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

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| <b>Date submitted</b>  | <b>19 February 2026</b> |
| <b>Date of meeting</b> | <b>5 March 2026</b>     |

**Context**

This evidence pack has been produced by the Welsh Ambulance Services University NHS Trust in support of the Public Accountability Meeting between Welsh Ministers and the Board on 5 March 2026. It has been produced in line with the guidance from Welsh Government.

## INTRODUCTION AND BACKGROUND

1. The Welsh Ambulance Services University NHS Trust ('the Trust') welcomes the opportunity to provide this evidence pack in support of its public accountability meeting on 5 March 2026. The pack comprises a range of required information as identified in the meeting agenda and aims to inform discussion.
2. It is perhaps helpful to provide some general context to the current position of the Trust. As a national provider, the Trust provide care and service to thousands of people across Wales: over half a million 999 calls; a million 111 calls; 5.3 million 111 website visits; and 550,000 non-emergency patient journeys a year. The Trust also provides a range of other services which includes (but is not limited to) the inter-facility transport service between the Grange Hospital and other sites across the health board area.
3. Our long-term strategy, 'Delivering Excellence', published in 2019, sets an ambitious vision for the organisation, moving us from the traditional model of an ambulance service to being an out-of-hospital emergency and urgent care provider, working in collaboration with others to support patients to stay at home.
4. With approved Integrated Medium Term Plans (IMTPs) each year, the organisation has moved progressively forward towards this vision, but 2025/26 has been a year of particularly significant change, with the phased introduction between July and December 2025 of a new, and welcome, Welsh Government ambulance performance framework, supported with a refresh of the service's clinical model, aimed at minimising levels of patient harm and optimising the use of the Trust's clinical expertise, remote monitoring capability and pan-Wales reach.
5. The Trust welcomed a new Chief Executive, Emma Wood, in October 2025, and work is now underway to prepare the Trust's latest three-year Integrated Medium Term Plan, one element of which will be the refresh of its long-term strategy, recognising much has changed since the Trust's Delivering Excellence Strategy (to 2030) was published in 2019.
6. Notwithstanding these significant in-year changes, the Trust has maintained its escalation status at "routine", is on track to achieve financial balance in 2025/26 and has begun work to embed its wellbeing objectives into strategic decision-making, having adopted them in March 2025. The Trust received a positive structured assessment from Audit Wales in 2025 and, despite changes at Chief Executive level, has maintained stable governance through its Board. The newly developed risk appetite statements will further support consistent and transparent decision making across the organisation.
7. The Trust continues to work closely with colleagues in Welsh Government and the Joint Commissioning Committee (JCC) on a range of strategic issues and will continue

to do so into 2026/27 and beyond. Of particular note is continued support for, and monitoring of, the 45-minute Release to Respond initiative, as well as the strategic review of services by the JCC and Health Inspectorate Wales' desktop review which commenced in January 2026.

8. The Trust remains keen to extend the strategic dialogue in which it engages, particularly with health boards in their capacity both as commissioners and partners in the delivery of services, to ensure that the Trust is central to solution-focused approaches to service improvement across the health and care system. This will be a focus for the Trust moving forward, to ensure relationships are consolidated and, where appropriate, improved, such that there is a consistent and shared understanding of the options for collaboration and delivery between WAST and its health board partners.

## SECTION ONE: DELIVERING AN EFFECTIVE SERVICE

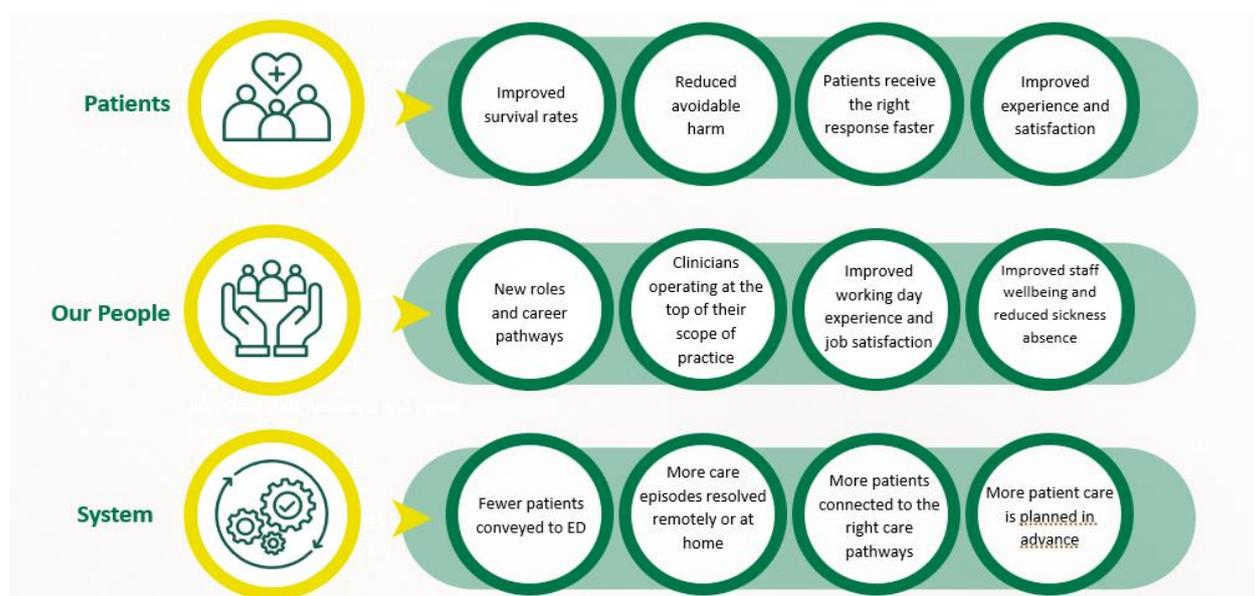
### Summary

- The refreshed clinical model and new ambulance performance framework, taken together, are allowing the Trust to focus on improving experience and outcomes for patients by focusing resources in the right way.
- Hospital handovers are largely on an improvement trajectory, notwithstanding some impact from winter pressures, and this is welcomed.
- Arrest response times generally remain within the six to eight-minute timeframe and ROSC rates are showing signs of improvement.
- Overall, more patients are receiving appropriate care, which evidences the quantum of previously unmet need. However, this does mean that performance gains are slight.
- Too many patients continue to wait too long for a response or a clinical call back and work is underway to review this and to focus on improvement, including process and productivity.
- NHS 111 Wales continues to experience some issues in terms of abandonment rate and callback delays. Work is underway to review demand, process and productivity to secure improvements.
- The Trust is unable to meet demand for non-emergency patient transport leading to a rise in complaints. A range of options are in active discussion with commissioners, which include changing eligibility criteria, reducing performance indicators, reducing on-the-day cancellation and increasing capacity through re-rostering.
- Key improvements will result from further collaboration with health boards on patient pathways, clinical hubs, single points of access (SPoA) and Same Day Emergency Care (SDECs), for example. Similarly, the Trust will engage fully with Welsh Government's Community By Design initiative to ensure it is able to make a substantial contribution to the discussion and delivery of enhanced community services. These are priority actions for 2026/27.

### Background

9. Over the last decade, the Trust has been at the forefront of clinically led pre-hospital emergency and urgent care, with a focus on providing patients with high quality care and service.
10. In 2024, the Trust launched its ambitious Clinical Model Transformation (CMT) programme which moved forward the existing Clinical Response Model, first introduced in October 2015, to an Integrated Clinical Services Model. This move was prompted by a recognition that many patients were not being well served by the existing model of care and that there was a pressing need to ensure the provision of clinically safer services, reducing harm and enabling more people to receive the right care at home or close to home.

11. The new model brings together three core services - Emergency Medical Services (999), NHS 111 Wales, and Ambulance Care (Non-Emergency Patient Transport Service – or NEPTS) – into an integrated, clinically-led service. The advent of the refreshed model, with its focus on “no wrong door” for patients and equitable access to services based on clinical need, regardless of the method of contacting the ambulance service, is based on a number of key principles:
- clinically led - more clinical input earlier and throughout the patient’s journey, with clinical outcomes being the driver for change
  - connected - better connections between systems, processes and people to ensure that patients get the right care, no matter what their access point
  - care planning - personalised care plans with strong clinical oversight until patients’ needs are met
  - choice - more options for face-to-face assessments, allowing safe, home treatment and fewer Emergency Department visits
  - collaboration - stronger partnerships with national and local health organisations to provide the right care pathways closer to home.
12. The evolution of the model complements the new Welsh Government ambulance performance framework and is focused on optimising the way care is delivered with a sharper clinical focus, with expected benefits as outlined in the visual below.



13. Long term modelling shows that, as the model embeds and demonstrates its benefits, the balance of resources should be able to recalibrate, so that more resources are directed to the access points in NHS 111 Wales, 999 and ambulance care and other alternatives to a face-to-face response, with a potentially reduced requirement for emergency ambulances. However, this substitution of resources is likely to take an extended period to be fully realised and will need to be balanced with the Trust’s ability to mount a major incident or mass casualty response.

14. Detailed below is further information on how the Trust is focusing on improving access to clinical services, in terms of timeliness, safety and effectiveness, through its refreshed clinical response model, as well as more granular detail on individual service performance and the experience and outcomes achieved for patients.

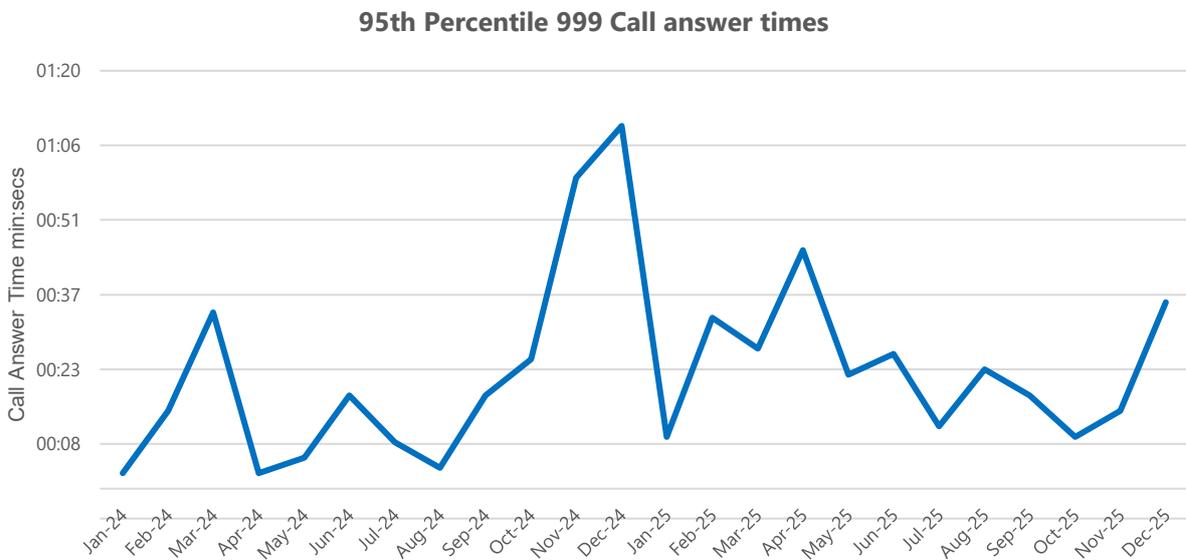
### **999 Emergency Medical Services**

15. One of the key impacts on delivering Emergency Medical Services (EMS) this year has been the advent of a new ambulance performance framework, the result of a review commissioned by Welsh Government into the appropriateness of the previous framework following a recommendation from the Senedd's Health and Social Care Committee.
16. The new framework has a clinical focus and, while a time-based metric has been retained for the most critical of calls where patients are in a life-threatening condition, the focus is now very much on the improvement of clinical outcomes. In parallel, and as outlined above, the Trust has also continued to evolve its clinical response model, ensuring that clinical review and assessment come earlier in a patient's journey and that patients receive the clinical support most appropriate to their needs.
17. While the impact of both the new framework and the refreshed clinical model will be the subject of a full academic evaluation, the early evidence detailed below, together with more detail on both developments, suggests they are having some positive impact.
18. Additionally, the introduction of the 45-minute Release to Respond initiative by Welsh Government, which requires health boards to release ambulances from Emergency Departments within 45 minutes of arrival, has been a very welcome development. There have been some significant improvements in timeliness of hospital handover in the majority of health board areas, which has improved ambulance availability to respond to patients waiting in the community, although the time lost is still double the time that is built into our rosters which in turn are based on an expected 15 minute handover.
19. It is that improved ability to respond to waiting patients which both improves clinical safety and outcome for patients. However, it also means that there is not perhaps direct improvement in performance at this stage, as the service responds to previously unmet need. Over time, and as hospital handover reductions become more sustained and universal, there should be a commensurate improvement in performance, aided by further integration and access to community-based services provided by health boards, which will reduce further the level of conveyance to Emergency Departments, and of course ongoing improvement in the Trust's productivity and efficiency.
20. The paragraphs below provide more information on EMS performance, which is assessed through a range of response time metrics, clinical indicators, and outcome

measures, some of which have changed during the course of this financial year as a result of the introduction of the new ambulance performance framework.

### Demand and Call Answering

21. In the last 12 months, the Trust received 542,000 999 calls, which related to 414,000 incidents. Incident demand fell by 3% compared to the previous year.
22. Call answering performance remains positive and compares well with other UK ambulance services. In the last 12 months, the median time to answer calls has been one second, and the graph below shows that there has been some reduction in the longest waits (95<sup>th</sup> percentile), which stood at 36 seconds in December 2025. This remains a constant focus for improvement. The Trust maintained its 'Centre of Excellence' accreditation from the International Academy of Emergency Dispatch, recognising quality use of the Medical Priority Dispatch System for 999 call triage.

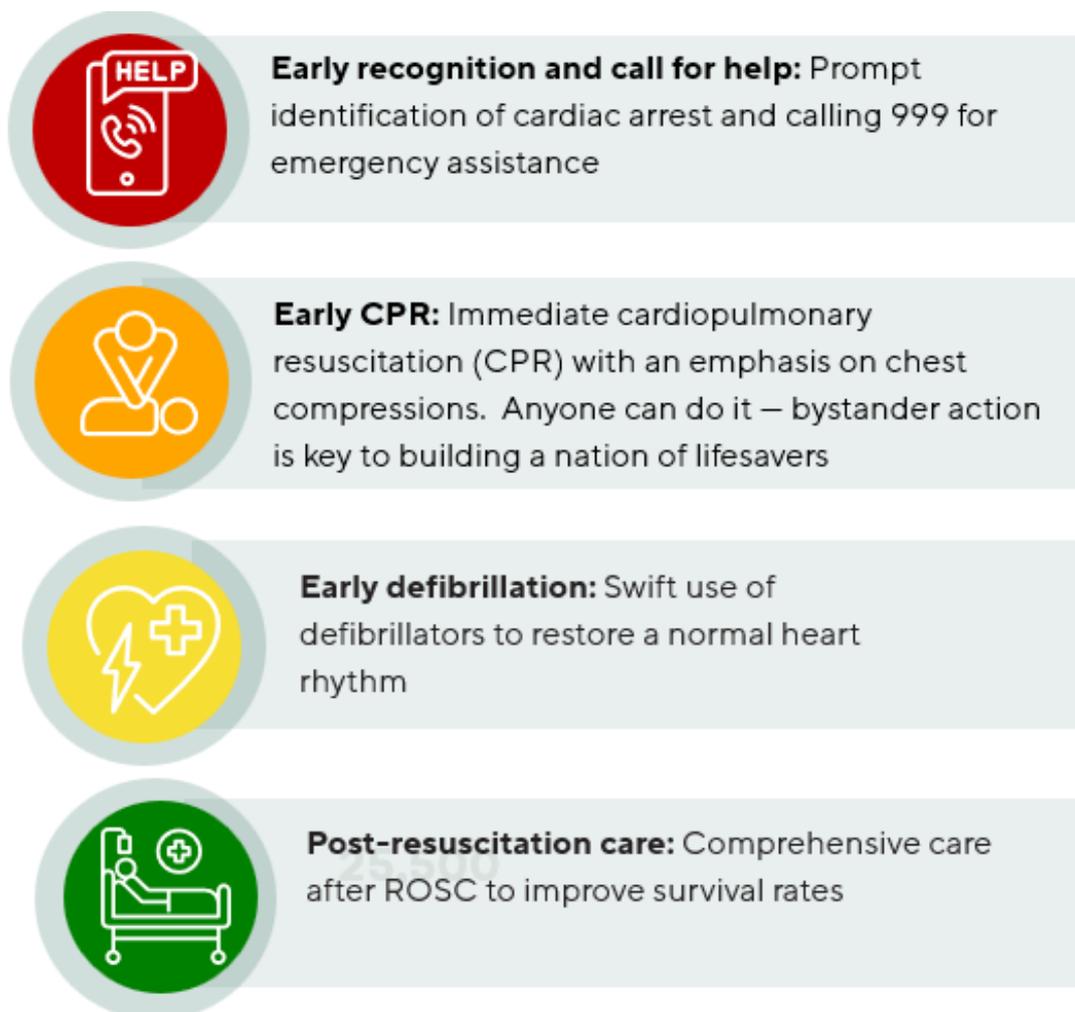


### Performance in Purple Arrest and Red Emergency (previously Red) Categories

23. From July 2025, the Purple Arrest and Red Emergency categories were introduced for those in, or at high risk of, respiratory or cardiac arrest, as part of the new ambulance performance framework.
24. For patients in cardiac or respiratory arrest, there is clear evidence linking improved outcomes and the Chain of Survival - a series of critical steps that improve the chances of survival. These steps are outlined in the diagram below and reflect the approach taken to arrest by the Trust. By focusing on this across the system, the expectation is that more lives will be saved. Now that the Trust also incorporates Save a Life Cymru, there is a better opportunity to create "a nation of lifesavers" in Wales

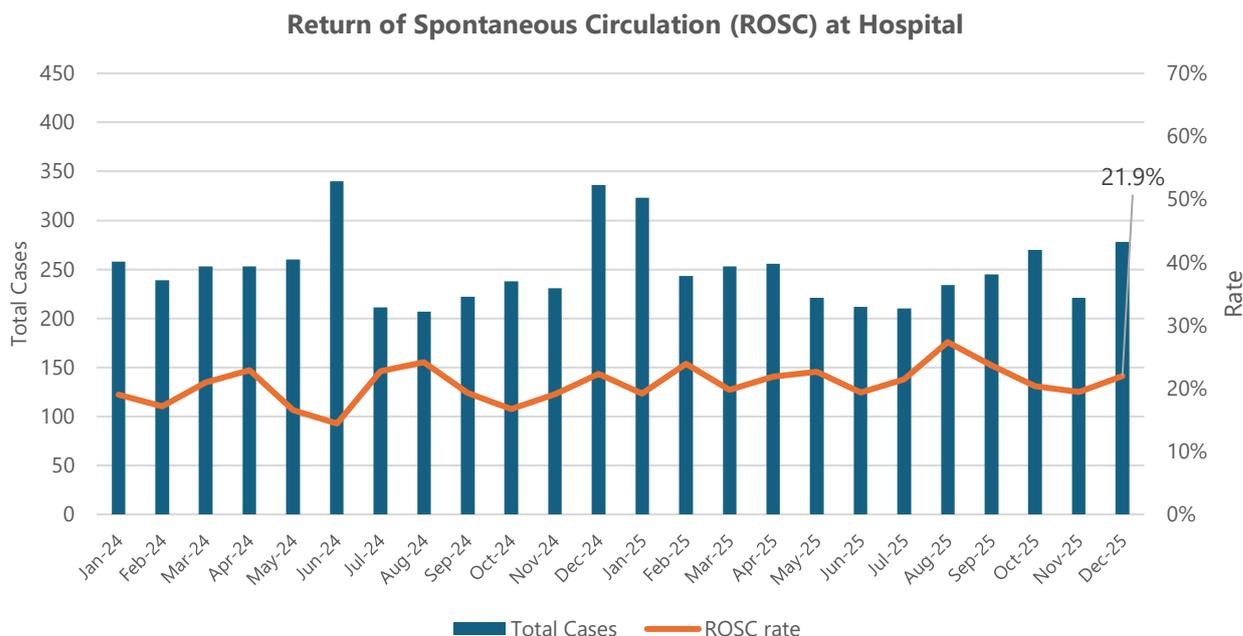
through integration of public education programmes encouraging more people to learn cardiopulmonary resuscitation (CPR) and how to use a public access defibrillator.

