infection Prevention Control
<b>IRP</b>	Incident Response Plan
<b>JCC</b>	Joint Commissioning Committee
<b>JESIP</b>	Joint Emergency Services Interoperability Principles
<b>JIF</b>	Joint Investigations Framework
<b>JOL</b>	Joint Organisational Learning
<b>LCFS</b>	Local Counter Fraud Service
<b>LRF</b>	Local Resilience Forum/Fora
<b>MACA</b>	Military Aid to Civil Authorities
<b>MAI</b>	Manchester Arena Inquiry

## ACRONYMS BUSTER

ABBREVIATION	TERM
<b>MDS</b>	Minimum Data Set
<b>MHRV</b>	Mental health response vehicle
<b>MIQPR</b>	Monthly Integrated Quality and Performance Report
<b>NEPTS</b>	Non-Emergency Patient Transport Service
<b>NHSDW</b>	NHS Direct Wales
<b>NQP</b>	Newly Qualified Paramedic
<b>NRIs</b>	National Reportable Incidents
<b>NWSSP</b>	NHS Wales Shared Services Partnership
<b>PADRs</b>	Performance and Development Reviews
<b>PCC</b>	People and Culture Committee
<b>PENNA</b>	Patient Experience National Network Awards
<b>PECI</b>	Patient Experience and Community Involvement
<b>PPE</b>	Personal Protective Equipment
<b>PSOW</b>	Public Service Ombudsman for Wales
<b>QIA</b>	Quality Impact Assessment
<b>QMG</b>	Quality Management Group
<b>QPMF</b>	Quality and Performance Management Framework
<b>QuEST</b>	Quality, Patient Experience and Safety Committee
<b>Q1, Q2, Q3, Q4</b>	Quarter (of the financial year)
<b>RemCom</b>	Remuneration Committee
<b>RCRP</b>	Right Care Right Person
<b>RCS</b>	Rapid Clinical Screening
<b>REAP</b>	Resource Escalation Action Plan
<b>RICS</b>	Remote Integrated Care Service
<b>RPE</b>	Respiratory Protective Equipment
<b>RPB</b>	Regional Partnership Boards
<b>RIDDOR</b>	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
<b>RIF</b>	Regional Integration Fund
<b>ROSC</b>	Return of spontaneous circulation from cardiac arrest
<b>SCIF</b>	Significant Clinical Incident Forum
<b>SDECs</b>	Same Day Emergency Care Centres

## ACRONYMS BUSTER

ABBREVIATION	TERM
<b>SI</b>	Statutory Instrument
<b>SOP</b>	Standard Operating Procedure
<b>SORT</b>	Specialist Operational Response Team
<b>STB</b>	Strategic Transformation Board
<b>STEMI</b>	ST segment elevation myocardial infarction
<b>SUS</b>	Speaking Up Safely
<b>The Trust</b>	Welsh Ambulance Services University NHS Trust
<b>TRiM</b>	Trauma and Risk Management
<b>TU</b>	Trade Union
<b>UCRS</b>	Urgent Community Response Service
<b>UCS</b>	Urgent Care Service
<b>UHP</b>	Unit Hour Production
<b>UTS</b>	University Trust Status
<b>WASPT</b>	Welsh Ambulance Services Partnership Team
<b>WHSCC</b>	Welsh Health Specialised Services Committee
<b>WRP</b>	Welsh Risk Pool
<b>WTEs</b>	Whole-time equivalents