

Bundle People and Culture (Open Session) 12 August 2025

Agenda attachments

Item 00 PCC Agenda 12 August 2025

OPENING ITEMS

- 1 09:30 – Chair's Welcome, Apologies and Quorum
- 2 Declarations of Interest
 - Item 02 Board Member Register of Interests – Updated 21 July 2025
- 3 Minutes of the Previous Meeting: 15 May 2025
 - Item 03 2025–05–15 OPEN Unconfirmed Minutes People & Culture Committee
- 4 Action Log & Matters Arising
 - Item 04 PCC Action Log
- 4.1 FOR APPROVAL, ASSURANCE AND DISCUSSION
- 5 09:35 – Director Update (Combined Report)
 - Item 05 PCC Director Update August 2025
- 6 09:50 – Operations Report Q1 2025/26
 - Item 06 Operations Quarterly Report for Committees 25–26 Q1
- 7.1 10:05 – Staff Story – Quality & Support Day

A Slide deck explaining the outcomes of the Quality Support days that have been introduced across the Directorate and the value that its added, not only to the areas of focused support but also the visibility of managers on a more regular basis to connect with staff groups

 - Item 7.1 Quality & Support Day Staff Story
- 7.2 Staff Story Update – Mandy McWatt
 - Item 07.2 Mandy McWatt Story Update
- 8 10:35 – People and Culture Plan Metrics

Item 08 Appendix 3 – The complete Excel document is available in the Reading Room, Tab 6 Data Refs, contains complex data.

 - Item 08 People and Culture Plan Metrics Update August 2025
 - Item 08 Appendix 2 Qual Metrics
 - Item 08 Appendix 3 Tab 1 Summary
 - Item 08 Appendix 3 Tab 2 Plan
 - Item 08 Appendix 3 Tab 3 Resource
 - Item 08 Appendix 3 Tab 4 Educate
 - Item 08 Appendix 3 Tab 5 Engage
 - Item 08 Appendix 4 MIST 202425
- 9 Monthly Integrated Quality and Performance Report
 - Item 09 MIQPR
 - Item 09 MIQPR Appendix 1
- 9.1 11:05 – COMFORT BREAK
- 10 11:20 – Deep Dive on Violence and Aggression
 - Item 10 Violence & Aggression Deep Dive
 - Item 10 Violence & Aggression Deep Dive – Annex 2
- 11 11:40 – People and Development Plan Progress Update
 - Item 11 People Development Plan update August 2025
- 12 11:55 – End of Season Flu Campaign Report
 - Item 12 End of Season Flu Report 2024–25 SBAR
 - Item 12 End of Season Flu Report 2024–25
- 13 12:05 – WASPT Highlight Report – 30 May 2025 and 24 July 2025 to include Terms of Reference 2025/26 (approved by Trust Board on 31 July 2025)
 - Item 13.1 WASPT AAA Report May 2025
 - Item 13.2 WASPT AAA Report July 2025
 - Item 13.3 WASPT Terms of Reference 2025–26, approved by TB 31072025
- 14 12:15 – Cultural Themes and Trends Report
 - Item 14 Cultural Trends and Themes SBAR
 - Item 14.1 Cultural Themes & Trends People Services Slides

- 15 Speaking Up Safely Annual Report
 - Item 15 Speaking Up Safety Annual Report 2425
 - Item 15 Speaking Up Safely Annual Report 2425 Annex 1
- 15.1 12:35 – LUNCH
- 16 13:15 – Strategic Equality Reports for 2024–2025
 - Item 16 Strategic Equality Plan Annual Report Aug 2025
 - Item 16.1 SEP Annual Report 2024 2025
 - Item 16.2 Gender Pay Gap 2024 2025
 - Item 16.3 Workforce Equality Monitoring Report 2024–2025
 - Item 16.1 WELSH SEP Annual Report 2024 2025
 - Item 16.2 WELSH Gender Pay Gap 2024 2025
 - Item 16.3 WELSH Workforce Equality Monitoring Report 2024–2025
- 17 13:45 – Welsh Language Annual Report (bilingual)
 - Item 17 Welsh Language Standards Annual Report 2024–25
 - Item 17 Atodiad 1 – Adroddiad Blynyddol Safonau'r Gymraeg 2024–25
 - Item 17 Atodiad 2 – Cynllun Mwy na Geiriau 2022–27 Diweddariad BI 3
 - Item 17 Annex 1 – Welsh Language Standards Annual Report 2024–25
 - Item 17 Annex 2 – More than just words Action Plan 2022–27 Year 3 Progress Report
- 18 14:00 – Risk Management and Board Assurance Framework
 - Item 18 Risk Management Report PCC 120825
- 19 14:10 – Audit Tracker Q1 2025/2026 Reporting
 - Internal Audit Actions – Audit Tracker is available in the Reading Room*
 - Item 19 Exec Summary Audit Tracker to Committees – 25–26 Q1 Reporting (Apr–Jun25)
- 19.1 CONSENT ITEMS
- 20 Cycle of Business Monitoring Report and Review of Priorities 2025/26
 - Item 20 Committee Priorities and Cycle of Business Monitoring Report – August 2025
 - Item 20 Annex 1 Tab 1 People and Culture Committee Cycle of Business Monitoring Report 202526
 - Item 20 Annex 1 Tab 2 People and Culture Committee Notes
- 21 WASPT Minutes – March 2025 and May 2025 Meetings
 - Item 21 28032025 WASPT Minutes – Approved on 30052025
 - Item 21 30052025 WASPT Minutes – Approved on 24072025
- 22 Committee Highlight Report – 15 May 2025 Meeting (no alerts)
 - Item 22 PCC AAA 15 May 2025
- 23 Social Partnership Report
 - Item 23 Welsh Ambulance Services University Trust Social Partnership Report 2025 Final
 - Item 23 Welsh Ambulance Services University Trust Social Partnership Report 2025
 - Final_-en-cy-C
- 23.1 14:15 – CLOSING ITEMS
- 24 Reflections and Summary of Decisions/Actions
- 25 Any Other Business
- 26 Date & Time of the Next Meeting: 13 November 2025