### The Chain of Survival



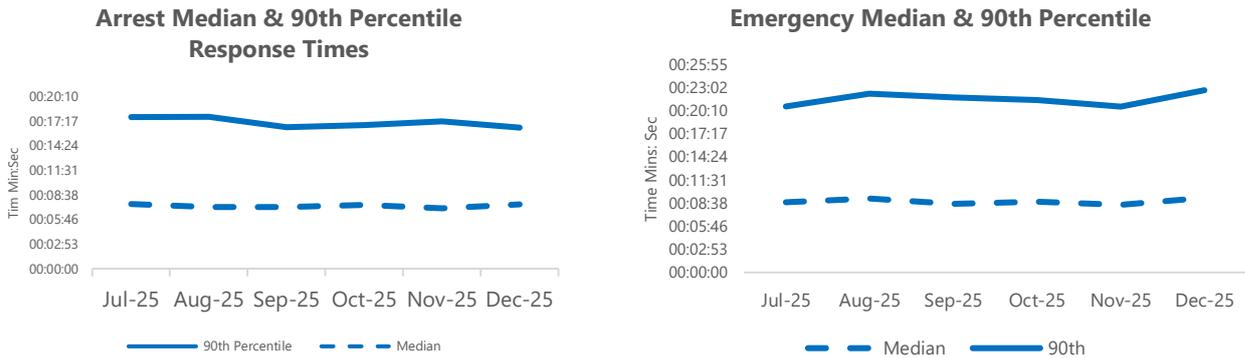
25. For Purple Arrest patients, the primary outcome measure is the percentage of people to have a heartbeat restored after a period of cardiac arrest which is subsequently retained until arrival at hospital (Return Of Spontaneous Circulation (ROSC)). Other measures linked to the Chain of Survival include the time to commence CPR and time to defibrillator at scene/patient side.
26. ROSC rates are higher than they were a number of years ago but have stabilised in the last 2 years, with variation seen each month. The most significant improvement in performance is likely to be achieved through delivery of the whole system out of hospital cardiac arrest plan, ROSC performance is kept under constant scrutiny to understand what more can be done to improve performance, acknowledging that such improvements will be incremental and subject to a number of variables. As the frequency of out of hospital cardiac arrest cases is relatively low, there is variance in

the performance on a month-to-month basis, as such it is critical to view this as an overall trend over the longer term.



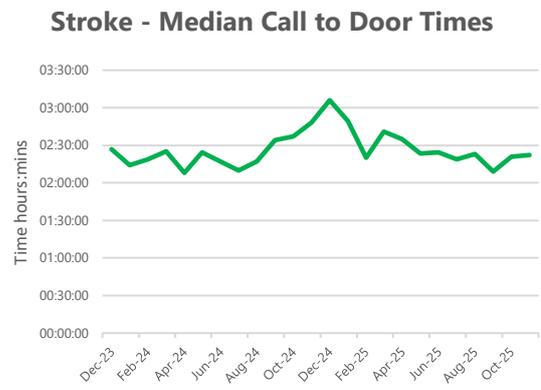
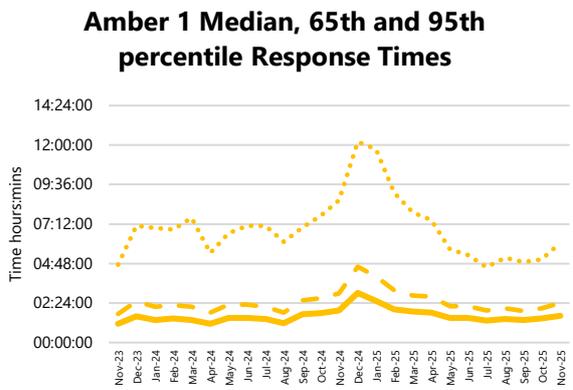
27. For Red Emergency patients, due to the breadth of presentations within this category, a range of further clinical outcome and indicator measures have been agreed and published from July 2025, including pain scores and oxygen saturation improvement as a result of clinical on-scene treatment and intervention.
28. The Purple Arrest and Red Emergency categories are equally prioritised, i.e. there is no distinction between them in terms of time to dispatch. The response times that are monitored for both categories are the same and include a median ambulance response time target range of six to eight minutes and 90% receiving an ambulance response within 20 minutes.
29. The Trust has responded in a timely way to Purple Arrest incidents, with response times within the target parameters. Despite Purple Arrest and Red Emergency categories being equally prioritised, response times are unfortunately slightly outside target parameters for Red Emergency patients (median of 9 minutes 19 seconds and 90th percentile of 22 minutes 46 seconds in December 2025).
30. Extensive analysis is ongoing, but to date, the teams have been unable to identify a single cause of this difference. Time to allocation and travel times to Red Emergency calls seem to be longer, and it may therefore be that as the volumes increase, the need for available resources and for them to be in the optimal location becomes more essential. Improvements would then be seen once only once utilisation rates were lower, which will occur when both lost hours are reduced and demand for Emergency Ambulances decreases through the clinical model transformation programme.

31. In the six months from July to December 2025, there were 854 Purple Arrest incidents a month on average, which equated to 2.4% of the total incident volume and 4,671 Red Emergency incidents a month, equating to 13% of incident volume.

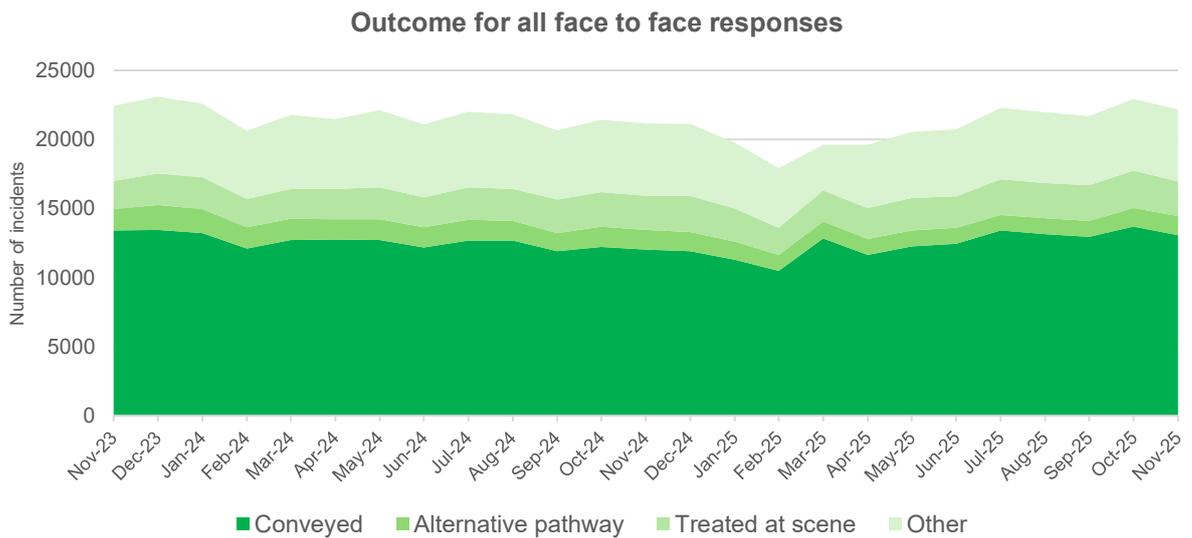


**Performance in Amber/Green (now Orange/Yellow/Green) Categories**

- 32. Before December 2025, calls other than Purple Arrest or Red Emergency were prioritised as Amber 1, Amber 2 and Green. Since December 2025 and the introduction of the new ambulance performance framework, the response categories have changed and are Orange (Now), Yellow (Soon) and Green (Planned). In the Trust’s new clinical model, remote clinicians work to identify how quickly someone needs a face-to-face assessment (time), what type of clinician is needed (skill) and the reason for a face-to-face attendance (purpose).
- 33. The majority of data for this financial year is for responses to the previous categories. These incidents make up the bulk of the Trust’s work, with 201,000 or 49% of all incidents in the Amber 1 category in the 12 months to Nov 2025.
- 34. There is no national response time target for these categories of calls, but the Trust has historically modelled on getting to Amber 1 calls within 18 minutes. It is acknowledged that the length of time to respond is far in excess of this and is too long, with the graph below showing that 5% of the patients in the Amber 1 category waited for more than five hours. Patients in the Amber 2 and Green categories wait longer, and response times lengthen for all patients during the winter months, at times of increased demand and system pressure.
- 35. Stroke patients may initially be in any one of the categories but, as one of the key clinical indicators, the Trust measures how long it takes from initial call to conveyance to the hospital door, knowing that this is the place where definitive treatment is provided and knowing that time is of the essence. Again, whilst there is no target, an average of 2 hours 22 minutes in November is far longer than the Trust would want. The Trust’s risk register reflects this concern and the level of patient harm that these long community waits can bring.



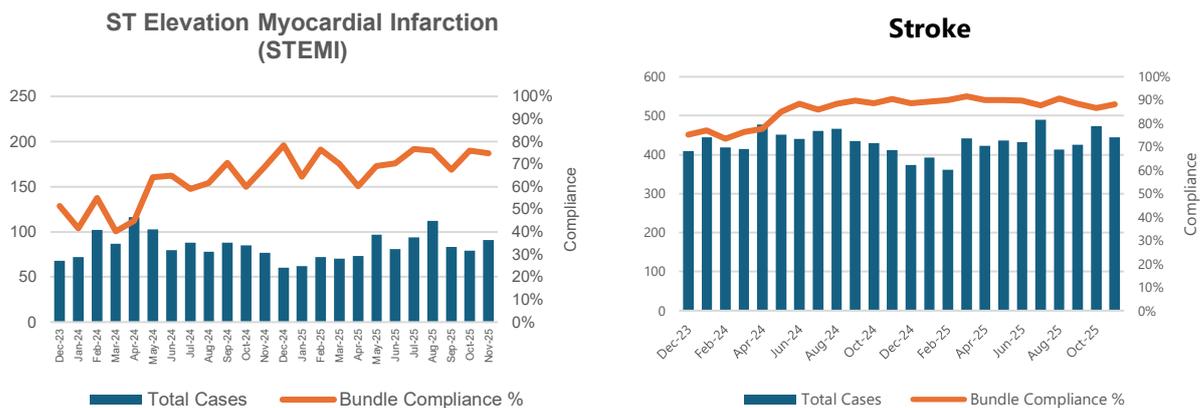
36. Once a face-to-face resource has been deployed, the proportion of patients who are treated on scene, referred to an alternative community pathway, or conveyed to hospital is monitored. What is currently being seen, as outlined in the graph below, is that numbers of patients conveyed are increasing slightly, and this is as a result of reduced hospital handover delays, leading to greater numbers of on scene responses and fewer ambulance cancellations. Over time, as hospital handovers continue to decrease and as the clinical model continues to evolve, it is expected that the proportion will change, with more treated at scene or referred to alternative pathways.



37. There is a range of clinical indicators which are monitored to highlight the quality of care provided at scene. As outlined above, some new measures have recently been agreed relating to Red Emergency patients. For other patients, compliance against agreed care bundles is recorded, ensuring that specific groups of patients receive the highest standard of expected care. The graphs below show compliance against the ST

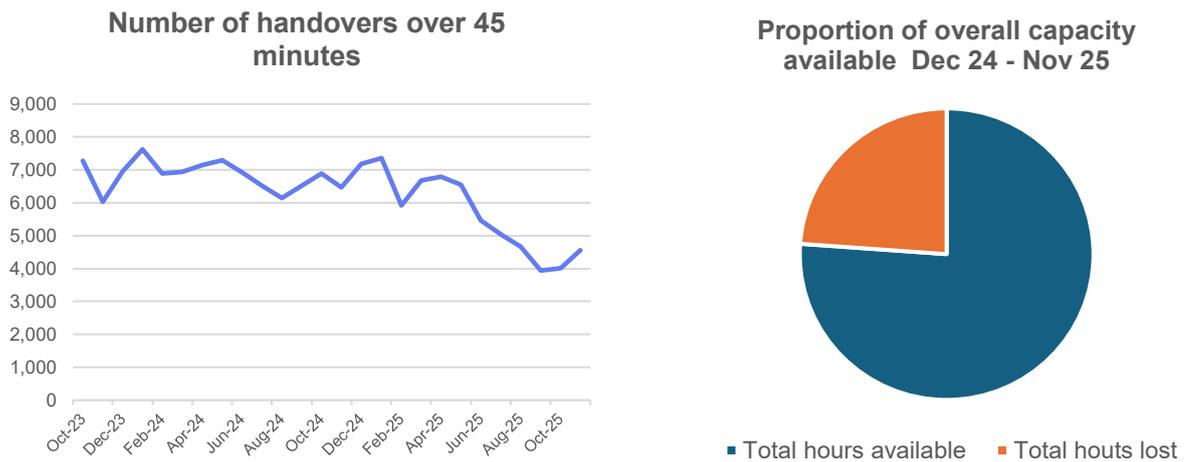
Elevated Myocardial Infarction (ADV) and stroke care bundles, which remains below the 95% target.

38. The variance is mainly caused by clinicians documenting key information in narrative text fields rather than in structured electronic Patient Clinical Record (ePCR) fields, which means actions they have taken are not counted toward Clinical Indicator compliance. To address this, ePCR changes are underway to make it easier for staff. The Trust’s Learning and Development Team and Senior Paramedics are reinforcing the need to use structured fields rather than relying on narrative. Clinical audit will continue to be used as a tool for more detailed review to confirm that improved documentation reflects actual care.

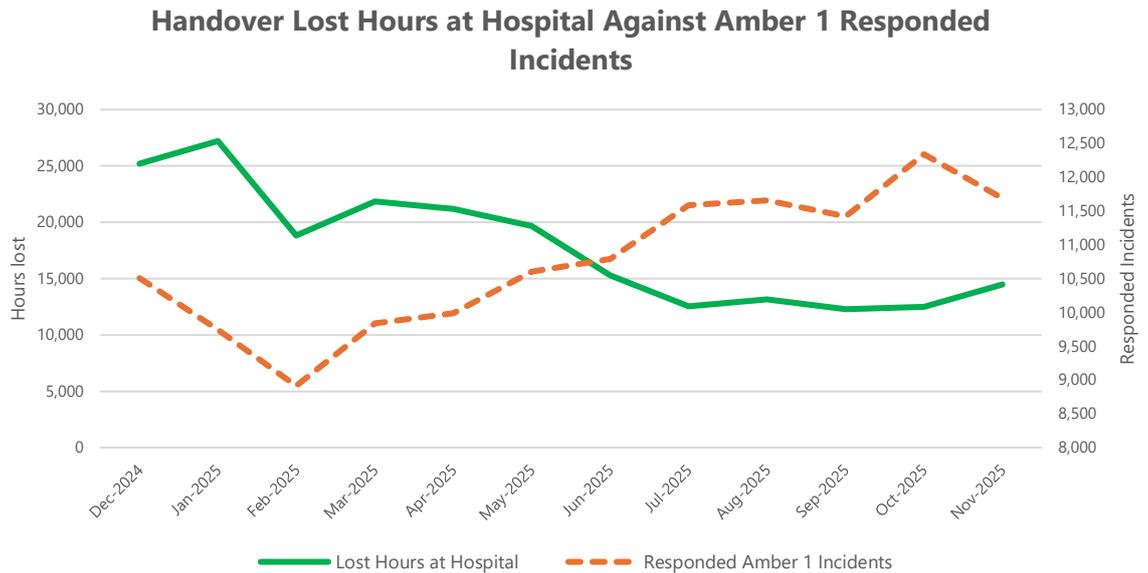


39. The Trust has taken many mitigating actions, including the evolution of the clinical model, to manage demand, improve efficiency and to reduce the numbers of patients being conveyed unnecessarily to Emergency Departments. However, one of the factors which has been hard to mitigate has been the loss of hours as a result of ambulances waiting to hand over their patients at Emergency Departments. The Trust’s two highest rated risks relate to its inability to reach patients and the harm that is causing (risk 223), as well as delayed access to definitive care as a result of hospital handover delays (risk 224). Improvements in patient flow and a reduction in hospital handover waiting times have been priorities for the Cabinet Secretary and improvements have been seen in a number of areas, leading to a recent reduction in risk 223 for the first time in many years.
40. Specifically, there is a current imperative to eliminate the numbers of ambulances and patients waiting more than 45 minutes, noting that the updated Welsh Government Ambulance Patient Handover Guidance of January 2026, confirms that hospital handovers should be completed within 15 minutes. Whilst the graph below shows the improvements being made, nevertheless, more than 4,100 patients waited more than 45 minutes in an ambulance outside an Emergency Department in December 2025.
41. The impact on patient experience and patient care is not the only negative consequence. These extended waits also prevent the ambulances from responding to

other patients in the community. Over 12 months, nearly a quarter of all Emergency Ambulance hours was spent outside an Emergency Department.

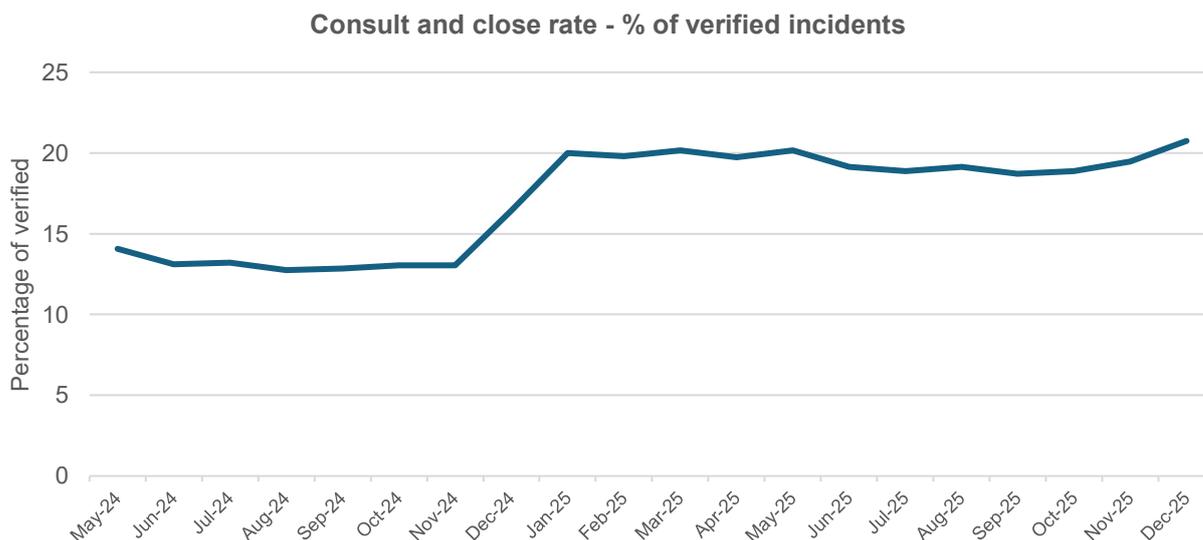


42. That said, the overall hospital handover improvement is welcome. The key now will be for such improvement to be universal and sustained, which will significantly improve ambulance availability. As mentioned previously, it is important to note that this may not translate immediately to improved ambulance response times, but there is already an increase in capacity to see more patients as shown in the graph below, with the commensurate reduction in ambulance cancellations. By extension, this provides an opportunity for more patients to be treated at scene, potentially reducing the flow of patients into emergency departments, particularly those who might previously have chosen to cancel an ambulance following a protracted wait and attend under their own steam. Similarly, it reduces the chance of a patient deteriorating such that their clinical outcome is diminished if a timely response can be made. The risks referred to above are reviewed monthly and all mitigating actions both that the Trust are managing and that are being driven in the system, are overseen by the board bi-monthly in a standalone assurance paper.



### Remote Clinical Assessment and Decision Making

43. Whilst the Trust has employed and utilised remote clinicians to provide assessment for certain groups of 999 callers for many years, the refreshed Clinical Response Model has placed a greater focus on this element of the pathway.
44. A proportion of calls is auto dispatched with no remote clinical intervention, notably those for patients in an immediately life threatened condition, with a number of lower acuity calls directed immediately to the remote clinical assessment team.
45. Clinical Navigators were introduced in December 2024 and these senior clinicians now provide a rapid clinical screen for the remainder of calls (51% of all 999 calls in 10 months Feb to Nov 2025), using their clinical knowledge and expertise to stream patients to the most appropriate Trust service. They quickly decide if an emergency ambulance is needed right away or if patients require a specialist community response or further remote assessment. In the 10 months since they have been fully operational, they have streamed 57% of calls for further remote clinical assessment.
46. The total number of calls directed for a remote clinical assessment has therefore increased as a result of this model change, and this allows for further information to be gathered from the patient or caller and for a more appropriate response to be identified to meet their unique needs. Nearly 60% of all 999 calls are now provided with a remote clinical assessment, up from around 30% a year ago. As a result, more calls than ever are being closed remotely, which reduces demand for emergency ambulance, and directs more to appropriate health board pathways, with consult and close rates now routinely above 20%.



47. Supporting remote clinical assessment, the Trust has created a new volunteer role of Community Welfare Responder (CWR), funded in part (training and support) by temporary grant monies awarded by NHS Charities Together. These responders are tasked with attending incidents as directed by remote-based WAST clinicians. Operating strictly within their defined scope, CWRs perform essential clinical observations and assessments in a direct patient-facing capacity. Additionally, CWRs are prepared to identify and respond to cardiac arrest situations should a patient's condition deteriorate.
48. Between 1 March 2024 and 30 December 2025, 265 CWR volunteers have been recruited and trained. These 265 CWRs have attended almost 3,000 patients; of those patients attended, 55% (1610) did not require conveyance to hospital. In addition to the data on patient conveyance, there is anecdotal evidence that highlights the valuable ancillary care provided by Community Welfare Responders. Their support extends beyond clinical duties to include feeding and changing babies, assisting with toileting, preparing food and drinks for unwell patients, and offering emotional support and comfort to patients and their loved ones.
49. The Falls Desk is a service that is currently being piloted in the remote clinical assessment team, having received non-recurrent funding from Welsh Government. It went live on 12 November 2025 and integrates the allocation of falls responders and remote clinical assessments. This initiative aims to enhance patient experience, improve clinical outcomes, reduce long lies, and mitigate the impact on NHS Wales from unnecessary conveyances to Emergency Departments and extended hospital stays.
50. Resource Coordinators ensure the prompt dispatch of falls responders and volunteers to patients, maximising their utilisation and impact. The clinicians contact the patient or their companions to assist them off the floor safely, provide medication advice, and assess any injuries to inform the optimal clinical response as part of a care plan. Once

a falls responder is with the patient, the clinician remotely assesses the patient's clinical needs via video or phone, collaborating with our Advanced Paramedic Practitioners (APPs) embedded in the local health board SPoAs to manage the patient's care as close to home as possible.

