



Ein cyf/Our ref: DC/JMHSC/0158/26

Colin Dennis - Chair  
Emma Wood - Chief Executive  
Welsh Ambulance Services University NHS Trust

18 March 2026

Dear Colin and Emma,

I am writing following the Public Accountability Meeting with Welsh Ambulance Services University NHS Trust (WAST) on 5 March 2026, to set out my reflections on our discussion and the key themes explored during the meeting - the recoding of which can be found at [Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwllans Cymru / WAST University NHS Trust PAM](#). Thank you for your and your team's attendance at the meeting, and for the evidence pack provided in advance of the meeting; this forms an important part of the meeting record.

You provided a helpful opening overview on behalf of the Board, in which you acknowledged the sustained and significant pressure across the wider health and care system - and the Trust's role within that context as a national service operating at scale. Despite these pressures, the organisation remains stable, financially disciplined and confident in its governance arrangements. You highlighted a sense of progress while being realistic about the challenges the Trust continues to face, recognising that many outcomes are not solely within the Trust's control but are shaped by system performance. You explained the breadth of activity undertaken by the Trust each year, spanning emergency ambulance response, NHS111 Wales, digital access and non-emergency patient transport services.

We initially focused on the delivery of services. You described a year of significant change, including the introduction of the new ambulance performance framework and the evolved clinical model. As a Board, you support the shift away from time-based measures alone and towards a clearer focus on clinical outcomes, patient experience and harm reduction. You highlighted areas where progress is beginning to be seen, including improved ambulance patient handover performance during the winter period, the introduction of the 45-minute release to respond approach, and the

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

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expansion of remote clinical assessment, with a significant proportion of 999 calls now being managed without conveyance to hospital. At the same time, you were open that progress remains fragile and subject to variation. You acknowledged that too many patients continue to experience long waits, particularly those in lower-acuity categories, and that performance of the non-emergency patient transport and NHS 111 services remain under pressure.

We explored in detail how the new clinical model and the ambulance performance framework are operating together. You reflected that activity is not yet being distributed across the anticipated categories and that there remains further opportunity to improve early clinical navigation, reduce default escalation to higher-acuity responses and ensure that the model is working as effectively as possible. I reflected my concern that, while the system rightly focuses on the most time-critical calls, the outcome and experience of the large volume of patients in the orange and yellow categories remains a serious issue, particularly where waits at home can extend for many hours and where H M Coroners have highlighted the risks associated with prolonged delays. You were clear that further evaluation, remodelling and a period of operational settlement are required before firm conclusions can be drawn about the full impact of the changes.

We discussed the safety implications of implementing multiple major changes at pace. You described the governance and clinical oversight arrangements put in place to support transformation, including quality improvement processes, near-miss reporting, daily monitoring and the embedding of patient safety teams in the process. I appreciate the Board is receiving assurance during this period of change and the emphasis you have placed on learning and rapid adjustment where issues emerge.

A significant part of the meeting focused on NHS 111. You acknowledged openly that telephony performance, particularly call abandonment, has not consistently met expectations and that this has wider consequences for urgent and emergency care. You explained the volatility of demand, the challenge in managing peaks, and the financial constraints that limit the extent to which staffing levels can be increased. You were clear that while improvement is necessary, expectations must also be realistic given the nature of the service. You set out the work underway to improve productivity and resilience, including roster review, call-back functionality, and the development of a stronger digital front-end through symptom checkers and AI-enabled tools. You described these developments as critical to achieving a sustainable step change rather than short-term improvement alone.

The second agenda item focused on how the Trust works with partners across the wider system. You described the Trust's evolving role as a clinically-led system partner rather than solely a responder to pressure. You highlighted stronger engagement in national leadership and delivery forums, improved relationships with commissioners, and more structured local partnership working around single points of access and alternatives to conveyance. At the same time, you were clear that variation in community pathways, acceptance criteria and risk appetite across Wales remains one of the most significant barriers to further progress. We discussed what system leadership looks like in practice, and you described how the Trust is increasingly using its national perspective, data and relationships to highlight

unwarranted variation and share evidence of what works. I reflected the frustration that successful pilots do not always spread at pace and explored with you how the Trust can continue to exercise influence, even where formal levers are limited.

We discussed commissioning arrangements and workforce planning in this context. You were open about the challenges of operating within current commissioning structures and the difficulty of scaling successful initiatives where funding remains fragmented. In relation to workforce, we explored the gap between paramedic graduate numbers and available permanent roles, the impact of skill-mix changes on affordability, and the risks of commissioning training that is not fully retained within the system. The work you described with education and workforce partners to better align future workforce supply with emerging models of care and system need must be accelerated.

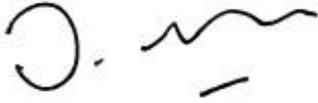
The third agenda item focused on strengthening the organisation. You outlined the Board's assurance on governance, risk management and financial control, including the introduction of risk appetite statements, strengthened assurance frameworks and continued delivery of a break-even financial position. You described progress on leadership development, staff engagement and organisational culture, while also recognising the ongoing pressures on staff wellbeing and the longer-term challenges of workforce sustainability. I welcomed the emphasis you placed on triangulating financial decisions through quality impact assessment and clinical scrutiny to ensure safety and service resilience remain paramount.

Finally, we discussed how the Board is looking to the future. You described the importance of enabling infrastructure, particularly digital capability, fleet and estates, as fundamental to delivering new models of care. You welcomed recent investment in fleet and outlined ambitions for a coherent digital front door, improved data and modernised estates aligned to future service delivery. We discussed how capacity and capability will need to evolve, with greater emphasis on advanced clinical skills in contact centres and community settings, and how the Trust is seeking to be more focused and realistic about the scale and pace of change it undertakes. You were clear that the coming period must be about embedding and evaluating what has already been introduced, rather than layering further large-scale redesign on top of an already complex programme.

In summing up the meeting, I reflected that the Trust has a challenging transformation programme underway and that there is a clear need to allow space for changes to settle and be properly evaluated. I recognised the professionalism, ambition and seriousness with which the Board and executive team are approaching this work. At the same time, I am clear that the next phase must demonstrate impact, learning and course correction where required, particularly in relation to patient experience and waiting times. I emphasised the unique system leadership opportunity the Trust holds as a national organisation with visibility across Wales, and the responsibility that comes with that position to continue to influence consistency, integration and improvement across the wider urgent and emergency care system.

I would like to thank you for what was a constructive, transparent and challenging meeting and for your continued commitment to improving outcomes for people across Wales.

Yours sincerely

A handwritten signature in black ink, consisting of a large 'J' followed by a series of wavy lines and a short horizontal stroke at the end.

**Jeremy Miles AS/MS**

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol  
Cabinet Secretary for Health and Social Care