Length of Meeting: 04:55		Agenda Status:	12 August 2025 - OPEN People & Culture Committee						Deadline for Papers: 1 August 2025			30 July 2025	
Time	Mins allotted	Agendum	Title	Item for	Item requested by	Format of Item	Paper prepared by	Item presented by	Colleagues to cc	Scheduled at ELT	Further approval route (if app.)	Notes	
OPENING ITEMS													
09:30	00:05	1	Chair's Welcome, Apologies and Quorum	Information	Standing	n/a	n/a	Ceri Jackson	n/a				
		2	Declarations of Interest	To State Conflicts	Standing	n/a	n/a	Ceri Jackson	n/a				
		3	Minutes of the Previous Meeting: 15 May 2025	Approval	Standing	n/a	n/a	Ceri Jackson	n/a				
		4	Action Log & Matters Arising	Discussion	Standing	Paper	n/a	Ceri Jackson	n/a				
FOR APPROVAL, ASSURANCE AND DISCUSSION													
09:35	00:15	5	Director Update (Combined Report)	Information	CoB	Paper	People and Culture	Angie Lewis,Carl Kneeshaw	Sarah Davies/Sarah Parry				
09:50	00:15	6	Operations Report Q1 2025/26	Discussion	CoB	Paper	Ops	Sonia Thompson	Toni-Marie Norman				
10:05	00:30	7.1	Staff Story: Quality & Support Day	Assurance	CoB	Presentation	People and Culture	Sonia Thompson	Sarah Davies/Sarah Parry				
		7.2	Staff Story Updates: Mandy McWatt	Assurance	CoB	Presentation	People and Culture	Angie Lewis	Sarah Davies/Sarah Parry				
10:35	00:30	8	People and Culture Metrics	Assurance	CoB	Paper	People and Culture	Carl Kneeshaw/Angie Lewis	Sarah Davies/Sarah Parry				
		9	Monthly Integrated Quality and Performance Report	Assurance	CoB	Paper	SPP	Alex Crawford (James Houston)	Mel O'Connor				
11:05	00:15	COMFORT BREAK											
11:20	00:20	10	Deep Dive on Violence and Aggression	Discussion	Forward Planner	Paper	People and Culture	Penny Durrant/Nicola White	Alison Kelly/Nicola White				
11:40	00:15	11	People Development Plan Progress Update	Assurance	Ad hoc	Paper	People and Culture	Carl Kneeshaw/Jo Kelso	n/a				
11:55	00:10	12	End of Season Flu Campaign Report	Assurance	CoB	Paper	Clinical	Andy Swinburn (Greg Lloyd)	Jen Lloyd				
12:05	00:10	13	WASPT Highlight Report 30 May 2025 and 24 July 2025 to include Terms of Reference 2025/26 (approved by Trust Board on 31 July 2025)	Assurance	CoB	Paper	Gov	Christian Fox	Trish Mills/Alex Payne				
12:15	00:20	14	Cultural Themes and Trends Report	Assurance	CoB	Presentation	People and Culture	Angie Lewis	Sarah Davies/Sarah Parry				
		15	Speaking Up Safely Annual Report	Assurance	CoB	Papers	People and Culture	Angie Lewis (Dr Catherine Goodwin)	Lizzie O'Shea/Sarah Parry				
12:35	00:40	LUNCH											
13:15	00:30	16	Strategic Equality Reports for 2024/25 16.1 Strategic Equality Plan Annual Report 16.2 Annual Gender Pay Gap Report 16.3 Annual Workforce Equality Monitoring Report	Endorsement	Forward Planner	Paper	People and Culture	Angie Lewis	Sarah Davies/Sarah Parry/Kat Cogley				
13:45	00:15	17	Welsh Language Annual Report (bilingual)	Endorsement	CoB	Paper	CorGov	Trish Mills, Melfyn Hughes	Kate Evans				
14:00	00:10	18	Risk Management and Board Assurance Framework	Assurance	CoB	Papers	Gov	Julie Boalch	n/a				
14:10	00:05	19	Audit Tracker Q1 2025/26 Reporting	Assurance	CoB	Papers	Gov	Trish Mills	Lisa Trounce				
CONSENT ITEMS													
14:15	00:00	20	Cycle of Business Monitoring Report and Review of Priorities 2025/26	Information	CoB	Paper	Gov	Trish Mills	Sarah Harland				
		21	WASPT Minutes - March 2025 and May 2025 Meetings	Information	CoB	Paper	People and Culture	Ceri Jackson	Alex Payne				
		22	Committee Highlight Report - 15 May 2025 Meeting (no alerts)	Information	CoB	Paper	CorGov	Ceri Jackson	Alex Payne				
		23	Social Partnership Report 2024/25	Information	Ad Hoc	Paper	CorGov	Ceri Jackson	Alex Payne				
CLOSING ITEMS													
14:15	00:10	24	Reflections and Summary of Decisions/Actions	Discussion	Standing	n/a	n/a	Ceri Jackson	n/a				
		25	Any Other Business	Assurance	Standing	n/a	n/a	Ceri Jackson	n/a				
		26	Date & Time of the Next Meeting: 13 November 2025	Information	Standing	n/a	n/a	Ceri Jackson	n/a				
14:25	04:55	CLOSE											

LEAD PRESENTERS

Name	Position
Julie Boalch	Assistant Director of Corporate Governance and Risk
Penny Durrant	Deputy Director of Nursing Quality and Governance
Christian Fox	Trade Union Partner and Co-Chair of WASPT
James Houston	Head of Strategy Development
Ceri Jackson	Non Executive and Chair of Committee
Jo Kelso	Head of Workforce Education & Development
Carl Kneeshaw	Director of People
Angie Lewis	Director of Culture Change
Greg Lloyd	Assistant Director of Clinical Delivery
Osian Lloyd	Head of Internal Audit, NWSSP
Trish Mills	Director of Corporate Governance/Board Secretary
Sonia Thompson	Assistant Director of Operations