51. Since go live and to the end of December, the Falls Desk has managed over 1,465 incidents. On 1,197 occasions advice was provided to patients who had fallen – 971 were provided with advice within two hours of the initial 999 call. This ensured patients were given targeted hydration, nutrition and movement specific advice. 266 patients were provided with support so that they were able to be lifted from the floor, with access to appropriate remote clinical advice provided by the desk.
52. Care Planning has been introduced as a core component of remote clinical assessment focusing on how the Trust can better hold care while exploring the most effective or available community-based service to support keeping the patient at home. The Care Planning Desk plays an important role in the effective deployment of CWRs, it has been a key part of the Contracts for Innovation Wales project that the Trust has undertaken with Luscii utilising secure clinical solution to aid recording and monitoring of diagnostic results and, led the approach to developing the dedicated Falls Desk and Respiratory Desk pilot. Care Planning clinicians are experienced remote clinical advisors who genuinely add value to the patient's experience by assessing and mitigating clinical risk, offering confidence to patients and their loved ones that they are being supported while alternative pathways are found and, maximising the opportunity for timely appropriate interventions to be deployed by the Trust or health board-based care.

#### Continuous Clinical Improvement

53. The Trust continually looks for ways in which to improve patient care, outcomes and experience, as described elsewhere in this document.
54. The Trust looks for ways to better utilise its staff, both changing the mix of skills to better meet individual patient need and optimising the efficient and effective of available staff:
  - To support the increase in numbers of remote clinical assessment required as part of the evolved clinical model, the number of generalist remote clinicians has increased by 12 w.t.e (whole time equivalent) in 2025/26. This has contributed to increased consult and close rates.
  - The number of APPs has risen by a further 10 this year. These Master's-level clinicians work both in remote assessment and face-to-face on scene. APP Navigators are now co-located with every health board as part of their single points of access (SPoA), which is allowing a true multi-disciplinary and multi-organisational review and response to more complex calls. With 40% qualified as independent prescribers, the ability of APPs to treat and close an episode of care on scene is significantly enhanced – a 32.6% see and treat rate in the last 12 months. Tests of change have also been undertaken to move to responding APPs being provided with a schedule of planned visits which will increase the numbers of

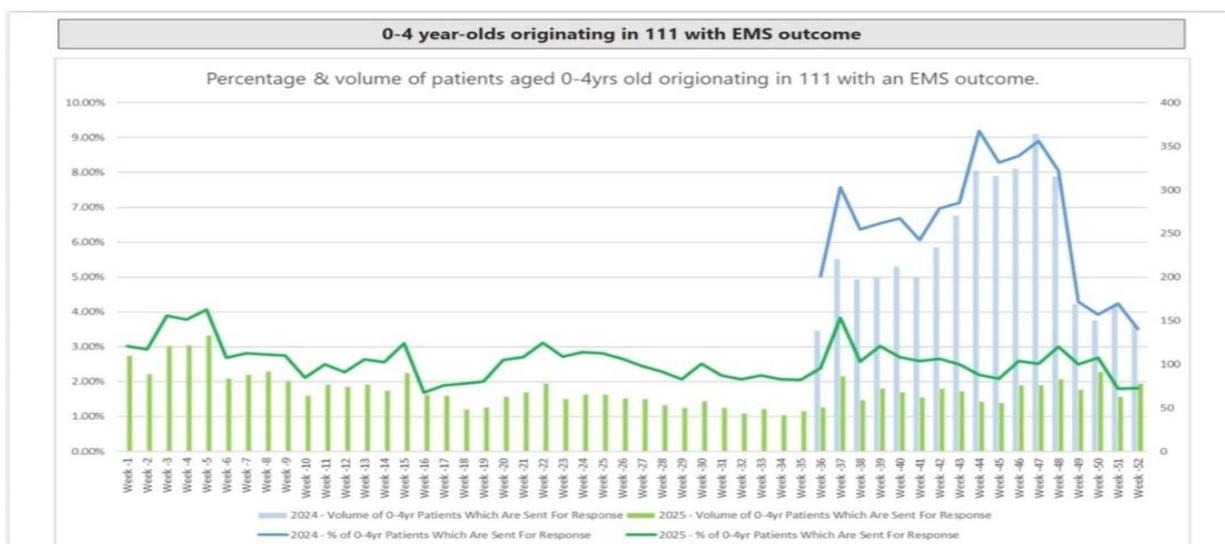
patients they can treat each shift – this is due to go live in February 2026 and will lead to increased see and treat rates.

- A different response model for mental health patients has been piloted, which includes mental health clinicians in control centres, supported in South-East Wales by a mental health clinician in a car. This model is currently being evaluated and is potentially going to be discontinued on the basis that the Trust cannot evidence sufficient value, with mental health resources to be concentrated in the remote setting where clear evidence does exist. This will be discussed with Welsh Government colleagues to consider potential system wide implications.
- Recognising the diversity of patients accessing ambulance and 111 services and their attendant clinical needs, the Trust has also recruited some specialist clinicians to support clinicians working remotely and, in the field, to offer optimum care. This means increasing the generalist scope of practice of our paramedics and nurses to ensure they are more confident working with patients to access community and primary care based services where clinically appropriate and available. Specialists include a midwife, respiratory specialist, paediatric specialist and substance misuse specialist.

55. Analysis of 999 demand shows that the highest number of calls are from patients who have fallen, have breathing difficulties or have chest pain. Our clinical teams continue to work on improving services for these groups of patients, particularly focusing on how conveyance to hospital can be avoided where appropriate:

- More than 56,000 incidents per year relate to falls which equates to around 13% of all demand. The Trust commissions St John Ambulance Cymru to provide Level 1 falls response vehicles across Wales and provides a Level 2 service jointly with Aneurin Bevan University Health Board – together these resources respond to around 10,000 of these incidents. Clinical leads are heavily engaged in the Falls workgroup established by the Six Goals Programme and as outlined above, have established a falls desk which is ensuring better utilisation of our responding resources as well as allowing more patients to get off the floor safely through remote support. In addition to improvements seen through the falls desk, in 2025, overall ‘attendance at scene’ time to falls incidents (by all vehicles) has been achieved within 2 hours for 64% of incidents during the hours of 07.00-19.00hrs, with an ambition to achieve of 70%. Discussions with Welsh Government colleagues and commissioners have highlighted the potential for additional focused collaboration to improve outcomes for falls patients which will be a focus for the Trust over the coming months.
- WAST is delivering a coordinated programme to strengthen respiratory pathways across Wales, with a focus on early identification, safe triage, and improved use of community-based care.

In 2025, the service developed the first Paediatric Respiratory Emergency Prediction (PREP) score to support more accurate assessment of 0–4 year-olds presenting with respiratory distress. 5-year-olds presenting with respiratory distress.



- To reduce unnecessary escalation to 999, NHS Wales 111 has implemented targeted interventions including improvements to the Clinical Prioritisation and Streaming System (CPSS) (a clinically based triage tool, used by our calls takers to stream less complex calls through to the correct service without the requirement to use a clinician), strengthened clinical validation prior to transfer, enhanced staff training from Specialist Clinical Leads, and updated hospital handover processes between 111 and 999.
- The Trust has introduced self-management tools, enabling clinicians to safely conclude care episodes with self-care advice.
- From February 2026, a dedicated respiratory desk will be piloted to coordinate patients presenting with breathing difficulties and support the expansion and co-development of health board-specific respiratory pathways.
- In Betsi Cadwaladr University Health Board, APPs will also begin a trial of point-of-care testing for suspected infection, supporting increased access to heart failure pathways, virtual warding, and community-initiated treatment

56. Collaboration with system partners, and in particular with health boards, is critical to securing the best outcomes for patients, especially as the Trust seeks to find alternative pathways and avoid unnecessary conveyance to hospital. The Trust has worked very closely with the Six Goals Programme and health boards - being represented on each of the programme groups - on SPOAs, SDECs, Clinical Consultation before Conveyance and Falls services. The Trust has co-led a number of regional workshops with Hywel Dda University Health Board and Swansea University Health Board, considering in particular how the Trust might collaborate on remote clinical assessment.

## Forward Look

57. As the Trust looks towards its plan for 2026/27, there are a number of key priorities which will ensure further improvements. The Trust moves into the final year of its Clinical Model Transformation Programme, with a number of remaining actions,

including the full integration of its 111 and 999 remote clinicians into one remote integrated care service. This supports the ethos of 'no wrong door' and pooling clinical resource to better service all patients, regardless of the chosen method of contact.

58. However, the focus is predominantly on how the model is now embedded and ensuring that benefits are fully realised. Edgehill and Swansea Universities have been commissioned to undertake an external review that will be completed over a 2-3 year period. Earlier, interim evaluations will be completed on specific areas of the model, including two on the new ambulance performance framework to be completed in the next 12 months, recognising that it has been introduced initially as a pilot.
59. There will also be a strong focus on improving productivity, efficiency and value. As an example, work is underway to rebalance the skill mix on Emergency Ambulances which, as well as reducing / containing cost over time, will also maximise the utilisation of the skills of the Trust's new band 5 Emergency Ambulance Practitioners (EAPs).
60. With an increased emphasis on patient outcomes, it is important that there is collaborative work with Digital Health and Care Wales (DHCW) and others on the design of national data sharing mechanisms and lawful frameworks to enable more robust cross organisational data linking. Such connected intelligence will support the Trust in fully understanding the outcomes of the changes it is making, as well as understanding where there are further opportunities to add value across the wider health and care system, which is why this work is critical for both the Trust and NHS Wales more broadly.
61. There are some significant opportunities emerging for the Trust to continue to make that system-wide contribution through the creation of more opportunities for strategic dialogue and collaboration with partners and through participation in Welsh Government initiatives such as the Community By Design programme, which affords the Trust an opportunity to contribute to wider, system-based solutions to improve patient outcome and experience.

### **NHS 111 Wales Online and Telephony**

62. For many patients, their first point of contact with urgent or emergency care is the 111 service, with 5.3 million visits to the website and more than one million telephone calls in the last 12 months.

### **The NHS 111 Wales Digital Offer**

63. While recognising that much work and investment is needed to bring the website to a "best in class" standard, the Trust is committed to making incremental improvements to the NHS 111 Wales digital offer, pending decision on future levels of investment. Discussions are ongoing with Welsh Government and with commissioners around the mechanisms to develop the digital front end into a sustainable service which matches

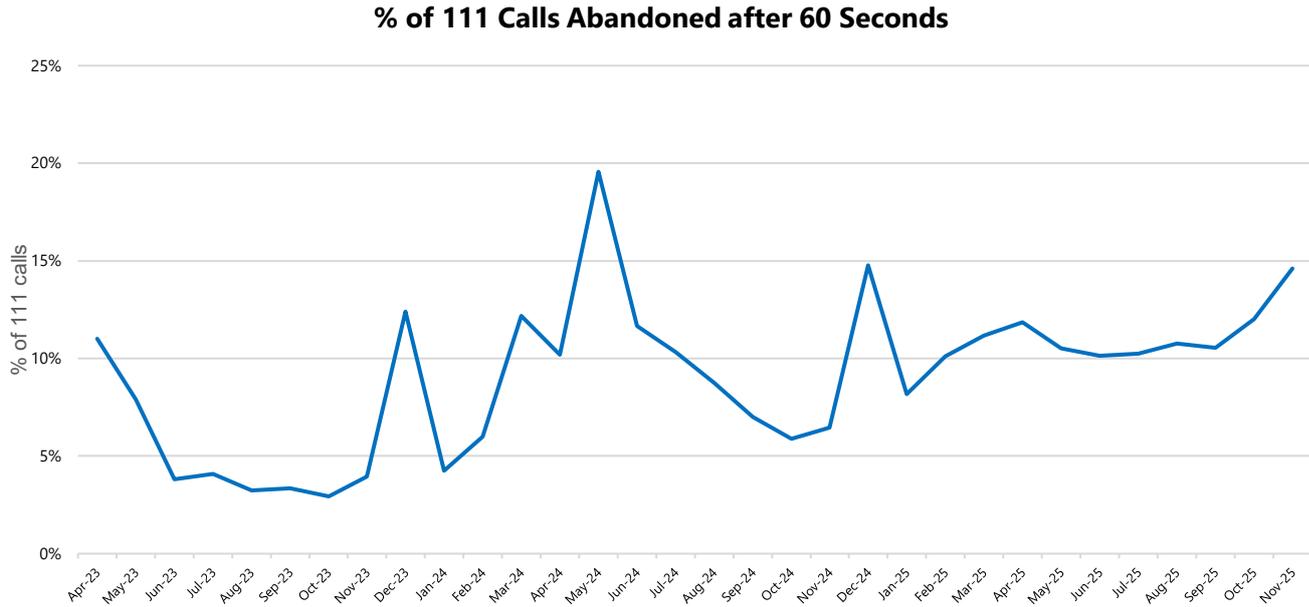
the digital ambitions set out by the Cabinet Secretary and which has the potential to create greater value in the urgent and emergency care system. Non recurrent monies provided each year by Welsh Government have been welcomed.

64. With a corporate risk identified in relation to adequate maintenance of the digital symptom checkers, the Trust has utilised its discretionary capital to commence a programme of work to identify and implement a compliant and effective Online Symptom Checker tool. Work is progressing well, with the new updated symptom checkers due to go live in June 2026. This will be integrated with the clinically led, Welsh solution software system used for 111 callers (CPSS) which will allow for the prioritisation and streaming of patients to appropriate outcomes, potentially reducing the number of digital interactions in which patients are directed to call 111.
65. In collaboration with Robotics AI, the Trust has developed a 'chatbot' virtual assistant on the NHS 111 Wales website, which provides immediate responses to user enquiries and streamlines access to information. Accessible in multiple languages, including Welsh, the virtual "AlBot" assistant offers a more interactive and user-centred experience. Since launch, AlBot has supported thousands of user interactions (nearly 30,000 in the five months to December), demonstrating strong uptake and engagement, with ongoing performance monitoring and user feedback used to continuously refine content, conversational flows and escalation routes. The solution has also received external recognition, having recently been shortlisted for a national excellence in digital healthcare award, reflecting both its impact and wider relevance across urgent and emergency care.
66. Work is underway to understand the further potential of agentic AI within the confines of the existing NHS 111 Wales website. In addition, Welsh Government support has enabled the Trust to progress WhatsApp integration, replicate NHS 111 Wales web functionality through virtual agent chat interactions, expand language coverage, and explore the redesign and improvement of prescription reordering pathways.
67. Alongside this delivery, patient feedback is actively being collected and analysed, with more than 1,000 individual pieces of feedback received to-date. This feedback has been mixed, with a significant proportion highlighting positive user experience, speed of access and clarity of information, alongside constructive feedback seeking additional functionality, improved clinical depth and smoother escalation. Many of these requested enhancements are dependent on integration with a modern symptom checker which would unlock more personalised and clinically rich interactions, and this will be enabled once the symptom checkers are live from June 2026.

## 111 Telephony Service

68. The Trust measures the quality of the service it provides through call answering times, abandonment rates and clinical ring back times.

69. Historically, the nominal target has been to keep abandonment rates to lower than 5%. As can be seen in the chart below, this has rarely been achieved. A full demand and capacity review undertaken by specialist consultants Operational Research in Health (ORH) last year has confirmed that the Trust has insufficient call handlers to achieve this level of performance. Current commissioned numbers (190 w.t.e) allow for performance between 10 - 15%, or alternatively, a further 22 w.t.e call handlers would be required. However, this would still be insufficient to meet the hourly, daily and weekly peaks that are experienced in this service, particularly during bank holidays. With no investment in 2026/27, this is unlikely to be resolved other than exploring further ways of managing demand in other ways, including the use of a digital front end.

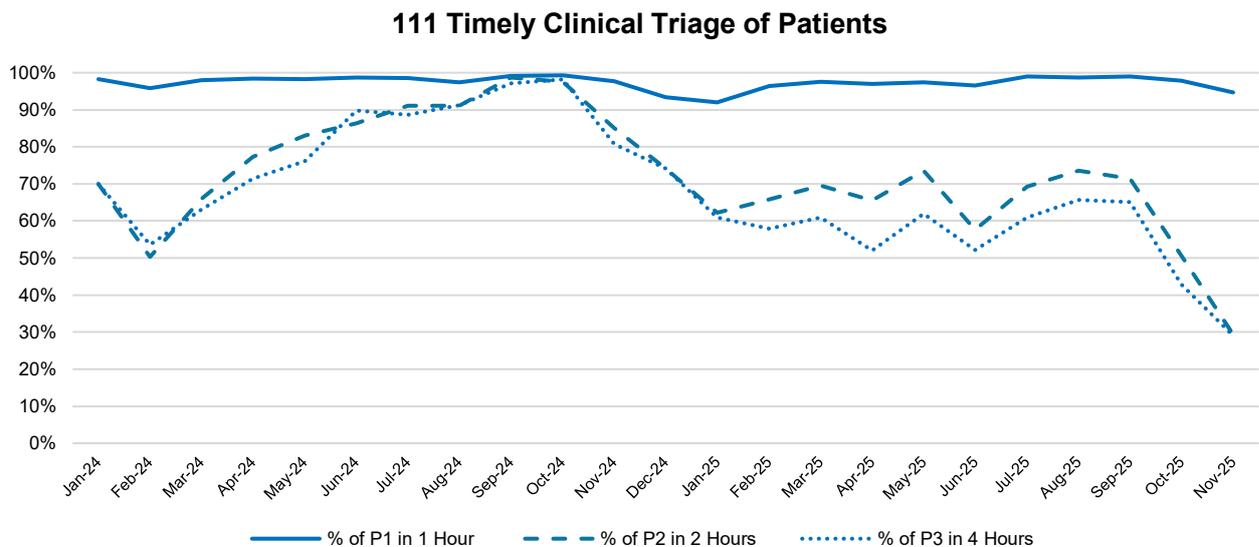


70. The Trust is actively looking at what can be done in terms of process and productivity within the existing commissioning envelope to improve performance and is currently undertaking a full re-rostering exercise within the 111 service, which will see shift patterns more closely aligned with expected demand and provide a better work experience for our people, reducing absence levels. This will be concluded by early 2026/27. Discussions are ongoing with commissioners around appropriate future performance measurement.

71. Other avenues for improvement will also continue to be explored, including how the development of the digital front end systems could reduce telephony demand.

72. The Trust has consistently delivered a clinical ring back within one hour for more than 90% of the highest priority patients. However, performance for lower priority calls has deteriorated in recent months, with some patients waiting many hours for a call back as set out in the graph below. Work is underway to better understand the factors influencing performance. Numbers of the highest priority calls have increased and

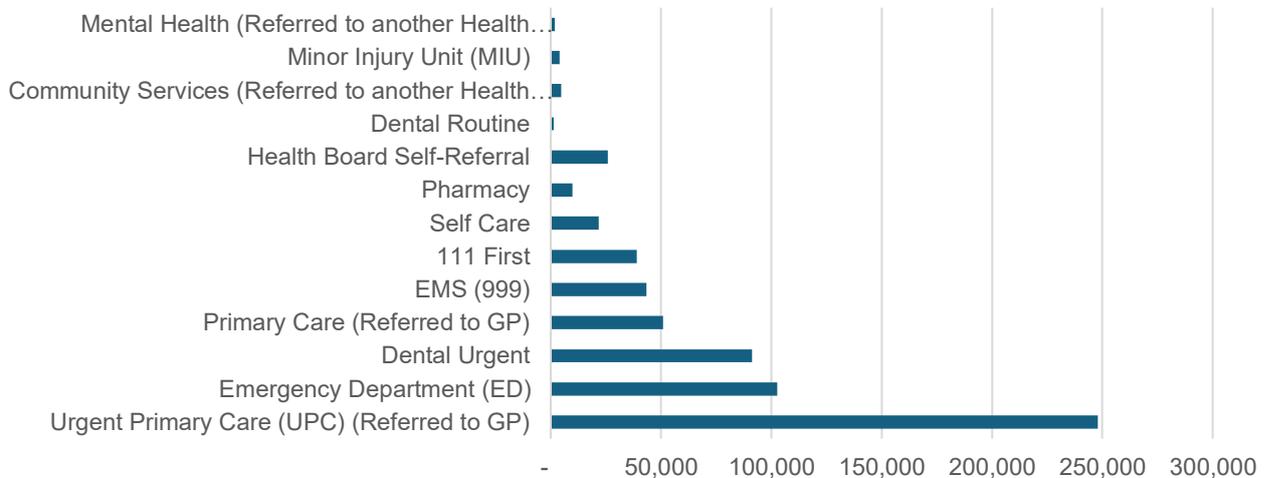
changes in process and productivity are being considered to improve the experience and outcome for patients with lower acuity needs. Clinicians are undertaking more clinical reviews than ever and there is good productivity from that perspective. This also underlines the need to explore and optimise digital solutions, which could provide an effective and clinically safe alternative for low acuity callers.



73. In line with the Trust’s evolving clinical services model, from early spring 2026, all remote clinicians, including those who deal with 111 calls and those who deal with 999 calls, will form a new Remote Integrated Care Service (RICS). Clinicians working in this service will be working from a single system that will enable them to support patients based on their clinical presentation and need. This will ensure that the sickest patients are considered consistently across both call types and importantly, will ensure the Trust is better placed to support lower acuity presenting patients access community and alternative care appropriately.
74. The Trust has also developed capability and capacity to ensure that there is an increase in the scope of practice applied by remote clinicians to better support patients and, as a result of this, support the wider NHS Wales system manage demand more effectively. This includes the previously identified adoption of video call and Community Welfare Responders to support clinical consultation and diagnosis.
75. Whilst timeliness is a key factor in relation to patient experience and quality, perhaps more important is the extent to which the 111 service is able to effectively and efficiently provide a gateway to the right care for each individual caller.
76. As the visual below highlights, many callers are directed to urgent primary care services (Out of Hours (OOH)) or to their own primary care practitioners. This is to be expected, as the service was explicitly introduced as a route into OOH services. Around 15% are currently directed to attend an Emergency Department and, whilst this proportion benchmarks well with other UK 111 services, the Trust is working with health boards to find ways of reducing this further and finding more appropriate

pathways to maintain patients at home or close to home. This links back to the ambition to increase remote clinicians' scope of practice and use of digital tools to confirm patient self-care plans that could schedule planned follow up access to primary care services or require individuals to self-refer into community based services, such as community pharmacy.

**Dispositions of 111 callers - 2025**



77. Three health boards (Swansea Bay University Health Board, Aneurin Bevan University Health Board and Cardiff and Vale UHB) operate a 111 First protocol, whereby agreed categories of patients who would otherwise be directed to the Emergency Department are transferred to their remote clinical assessment teams for further review - in December 3,370 patients were directed to these health board remote teams. Dip sampling has shown that more than three quarters of these patients are successfully managed away from Emergency Department in the three health boards where this is active.
78. In January 2026, the Trust expanded the criteria for 111 First in Cardiff and Vale University Health Board following successful trials. Those trials showed the volume of patients sent to Emergency Departments could reduce by 40-50%. This approach is being discussed with Aneurin Bevan and Swansea Bay University Health Boards.

### Forward Look

79. As the provider of NHS 111 Wales, the Trust recognises the opportunities which the service has for improving patient outcome and experience, as well as smoothing the flow of patients around the system, so that those in need of care receive it at the right time and in the right place. The Trust's IMTP will include a number of priorities including those set out below:
  - Where resourcing allows, the Trust will continue to support progress on the establishment of the 111 Wales digital front end as a national, modern gateway for accessing advice and care, helping to enable more effective mechanisms for directing patients to the right care, at the right time. Working collaboratively with

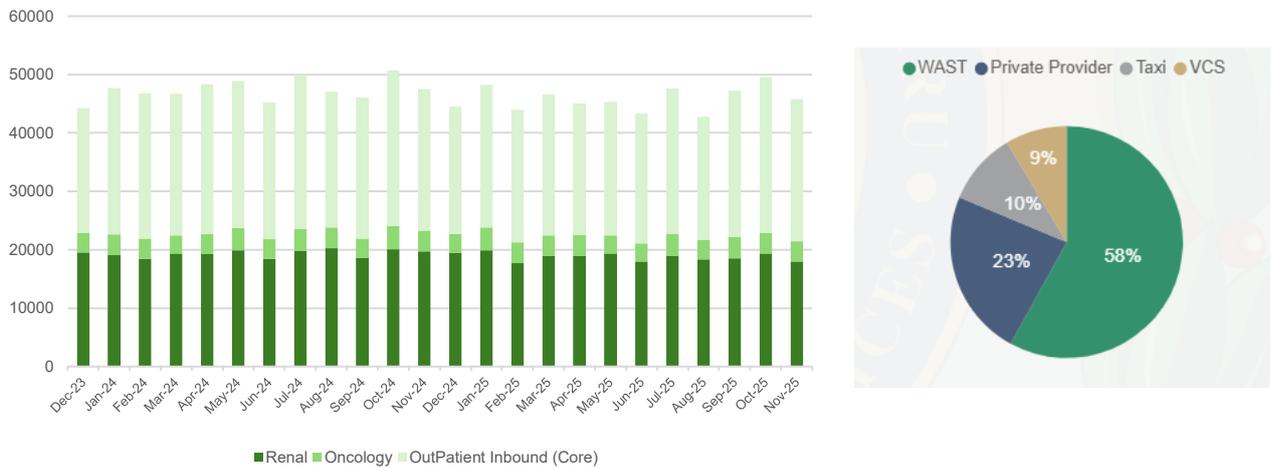
partners across NHS Wales, including Digital Health and Care Wales, the Trust will support the articulation of a shared national vision for the future of digital access to urgent and primary care. This includes the potential alignment of the 111 Wales digital front end with the wider 111 service, and, subject to national prioritisation, the coordination of the 111 Wales website with other digital front doors such as the NHS Wales App. These public entry points to the system offer opportunities in future for patient-generated data (e.g. from wearables, health apps, or questionnaires) to also be utilised within the care pathway for more personalised experiences and advice, earlier intervention, and both primary and secondary care prevention.

- As a national provider, the Trust already has a robust Directory of Services (DOS) which is available both internally to our people and directly to the public through the 111 Wales website to offer information and signposting to service users. The Trust is supportive of a single national DOS that can be utilised by all services across Wales and embedded in platforms such as the 111 Wales digital front end and NHS Wales App in order to provide a single-source of truth to the people of Wales in an efficient and credible manner. As such, the Trust is already engaged in the scoping, definition and design of a future national DOS.
- Continuing to improve patient experience and outcomes through a reduction in waiting times for those who call, increased access to alternative pathways such as 111 First, and reducing the numbers of hand-offs including direct booking opportunities and improved collaboration with the clinical support hubs.
- Similarly to the 999 EMS service, linking patient data so that the Trust and its system partners can better understand overall patient outcomes, service utilisation, and system impact is critical, and the Trust is committed to finding a way forward on this in collaboration with partners.
- The Trust will engage fully with the Community by Design programme to explore opportunities for 111 to play a much more integrated role within urgent care.

### **Non-Emergency Patient Transport Services (NEPTS)**

80. The Trust's Ambulance Care team provides three main areas of service: transport to and from oncology, renal and routine outpatients appointment; discharges and transfers from hospitals; and conveyance of some 999 calls to hospital where the clinical skill set allows.
81. The services support significant numbers of people across Wales, with the graph below showing that circa 46,000 patients are transported to their appointments each month. The service is provided by a range of WAST staff, WAST volunteer car drivers, contracted private providers and taxi services. The private providers are fully commissioned by WAST, with a comprehensive Quality Management Framework in place to ensure services are of a high quality.

### NEPTS Completed Journeys

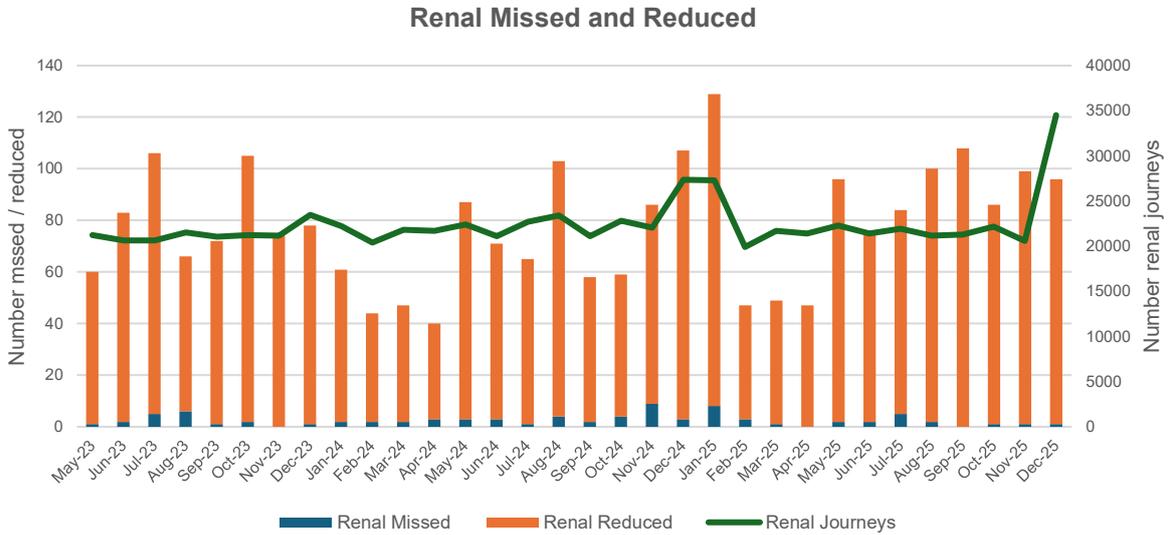


82. Over the last few years, demand patterns have changed, which has meant that the Trust has been unable to service all of the eligible demand. The result is that there are a number of patients that have their transport cancelled, sometimes at very short notice. This clearly provides a poor patient experience and also has the potential to affect patient health outcomes if patients are unable to access the secondary care that they require. Without linked data, the Trust is not always able to ascertain the outcomes, but it does monitor any cancellations for renal patients – with renal appointments prioritised, these remain very small in number. We also know that complaints about our NEPTS services have risen considerably in the last year or so, something which is of concern and is being monitored for themes and trends.

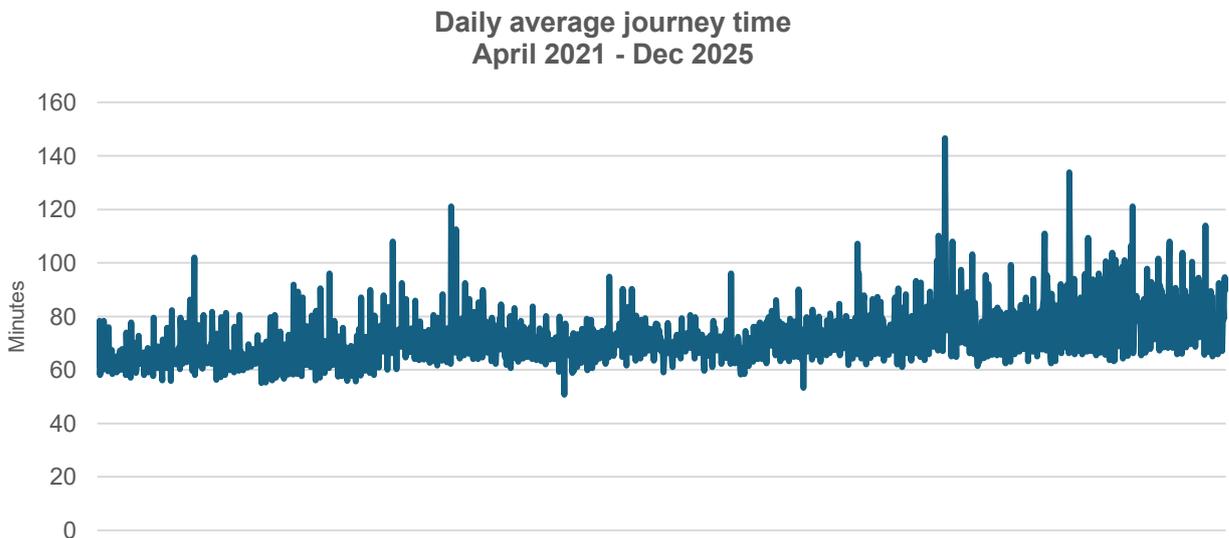
83.

### Number of patients for whom we cannot book transport due to capacity

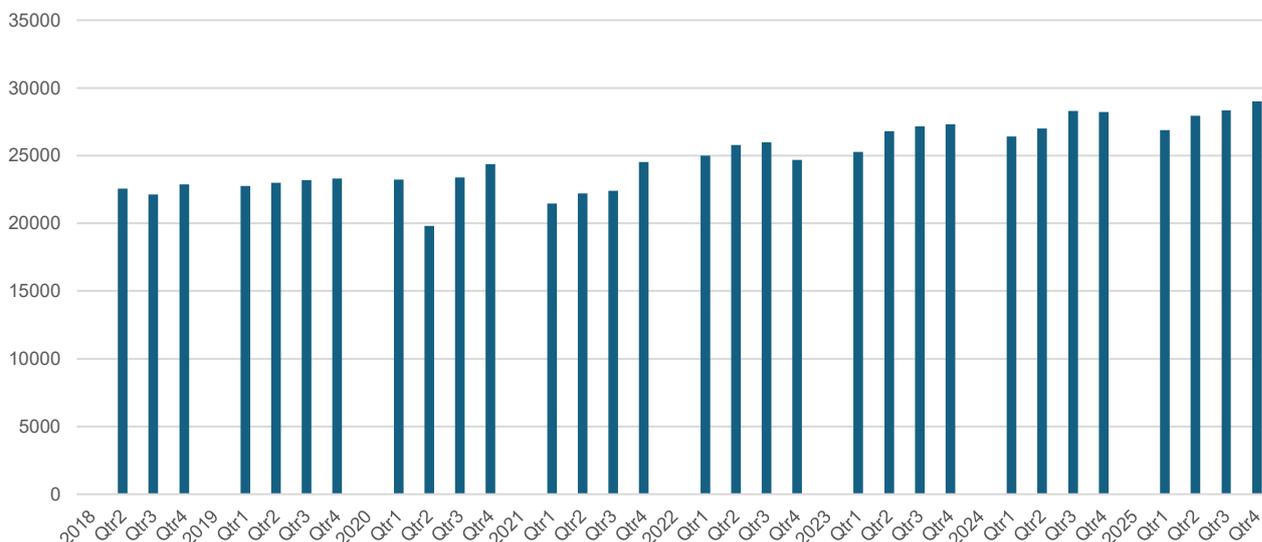




84. Two of the most significant factors affecting demand have been an increase in the numbers of miles per journey, brought about by centralisation of some services across Wales; and an increase in the acuity of demand, with fewer eligible fully mobile patients and more stretcher patients. As can be seen in the graph below, average journey times have increased from around 60 minutes in 2021 to over 80 minutes in 2025, an increase of 25%. With more than 46,000 journeys per month being undertaken, this is a significant level of additional capacity required.
85. Since the pandemic transporting fewer patients are transported per vehicle per day. This was originally a function of minimising infection risks but is now something that requires review to increase efficiency and productivity. However, this has to be managed in respect of risk and of further concerns about the length of journeys, with some patients spending many hours being transported as routes become more circuitous. However, the Trust recognises the need for all its services to be as productive as possible, especially where there are known inefficiencies and will seek to address these.

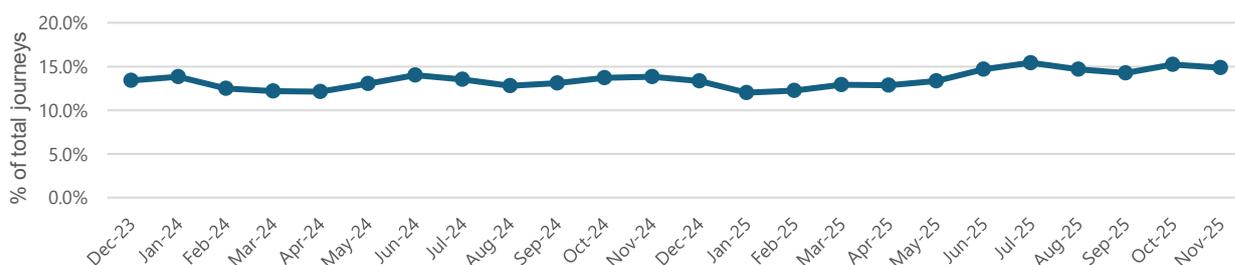


### Renal Completed Journeys - Ambulance Mobility Only



86. There are also factors which affect capacity, most significant of which is the number of journeys which are planned and then not required. This is often as a result of hospital appointments being cancelled and the NEPTS service not being informed in advance. The level of on the day cancellations is currently running at 15% of all planned activity, which, if reduced, would provide additional capacity to deal with unmet demand.

### Volume of on the Day Cancellations



87. Notwithstanding these issues, performance against service timeliness indicators is now consistently higher than at any time since the creation of the NEPTS service. The below table shows performance against the key standards for 2025 and 2019, the green highlight indicates measures that are above the expected service standards.

| Key Measure         | 2019  | 2025  | Difference |
|---------------------|-------|-------|------------|
| Inward Outpatient 1 | 59.4% | 72.9% | 13.5%      |
| Inbound Oncology 1  | 62.4% | 78.1% | 15.7%      |
| Inbound Renal 1     | 58.6% | 73.9% | 15.3%      |

|                     |       |       |       |
|---------------------|-------|-------|-------|
| Outbound Outpatient | 77.8% | 76.4% | -1.4% |
| Outbound Oncology   | 77.1% | 79.6% | 2.5%  |
| Outbound Renal 1    | 69.1% | 75.1% | 6.0%  |
| D&T Advanced        | 67.5% | 80.3% | 12.8% |
| D&T Same Day        | 97.4% | 95.3% | -2.1% |

88. Action is required to improve the service that the Trust is commissioned to provide in terms of its ability to meet demand and to reduce the unacceptable levels of cancellations. The Trust works very closely with commissioners and health boards through the JCC's Delivery Assurance Group to deliver the best possible performance for the patient. Actions that have or are being taken include:

- Re-rostering of all Trust resources, to better match shifts with demand. Re-rostering is complex and sensitive and so the Trust is utilising an external partner to work through the detail, including using a number of staff working parties to reach final agreement. Modelling identified that the Trust could make an efficiency gain of +354 patient journeys per week or 18,458 a year whilst also producing workable shift patterns for our people. The new rosters are likely to be implemented in Q1 2026/27.
- This year has seen the introduction of SMS messaging, allowing the Trust to contact patients if their transport is going to be cancelled, providing an improved patient experience offer. Work is ongoing to make this a two-way messaging service, allowing patients to cancel their transport easily.
- In partnership with Hywel Dda University Health Board, work has been undertaken to align and link the health board outpatient system with the Trust's system. This has allowed the Trust to identify hospital appointments that have been cancelled and thus cancel transport arrangements in time to reallocate resource. In the first 5 months of operation, a total of 413 journeys have been able to be cancelled in time to utilise resource elsewhere. Work will be ongoing to roll this out, if possible, to all health boards.
- Modelling has been undertaken on a number of options to reduce cancellations, which will be discussed in more detail with commissioners. Opportunities for the Trust and health boards include reducing eligibility for walking patients allowing more capacity for patients who have to be transported in an ambulance; relaxing performance criteria; reducing wait and return NEPTS vehicle downtime; prioritising WAST transported patients in clinics; and reducing journeys cancelled on the day.
- It would be timely to review NEPTS eligibility criteria, but it is recognised that this a matter for Welsh Government and Commissioners. In addition, there would be benefit in identifying the impact of health board plans to increase the use of digital and virtual appointments. In the meantime, the Trust will continue to work on increasing productivity and reducing inefficiency.