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
BEAUMONT-WOOD, Rhianon	Non-Executive Director * Member of the Remuneration Committee * Member of the the Audit, Risk and Assurance Committee * Member of the Quality, Patient Experience and Safety Committee	Dorset Integrated Care Board (NHS Dorset), Non-Executive Director	Financial Interest	May 2023		
		Nursing and Midwifery Council (NMC), Designated Council Member for Wales	Financial Interest	June 2024		
		RBW Executive and Professional Coaching Ltd, Company Director (Company No 14938585) and Shareholder	Financial Interest	June 2023		
		Currently on coaching framework with Health Education and Improvement Wales	Financial Interest	June 2024		
		Registered Nurse (NMC)	Non-Financial Professional	January 1985		
		Registered Specialist Community Public Health Nurse	Non-Financial Professional	September 1996		
BEESLEE, Jayne	Non-Executive Director * Chair of the Finance and Performance Committee * Member of the Remuneration Committee * Member of the Academic Partnership Committee	Member of the Royal College of Nursing	Non-Financial Professional	2007		
		Employment for interim assignments via Public Sector Resourcing (an agency) regarding the review of major UK government programmes (remunerated net of tax via an Umbrella Company - Danbro Employment Umbrella Ltd)	Financial Interest	01 October 2023		
		Member Representative on the UK Civil Service Pension Board	Non-Financial Personal	01 October 2019		
		Governor on the Finance & General Purposes Committee of Cardiff and Vale Further Education College	Non-Financial Personal	01 February 2024		
BROOKS, Lee	Executive Director of Operations	Fellow Chartered Institute of Personnel & Development	Non-Financial Personal	01 April 2006		
		Partner employed by Welsh Ambulance Services NHS Trust	Any Other Interest	July 2019		
		Member of the Order of St John	Any Other Interest	01 March 2023		
		Volunteer – St John's Ambulance Cymru	Any Other Interest	06 April 2023		
		Council Member – St John's Ambulance Cymru Gwent Council	Any Other Interest	06 April 2023		
		Trustee of Action for Children [1097940]	Position in Charity or Voluntary Organisation	01 February 2021		
CURRAN, Peter	Non-Executive Director * Chair of the Audit, Risk and Assurance Committee * Chair of the Charity Committee * Member of the Finance and Performance Committee * Member of the Remuneration Committee	Company Director - Action for Children [04764232]	Directorships	01 February 2021		
		Company Director - Action for Children (Wales) Ltd [10011497]	Directorships	05 April 2022		
		Trustee of National Youth Arts Wales [1170643]	Position in Charity or Voluntary Organisation	06 May 2021		
		Company Director - National Youth Arts Wales [10449512]	Directorships	06 May 2021		
		Non-Executive Director for Taff Housing	Position in Charity or Voluntary Organisation	01 May 2022	17 July 2025	
		Chair - Taff Housing Association	Any Other Interest	17 July 2025		
		Company Director - Team Police Ltd [12518812]	Directorships	01 January 2022	31 October 2024	
		Independent Board Member of the Project Board - National Contemporary Art Gallery for Wales	Any Other Interest	01 January 2024		
		Interim Finance Director for Torfaen Leisure Trust	Directorships	01 September 2023	29 February 2024	
		Member of Governing Body / Independent Member – Kaplan International Colleges UK Ltd [05268303]	Directorships	01 March 2024		
		Independent Member - Kaplan Open Learning (inc member of the Audit & Risk Committee)	Directorships	21 March 2024		
		Chair - Citizen Housing [Charity] (previously WM Housing Group)	Position in Charity or Voluntary Organisation	01 January 2015	January 2025	
		Company Director - Citizen Treasury PLC (previously WM Housing Treasury Ltd)	Directorships	29 August 2017		
DENNIS, Colin	Chair of Trust Board and Non-Executive Director * Chair of Remuneration Committee	Company Director - Citizen Treasury Vehicle Ltd	Directorships	04 September 2017		
		Chair - North Devon Homes	Position in Charity or Voluntary Organisation	01 October 2021	January 2025	
		Company Director - North Devon Homes	Directorships	01 April 2022		
		Chair - Green Square Accord (Housing Association)	Position in Charity or Voluntary Organisation	26 March 2024		
		Company Director - LowCarbonLiving Homes Ltd [04207671]	Directorships	26 March 2024		
		Company Director - Green Square Estates Ltd [8719365]	Directorships	26 March 2024		
EVANS, Bethan	Non-Executive Director * Chair of Quality, Patient Experience & Safety Committee * Member of Finance & Performance Committee * Member of People & Culture Committee * Member of Remuneration Committee	Chief Executive Officer (Employed) at My Choice Healthcare Limited.	Any Other Interest	01 June 2019		
		Non-Executive Board Member at Beacon Housing (Social Housing Organisation - Community Benefit Society)	Position in Charity or Voluntary Organisation	01 November 2019		
		Company Director - My Choice Healthcare South Wales Limited	Directorships	11 March 2020		
		Company Director - Moorlands Rehabilitation (Staffordshire) Limited.	Directorships	20 December 2019		
		Company Director - Moorlands Property Ltd	Directorships	16 August 2022		
		Company Director - Springfield (Bargoed) Limited.	Directorships	12 March 2020		
		Company Director - Springfield Property Lettings Ltd	Directorships	16 August 2022		
		Company Director - Homes of Excellence Limited	Directorships	19 March 2021		
		Company Director - Victoria House Care Property Limited	Directorships	05 March 2020		
		Company Director - My Choice Healthcare (Four) Limited	Directorships	27 April 2022		
		Company Director - Luk Ros Property Limited	Directorships	12 March 2020		
		<i>[Previously called Homes of Excellence Healthcare Limited, Company name changed 12.08.2022 - #12513139]</i>	Directorships	12 March 2020		

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
EVANS, Bethan [continued]	Non-Executive Director * Chair of Quality, Patient Experience & Safety Committee * Member of Finance & Performance Committee * Member of People & Culture Committee * Member of Remuneration Committee	Company Director - Hawthorn Court Property Limited	Directorships	27 April 2022		
		[Previously called My Choice Healthcare (Three) Limited, Company name changed 12.08.2022 - #13371375]	Directorships	27 April 2022		
		Company Director - Ocean Living Property Limited	Directorships	22 July 2022		
		Company Director - Hawthorn Court Care Limited	Directorships	22 July 2022		
		Company Director - Glyncoel Property Limited	Directorships	01 July 2022		
		Company Director - My Choice Healthcare (Two) Limited	Directorships	01 July 2022		
		Company Director - Carmarthen Care Limited	Directorships	02 January 2024		
		Company Director - Towy Castle Property Limited	Directorships	01 September 2023		
		Company Director - Glamorgan Care Ltd	Directorships	25 October 2024		
		Company Director - The Mountains Care Ltd	Directorships	09 December 2024		
		Company Director - Alexandra House Care Ltd	Directorships	24 June 2024		
		Company Director - Alexandra House Property Ltd	Directorships	24 June 2024		
		Company Director - My Choice Healthcare Seven Ltd	Directorships	22 October 2024		
		Company Director - Danygraig Property Ltd	Directorships	10 December 2024		
		Company Director - The Mountains Property Ltd	Directorships	09 December 2024		
HUTCHINGS, Hayley	Non-Executive Director * Member of the Remuneration Committee * Member of the Academic Partnership Committee * Member of the People and Culture Committee		Employed at Swansea University, Professor of Health Services Research	Financial Interest	17 June 1995	31 May 2025
HITCHON, Estelle	Director of Partnerships and Engagement	Member of Academi Wales Expert Panel	Position in Charity or Voluntary Organisation	15 July 2024		
		Independent Governor (Non-Executive Director), Coleg Sir Gar/Coleg Ceredigion	Non-Financial Personal	01 January 2025		
JACKSON, Ceri	Non-Executive Director & Vice Chair of the Trust Board * Chair of the People and Culture Committee * Member of the Charity Committee * Member of Audit Committee * Member of Quality, Patient Experience & Safety Committee * Member of Remuneration Committee	Management Consultant primarily working in third sector	Interest in Companies and Securities	01 May 2019		
		Associate Director of SamKat Consulting Ltd in my capacity as self-employed management consultant	Directorships	01 June 2021		
		Charity Trustee - Stroke Association Trustee, Chair Wales Advisory Group.	Position in Charity or Voluntary Organisation	08 October 2020		
		Charitable Company - Stroke Association - Company Director	Directorships	08 October 2020		
KILLENS, Jason	Chief Executive	Honorary Professor - Swansea University	Personal or Departmental Sponsorship	2019	31 May 2025	
		Emeritus Professor - Swansea University	Non-Financial Professional	31 May 2025		
		Chairperson – Association of Ambulance Chief Executives (AACE)	Non-Financial Professional	September 2024		
		Company Director of the Association of Ambulance Chief Executives (AACE), Co No. (07761209)	Directorships	September 2024		
		Officer of the Order of St John	Any Other Interest	January 2024		
		Member of the Order of St John	Any Other Interest	2009	2024	
KNEESHAW, Carl	Director of People	Chartered Fellow of Chartered Institute of Personnel and Development	Personal or Departmental Sponsorship	April 2020		
		Fellow of Institute of Leadership	Personal or Departmental Sponsorship	October 2020		
		Safeguarding Lead for local outreach charity, Brunstad Christian Church – Huntworth, Bridgwater, Somerset	Position in Charity or Voluntary Organisation	September 2018		
LEWIS, Angela	Director of Culture Change	Nil Declaration				
MARSH, Rachel	Executive Director of Strategy, Planning and Performance	Nil Declaration				
MILLS, Patricia (Trish)	Director of Corporate Governance/ Board Secretary	Nil Declaration				
PARRY, Hugh	Trade Union Partner	Nil Declaration				
ROWAN, Hannah	Non-Executive Director * Chair of Academic Partnership Committee * Member of Charity Committee * Member of People & Culture Committee * Member of Remuneration Committee	Director, St Martin's Associates (Business consulting and coaching)	Directorships	04 April 2022		
		Non -Executive Director Qualifications Wales (regulator for all non degree qualifications in Wales)	Any Other Interest	01 April 2021		
		Trustee MAE Cymru (Christian charity which champions gender equality in church of Wales)	Position in Charity or Voluntary Organisation	13 November 2021	November 2023	
		Elected member, The governing body of the church in Wales (Parliament of church in Wales - voting member)	Any Other Interest	01 April 2021		
		Relative (Parent) is a Non-Executive Director for Social Care Wales	Any Other Interest	01 April 2017		
SAMMUT, Jonathan (Jonny)	Director of Digital Services [appointed 26.09.2023]	Fellow of the British Computer Society – FBCS	Any Other Interest	04 March 2024		
		Panel Member of the UK CIO Advisory Panel – Digital Health	Any Other Interest	05 July 2023	2 June 2025	
		Federation of Informatics Professionals - Leading Practitioner	Any Other Interest	25 April 2024		
		Chair of BCS Hub Wales	Any Other Interest	20 June 2025		
SWINBURN, Andrew (Andy)	Executive Director of Paramedicine	Strategic Advisor to College of Paramedics	Any Other Interest	01 January 2020		
TURLEY, Christopher	Executive Director of Finance and Corporate Resources	Treasurer of Royal Gwent Hospital League of Friends.	Position in Charity or Voluntary Organisation	01 February 2022	05 November 2024	
TURNER, Damon	Trade Union Partner	Nil Declaration				

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
WILLIAMS, Liam	Executive Director of Quality and Nursing [from 01 August 2022]	Chair/Director - Thornbury Carnival Community Interest Company Voluntary	Position in Charity or Voluntary Organisation	01 August 2019		
		Member Royal College Nursing	Any Other Interest	01 August 2022		
		Committee member - Royal College Nursing, Nurses in Management and Leadership Forum Steering Committee	Position in Charity or Voluntary Organisation	01 August 2022		
		Vice Chair - Royal College of Nursing, Nurses in Management and Leadership Forum Steering Committee	Position in Charity or Voluntary Organisation	03 February 2025		

UNCONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING (OPEN SESSION) HELD AT CARDIFF MRD AND REMOTELY VIA MICROSOFT TEAMS ON 15 MAY 2025

Members:

Ceri Jackson	Non-Executive Director and Chair (MRD)
Hayley Hutchings	Non-Executive Director (virtual)

Prescribed Attendees:

Lee Brooks	Executive Director of Operations (virtual) (from Item 6)
Alex Crawford	Assistant Director of Planning and Transformation (MRD)
Christian Fox	Trade Union Partner (MRD)
Estelle Hitchon	Director of Partnerships and Engagement (MRD) (left after Item 18)
Carl Kneeshaw	Director of People (MRD)
Angela Lewis	Director of Culture Change (MRD)
Trish Mills	Director of Corporate Governance/Board Secretary (MRD)
Andy Swinburn	Executive Director of Paramedicine (virtual)
Chris Turley	Executive Director of Finance and Corporate Resources (virtual)
Damon Turner	Trade Union Partner (virtual)
Marcus Viggers	Trade Union Partner (MRD)

Attendees:

Julie Boalch	Assistant Director of Corporate Governance and Risk (virtual) (from Item 15)
Kathryn Coble	Head of Inclusion & Engagement (virtual)
Sarah Davies	Head of Change and People Insights (virtual)
Penny Durrant	Deputy Director of Nursing, Quality and Governance (virtual)
Sarah Harland	Corporate Governance Officer (virtual)
Rhodri Jones	Chair of VSG (virtual) (Item 12 only, joined at end of item)
Alison Kelly	QPSE Business Manager (virtual)
Jo Kelso	Audit Wales Head of Workforce Education & Development (virtual)
Mandy McWatt	Emergency Ambulance Practitioner (virtual) (Item 7 only)
Sarah Parry	Directorate Business Manager - P&C (virtual)
Alex Payne	Corporate Governance Manager (MRD)
Felicity Quance	Deputy Head of Internal Audit (virtual) (left after Item 18)
Liz Rogers	Deputy Director of People and Culture Directorate (MRD)
Nicola White	Head of Health & Safety (virtual) (Item 14 only)
Jenny Wilson	Volunteering Manager (virtual) (Item 12 only)

Observers:

Skye Banks	Compliance & Assurance Administrator (virtual)

Apologies:

Jason Killens	Chief Executive Officer / WASPT Co-Chair
Tim Cahalane	Trade Union Representative
Bethan Evans	Non-Executive Director
Fflur Jones	Audit Wales, Performance Audit
Lizzie O'Shea	Freedom to Speak Up Lead Guardian
Hannah Rowan	Non-Executive Director
Osian Lloyd	Head of Internal Audit
Mark Marsden	Trade Union Partner
Sara Mills	Head of Culture & OD
Liam Williams	Executive Director of Quality and Nursing

1 WELCOME AND APOLOGIES

- 1.1 The Chair welcomed members and apologies were noted.

2 DECLARATIONS OF INTEREST

- 2.1 No interests were declared.

The Committee RESOLVED TO: No new declarations were declared.

3 MINUTES FROM THE PREVIOUS MEETING

- 3.1 The Minutes from the meeting of the People and Culture Committee held on 18 February 2025 were agreed as a correct record with no amendments requested.

The Committee RESOLVED TO:

To approve the Minutes of the People and Culture Committee held on 18 February 2025.

4 ACTION LOG AND MATTERS ARISING

- 4.1 The Action Log was discussed and updated.

5 DIRECTOR UPDATE (COMBINED REPORT)

- 5.1 Angie Lewis provided a Director Update focusing on several key areas. Angie announced the launch of a SharePoint page for change management tools and techniques, encouraging committee members to explore this resource. Additionally, Angie highlighted the development and rollout of training on sexual safety and sexual harassment by Kathryn Cobley and Hayley Jones Dunne, noting a well-attended session with Trade Union Partners. Angie also mentioned the upcoming launch of our WAST Way development programme

on 28 May 2025, which will provide an interactive platform for identifying development channels and leadership focus for everyone.