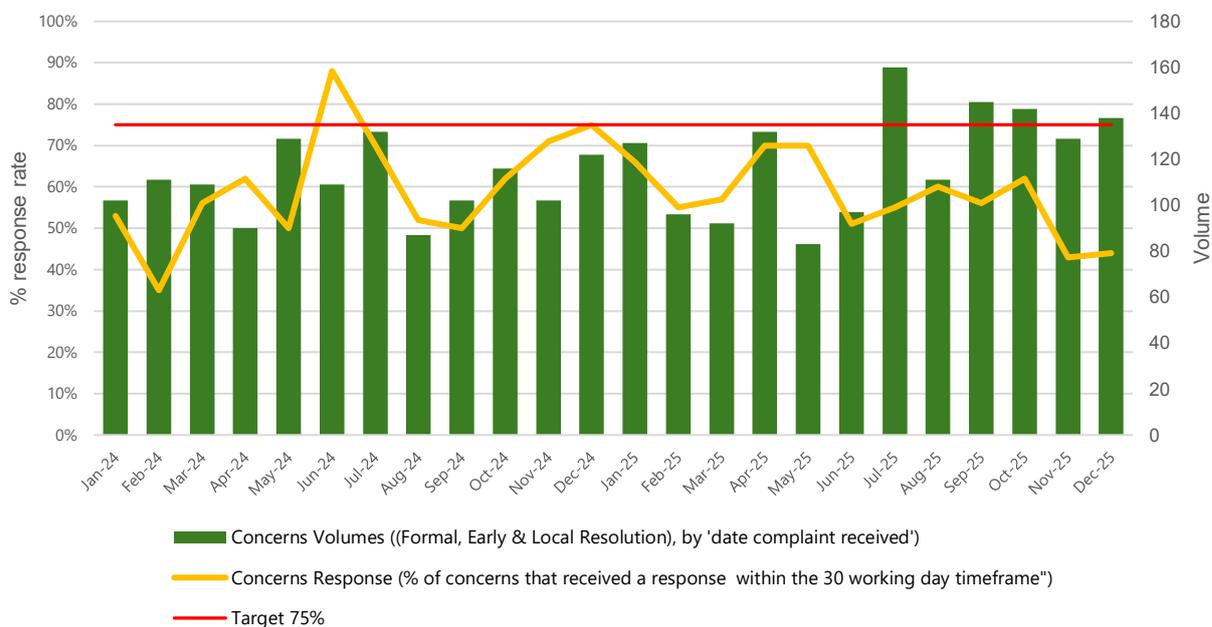
## Quality and Safety of Services and Patient Feedback

89. The Duty of Quality has been a cornerstone to the transformation work the Trust has undertaken over the last couple of years. Through the application of this Duty, the Trust has taken a considered approach to how it could play a greater role as a system partner to reducing the level of harm being experienced by patients. The Trust uses quality and continuous improvement methods to test and implement service improvement at a local and national level, it has adopted a robust approach to securing quality impact assessments that includes the creation of a Clinical Advisory Group to review and recommend adoption and, it has adopted a robust quality management approach to securing organisational assurance on service quality.
90. The Trust consistently aspires to offer a high-quality emergency and urgent care service. However, it is recognised that there are occasions when those standards of care are not met for too many patients. The previous sections have set out some of the reasons that this has been the case, as well as the corporate level risk the Trust is managing, and the many actions that the Trust has been taking, with system partners, to improve care and outcomes.
91. The Trust has consistently sought to be transparent when supporting families who have not experienced the standard of care it aspires to deliver. This is primarily achieved through the application of the Duty of Candour and the dedicated work of the Trust's Putting Things Right team and clinical colleagues from across the Trust who actively support individual cases.
92. The experiences captured through the Coroner, Medical Examiner and the Trust's complaints profile illustrate the human reality behind system failure: prolonged pain, suffering, indignity and trauma for patients and families as they wait for care that does not arrive in time. This is shared with the Trust Board and Quality, Patient Experience and Safety (QUEST) Committee through both insights reports and through the use of lived experience sharing by patients, family members and Trust staff to ensure that the human toll of failure always remains a conscious priority.
93. The Trust is not complacent and recognises that there is much to do to minimise harm and reduce variation to improve the experience and outcome for patients. As indicated above, the board and QUEST Committee have received regular updates on actions taken to mitigate harm, and performance reports regularly generate discussion, scrutiny and challenge on what more can be done in this realm. While some actions are outside the gift of the Trust, many remain within it, and there is significant commitment to continue both to improve our own services, while working closely with health boards, the JCC and Welsh Government to deliver improvements across the system.

## Nationally Reportable Incidents and Complaints

94. For the period January to December 2025, the Trust reported 61 Nationally Reportable Incidents (NRI) and in December 2025, 23 were overdue for incident closure. Where a NRI or serious incident is identified that is attributable to another party, it is referred to the respective party under the All-Wales Joint Investigation Framework and, for the period January to December 2025, there were 185 reported. In most instances these are because of poor availability of resources as a result of delays in transfers of care.
95. For the period January to December 2025 the Trust received 1,445 complaints. The majority of these related either to NEPTS and patient transport eligibility criteria or delays in response to 999 and NHS 111 Wales calls.
96. In March 2025 the Trust received two Public Service Ombudsman Wales Public Interest Reports, the recommendations of which have been accepted.
97. It is acknowledged as unacceptable that the Trust has not reached the required performance level for concerns for more than 18 months. A Trust recovery plan identified three key areas affecting performance and response times; high complaint volumes resulting from delays in attendance and application of the patient eligibility criteria for patient transport, complexity of investigations having increased as a result of changes to the 999 service model and availability of investigators. A further concern has been increased sickness absence within the Putting Things Right Team which has required enhanced support from the People and Culture Services team to secure wellbeing and support to colleagues working directly with the individuals and families /carers experiencing these delays.
98. Key actions being taken to improve performance have included:
  - an increased financial allocation to operational teams and the release of senior clinicians from the Clinical Model Transformation and Ambulance Performance Framework implementation to increase investigation capacity
  - working with patient transport services to improve call centre scripts and reduce the volume of formal complaints
  - regular reporting through a Putting Things Right recovery board to confirm improvements being realised, which in turn is reported to the Executive Leadership Team.
99. Critically for the 999 service, the complaint and incident volume and complexity are in large part driven by delays in responding to patients, either remotely or face to face, due to volume of calls being received or the availability of ambulance crews when they are experiencing delays in transfers of care to hospital colleagues.

### % of Concerns with a Response within 30 Working Days against Volumes



### Patient Experience Reporting and Quality Improvement

100. Understanding patient experience and using that intelligence to inform services is of the utmost importance, particularly at this time of considerable change in the way services are delivered. Patient experience is included within the scope of recently commissioned academic evaluation of the refreshed clinical model and performance management framework, while the organisation’s Patient Experience and Community Involvement (PECI) team continues to secure patient insight through a range of routes.
101. A recent key area of focus for the Peci and Information Governance teams this year has been securing Information Commissioner’s Office approval to adopt SMS (texting) as a route to gaining patient feedback at a scale reflective of the service provided. The organisation has now approved a data privacy impact assessment for the use of SMS in 999 services and is in the final stages of completing one for 111. Work is underway to implement 999 SMS patient experience, and it is anticipated that this will offer significant improvement in the level of insight gained and the opportunity to review this alongside population health analytics to improve service delivery and better understand how WAST can play its part in targeting our approach to reducing health inequalities.
102. There has also been significant work undertaken to secure improvements in the experience of people using NEPTS. As a result of this work, the specification of newly commissioned patient transport vehicles has changed, and measures introduced to existing fleet that improve the experience of people living with dementia. Work has also been completed to support the NEPTS team working with patients requesting transport who do not meet the eligibility criteria that has reduced the number of complaints received, albeit they remain high – this is also linked to the work on reducing complaints.

## **Healthcare Acquired Infection**

103. The Trust has recently reconfigured and recruited to the Infection, Prevention and Control team to secure appropriate specialist advice, including employing a pharmacist to lead on antimicrobial stewardship. Further to completion of a baseline assessment of our approach and the development of a local improvement plan, the team are currently reassessing the Trust position against the Welsh Government IPC Quality Statement and will also do this in line with the pending Code of Practice for Healthcare Acquired infection.
104. A key area of development over the last year has been the roll-out of powered air purifying respirators to all emergency ambulances and response cars to secure high standards of respiratory protection for staff and patients in the event of attending a patient with a highly contagious infectious disease or the need to have universal protection in place to respond to a community infectious disease outbreak. The team are also working collaboratively with Public Health Wales and NHS partners to ensure the Trust contributes effectively to the Clostridium Difficile Learning Collaborative with a specific focus on decisions to convey and the associated conveyance actions.

## **Safeguarding**

105. Safeguarding is integral to the Trust's public accountability and organisational culture. Through established governance arrangements, transparent reporting and active learning, the Trust assures itself that safeguarding responsibilities for both patients and the workforce are being met in line with national requirements and are embedded within our approach to continuous improvement. The Safeguarding team work closely with the Public Health Wales National Safeguarding Service to secure active engagement with Local Safeguarding Boards and participate directly in Serious Case Reviews where the Trust has been an active Party. The number of Safeguarding Referrals by Trust staff has increased across Vulnerable Adults, Children and Young People over the last year. For Vulnerable Adults, this increase has primarily been driven by referral for care and support and for Children and Young People, this increase has been for individuals considered to be at risk.

## **SECTION TWO: DELIVERING IN PARTNERSHIP**

### **Summary**

- As one of very few pan-Wales public bodies, the Trust has a multiplicity of stakeholders, which can make engagement complex and fragmented. The Trust has taken action to prioritise these key relationships given the benefits accrued.
- As a commissioned service and a key provider of urgent and emergency care, the Trust works closely with the Joint Commissioning Committee, health boards and Welsh Government colleagues, participating fully in relevant national, regional and local programmes, including the Six Goals Programme.
- The Trust welcomes the opportunity to contribute at a system level through the Community by Design Programme and has also been exploring options with the JCC as to the most appropriate mechanisms to facilitate a more strategic commissioning focus.
- The Trust continues to invest significant time and energy in strengthening social partnership, delivering a positive impact on workforce engagement and culture, with a robust, multi-tiered structure for collaboration across the organisation. However, the Trust remains alert to the residual risk of industrial action.
- As a Category 1 Responder according to Civil Contingencies Act, the Trust sustains its involvement across all four Local Resilience Forums in Wales, and also in other emergency preparedness, resilience and response (EPRR) groups
- Given the Trust's existing objectives, its ambitious delivery intentions and its strategic challenges, the Board has agreed tailored foci for engagement to include commercial partnerships, academic partnerships, public/third sector partnerships, and engagement in relation to the Trust's long-term strategy.

### **System leadership and effective partnership working with commissioners and partners**

106. The Trust is commissioned to provide its services by the JCC. The Trust's Chief Executive is invited to attend and participate in committee meetings, regular Director-level provider / JCC performance meetings have recently been established, and colleagues actively participate in the full range of service specific commissioning fora. Commissioners set commissioning intentions for the organisation each year which are reflected in the Trust's plans, with progress against these reported regularly throughout the year.
107. As a statutory organisation, the Trust participates in a range of system wide programmes: the Chief Executive and Executive Director of Strategy, Planning and Performance sit on the Six Goals Programme Board; the Chief Executive is a member of the newly established Community by Design Programme; and the Trust is

represented at a senior level on the Integrated Community Care System National Leadership and Delivery Groups. These provide opportunities for the Trust to participate in and influence system-wide strategy and delivery.

108. The relationship with commissioners continues at a local level, with Trust colleagues actively contributing to a range of health board structures supporting urgent and emergency care. There has been a recognition that further time is required to develop strategic thinking in relation to the future vision for ambulance and 111 services, and consideration is being given within the JCC as to the most appropriate mechanisms to facilitate this in the future.
109. The Chief Executive is an active participant and member in the Chief Executive Management team meetings and NHS Leadership Board.
110. As a Category 1 Responder according to Civil Contingencies Act, the Trust sustains its involvement across all four Local Resilience Forums in Wales, and also in other EPRR groups

### **Stakeholder engagement and social partnership**

111. As one of very few pan-Wales public bodies, the Trust has a multiplicity of stakeholders, which can make engagement complex and fragmented. While a decade ago the issues of reintegrating the Trust as a key player within the wider health and care system were acute, this is less the case now. The Trust has made good progress in being regarded by many stakeholders as an innovative system partner and, while there is no doubt some way to go, the organisation is in a very different place from where it found itself some 10 years-plus ago.
112. Over the past few years, the focus of the Trust's stakeholder engagement activity has been both on gaining support for, and understanding of, the evolution of its clinical model, together with an appreciation of the impact the Trust, as one of the very few pan-Wales NHS providers, can have on the wider NHS Wales system with the right level of collaboration. Involvement from the Trust Board was key to shaping this activity and for them to understand the feedback from stakeholders, including Llais, on the clinical model. Board members were able to speak directly to staff at Chief Executive roadshows, long service and other awards events as well as regular board 'walkabout' visits, to get a sense of the support for the model and its impact on staff and patients.
113. There has been a focus on gaining representation on, and contributing to statutory partnerships, particularly Regional Partnership Boards, which were originally conduits of Integrated Care Fund monies and more recently the Regional Investment Fund. The Trust has benefited from this in terms of both visibility with partners and funding, notably in support of falls and mental health response services. The Trust is now a member of all seven Regional Partnership Boards, holding the Vice-Chair in North Wales.

114. The Trust also works closely with a number of academic partners, not only in respect of training and education, but also in the research and innovation arena, which reflects the organisation's commitment to embedding university trust status, both in its contribution to research and developing innovation solutions to address challenges, as well as in adopting best practice in its delivery of services. Supporting staff to pursue their development, whether that is through formal education or in developing their research and innovation ideas, remains central in optimising the benefits that university trust status signifies.
115. The Trust's relationship with other emergency services is also important, from both a response perspective but also in respect of strategic alliances which can be built upon to support delivery of services to patients. Similarly, the Trust has some strategic partnerships with third sector organisations, such as St John Ambulance Wales, supporting both operational delivery and presenting opportunity for broader collaboration.
116. For the first time in some years, the Trust Board has recently de-escalated its reputational risk (201), disaggregating the stakeholder and patient experience aspects of the original risk, to more accurately reflect the current position. However, it is recognised that where performance remains fragile and patient experience sub-optimal, the Trust's reputation remains at risk.
117. The core challenge now is to ensure that the Trust's approach to collaboration, partnership and engagement is focused specifically on a small number of issues which require an acute focus in order to deliver better outcomes for the organisation, its people and the population more broadly.
118. Given the Trust's existing objectives, its ambitious delivery intentions and its strategic challenges, these more tailored foci for engagement moving forward are likely to include:
- commercial partnerships (both to complement the Trust's commercialisation/financial sustainability agenda, as well as to look at where commercial partnerships may deliver solutions to specific challenges, for example in the digital field)
  - academic partnerships (on the research and innovation front, as well as the learning and education and future workforce dimensions)
  - public/third sector partnerships (for example, on specific aspects of delivery or infrastructure, and particularly in respect of enhanced engagement with health boards as both delivery partners and commissioners)
  - engagement (stakeholder, public and patient) in relation to the Trust's long-term strategy
119. The Trust continues to invest significant time and energy in strengthening social partnership, delivering a positive impact on workforce engagement and culture. We have established a robust, multi-tiered structure for collaboration across the organisation, starting with Local Partnership Forums where Trade Union Partners

(TUPs) and management teams address service-specific issues. This is complemented by the Corporate Partnership Forum, Operational Senior Leadership Team/TUP meetings, and leadership-level forums, all underpinned by governance arrangements. Our Welsh Ambulance Service Partnership Team is our main strategic level partnership forum that meets bi-monthly and reports into the board's People and Culture Committee.

120. In February 2025, two TUPs co-presented with colleagues from the People & Culture team at the Ambulance Leadership Conference, sharing the Trust's journey to "Walk in Each Other's Shoes", a first for the event. Building on this momentum, March 2025 saw the Trust host its inaugural Social Partnership Conference for managers and TUPs, featuring keynote addresses from the Minister for Culture, Skills and Social Partnership and Shavanah Taj, Trades Union Congress General Secretary. Plans are already underway for similar learning-focused events in 2026, aimed at frontline managers and TUPs.
121. TUPs play a vital role in Board and Committee meetings, operational task-and-finish groups, case work and project work, ensuring colleagues' voices are consistently represented. While debates and discussions are often robust and challenging, they remain respectful, professional, and constructive, reflecting the strength of our partnership approach.
122. The People and Culture Committee monitors our principal risk related to maintaining effective and strong TUP relationships at each meeting. Whilst the risk did increase in 2023 and 2024, it has remained at a score of 12 since November 2024.
123. The Trust is not blind to the residual risk of industrial action moving forward but believes that its much strengthened TUP relationships will ensure that any action taken on national or, indeed, local issues can be managed effectively, as it was in 2022/23, notwithstanding that any action does pose a patient safety issue.

### **Pathways of Care and Broader System Integration**

124. The Trust is working collaboratively across the wider urgent and emergency care system to support increased delivery of care closer to home, enabling the rollout of SPoAs and implement the national Call Before Dispatch / Call Before Convey programme. These initiatives are designed to reduce unnecessary hospital conveyance and improve patient experience.
125. However, despite several years of partnership working, progress on community and Emergency Department alternative pathways has been inconsistent. There remains considerable variation across health board areas, particularly regarding acceptance criteria, operating hours and risk appetite. For alternative pathways to be effective in reducing Emergency Department attendances, system-wide consistency is essential. Acceptance criteria must be aligned to patient need, and pathways must be sufficiently robust to support patients with increasingly complex presentations.

126. It is hoped that greater collaboration with health boards in the forthcoming year, together with more opportunity for strategic discussion, through the JCC mechanisms, improved executive to executive interaction with health boards and participation in initiatives like Community By Design will see a step change in both the consistency and availability of community pathways across Wales, which will enable patients to flow more seamlessly to the most appropriate avenue of care.

### **How the Trust is supporting the aims of the Women's Health Plan**

127. Women's health, particularly maternity and neonatal care, remains a critical priority for the Trust. Unplanned maternity and neonatal incidents in out-of-hospital settings present unique vulnerabilities, and the Trust has focused on ensuring timely, clinically appropriate decision-making across urgent and emergency care pathways to support staff and provide safe, compassionate care for women, babies and their families.
128. The Trust recognises the anxiety that pregnancy, particularly in its early stages, can bring for women and families. Continued focus is to ensure that anyone contacting NHS 111 Wales or 999 is treated with compassion and supported through care pathways that are clinically appropriate, emotionally responsive and tailored to individual need. The Trust is committed to working towards a system where women and families receive the right care, first time, through pathways that are clear, safe and responsive.
129. This commitment has driven strengthened leadership, governance and clinical focus over the last eighteen months to improve safety, consistency and system integration. The Trust has played an active role in promoting pre-hospital emergency and neonatal safety across Wales, working in partnership with health boards and national stakeholders. This has included strengthening access to timely clinical advice for frontline teams and service users, improving escalation pathways to support rapid and safe transfer of women and babies when required, and embedding learning through timely and proportionate incident review. Targeted improvements have been delivered in pre-arrival instructions, clinical guidance and professional support for staff, alongside clearer interfaces between urgent care and maternity and neonatal services, contributing to improved equity and consistency of care.
130. Building on this foundation, the Trust is working with the Welsh Government chief Midwifery Officer to scope a National Maternity Line. This future programme, if commissioned, would improve access to specialist maternity advice, reduce variation in decision-making, and support safer care closer to home, with clear escalation routes for face-to-face or emergency care when clinically required. This approach reflects learning from incidents, reviews and service user feedback, and aligns with wider system efforts to strengthen maternity and neonatal safety.
131. The Trust also recognises the importance of a whole-pathway approach to women's health. Work aligned to perinatal mental health is being considered alongside maternity and neonatal care, recognising the interaction between mental health,

safeguarding, access to services and outcomes for both parent and baby. This includes strengthening awareness, escalation and partnership working to ensure timely and appropriate support for those experiencing perinatal mental health needs.

### **Overcoming Health Inequalities**

132. The Trust has worked with Public Health Wales to develop placement opportunities for Public Health Specialist Registrars (SpR). The first SpR was hosted in 2025 and led on several pieces of work including undertaking a baseline assessment of the Trust's approach to population and public health using an assessment tool that has been adopted by UK ambulance services. Recommendations from the SpR have been considered and will inform the evaluation of the Clinical Model Transformation and also, how population health analyses is built into future reporting.
133. A key area of focus in recent months has been considering the development of insight into health determinants that influence the outcomes of patients in the Trust's care. Specifically, the integrated data services team that will secure output area based analyses to identify possible factors, including deprivation, rurality and ethnicity.

## SECTION THREE: STRENGTHENING THE ORGANISATION

### Summary

- The Trust takes the stability, efficiency and effectiveness of its organisation seriously. The sustainability of the organisation is one of the key tenets underpinning its wellbeing objectives, as required by the Wellbeing of Future Generations Act.
- The Trust has maintained strong corporate governance and financial control, evidenced by a positive Audit Wales Structured assessment and by remaining at escalation level one. An independent Board effectiveness review has been commissioned to further strengthen strategic grip and capacity.
- The Trust has embedded a strong Board-level risk culture, with principal risks linked to strategic objectives and subject to regular oversights. The Trust is developing and embedding a strategic Board Assurance Framework (BAF) and risk appetite statements as part of the 2026/27 strategy refresh.
- The Trust has a strong and sustained record of financial delivery, balancing its budget for the last ten years and remaining on track to break even in 2025/26. To strengthen longer-term sustainability, the Trust is progressing its Financial Sustainability Programme, developing commercial capability, and advancing service and productivity reviews to secure recurring savings and future income.
- The Trust continues to strengthen its organisational culture, with measurable progress in equality, diversity and inclusion, growth in staff networks (now over 1000 staff members), improved Welsh language capability and utilisation of a Cultural Early Warning Score tool. 43.2% of staff completed the staff survey this year, a significant improvement on previous years.
- Sickness absence has reduced significantly from pandemic highs, supported by enhanced wellbeing services, trauma-informed support and improved Occupational Health provision, but with sickness levels at 9% in December, there remains further progress to be made with this a key and ongoing focus for the organisation.
- Leadership capability is being developed through the “Our WAST Way” framework, improved succession planning and strengthened clinical and managerial leadership pathways.
- Recruitment and retention remain key areas of focus, underpinned by strong mandatory training performance, low turnover, and work to address rural workforce supply and career progression. The Trust has specifically committed to improving shift overruns to improve work experience for front line staff.
- The Trust has completed a comprehensive review of the MAI, identified 68 relevant recommendations, and submitted evidence based solutions to commissioners, with decisions still awaited. A dedicated corporate risk has been established to track

remaining actions requiring investment, supported by cross-referencing with other national inquiries.