- 5.2 Carl Kneeshaw provided an update on several key areas and announced the successful recruitment into the Essential Skills team, which aims to enhance colleague experience and invest in people by offering expertise in literacy, numeracy, digital literacy, mentoring and coaching. The team is looking to recruit additional colleagues, including a bilingual essential skills tutor and a digital skills trainer. Carl discussed the launch of a health diagnostic pilot programme focusing on cardiovascular disease awareness and prevention for staff aged 46 and above, which includes face-to-face consultations and personalised health reports. Carl mentioned ongoing work related to shift overruns and the financial challenges the organisation is facing, highlighting efforts to address these issues, including a report on the skills mix on emergency ambulances due at the end of May 2025.
- 5.3 Ceri Jackson asked Carl Kneeshaw two questions regarding the staff wellbeing initiative. First, Ceri enquired if the initiative was linked with any charities, such as the Stroke Association, which could provide helpful resources. Second, Ceri asked about the percentage of staff that fall within the 46+ age group targeted by the health diagnostic programme. Carl responded that while he did not have the exact percentage, a significant proportion of staff fall within this age bracket. He also mentioned that the initiative includes signposting to other charities and support services, and that the team will bring back data on the uptake of the programme to a future meeting.
- 5.4 The discussion emphasised the Non-Executive Directors (NEDs) participation in various events and initiatives within the Directorate to provide useful context and engagement opportunities. Ceri Jackson suggested inviting NEDs to events such as leadership symposiums. Angie mentioned that our 'WAST Way' launch would be virtual, with face-to-face sessions on crucial conversations and effective check-ins, encouraging NEDs to engage with colleagues and practice skills. Angie highlighted that by participating in development activities with colleagues this would provide valuable insights into the effectiveness of the training and specific communications would be sent to NEDs to encourage their attendance. Hayley Hutchings added that NEDs had already been invited to some research and innovation events.

The Committee RESOLVED to: The report was noted.

6 STAFF STORY – MANDY McWATT – IMPACT OF MENOPAUSE

- 6.1 Jacqueline McWatt, known as Mandy, is an Emergency Ambulance Practitioner (EAP) at Newtown ambulance station with 14 years' experience at the Trust. Mandy's menopause journey began after a hysterectomy at 29, leading to

perimenopause systems in her late 30's. Despite these challenges, Mandy joined the Trust at 48 and faced difficulties during training, including memory issues, stress, hot flushes, mood swings and concentration problems. Mandy's GP prescribed Hormone Replacement Therapy (HRT), which alleviated her symptoms, allowing her to continue working as an Emergency Medical Technician (EMT) and aspire to become a paramedic, though she faced setbacks due to recruitment criteria and not organisational priorities. From 2022 onwards, Mandy campaigned for WAST to consider the introduction of a band 5 technician role and this role was finally introduced in late 2024 and she completed the first EAP course in January 2025, learning new skills including mentoring new EMT students. Now a culture champion at Newtown Station, Mandy is affectionately known as "mother", valuing her colleagues and striving to embody the Trust's behaviours, contributing to a supportive and energetic work environment. Mandy's story highlights her resilience, dedication to her role and the importance of support during challenging health journeys.

- 6.2 Hayley Hutchings enquired about support for staff experiencing menopause symptoms, Mandy suggested posters and awareness materials could be provided. Kathryn Cobley mentioned the All Wales Menopause Policy and efforts to raise awareness and provide training.
- 6.3 Estelle Hitchon expressed gratitude for Mandy's positivity and commitment, adding that several Executive Leadership Team (ELT) members have also experienced menopause and highlighted the role of Trade Union Partners in raising awareness.
- 6.4 Damon Turner congratulated Mandy on her EAP course and encouraged further progression, clarifying that the EAP role decision was made by members, not the trade unions, and mentioned trade union efforts to provide sanitary products for staff.
- 6.5 Andy Swinburn shared personal reflections on the importance of menopause awareness and encouraged Mandy to consider her professional development within the Trust. Mandy was encouraged not to discount her long-standing aspiration to become a paramedic merely because of her age, which she felt was now a barrier to commencing training.
- 6.6 Angie and Carl thanked Mandy for her bravery in sharing her story, emphasising the importance of amplifying employee voices, staff awareness and promoting inclusion and continuous learning within the organisation.

The Committee RESOLVED to: Mandy McWatt's story was well received and highlighted her personal resilience, dedication to her role and the importance of compassionate practices and support from your employer during challenging health events.

7. OPERATIONS REPORT Q4 2024/2025

- 7.1 Lee Brooks highlighted key points in his Operations Report. The Community Welfare Responder Project presentation at the Ambulance Leadership Forum (ALF) conference garnered regional interest. The Specialist Operations Response Team (SORT) expansion filled two band 7 posts, including a senior paramedic. Four scrutiny sessions for the Manchester Arena Inquiry are complete, with feedback expected by August 2025, and four actions will be managed through the corporate risk process. Emergency Medical Services (EMS) sickness absence rates have decreased due to consistent policy application and departmental improvements. Positive feedback was received post-winter for the EMSC restructure, with a formal review planned. The Organisational Change Process for Advanced Paramedic Practitioners is complete, and the team has transitioned to the Clinical Directorate. Turnover for band 3 entry level roles remains high due to the challenging nature of call handling. Emergency Ambulance Practitioner training has progressed well, with most participants completing the programme. The Glangwilli end of shift pod has been redeployed to reduce shift overruns and improve meal breaks. The Non-Emergency Patient Transport Service (NEPTS) roster review is ongoing, with the team actively responding to feedback.
- 7.2 Ceri Jackson asked Lee Brooks about the sickness trajectory and specific challenges in certain areas. Lee explained that while the overall organisational sickness rate is improving, specific areas like EMSC and Integrated Care still face challenges, which are consistent across these areas and not unique to specific sites. He emphasised the importance of a cultural shift towards keeping people at work rather than managing non-attendance and highlighted improvements in the working environment and management practices.
- 7.3 Estelle Hitchon asked about preparing new recruits for the challenging nature of call handling roles. Lee Brooks acknowledged the difficulty of the role, and the efforts made to improve recruitment processes, including open sessions and different testing methods. Despite these attempts, some recruits still find the role unsuitable after starting. Lee suggested that future convergence of call handling protocols might offer more rewarding experiences for call handlers, potentially improving job satisfaction and retention.

The Committee RESOLVED to: The Operations Report Q4 2024/25 report was noted.

8 NHS STAFF SURVEY AND ACTION PLAN

- 8.1 The NHS Staff Survey discussion highlighted several key takeaways and decisions. Priority areas identified included addressing burnout and wellbeing, ensuring regular meaningful check-ins with managers and increasing staff involvement in change and decision making.
- 8.2 Directorate level data was shared with leads to develop actions in response to local themes. Free text responses revealed issues such as the volume of competing priorities, the emotional toll on staff, the need for consistent development pathways and the impact of barriers and positive role models on shaping culture.
- 8.3 There was a sharp rise in reports of abuse from patients and the public, highlighting the need to understand the gap between informal sharing in the survey and formal reporting. Only 30% of colleagues felt involved in decisions affecting their work, indicating a need to build mechanisms to support people to feel heard.
- 8.4 A robust communication and engagement plan was proposed to ensure visibility and connection between staff feedback and actions taken. Leadership development will focus on improving engagement and communication with staff, ensuring consistent practices across the organisation. It was emphasised that there is a responsibility on both the organisation to support staff and on individuals to flag concerns.

The Committee RESOLVED to:

- 1) The Survey and Action Plan were noted.**
- 2) Angela Lewis to explore potential reasons for the gap in terms of informal sharing of incidents and willingness to comment during staff survey and formal internal reporting.**
- 3) Sarah Davies advised she will develop a "We Said, We Did" document to connect staff feedback with actions taken; and**
- 4) Estelle Hitchon advised she will focus on improving engagement and communication practices across the organisation.**

9 INTERNAL AUDIT REPORT: SPEAKING UP SAFELY

- 9.1 Felicity Quance presented the key findings from the Speaking Up Safely Internal Audit Report, received by the Audit, Risk and Assurance Committee (ARAC) on 01 May 2025. The main high-priority finding was the need for better triangulation of concerns data from all sources and strengthening the reporting of concerns to provide effective oversight, including outcomes, themes, trends and timelines of actions. Other points included developing an action plan for additional actions identified from the self-assessment, ensuring appropriate pathways for lessons learned, enhancing training and development to embed the Speaking Up Safely framework into all operations,

and expanding reporting to ensure compliance with timescales and that staff feel comfortable speaking up.

- 9.2 Angela Lewis provided context on the adoption of the Speaking Up Safely framework, highlighting that the Trust is the only organisation in Wales to fully adopt the NHS England model by appointing a guardian. Angela emphasised the continuous process of identifying and addressing gaps, the importance of triangulating data while maintaining confidentiality and ensuring themes are identified and addressed appropriately.
- 9.3 Ceri Jackson reflected on the challenges of auditing the Speaking Up Safely process, noting that due to the sensitivity of the information and the reliance on individuals' willingness to share, it's not feasible to capture everything in a single report. Ceri emphasised that assurance should come from ongoing engagement with senior leaders and the visibility of actions taken in response to concerns. Ceri also highlighted the difficulty of auditing cultural change, suggesting that indicators such as reduced sickness absence, lower turnover, and greater openness among staff may better reflect progress, even if they fall outside traditional audit measures.

The Committee RESOLVED to: The report was noted.

10 WASPT HIGHLIGHT REPORT – 28 MARCH 2025

- 10.1 Christian Fox provided an overview of the WASPT highlight report, covering several key topics. The Social Partnership Conference was acknowledged as a successful event organised by Liz Rogers and her team in conjunction with Trade Union Partners, with plans to consider future dates for similar events.

The Committee RESOLVED to: The report was noted and updates were discussed to ensure progress in various areas.

11 PEOPLE AND CULTURE PLAN METRICS UPDATE AND WORKFORCE

- 11.1 Carl Kneeshaw discussed the People and Culture Plan metrics, noting that overall attendance is slowly improving due to cultural initiatives and upskilling line managers. There has been a slight increase in turnover this quarter, primarily due to retirements, not dissatisfaction with work. The health and well-being plan emphasises proactive support to keep staff at work through various initiatives.
- 11.2 Damon Turner raised concerns about the increase in safeguarding allegations and the influence of external agencies, questioning potential delays. Carl acknowledged these external influences and emphasised the organisation's efforts to ensure cases progress appropriately, using a multidisciplinary team approach to support line managers.

- 11.3 Hayley Hutchins expressed concerns that Personal Appraisal and Development Reviews (PADRs) might be seen as a tick-box exercise. Carl reassured members that the focus is on the quality of conversations, career development and regular meaningful interactions as part of our WAST Way initiative. Angie added that while there are exceptional PADR experiences, consistency across the organisation is needed, emphasising regular check-ins and conversations. The discussion highlighted the commitment to improving the PADR process and fostering a culture of supportive conversations between managers and staff.

The Committee RESOLVED to: The Committee received the report and took assurance from the People & Culture Plan Metrics Update and from the People and Culture Key Performance Indicators for the period of March 2025.

11.1 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT (MIQPR)

- 11.1.1 The MIQPR report included several key elements relevant to the committee. It highlighted extreme lost hours driven by handover delays, with efforts underway to address shift overruns through initiatives like the Glangwili scheme and facilitated working groups.
- 11.1.2 March 2025 saw high sickness absences, likely due to end-of-year leave uptakes, and overall sickness rates are being monitored with interventions aimed at improving attendance.
- 11.1.3 Ongoing work to improve efficiency in the NEPTS includes a focus on demand and capacity review and roster improvements.
- 11.1.4 There was a slight increase in turnover noted, primarily due to higher than average retirement rates, this trend is attributed to the workforce profile and individuals choosing to retire earlier or pursue second careers post the Covid-19 pandemic.
- 11.1.5 An increase in PADR completion rates is reflected for March 2025 (82.38%). This represents the highest recorded rate within the dataset PADR.
- 11.1.6 The report also mentioned the need to connect data on violence and aggression to ensure alignment with reported figures and staff survey insights.
- 11.1.7 There has been an increase in statutory and mandatory training compliance (87.4% against a Welsh Government target of 85%). As at 31 March 2025, 90.44% of colleagues required to attend Mandatory In-Service Training (MIST) had done so.

- 11.1.8 There has been an increase in the formal employee relations cases, particularly related to safeguarding indicating that staff feel more empowered to escalate concerns.
- 11.1.9 Additionally, upcoming changes to categorisation and reporting will start from 01 July 2025, in line with the implementation of the revised ambulance performance framework.

The Committee RESOLVED that: The Committee considered the March/April 2025 Integrated Quality and Performance Report.

12 VOLUNTEER STRATEGY 2020-2025 ACTION PLAN UPDATE (YEAR 5 PROGRESS)

- 12.1 Lee Brooks introduced the volunteering report, noting he had omitted the supplementary report on quality and support day. This supplementary report includes more details about people and compliance components, with plans to gather experiential input from managers and staff for a future meeting.
- 12.2 Jenny Wilson highlighted significant achievements in the volunteer strategy over the past four years, including the development of the Community Welfare Responder role, the transition to a holistic volunteer service, and the implementation of a volunteer pathway. Other accomplishments include the expansion of St John Volunteer alternative responder schemes, the launch of a new volunteer management system, and the reintroduction of volunteer conferences post Covid-19. Jenny noted a significant increase in volunteer car drivers and the development of the volunteer car service oncology project.
- 12.3 The Committee praised the comprehensive and impactful volunteer strategy, emphasising the professionalism and passion of the volunteers. Kathryn Copley highlighted the invaluable support volunteers provide at various events, and there was a brief mention of the need to explore how the volunteer strategy fits within the broader Integrated Medium Term Plan (IMTP) and the importance of securing funding for volunteer initiatives. Lee Brooks addressed the integration of the volunteer strategy with broader organisational planning, moving towards embedding volunteering within the overall People and Culture Plan.
- 12.4 Future plans include exploring cross directorate volunteer opportunities, developing a volunteer policy, reviewing the drug formulary for Community First Responders, and creating a volunteer-to-career pathway. The discussion emphasised the importance of demonstrating the return on investment for volunteer roles to secure funding and highlighted the positive feedback from volunteers regarding the new volunteer management system. Overall, the

discussion focused on the cultural integration of volunteers, the importance of demonstrating their impact and value, and the future integration of the volunteer strategy within broader organisational planning.