- As a Category 1 responder, the Trust remains fully engaged in national and regional civil contingencies structures, has actively participated in Exercise Pegasus, and is using learning to update its Pandemic Plan.

## **Corporate Governance**

134. The Trust remains at escalation level one (routine arrangements). The Audit Wales Structured Assessment for 2025 found that:

- the Trust has an effective board supported by good governance arrangements
- systems for providing the board with assurance are effective and are being strengthened through further development of the BAF
- a new quality plan is being implemented
- the Trust continues to report challenges to the achievement of key performance targets
- changes to how ambulances responses are measured were introduced during 2025, with a greater focus on patient outcomes. However, it is too early to know what impact the changes are having on service quality
- the Trust has a clear and approved IMTP and has recently approved a set of wellbeing objectives. It is also undertaking a timely refresh of its long-term strategy
- the Trust has a significant number of change programmes underway, with finite capacity to support them. It is therefore pausing the development of some corporate plans and deferring some planned activities to protect capacity for key priorities
- the Trust managed its finances well to meet its key financial duties during 2024-25
- positively, it is reducing its reliance on non-recurrent savings. However, the Trust is facing increasingly challenging financial pressures this year which create risks to achieving its forecast breakeven position. There is a need to clarify the affordability of some of the Trust's strategic plans

135. While the board and its committees already have strong arrangements in place, the Trust has engaged the Good Governance Institute (GGI) to carry out a board effectiveness programme from Q4 2025/26. This assessment is a key part of the organisational commitment to continuous improvement and the streamlining of governance at the Trust. GGI will review the remit and distribution of board committees to ensure they are proportionate for an organisation of this size and complexity, examine opportunities to remove duplication in Committee scrutiny, and propose ways to make the agenda more strategic and reflective of the board's responsibility for organisational culture. Throughout, the focus will remain on maintaining robust

assurance and strategic oversight, while ensuring the board's work remains appropriately focused at the strategic level.

136. In addition to a series of quarterly development days, the Executive Leadership Team (ELT) completed group 360-degree feedback processes involving a wide range of stakeholders. Following this, the ELT shared feedback and held open dialogue sessions with its direct reports. Building on this, the Assistant Director Leadership Team Group also carried out a 360 process to support their development. These actions are helping to build trust and provide senior leaders with greater exposure to the behaviours expected at this level, strengthening leadership capability and preparing them for future roles.

## **Risk Management**

137. The Trust has established an excellent organisational and board-level risk culture, which is firmly embedded in our governance arrangements and aligned to our strategic objectives. Principal risks drive the agenda of our board and committees and are reviewed at each meeting, ensuring robust oversight and informed decision-making. This approach enables early identification, assessment, and effective management of risks, supporting the delivery of safe, high-quality services and compliance with statutory and financial duties.
138. Our current strength lies in this well-developed risk culture and the clear linkage of risks to strategic objectives. However, there is a need to mature further by developing a strategic BAF that provides a clearer line of sight for the board on risks directly associated with each strategic objective, together with the strength of assurance on both delivery and mitigations. This will enable the Board to better understand where assurance is strong and where gaps remain.
139. The development of this strategic BAF is underway currently, following the Board's approval in 2025 of the format and flow of assurance reporting for the BAF as well as a suite of risk appetite statements linked to each strategic objective. These statements will provide a means to gauge tolerance and will help shape decision-making across the organisation. The next steps are to embed a shared understanding of risk appetite at all levels and implement it in a way that supports prudent, evidence-based decisions while maintaining alignment between organisational ambitions, operational delivery, and governance expectations. The refresh of our Long Term Strategy which will begin in 2026/27 will be an excellent opportunity to further mature our BAF and align to any refreshed strategic objectives.

## **Financial Sustainability**

### **2025/26 Financial Position**

140. The Trust has a strong record of financial delivery, balancing its budget without the need of any external support for each of the last 10 years and is on track to do so

again this financial year. This is underpinned by strong financial management and probity which is evidenced in a range of external evaluations, including the Audit Wales annual Structured Assessments, varying Internal Audit Reports and by having an unqualified opinion on its Annual Accounts.

141. The Trust developed an ambitious but achievable financial plan for 2025/26 as part of the IMTP, presenting a balanced financial plan but not without some inherent risks, including in relation to savings delivery assumptions. The financial plan was based on a set of key income assumptions along with an ambitious savings target of £8.5m (c3%).
142. The cumulative year to date (as at Month 10, January 2026) revenue financial position is a small underspend against budget of £0.137m. The revenue forecast for 2025/26 is still one of breakeven, this is following a detailed review of cost pressures, the trajectory of the savings plan and planned levels of spend through the winter period and the rest of Q4.
143. In line with the financial savings plans (£8.5m) that support the IMTP, gross savings of £7.176m have been achieved against a year-to-date target of £7.055m, hence an overachievement of £0.121m year to date, the Trust is forecasting to fully achieve the £8.5m by year end. One further positive is the level of recurring savings that are now being delivered, which is increasing year on year.
144. The 2025/26 capital plan is being progressed and current planned expenditure of £32.570m is forecasted to be fully spent by the end of the financial year, this includes the funding for the 2025/26 fleet replacement programme, along with some acceleration of funding towards the 2026/27 fleet replacement programme, now that funding for this has been confirmed. The Trust is extremely appreciative of this support in alignment with our fleet replacement programme, allowing the Trust to ensure that vehicles are replaced within their age profile as much as possible.
145. The risks reported in the Month 10 financial position have been reduced following the confirmation from Welsh Government of the support for the increase in the Welsh Risk Pool in year costs. This has allowed the Trust to mitigate a range of other in year risks to delivery, whilst being able to ensure the Trust was still able to forecast a breakeven position in 2025/26. Some of this includes expenditure set against essential purchases to support part of the remaining recommendations relating to the MAI. This is on the basis that to date the Trust has received no dedicated funding for these recommendations (see further below).

#### Value and sustainability plans

146. The Financial Sustainability Programme established in May 2022, was created to deliver financial sustainability, assurance, and oversight to enable the delivery of IMTP objectives. Since its inception, the programme has focused on achieving savings and efficiencies while also identifying opportunities to generate new income. Going forward, it will monitor saving plans and delivery and will consider the outcome of the

JCC service review and benchmarking to transform services to be effective, helping plan for future financial years.

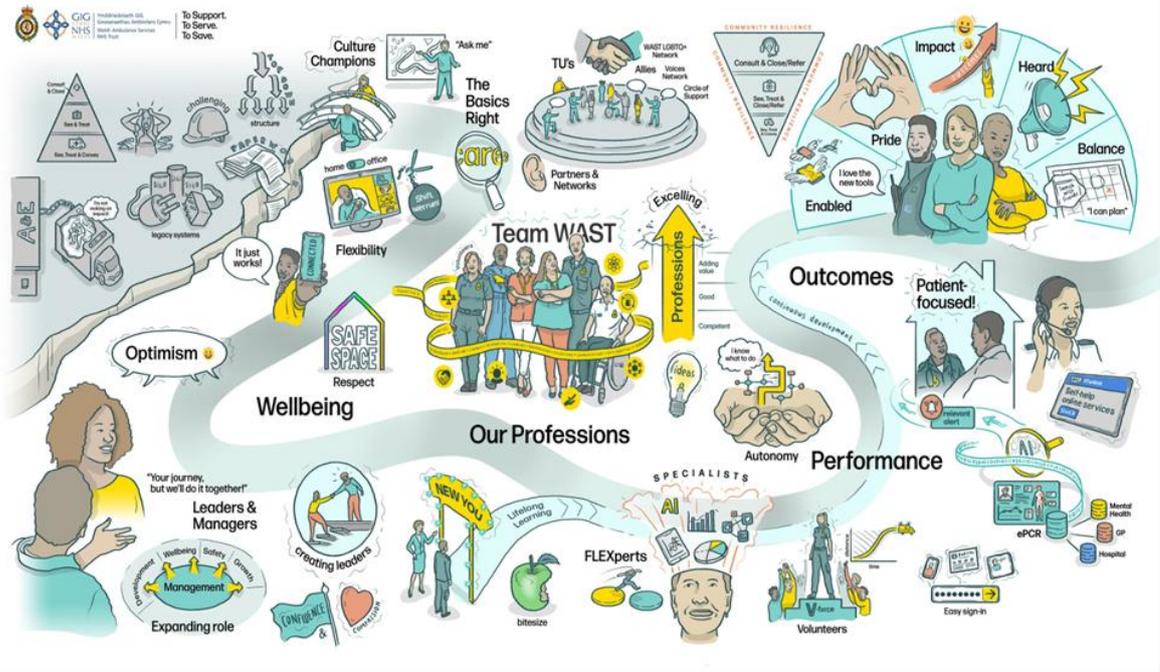
147. In January 2024, Akeso Consultancy was engaged to undertake market analysis of commercial opportunities, and by March 2024, the findings were presented to the board. The recommendations were accepted, and funding was approved to recruit a Head of Commercial Development, who commenced their role in October 2025. Through a dedicated Commercial Steering Committee, the Trust will seek to build trusted and innovative commercial partnerships, create sustainable value, and enable reinvestment in patient care and community wellbeing across Wales. The first 12 months will be spent building capacity with income targets then to be identified for 2027/28 and beyond.
148. Recent developments have maintained a strong focus on both cost efficiencies and income generation. All 24 recommendations from the 2023 Administrative and Support Review have been implemented or embedded within directorate plans, and the review has been formally closed with endorsement from the FSP Governance Group.
149. Additionally, a comprehensive organisation-wide Service Review was completed in 2023, engaging more than 50 service areas and generating more than 330 improvement proposals. These recommendations have been structured into four tiers of implementation, supported by governance mechanisms to ensure prioritisation, accountability, and benefits realisation. A review is currently underway to measure progress against the actions. To strengthen this work, a Project Opportunities Group will soon be established to identify, scope, and assess opportunities for cash-releasing savings, spend avoidance, and additional income generation.
150. Looking ahead, the next steps include drafting the Commercial Development Plan and finalising Service Review actions by January 2026, holding the inaugural meeting of the Financial Sustainability Programme Commercial Development Group in January 2026, launching the Project Opportunities Group in February 2026, and publishing the Commercial Development Plan in March 2026.

## **Culture and Workforce**

### **People & Culture Plan**

151. The organisation's People and Culture Plan reflects the Trust's ambition to create a positive, inclusive, and high-performing culture where colleagues feel valued and

supported.



152. To measure progress, key indicators are reviewed that demonstrate the impact of the plan. The latest data (December 2025) highlights the following outcomes, with some further detail provided in following sections of this evidence pack:

| Metric                        | As at December 2025                              | Trend | Commentary   |
|-------------------------------|--|-------|--|
| People Networks               | Membership at more than 1,000 across 10 networks | ↑     | Almost a quarter of the workforce is now engaged with the Trust's People Networks. Ten People Networks are in operation to support colleagues who have lived experience or are allies to people who may face disadvantage or discrimination. Having seen the benefits of current networks, this year there has been an appetite to establish a new Welsh Language and Culture Network and a new Veterans Network. A review of the Trust's People Networks is planned for 2026 with the introduction of Executive Sponsors for each network to strengthen the relationship between the networks and the Trust Board to help influence change and improve decision making. |
| Disciplinary cases            | 55 open cases                                    | ↔     | Slight trend upward from previous month  |
| Formal request for resolution | 14 requests                                      | ↔     | Remains steady and reflective of sustained focus on speaking up and resolving concerns.  |

| Metric                           | As at<br>December<br>2025 | Trend   | Commentary   |
|----------------------------------|---------------------------|---|--|
| Turnover                         | 7.98%                     |    | Consistent, indicating improved retention and job satisfaction linked to Our WAST Way and wellbeing initiatives.   |
| Absence (rolling 12 month)       | 7.89%                     |    | Consistent with previous periods   |
| Absence (in month)               | 9.23%                     |    | Slight trend upwards over three months. This remains above the planned abstraction rate and is therefore affecting our ability to fully deploy resources. However, this mirrors seasonal pressures (Flu/RSV), with examples of several health boards and WAST (in some circumstances) already mandating mask wearing to minimise further staff infection. From February 2026 the Occupational Health & Wellbeing Team will move into the People Services Team which will result in a multi-disciplinary team approach to holistic absence support to managers and employees. |
| Statutory and mandatory training | 91.92%                    |   | Slight increase from previous return, highest on record and above Welsh Government target, reinforcing commitment to learning and regulatory compliance.   |
| PADR (see below)                 | 76.45%                    |  | Consistent with previous periods, highlighting need for stronger embedding of performance and development conversations  |

## Organisational Culture

153. The Trust has worked hard for a number of years to improve its leadership and culture while consolidating its governance to ensure rigour, grip and continuity. One particular facet in which considerable time and resource has been invested is in creating a sexually safe and inclusive culture, where colleagues feel able to speak up. This has led to the Trust becoming a sector-leading organisation in the realm of organisational cultural change.
154. The Trust has made notable progress in delivering Strategic Equality Plan (SEP) objectives. Workforce diversity has improved, with increases in representation among ethnic minority staff, colleagues with disabilities, LGBTQ+ communities and Welsh speakers. The gender pay gap has also narrowed, and early analysis of the Workforce Race Equality Standard (WRES) indicates positive changes in the experiences of ethnic minority staff and widening of representation. These achievements have been supported by initiatives focused on leadership and culture, inclusive recruitment campaigns, and improved access to interpretation and translation services, including British Sign Language.

155. Data reflects progress across all areas of workforce diversity and fairness. The gender pay gap has reduced to 5.3%, and representation among ethnic minority staff, LGBTQ+ colleagues, and those with disabilities has increased. Gender balance remains strong, with women now accounting for 50.5% of the workforce. Despite these achievements, challenges remain, particularly around competing priorities and resource constraints, which can limit engagement with SEP initiatives. Current workforce demographics also present barriers to fully realising the Trust's ambition of becoming a truly inclusive employer and service provider.
156. The Trust is strengthening its approach to reviewing and shaping culture across the organisation through a structured, evidence-based organisational development process called the "Working Well Together" framework, underpinned by the Cultural Early Warning Score (CEWS) tool. CEWS has been developed in-house and acts as a supportive, interactive guide for managers and teams to collaboratively assess their team culture, addressing key indicators such as engagement, relationship dynamics, change, wellbeing, behavioural concerns, attendance, and other key people metrics. It is now being shared with a number of NHS organisations across Wales to facilitate proactive assessment and tracking of cultural change improvement. The impact of the tool and associated support has been positive when adopted in specific areas of the business and this evidence based approach of achieving sustainable cultural change at a local level has been welcomed and shared wider. Pilot feedback has shown that using CEWS created space for open, honest conversations, exploring themes or reasons impacting their culture that teams may not have previously had, strengthening shared understanding, increasing buy-in and enabling staff to actively contribute to identifying and addressing cultural concerns and feeling their voice has been heard.
157. Speaking Up Safely remains an ongoing commitment for the Trust, creating a culture where staff feel empowered to raise concerns safely and confidently. The Speaking Up Safely Annual Report for the period 1 July 2024 to 30 June 2025 shows that 113 concerns were raised, with 56% submitted directly to the Guardian and 44% via the Work in Confidence platform. The NWSSP audit awarded a reasonable assurance rating, reflecting robust governance and processes.

#### Mwy na Geiriau / More Than Just Words

158. The Trust values and respects our Welsh speaking staff, service users and stakeholders, actively supporting the recruitment, retention, and development of Welsh speakers across the organisation. Delivering bilingual services is fundamental to providing safe, equitable and person-centre care, particularly for those priority groups identified in Mwy na Geiriau / More Than Just Words.
159. The Trust's Welsh Language Framework, which incorporates the More Than Just Words Action Plan 2022-2027, sets out the Trust's aims and objectives to increase the visibility, accessibility, and everyday day use of Welsh and opportunities for the Welsh language. It also outlines targets to enhance support for Welsh-speaking communities and for our Welsh learners who are developing their language skills.

160. Strong leadership plays a vital role in advancing this agenda. The board promotes the Welsh language through visible leadership, clear governance arrangements, and integration within strategic planning. It is for this reason that the 'Active Offer' sits alongside the Strategic Equality Plan and takes account of the wider equality, diversity and inclusion work, and the People and Culture Plan with oversight of that plan, and the Welsh Language Standards Annual Report by the board.
161. Service delivery standards (correspondence and telephone calls) have improved with the introduction of an in-house translation service, as has the ability to quickly translate correspondence, communication platforms and publications more widely and aligning to standards. There is more work to do however on reception services as the first port of call for Welsh speakers.
162. Policy making standards have improved markedly over the last two years with the introduction of a Welsh Language Policy and integration into the Trust's policy process. An impact assessment for Welsh language features for each Trust policy.
163. 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 staff both internally and centrally. 95.96% of staff have self-assessed and recorded their Welsh language skills on the Electronic Staff Record (ESR) system. Staff who assess at level 0 are encouraged to progress to level 1 as they complete Welsh language courses.
164. There has been a steady increase in the number of service users accessing Welsh language services when calling NHS 111 Wales and NEPTS. Service users are welcomed with a bilingual greeting, followed by our Integrated Voice Response (IVR) system that allows callers to select their preferred language being Welsh or English. During 2023/24 the NHS 111 Wales Service saw a significant increase in performance on Welsh language call answering rising from 18% in 2022/23 to 45%. In 2024/25, performance remained stable at 45.7%. An improvement plan is in place, including targeted recruitment, weekend call handler profiling, and opt-out flexibility for callers. During 2024/25 NEPTS performance on Welsh language call answering was at 77%. A plan is in place to prioritise recruitment of Welsh speakers and align with the broader workforce strategy for 2026/27.
165. In 2026/27 the Trust will develop its five year clinical consultation plan aligned to Standard 110. We have worked in partnership with the Welsh Language Commissioner's Office in 2025/26 with a focus on remote clinical care to support a sustainable increase in bilingual service provision.
166. Welsh speaking investigating officers are now in place should staff wish to have their complaints and disciplinary procedures conducted in Welsh. The intranet Welsh language page has an increasing number of resources for staff with training sessions provided to senior leaders for increasing confidence in the use of Welsh language when conducting meetings. Since the introduction of the mandatory Welsh language awareness course on 1 April 2023, 78% of staff have completed the course. The

course is promoted as part of the WAST Welcome Days for new staff and during the promotion of Welsh cultural events.

167. A new Welsh language beginners' course for EMS staff developed in partnership with the National Centre for Learning Welsh. The course which is tutor led on Teams is tailor-made for staff who want to be able to engage with our Welsh speaking patients at that first point of contact.
168. Record keeping standards shows good upholding of standards, with 1 complaint being received related to Welsh language in 2025/26.
169. A 2025/26 internal audit on Welsh language returned a reasonable assurance rating on our arrangements to embed Welsh language at the Trust.