- 12.5 Lee Brooks expressed gratitude to Rhodri Jones, for stepping up as the Chair of the Volunteer Steering Group and playing a critical role in the management team. As Rhodri prepares to hand over the Chair position, the committee joined Lee in thanking Rhodri for his significant contributions and the fantastic progress made over the past couple of years. Rhodri expressed gratitude for the kind words and acknowledged the ongoing work in the volunteer support structure. He noted that while there is still work to do on the volunteering initiatives, the next significant task is focused on enhancing the volunteer support structure. Rhodri thanked Lee and the Chair for their appreciation.

The Committee RESOLVED to: The report was noted.

13 STRATEGY EQUALITY PLAN – 6 MONTHLY PROGRESS UPDATE

- 13.1 Angie Lewis introduced the six-monthly Strategic Equality Plan (SEP) progress update to provide better visibility of the work being done on the equality, diversity and inclusion agenda, which is part of regular reporting to the Welsh Government and preparation for the annual report. Kathryn Copley highlighted key achievements, including significant progress in sexual safety training with general awareness sessions and detailed half-day sessions for managers, increased activity and membership in people networks, and a successful inclusive recruitment initiative by the digital team that increased workforce diversity.
- 13.2 Kathryn Copley mentioned next steps, such as increasing training delivery, supporting upcoming recruitment events and preparing the annual report for August 2025. Angie Lewis added that they are awaiting feedback from the Welsh Government and emphasised efforts to mitigate risks related to resources and capacity, ensuring the inclusion agenda is integrated across the organisation.
- 13.3 Estelle Hitchon enquired about broader lessons from the inclusive recruitment initiative, and Kathryn responded by highlighting the success of workshops for potential applicants, targeted outreach to minority communities and clarity in job adverts. The discussion also addressed recruitment challenges for paramedics, noting the need to promote various career opportunities within the ambulance service and collaborate with universities to improve diversity in paramedic recruitment.

The Committee RESOLVED that: The report was noted, and the Committee were assured of the substantial progress in various areas and outlined plans for continued improvement and engagement.

14 ANNUAL HEALTH & SAFETY REPORT

- 14.1 Nicola White provided several updates highlighting significant progress in Health and Safety compliance and performance across the Trust. The corporate Health and Safety risk (ID 199) achieved its target score of 10 in December 2023 and is reviewed every three months. An internal audit on exposure to diesel fumes was awarded a reasonable level of assurance against all objectives. Legislative compliance increased from 2.22 to 2.32 out of 3, providing a moderate level of assurance. There was a 66% reduction in over 7 day injuries and a 50% reduction in specified injuries, with manual handling of patients and slip trips and falls being common trends. Most reported incidents of violence and aggression were verbal abuse, mainly affecting contact centres, with a slight increase over two years and a 38% reduction last year. Manual handling incidents decreased from 2.86 to 1.25 since April 2022. Additionally, 100% compliance was achieved in workplace risk assessments, workplace inspections, noise assessments and first aid risk assessments.
- 14.2 Christian Fox commented that partnership working with the Health and Safety Team has improved significantly, highlighting stronger ties and collaboration, particularly due to regular meetings between Nicola White and Hugh Parry.

The Committee RESOLVED that:

- 1) The Committee approved the Health and Safety report, which will be presented to the Trust Board for information in May;**
- 2) The Committee acknowledged the significant progress made in Health and Safety compliance and performance; and**
- 3) Christian Fox highlighted the improved partnership working with the Health and Safety team**

15 INTERNAL AUDIT REPORT: OCCUPATIONAL HEALTH AND WELLBEING SUPPORT

- 15.1 Carl Kneeshaw and Felicity Quance both emphasised the value of the Occupational Health and Wellbeing Internal Audit for improving processes and fostering a proactive health and well-being culture.
- 15.2 Carl confirmed that work is progressing to mitigate the identified actions, with several already completed, and the focus is now on using data to inform service engagement and proactive measures.
- 15.3 Felicity added that the audit report was accepted, recommendations

acknowledged, and that the Trust is committed to ensuring appropriate health and wellbeing needs for staff while encouraging service uptake.

The Committee RESOLVED that: The Committee noted the discussion at the meeting of the ARAC on 1 May 2025, and the assurance that was received following receipt of the Occupation Health and Wellbeing Support Audit Report and acknowledged that the agreed actions are currently in progress.

16 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

- 16.1 The four risks within the remit of this Committee were discussed and whilst the data was presented to the Trust Board in March 2025, the risks have all been reviewed during this period with the activity due to be considered by the Executive Leadership Team on 21 May 2025.
- 16.2 Risk 160: High Absence Rates
High absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service – remains static at a score of 20 (5x4) despite there being a significant reduction in absence levels. The Assistant Directors Leadership Team will undertake a deep dive of the risk on 28 May 2025 as part of a revised approach to risk.
- 16.3 Risk 201: Reputation
Damage to the Trust's reputation following a loss of stakeholder confidence which remains at a score of 20 (4x5). The tension in the reputational risk was noted that while the Trust has positive relationships with stakeholders, the patient experience remains poor due to harm in the community. A deep dive will be conducted on the risk over the summer to consider splitting it into a stakeholder risk and a patient experience reputational risk. This approach aims to address the different aspects of reputation and ensure the risk is accurately profiled. It is likely that this will be the last time that the committee will see this risk in this way.
- 16.4 Risk 163: Maintaining Effective and Strong TU Partnership
Maintaining effective and strong Trade Union partnerships remains unchanged at a score of 12 (3x4) has been closely reviewed the risk in advance of a discussion at the Trust's partnership team meeting in May 2025 to determine if any additional mitigation is needed and to evaluate its movement over time. It was acknowledged that while relationships are good, there are considerations such as the National Pay Award and the upcoming change in senior leadership which could impact on stability. It was noted that WASPT will look at this more closely.

- 16.5 Risk: 558: Deterioration of Staff Health and Wellbeing
Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences remains unchanged at a score of 15 (3x5).
- 16.6 New Risks Identified: No new risks identified at this meeting for the register.

The Committee RESOLVED to: The report was noted, considered and discussed.

17 AUDIT TRACKER: Q4 2024-2025 REPORTING

- 17.1 Trish Mills reported a significant improvement in audit actions, with 75% now closed compared to the previous quarter's 17%. Trish attributed this progress to the dedication and tenacity of the team members involved. Additionally, there are no actions currently past their due date.
- 17.2 Trish provided details on how the team approached items from Audit Wales under the review of workforce planning arrangements. The committee received assurance and noted the rationale for closing the Audit Wales Review of workforce planning arrangements recommendations, acknowledging the substantial progress made

The Committee RESOLVED to:

- 1) The Committee received assurance on the monitoring of management actions to address recommendations in the Tracker, and noted any revised dates for actions; and**
- 2) The Committee noted the rationale for closure of the 2023/2024 Audit Wales "Review of Workforce Planning Arrangements" recommendations as detailed in section 9.**

18 FEEDBACK FROM EFFECTIVENESS REVIEW: COMMITTEE CYCLE OF BUSINESS MONITORING REPORT AND 2025/26 PRIORITIES

- 18.1 Trish Mills reported that the Audit, Risk and Assurance Committee (ARAC) received the Effectiveness Review Report endorsed the changes and challenged the team to streamline committees by addressing feedback on the volume of papers, meeting length and presentations. The committee will explore ways to improve efficiency in Q1 and Q2, with potential opportunities for streamlining in the Academic Partnership Committee.
- 18.2 Estelle Hitchon highlighted the uncertainty over the coming year due to factors such as a new Chief Executive Officer, potential industrial action and an upcoming election. Estelle emphasised maintaining focus on key areas such as working positively with trade unions, culture, work and safety while remaining adaptable to changing circumstances. Trish Mills advised against setting too

many priorities for the committee, suggesting a focus on existing areas like quality of patient safety and experience, and continuing progress in equality, diversity and inclusion (EDI).