#### Staff engagement including the staff survey

170. Staff engagement is critical to organisational culture and performance. The 2025 NHS Wales Staff Survey response rate was 43.2%, a continued rise from 35.2% in 2024 and 23.2% in 2023. This upward trend reflects growing colleague participation and confidence that feedback is being acted upon.
171. Over the past year, approaches to engagement have been strengthened by:
  - building behaviourally informed communication
  - closing feedback loops and demonstrating visible impact
  - introducing quarterly pulse surveys aligned to Our WAST Way to explore emerging themes and support continuous improvement
  - providing directorate-level data to enable targeted local action plans
172. Pulse surveys will continue to help directorates test the effectiveness of actions and make timely adjustments. Once final survey results are available in quarter 4, the Trust will:
  - publish an infographic-style organisational overview
  - share detailed analysis with the board, executive team, and Trade Union Partners
  - identify priority themes to shape next year's pulse survey cycle and wider engagement activity
173. A comprehensive board to frontline programme is actively maintained, fostering engagement and transparency throughout the workforce. Promoted through a variety of channels such as ELT road shows, Non-Executive Director (NED) visits, WAST Live sessions, blogs, and vlogs. These ongoing activities ensure strong visibility and direct communication between the board and staff across all levels of the organisation

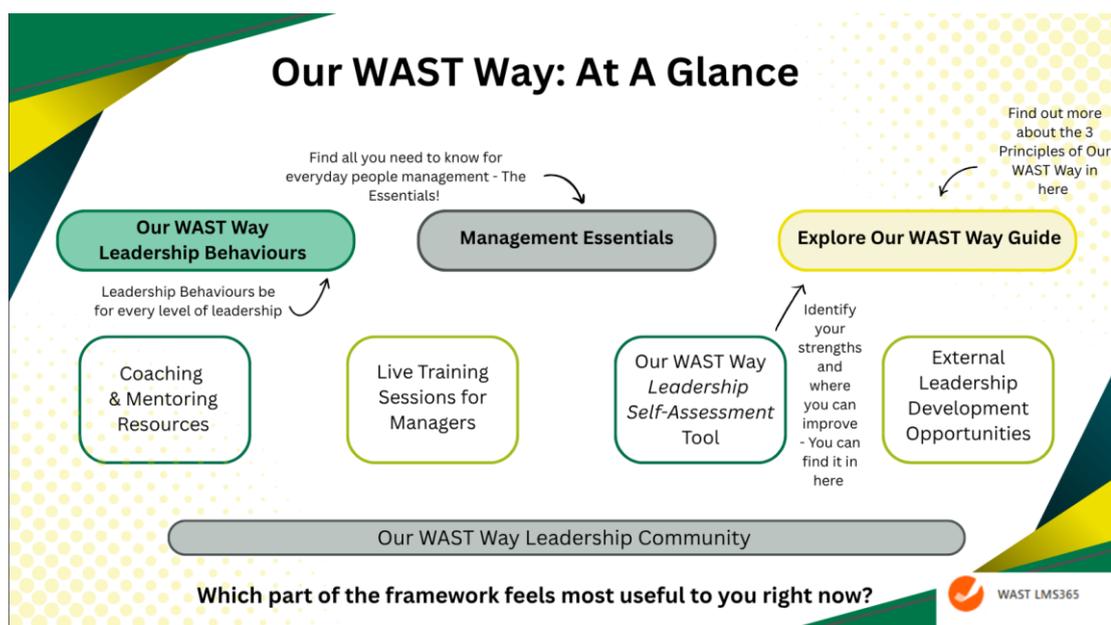
174. The Trust is increasingly concerned about the effect the current work environment is having on our staff, as many have reported feeling exhausted and frustrated, alongside a rise in incidents of abuse from patients and the public. Although issues such as burnout and fatigue have been highlighted before through the staff survey, for example, it is evident that these challenges continue to significantly affect our people's personal lives. For this reason, Health and Wellbeing is a priority, offering practical tools and resources to help both colleagues and managers recognise early signs of stress and burnout, facilitate meaningful wellbeing discussions, and make reasonable adjustments for those with long-term health conditions. More detail is provided in the section below.
175. Alongside this the Trust has recognised that the level of change within the organisation has been significant. The change approach reflects our commitment to valuing our people, recognising the direct link between colleague experience and patient experience. Poorly managed change increases pressure, uncertainty and burnout but done well, it supports confidence, wellbeing and sustainable performance. Effective change management is being embedded so that supporting people through change is simply how things are done and not an optional extra. Rather than relying on a small group of specialists, capability is being built throughout the organisation, equipping leaders and teams to lead and support change locally. These skills and behaviours are embedded within leadership and management framework (Our WAST Way), reinforced through a growing Change Community and supported by a bespoke, practical toolkit. Overall, this approach keeps change simple and accessible, aligned with continuous improvement and project delivery, ensuring change feels inclusive, supportive and sustainable
176. In line with the ambition to be an employer of choice and to enhance the overall employee experience and following the flexible working coaching sessions delivered to the Operations Directorate, between August 2024 and December 2025, a total of 460 flexible working requests were submitted. Of these, 258 have been approved, 9 declined, and 193 remain in progress. together, these steps are building a more open, responsive, and sustained dialogue with colleagues about their experience at work.

#### Leadership Development (including clinical leadership)

177. The Trust launched its new leadership and management framework, *Our WAST Way*, in May 2025, built on the principles of Care, Connect, and Value Everyone. It reflects both national leadership standards and what Trust staff have said matters most. Phase One focused on embedding the framework by introducing practical tools to support everyday leadership.



178. In-year delivery has already shown positive traction. More than 280 colleagues have completed the interactive brochure and self-assessment tool, over 130 have accessed Management Essentials, and over 500 attendances on live learning through Our WAST Way Applied and Essential Conversations. Alongside this, the Leadership Community has now grown to almost 400 colleagues, demonstrating clear appetite for shared learning and connection. This level of meaningful take-up shows the framework is resonating with colleagues and is already helping to build more confident conversations, more consistent leadership practice, and a more connected culture.
179. The programme is now progressing to phase two, which will focus on aligning formal learning programmes with the framework and strengthening coaching and mentoring capability across leadership levels.



180. This leadership succession planning approach focuses on strengthening leadership capability at every level. While formal development programmes remain important and future leaders are continued to be supported through national initiatives such as the

Aspiring Director of Operations programme for the ambulance sector, as well as programmes delivered by HEIW, NHS Leadership Academy and Academi Wales, the Trust is also prioritising the connections that make leadership effective. This includes building positive relationships and alignment across the organisation.

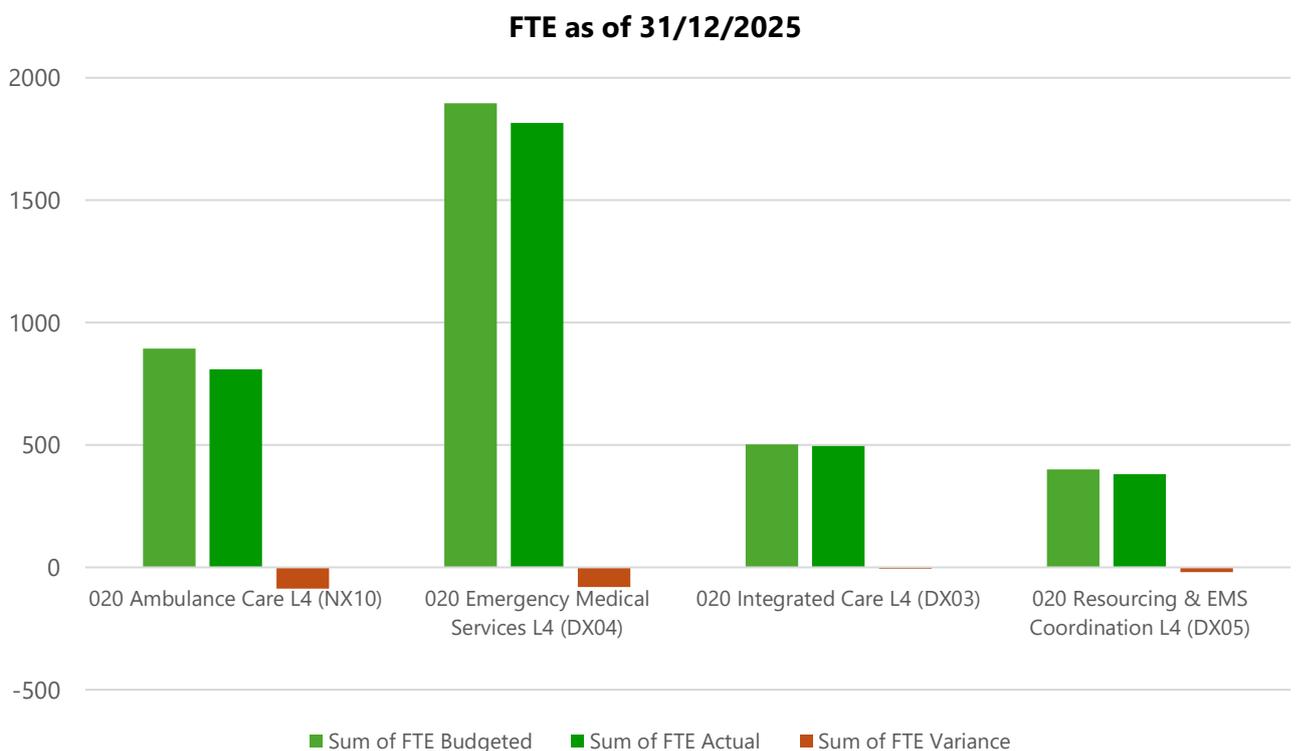
181. Recent work has focused on the ELT, its direct reports, and the wider senior leadership community, including the board, all aligned to Our WAST Way principles. Workshops and engagement sessions have been delivered for senior leaders, focusing on collaboration, trust, and cross-functional working. These sessions have strengthened connections across the senior leadership community, helping to build a united leadership community. This provides individuals with exposure to different approaches, areas of work, and opportunities, which will be vital in developing future talent.
182. The ability of leaders to have effective and meaningful conversations with their staff is critical to improving well-being and resilience. While Performance Appraisal and Development Review (PADR) completion rates remain below the Welsh Government target of 85%, it is important to ensure that PADRs are meaningful conversations that support development and engagement, rather than being seen purely as a compliance exercise. The organisation's focus is therefore on transforming PADR into a process that genuinely adds value. This work sits within the wider Essential Conversations initiative, which aims to build managers' confidence and capability to have regular, informal conversations with their teams. By embedding routine one-to-one 'check-ins' throughout the year, PADRs will be supported by ongoing dialogue, making the annual review more relevant and impactful. As the new PADR process is designed, socialised and finalised, a pilot is planned for quarter 1 2026/27 with wider organisational roll out planned for quarter 3 2026/27.
183. In relation to the ongoing development of clinical leadership, the changes to the clinical model and the ambulance performance framework increase the importance of effective clinical leadership to ensure improved performance, safety and outcomes.
184. One example is the development of clinical navigators. These are senior nurses and paramedics who provide real-time clinical oversight within Emergency Medical Services Coordination Centres and, as set out in section 2 above, play a vital role in critical tasks such as high-acuity call reviews, queue safety assessments, and remote clinical support for frontline crews. By embedding clinical leadership into coordination environments, upfront in the call taking process is just one way the Trust ensures that patient care decisions are guided by experienced clinicians, improving safety and efficiency across the system.
185. In addition, the Clinical Model Transformation Programme is driving structural changes to enhance leadership, performance and accountability. This includes implementing our response to the new performance framework, digitising processes to ensure thorough understanding of how our patients flow through the model.

186. We also see future investment across our clinical workforce to enhance the provision of frontline clinical leadership, with senior clinicians overseeing the development and growth of our workforce, aligning their objectives to our clinical model and, through this, the outcomes within the ambulance performance framework.
187. All these developments go hand in hand with the education provision to our current and future clinicians. Support from HEIW in areas of work, such as with APPs, has been instrumental in shaping our service provision to be more in line with the evolving patient needs. Education and professional development are central to this strategy. Recent initiatives have addressed gaps in clinical confidence and competence, such as standardising electrocardiogram interpretation training and rolling out AI-assisted diagnostic tools. These programmes not only improve patient outcomes but also empower clinicians to take on leadership roles by equipping them with advanced skills and knowledge. The Trust's commitment to structured continuous professional development and collaboration with universities underscores its long-term vision for sustainable clinical leadership.
188. Integrating leadership succession planning into Our WAST Way, including mentoring and coaching across leadership levels, will take place starting from 2026/27.

## Workforce sustainability and wellbeing

### Recruitment

189. Recruitment activity remains a key priority across the Trust to ensure that the right number of staff are in post to deliver services. The visual below shows the vacancy levels in front line services.

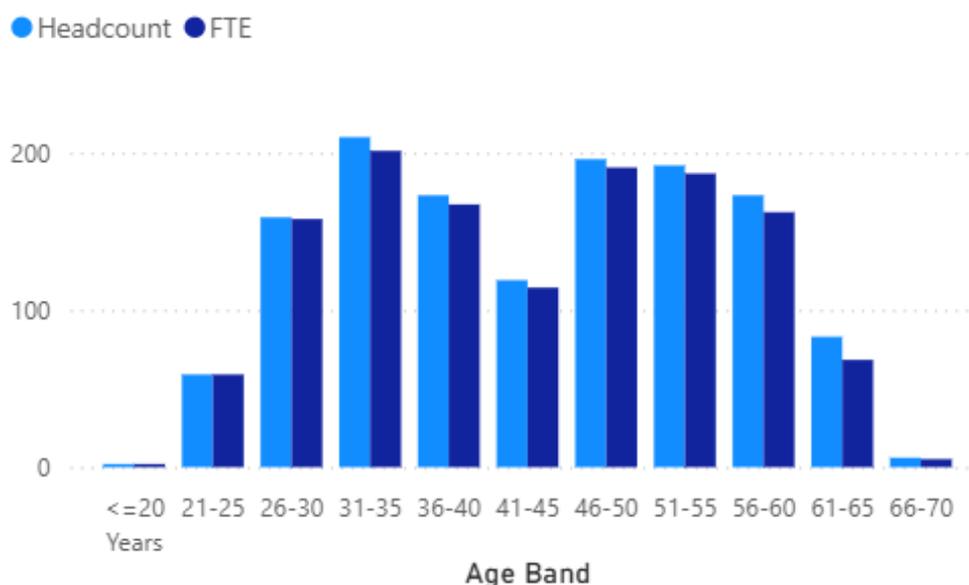


190. In collaboration with the Digital Services Directorate, implemented targeted recruitment and application support initiatives within local Black Asian Minority Ethnic communities have enhanced ethnic diversity across the organisation and its functions.
191. To address workforce challenges in rural areas, a dedicated Rural Recruitment Task and Finish Group has been established. This group is focused on creating opportunities for localised recruitment, supporting employment and career progression within rural Welsh communities, and improving retention and stability of the Emergency Ambulance workforce in these regions. The Group has enabled the Trust to identify the main barriers to rural recruitment and to focus actions on these areas, including greater interaction between Workforce Planning, Recruitment and local management teams to specifically target local communities. Within South Gwynedd and North Powys local adverts gauge interest before undertaking engagement with these potential candidates, providing support to help them achieve the required employment pre-requisites for successful selection.
192. Additionally, a new Recruitment Strategy is currently in development. This strategy will emphasise standardisation and centralisation of recruitment processes across the Trust, inclusive recruitment practices to ensure equity and diversity and strategic attraction and workforce planning to meet future organisational needs. The initial scoping of the strategy is currently underway, with stakeholder engagement due to commence shortly. The aim is for the three-year strategy to be approved and published in quarter 4 26/27, followed by implementation of short term actions over the following 12 months, and long term actions across 2028/29 and 2029/30.

## Retention

193. The HEIW-funded Retention Lead is approaching the end of a two-year tenure, during which time significant initiatives have been delivered to strengthen staff retention. Key achievements include the design and launch of a Health and Wellbeing Passport and accompanying Manager's Guide, enabling supported conversations and providing clear guidance on reasonable adjustments for colleagues with disabilities.
194. To enhance onboarding and retention, the Warm WAST Welcome Corporate Digital Handbook has been introduced that brings together essential information on corporate support offers, key policies, people networks, and more, helping new colleagues feel connected, supported, and a sense of belonging from day one.
195. Retention challenges remain in specific areas, notably among call handlers, where turnover is higher. However, a significant proportion of this movement reflects internal progression into Emergency Medical Service and NEPTS roles, demonstrating positive career development opportunities within the organisation.
196. Future workforce plans must consider the current age profile of the Emergency Ambulance workforce (including Emergency Medical Technicians (EMT), EAPS, and Paramedic roles), which reflects a broad distribution across age bands. While there is limited visibility of future retirements, historical retirement data across specific roles has been extrapolated to forecast upcoming retirements. The planned retirements

within the 56–60 and 61–65 age bands over the coming years will support the reduction of EAP and Paramedic full-time equivalents required to achieve the new emergency ambulance skills mix, which will be achieved over a number of years.



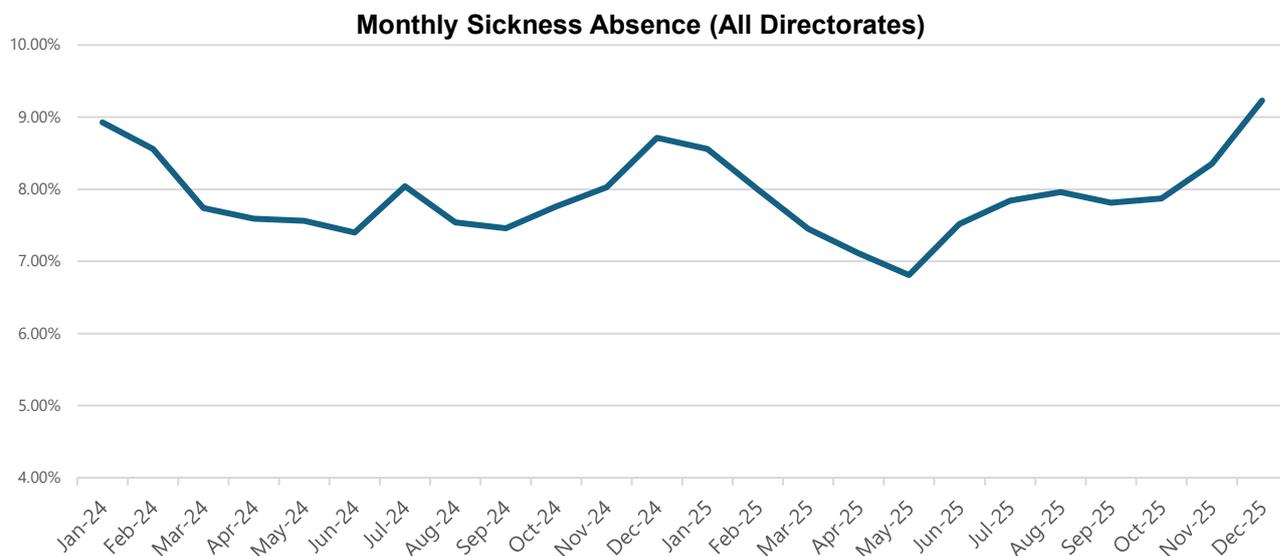
## Wellbeing

197. Within the last 12 months, the Trust launched its Health and Wellbeing Plan, reinforcing a commitment to staff and volunteer wellbeing through a proactive and comprehensive approach. Key developments include enhanced data reporting for assessment and monitoring, and the relaunch of the trauma risk management (TRiM) network to provide peer-based trauma support, supported by ongoing training and expansion of the responder network.
198. Since its relaunch, the TRiM network has grown to 37 trained responders across the organisation. Demand has increased steadily month on month, reflecting greater organisational awareness and improved confidence in accessing trauma support. Referral volumes rose from 37 at launch in September 2025 to 57 in November, 81 in December, and 65 in January 2026. This upward trend highlights both positive engagement with TRiM and the increasing operational need for timely trauma support. It also underscores the importance of further expanding the responder network to ensure workload is managed safely and sustainably, protecting responders from fatigue and reducing the risk of secondary or vicarious trauma arising from frequent exposure to challenging conversations.
199. Suicide risk training has been integrated within the Wellbeing Team, and a formal suicide risk assessment process is now embedded into our contact structure to address known workforce risk factors. All Occupational Health and Wellbeing staff have completed suicide risk training, and a structured assessment tool is now routinely and consistently applied.

200. The Employee Assistance Programme (Health Assured) continues to offer confidential counselling, lifestyle and financial advice, alongside physiotherapy referrals and signposting to external agencies, including the TASC (The Ambulance Staff Charity) crisis line where appropriate. EAP usage between February 2025 and January 2026 showed clear peaks in August–October, aligning with wider organisational pressures. Anxiety and low mood were the most common presenting issues, consistent with key drivers of sickness absence across the Trust. More than half of users (57%) chose not to disclose their work area, emphasising the need for strong confidentiality, while those who did disclose were most commonly from clinical contact centres (999/111). Outcomes remain highly positive: 96.7% of individuals in work at the start of therapy stayed in work, and 47.6% of those off work returned by the end of their intervention. This reinforces the EAP's important role in supporting psychological resilience, sustaining work attendance, and improving return-to-work outcomes following mental health-related absence.
201. Promotional activity has been refreshed across the organisation to raise awareness of available support, and wellbeing drop-ins remain accessible at contact centres, stations, and remote locations on a rotational basis. Looking ahead, bespoke workshops on Workplace Stress and Sleep Management will launch early in 2026, supported by continued engagement and partnership working to ensure timely, comprehensive, and confidential wellbeing support for all staff.

#### Attendance/sickness

202. In March 2022, WAST introduced a structured project management approach to sickness absence with seven workstreams identifying proactive and reactive actions and activities to target absence across the organisation. As a result, absence has reduced from a peak of nearly 12.5% in December 2021 to 9.18% in December 2025 with the lowest organisational absence in May 2025 at 6.81%. However, it is important to note that EMS is 7.87% in December which is positive considering the ongoing system and environmental challenges experienced by our frontline crews. The pattern of absence follows the same trend lines year on year with peaks in December/ January, July/ August and smaller peak around March. This year early flu /colds/ Covid are impacting the team directly. Trust-wide Long term sickness is currently 6.24%, short term is 2.94%.



203. A concerted effort by the People Services team supporting operational managers to handle sickness absence cases, manage within the policy framework, increase awareness, improving wellbeing and support as well as training delivery and coaching and mentoring for managers is helping to reduce the figures and efforts continue to further reduce the percentage absence.
204. Sickness absence in the Trust is average for the ambulance sector and caution should be exercised when compared to health board figures because of the different risks of infection and injury in different settings. The sector is high risk for post-traumatic stress disorder (PTSD), mental health and suicide because of the trauma and stress of the role. For example:
- a recent systematic review found that among EMS clinicians (paramedics, ambulance staff, pre-hospital emergency providers), the proportion of deaths due to suicide was 5.2%, more than twice the 2.2% in the general population
  - a sector-wide survey of EMS workers suggests very high mental-health burden: many report depression, anxiety, PTSD and “serious suicidal ideation”
  - according to data collated by the UK’s Association of Ambulance Chief Executives (AACE): male paramedics were quantified as 75% more likely to die by suicide than the national (working) average, i.e. significantly elevated compared with many other jobs
205. Therefore, it is unsurprising that the primary reason for sickness absence is Mental Health (3.03%% in December 25), followed by Coughs/ Cold/Flu (0.82%) Gastro (0.82%), MSK (musculoskeletal) (0.81%), Injury/Fracture (0.46%) and Back problems (0.45%). As noted above, when there is a seasonal surge in infections e.g. colds, flu, RSV (respiratory syncytial virus), this also affects the team directly. Our mental health support offer is covered in the wellbeing section above.

## Trade Union Relations

206. Regarding employee relations, the dispute over the 2025/26 Pay Award continues. UNISON conducted a ballot on industrial action during Quarter 3; however, there was no mandate from members to proceed. UNITE is currently holding a consultative ballot on action relating to the 2025/26 pay award, which commenced on Friday, 16 January and closed on Monday, 2 February. Turnout was 60% and 89% were in favour of taking Industrial Action. Unite are currently considering if they are to proceed with a full postal ballot.
207. Ongoing discussions are taking place with local Trade Union Partners on a range of matters. These include the ability of frontline staff to access time off in lieu (TOIL), issues arising from shift overruns due to system pressures, and the review of Integrated Care terms and conditions. Work is underway to examine variable terms and conditions following TUPE (transfer of undertakings) transfers, alongside reviews of staff rosters, the implementation of electronic timesheets, and considerations around emergency ambulance skills mix. Additionally, efforts continue to address previous non-pay annex agreements. All original actions required under the Non-Pay Elements of the 2022-24 Collective Agreement have now been completed.

## Shift Overruns

208. In previous IMTPs, the Trust has given a commitment to addressing the level of shift overruns within the EMS service, it is known that this is cause of stress and could be a contributor to higher than desired absence levels. In December 2024 there were nearly 3000 shift overruns, with an average overrun time of 41 minutes. In December 2025 this had reduced to around 2400 overruns with an average overrun time of 35 minutes. Whilst this represents some progress in terms of volume and length, the Trust wants to go further.
209. The Trust has implemented a comprehensive, multi-disciplinary approach to tackling operational overruns, prioritising patient care, staff wellbeing, and organisational efficiency. This work is driven by structured governance, regular review meetings, and continuous data analysis, ensuring clear ownership and accountability for every action.
210. Weekly meetings, led by the Assistant Director for EMS, were held until 17 November 2025 and continue on a bi-weekly basis in partnership with TUPs. A detailed action tracker underpins this process, assigning responsibilities and monitoring progress. To date, approximately 35 actions have been identified across the five operational directorate portfolios, with around 75% completed. The remaining actions involve longer-term changes, which are scheduled for testing in early implementer sites in the New Year. The Trust is constantly alert to the need to balance staff well-being with patient safety.

## TOIL (time off in lieu)

211. TOIL remains a high-profile issue in discussions with Trade Union Partners, particularly in relation to staff wellbeing, service delivery, and the risk of industrial action. The current Resourcing Policy (2014), identified for review through internal audit, is scheduled for update in the coming months. Differing interpretations of the policy have led to disputes, especially regarding staff entitlement to TOIL accrued from mandatory overruns. Notably, more than 60% of TOIL is generated from unplanned extensions to contractual hours, with staff and unions seeking greater flexibility in when TOIL can be taken. It is becoming evident that improvement to hospital handover may not have the direct equivalent impact on reducing overruns.
212. To address these challenges, a new TOIL process was launched on 15 September 2025, designed to increase flexibility and deliver an additional 11,500 hours per year beyond current approvals. A six-month pilot, starting with EMS, is underway with monthly partnership meetings to review outcomes and ensure consistency in decision-making.
213. Outcomes of the pilot will be monitored through monthly reviews of approvals, declines, staff feedback, and impact on sickness/abstraction rates, and develop a clear position on operational and wellbeing impacts, supported by data on abstraction rates. Early monitored outcomes indicate a positive position with up to 95% of all submitted TOIL approved.

## Workforce Skill- Mix and Sustainability

214. Work continues to support the upskilling of former Band 4 EMT colleagues into Band 5 EAP roles, with all training scheduled for completion by Summer 2026.
215. The desired emergency ambulance skills mix, as agreed by the ELT, was communicated to the organisation in early January 2026. Efforts are underway to align workforce establishment at Band 4 EMT, Band 5 EAP, and Band 6 Paramedic levels in line with this skills mix. However, achieving this balance will require a significant period because of current turnover and progression trends.
216. With improved retention rates, low vacancy levels within Paramedic roles, and the need to realign the EMS establishment, there is a significantly decreased requirement for newly qualified paramedics (NQPs) within the Trust. Options to accelerate the realignment of EMS roles are being actively explored by the Senior and ELT, who will confirm NQP recruitment numbers for the next intake in early 2026.
217. The Trust is also committed to increasing urgent care provision with the growth of APPs, ensuring the workforce is more aligned to patient need and strategic direction. Whilst opportunities to grow our APP workforce remain strong, the ELT remains mindful of the current financial envelope, our responsibility to ensure fiscal sustainability and the need to optimise productivity of the current APP cohort.

## Approach to reduce reliance on interims, agency and locum staff

218. The current percentage of agency costs against the total pay figure remains very small, at 0.2%. This is to cover a small number of vacancies, in areas across the Trust which the Trust is having difficulties recruiting into including clinical, digital, fleet and estates. However, it is hoped that some of these agency staff will be replaced by permanent staff in the near future.
219. Given to the uncertainty that remains around some information and communication technology (ICT) funding that has been received on a non-recurrent basis, the Trust continues to utilise agency staff in these roles to deliver the service, which it believes is appropriate given the inability to recruit on a substantive basis.

## Emergency Preparedness

### Manchester Arena Inquiry (MAI)

220. The Trust has conducted a comprehensive review of the MAI report, identifying 68 recommendations deemed relevant to both ambulance service operations and multi-agency preparedness and response. Demonstrating a clear commitment to addressing these recommendations, the Trust temporarily provided dedicated resource in June 2023 to consider the recommendations, take necessary steps where the Trust can do so, and prepare the Trust's response for commissioners to consider.
221. Since initiating this project, significant strides have been made, and the Trust's preparedness has been enhanced. As part of this ongoing effort, the Trust has carried out a series of investigations and produced evidence based 'Capability Reports' (specifically, the Recommendation (R)106 Capability Report, R105 Capability to Prepare, R105 Capability to Respond, and R105 Capability of Specialist Assets). These reports outline the remaining challenges and capability gaps, supported by substantial evidence from the 'R105' self-review process, and gained the support of the Trust Board prior to submission.
222. The findings and proposed solutions to address these capability gaps were formally submitted to the Trust's commissioning bodies, namely the JCC and Welsh Government, in August 2024. Throughout March and April 2025, the Trust participated in a series of engagement sessions to present these findings, culminating in a final session in September 2025 to address additional queries. At the time of preparing this submission, the Trust has not received outcome decisions from those who commission it.
223. In parallel, the Trust has established Corporate Risk (641) to capture and monitor the residual lessons yet to be implemented, acknowledging that further progress will require considerable investment. This risk is reviewed regularly by the Finance and Performance Committee. These findings have also been cross referenced against

other key findings such as the Grenfell Inquiry and have been subject to an Internal Audit that received a substantial assurance audit outcome.

224. The Trust continues to explore opportunities to invest within its own financial envelope, including as part of discussions related to the latest IMTP cycle and would prioritise implementing an Incident Management Desk and increasing Operational Commander capacity. The Trust is also engaging with the Welsh Government regarding the expansion of the existing Hazardous Area Response Team (HART) unit as well as the opportunities to introduce specialist response assets to North Wales, both of which will feature in the 2026/27 work plan.

#### Emergency preparedness, resilience and response

225. The Trust is a Category 1 responder under the Civil Contingencies Act 2004 and is subject to statutory duties focused on EPRR. These duties include risk assessment, emergency planning, business continuity management, communication and cooperation with other agencies.
226. As a national ambulance Trust, the Trust is represented on civil contingency structures across Wales, including planning and response structures at appropriate levels of seniority (strategic, tactical and operational). This includes representation at the Wales Resilience Forum and its subgroup and at Emergency Planning Advisory Group (EPAG) and various subgroups; the mass casualty and, pre-hospital group, which the Trust chairs. EPAG, which is currently in transition, reports into the NHS Wales Executive Civil Contingencies Leads Group on which the Trust's Executive Director of Operations sits. The Trust is also represented on the Systems Resilience Planning and Response Group, a key forum for horizon scanning future threats and risks such as respiratory illness during the winter period. These structures are complemented by national ambulance structures through AACE and blue light collaboration through the Joint Emergency Services Group (JESG).
227. The Trust has had recent involvement in Exercise Pegasus, a tier 1 national exercise led by the UK Department of Health and Social Care, aimed at rigorously assessing the UK's preparedness, capabilities and response strategies in the context of a pandemic arising from a novel infectious disease. The Trust has actively participated in the three key dates throughout September, October and November 2025 by fielding strategic and tactical commanders across the four Local Resilience Forum areas.
228. An internal debrief was conducted in November following the exercise, and the findings will be instrumental in reviewing our Pandemic Plan.
229. The Executive Director of Operations and the Executive Director of Paramedicine recently gave evidence to the Senedd's Public Accounts and Public Administration Committee's Covid-19 inquiry. The Trust's evidence submission, which outlines a number of pertinent areas, can be found [here](#)

## SECTION FOUR: LOOKING TO THE FUTURE

### Summary

- The Trust is delivering a mature and ambitious digital and innovation portfolio that is improving operational readiness, patient experience and service resilience, underpinned by strong governance and clear alignment with Welsh Government priorities. Digital transformation is structured around five pillars - Everyday Essentials, Security & Cyber, Digital Pioneers, Digital Transformation, and Data & Insight - which collectively embed digital capability into frontline practice and deliver measurable improvement.
- The programme is directly supporting national priorities through AI enabled patient access, digital triage, automation, pathway digitisation and enhanced language accessibility, resulting in reduced demand pressures, improved efficiency, and strengthened equality of access across urgent and emergency care
- Significant progress has also been made across the Trust's infrastructure portfolio, including upgraded and consolidated Clinical Contact Centres, Welsh Government endorsed Estates and Fleet Strategic Outline Programmes, largescale estate improvements, a major vehicle replacement programme, and continued investment in decarbonisation, electric and hybrid vehicles, and charging infrastructure - each contributing to safer, more resilient and future ready services.

### Realising the potential of digital and innovation

230. The Trust continues to deliver a maturing and ambitious digital and innovation portfolio that is directly improving operational readiness, patient experience, access to care and the overall resilience of our services. Our programmes demonstrate integrity of delivery, strong governance, tangible operational impact and clear alignment with Welsh Government priorities for a digitally enabled and future-ready NHS Wales.
231. Digital and innovation at the Trust are focused on one clear purpose: improving patient outcomes, staff safety and service resilience at scale. This approach prioritises safe delivery, operational impact and value for public money, moving beyond pilots into embedded, measurable change across urgent and emergency care. The Digital Plan 2024–2029 sets this out over five pillars that underpin our transformation and culture of innovation:
- everyday essentials – ensuring staff have the tools and skills to deliver care confidently and efficiently
  - security, safety and cyber – safeguarding systems and data to maintain trust and resilience
  - digital pioneers – empowering frontline teams to lead innovation and experimentation
  - digital transformation – redesigning pathways and services to improve patient experience and operational efficiency

- data, information and insight – leveraging analytics and AI for better decisions and forecasting

232. These pillars guide an approach to embedding digital into everyday practice, supporting staff capability, and driving measurable improvements in care and outcomes. Progress against each pillar is reported to the Finance & Performance Committee who provide assurance to the board.

#### Alignment with Welsh Government Priorities

233. In line with the Cabinet Secretary's guidance, the Trust's digital and innovation programme is:

- driving patient choice, accessibility and efficiency through AI-enabled 111 access, SMS cancellation, expanded language support, and digital triage tools
- supporting new models of care, with agentic AI signposting, remote triage, pathway digitisation and automation to reduce avoidable demand
- delivering measurable improvements, including reduced call handling burden, reduced wasted NEPTS journeys, reduced on-scene times, improved cardiac arrest decision support and enhanced equality of access

234. Collectively, these digital advances demonstrate the Trust's readiness for the future and strong alignment with the priorities for a modern, accessible and innovative NHS Wales. The Trust is actively discussing the digital opportunities it sees with partners across the system with a view to playing a part in system-wide digital solutions to a number of challenges.

## Infrastructure

### Estate

235. More recently, the Trust has focused on Clinical Contact Centre (CCC) environments to further support the clinical transformation model ambitions within the plan. This ensures the Trust can work towards having the right buildings and vehicles in the right place for our staff to provide best and safest care across Wales.

236. This included firstly, a newly consolidated and renovated Llangunnor CCC footprint which provides greater capacity and flexibility of space, as well as providing greater resilience.

237. Secondly, the Trust has maximized the efficient use of space at Ty Elwy in St Asaph and created a bespoke CCC environment on the first floor which supported the relocation of staff from Bryn Tiron, consolidating 111/Integrated Care and CCC colleagues together in one building.

238. The Trust's Estates Strategic Outline Programme has been fully endorsed by Welsh Government enabling it to work towards producing a series of business cases to achieve its vision, and it continues to work to consider how best to develop solutions for priority schemes.
239. The Trust has also supported several large-scale Estates scheme's this financial year, through its discretionary capital allocation; these include a new ambulance station in Dolgellau, significant improvements to the station in Monmouth and a new fleet workshop in Bangor, which are all planned to be completed in by the end of March 2026, these were all schemes to address long standing estate condition issues. These investments will allow staff to move into fit for purpose buildings.

#### Fleet Replacement programme

240. The latest Trust Fleet Strategic Outline Programme has been fully endorsed by Welsh Government enabling the Trust to produce annual Business Justification Cases (BJCs) for vehicle replacements.
241. Early in 2025/26 Welsh Government approved the fleet replacement BJC's for the purchase of 141 vehicles with a cost of c£22.453m; this comprised of 44 emergency ambulances, 12 single responder vehicles, 65 large ambulance care vehicles, 13 smaller ambulance care vehicles, two driver training vehicles, three fleet workshop vehicles and two occupational health vehicles. This significant programme is progressing well, and all vehicle replacements are planned to be completed by the end of the financial year. The ability to deliver on this, on time and within budget, was in part due to the early approval of the scheme funding which allowed the Trust to secure build slots with the vehicle converters.

#### **Environmental Sustainability**

242. WAST produced a Decarbonisation Action Plan (DAP) in response to the Welsh Government NHS Wales Decarbonisation Strategic Delivery Plan (NHSW- DSDP). The plan has a range of actions which frame the Trust's decarbonisation response and spans all directorates across the Trust.
243. Welsh Government, supported by Welsh Government Energy Services (WGES) has refreshed the Strategic Delivery Plan (SDP) which underpins organisation's DAPs. The Trust provided comments on two versions of the document. Version 3 was presented to the National Programme Board and the NHS Leadership Board for endorsement.
244. The Trust is currently in the process of reviewing the changes required to the DAP in light of the revised SDP. Within the SDP are 25 initiatives across 7 categories. The Trust are named specifically (or within the umbrella of all NHS organisations) in 36 actions.

245. The Trust is currently considering the methodology for the preparation of the SDP response in the form of a new plan, recognising that the Trust may need to consider some of the specific actions, and the resource implications of supporting these as programmes of work. Within the refreshed SDP are a series of data metrics. Whilst some of this data may already be collated by the Trust, there are aspects which will require changes to Trust process, or development of mechanisms for capturing newly required data. Once these have been finalised, further consideration will need to be given to the Trust's reporting on this information. Whilst every attempt will be made to automate data gathering and reporting, it should be noted that this will require time and resource to establish.
246. Welsh Government has confirmed a change to the previously set public sector carbon reduction targets of 16% reduction by 2025 and 34% reduction by 2030 for carbon emissions. Targets will now focus only on scope 1 and 2 (direct and indirect) emissions and will not include scope 3 (supply chain) emissions. The targeted reduction has been reprofiled to a 41.7% reduction by 2030 across these two categories. This also recognises achievement of the original 16% target reduction between 2018/19 and 2025, with an actual achievement of 17.7%.

#### Targeted Estates Funding (TEF) Funding

247. The Trust was successful in obtaining funding for schemes in Abergavenny (£850k) and HART (£156k) this year. Both schemes are progressing well with the HART scheme now complete, and the Abergavenny scheme on track to deliver by the end of the financial year.

#### Electric and Hybrid Vehicles

248. The Trust is in the process of introducing 10 maxus battery electric vehicle (BEV) single responder vehicles, and work is ongoing to evaluate information on battery capacity and range, charging times and performance under response conditions.
249. The work on implementation of previous cohorts of plug-in hybrid vehicles continues; given that there is an established mechanism for this implementation from previous vehicle procurement rounds, these have been deemed a success, and the Trust continues to support the roll out of these vehicles. However, as more vehicles are introduced to the service, work is required to assess the additional charging infrastructure required to ensure enough site capacity, allowing for effective use of these vehicles.

#### EV rapid charging infrastructure

250. The Trust has experienced some difficulties in the rapid charging market with two of the previous suppliers withdrawing from the market following successful tendering

processes. Work is now focusing on installing 22kw chargers across five Trust sites in 2025/26.

251. Until the Trust is able to develop a programme to install rapid chargers on all major stations, the full scale rollout of BEV ambulances will remain a significant challenge. It should also be noted that the investment required on certain sites is considerable and there are considerable challenges with distribution network operators to arrange and support the upgrades required to the existing infrastructure.

### **Adaptation Planning**

252. The Trust is in the process of undertaking a self-assessment of its position in relation to adaptation planning, with the final return due to be made to Welsh Government in March 2026.

## **SECTION FIVE: TRUST BOARD LOCAL ISSUES**

### **Commissioning framework**

253. It is now more than a decade (2013) since the publication of the McClelland Report, which first outlined the concept of a commissioning-based approach to the provision of ambulance services across Wales.
254. At the time of the report's publication, the Welsh Ambulance Services NHS Trust (as it then was), had been through significant organisational turbulence, to the point where there was a very real existential threat. The advent of a new Chief Executive in October 2014 signalled the start of a programme of stabilisation and improvement, with the introduction of a new clinical model pilot in October 2015, which was subsequently consolidated and made permanent in February 2017 and remained in place until 2024/25.
255. In the decade or so since the report was published, much has changed at the Trust. It is now at the forefront of community-based and remote urgent and emergency clinical care, while also continuing to improve and innovate to play a key role in the emergence of an out-of-hospital emergency and urgent care service for Wales, supporting the wider NHS Wales system. It also provides the national 111 telephony and digital service.
256. However, there remain discrepancies in the services delivered across Wales as a result of differential commissioning arrangements (where some health boards commission services beyond core 999, 111 and non-emergency services), which results in variability of performance and an element of post-code lottery, as different health board areas commission different element of service. Couple this with the need to standardise performance, delivery and service provision across Wales and the complexity of managing differing levels of service and care pathways across the seven health board footprints, and it opens a debate about the future relevance of commissioning in a constrained financial and complex public health landscape, where economies of scale will be needed, driven by the most effective and efficient use of clinical resources to optimise health outcomes.
257. The Trust would welcome discussions on future funding mechanisms that would support wider system contribution and a more standardised pattern of service delivery, with appropriate nuances for specific issues, for example the delivery of services in rural areas.

### **Rurality**

258. The Trust recognises that there is a need, wherever possible, to provide an equity of service across all areas of Wales. Questions have been raised through commissioning channels around service provision in rural areas of Wales, linked in part to the ongoing review of Emergency Medical Retrieval and Transfer Services, and the Trust is therefore currently developing a comprehensive briefing on service provision, patient

outcomes and opportunities for change. This will be shared with commissioners by the end of March 2026.

## **SECTION SIX: ACRONYMS**

AACE - Association of Ambulance Chief Executives

AI - Artificial Intelligence

APP - Advanced Paramedic Practitioners

BAF - Board Assurance Framework

CCC - Clinical Contact Centre

CEWS - Cultural Early Warning Score

CMT - Clinical Model Transformation

CPR - Cardiopulmonary Resuscitation

CPSS – Clinical Prioritisation and Streaming System

CWR - Community Welfare Responder

DOS - Directory of Services

EAP - Emergency Ambulance Practitioner

ELT - Executive Leadership Team

EMT - Emergency Medical Technician

ePCR - Electronic Patient Clinical Record

EPRR - Emergency Preparedness, Resilience and Response

ESR - Electronic Staff Record

HART - Hazardous Area Response Team

IMTP - Integrated Medium Term Plan

JCC - Joint Commissioning Committee

MAI - Manchester Arena Inquiry

NEPTS - Non-Emergency Patient Transport Service

NRI - Nationally Reportable Incident

OOH - Urgent Primary Care Services Out of Hours

PADR - Performance Appraisal and Development Review

PECI - Patient Experience and Community Involvement

PTSD - Post-traumatic Stress Disorder

QUEST - Quality, Patient Experience and Safety Committee

RICS - Remote Integrated Care Service

ROSC - Return of Spontaneous Circulation

SDEC - Same Day Emergency Care  
SEP - Strategic Equality Plan  
SPoA - Single Points of Access  
STEMI - ST Elevated Myocardial Infarction  
TOIL - Time Off In Lieu  
TRiM - Trauma Risk Management  
TUPs - Trade Union Partners  
w.t.e - Whole Time Equivalent