- 18.3 Angie Lewis stressed the importance of not overloading the committee with priorities, suggesting a focus on the people and culture plan, IMTP and local delivery plans, with an intense focus on EDI and career development pathways. Carl Kneeshaw mentioned the need to revamp the people and culture plan, focusing on strategic intent and triangulating areas of progress, while remaining agile. Alex Crawford suggested keeping an eye on wellbeing objectives, aligning with the committee's focus areas.
- 18.4 Overall, the discussion emphasised maintaining focus on existing priorities, particularly EDI and the development of people, while being prepared to adapt to changes and revamp the people and culture plan. Ceri summarised that the focus should be on integrating priorities into the people and culture plan without adding significant new areas of work, considering legislative compliance and the political landscape.

The Committee RESOLVED to:

- 1) Action: It was agreed the Committee would receive proposed priorities for consideration, via email circulation.**
- 2) The Committee ratified the decision made by Chair's Action effective 24 April 2025 in relation to the outputs of the annual committee effectiveness review.**
- 3) The Committee noted the output of the Mentimeter survey hold on 18 February 2025.**
- 4) The Committee noted the proposed changes to operating arrangements for 2024/2025 and the outcome of the meeting of the ARAC on 1 May 2025.**
- 5) The Committee discussed and agreed its priorities for 2025/2026; and**
- 6) The Committee noted the Cycle of Business Monitoring Report for Q1 of 2025/2026.**

19 WASPT MINUTES – JANUARY 2025 MEETING

19.1 Received.

20 COMMITTEE HIGHLIGHT REPORT – 18 FEBRUARY 2025 MEETING

20.1 Received.

21 REFLECTIONS AND SUMMARY OF DECISIONS/ACTIONS

21.1 Ceri Jackson highlighted the honesty and openness of Mandy's staff story and acknowledged the excellent progress made regarding the volunteering strategy.

- 21.2 Trish Mills acknowledged the significant progress made particularly in closing 75% of the internal audit actions, a substantial improvement from the previous quarter.
- 21.3 The committee discussed the importance of maintaining focus on existing priorities such as EDI and the development of people, while being prepared to adapt to changes and revamp the people and culture plan.
- 21.4 They committee considered integrating well-being objectives into the reporting structure to ensure alignment with the committee's focus areas without creating additional work. Emphasis was placed on lifting the committee's focus to a more strategic level, ensuring that priorities align with the people and culture plan and IMTP. Overall, the reflections centred on acknowledging progress, maintaining focus on existing priorities, integrating well-being objectives and ensuring a strategic focus.

ACTIONS:

- 21.4 **Action 18.4: It was agreed the Committee would receive proposed priorities for consideration, via email circulation.**

22 ANY OTHER BUSINESS

- 22.1 None declared.

23 DATE OF THE NEXT MEETING

- 23.1 The next meeting is scheduled for the 12 August 2025.

Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
16.4	15 May 2025	Risk Management	Review of TUP Risk (Risk 163) by WASPT The action generated was to take the TU partners' risk into the WASPT for discussion for a detailed review to assess its movement over time, and consider any additional mitigation measures. Once discussed in WASPT, this will be fed back to the PCC via the WASPT AAA.	Christian Fox Trish Mills	1 August 2025	210525: This matter is programmed for discussion at WASPT on the 30 May 2025. The discussion held on the 30 May 2025 will be fed back to the committee via the WASPT AAA. Given this position, action proposed for closure. Status updated to 'complete'.	Complete
18.4	15 May 2025	Effectiveness Review Follow Up	Feedback from Effective Review: Committee Cycle of Business Monitoring Report and 2025/26 Priorities It was agreed the Committee would receive proposed priorities for consideration, via email circulation. Colleagues in the Corporate Governance Team to progress this request.	Trish Mills	1 June 2025	<u>04/06/2025 Update from Trish Mills</u> The committee priorities for 2025/26 are a focus on equality, diversity and inclusion, as well the development of our people. This was set out in the May AAA circulated to members. Propose for closure.	Complete

Director Update: People & Culture

PEOPLE AND CULTURE
COMMITTEE
12 AUGUST 2025



CARL KNEESHAW
DIRECTOR OF
PEOPLE

ANGIE LEWIS
DIRECTOR OF
CULTURE CHANGE

Culture

The first cohort of the Aspiring Board Members Programme, which supports individuals from BAME backgrounds in preparing for Independent Board Member roles, has launched. This initiative seeks to enhance diversity in leadership across NHS Wales. Pictured below.



Angie joined the first cohort to the Aspiring Board Member Programme

Colleagues proudly represented WAST at Pride Cymru in Cardiff, standing in solidarity with LGBTQ+ staff and communities. This visible demonstration of support reinforces our values of respect, dignity, and equality, and highlights our commitment to inclusive healthcare and workplace culture. It's a powerful reminder that inclusion is not just a policy, it's something we live and demonstrate through action. Pictured below.



Carl joined WAST colleagues at Pride Cymru 2025, celebrating visibility and solidarity

We launched the first pulse survey aligned with Our WAST Way, focusing on wellbeing, meaningful 1:1s, and involvement in decision-making. Directorate-level actions are being developed in response to the staff survey results.

The BEAM People's Network hosted a successful Eid ul-Adha celebration at VPH, fostering inclusive and connection. A new colleague shared how welcomed she felt on her first day, an inspiring reminder of the power of cultural awareness in building belonging and respect. Pictured below.



BEAM People's Network joined by WAST colleagues in the Eid ul-Adha celebrations

Capacity

The Skills Mix T&F Group has concluded, with key outcomes and recommendations submitted to ELT, and a follow-up report to be presented in August. This is a critical component of the Strategic Workforce Plan, by optimising the skill mix across the organisation.

The People Services Team is leading a programme to strengthen workforce processes, enhance culture, safeguard wellbeing, and reduce operational risk. Critical procedures have been reviewed including referrals to professional bodies, offer withdrawals, suspension decisions, and safeguarding allegations. Following consultation, a report was presented to ELT and received full support.

We welcomed around 100 candidates to our Graduate Paramedic Recruitment Day. Carl hosted the event, and Angie delivered a session on our culture. We have offered positions to 21 Newly Qualified Paramedics, with a strong reserve list of appointable candidate, reflecting commitment to attracting top talent and the future of our clinical workforce. Pictured below.



Carl hosted the Graduate Paramedic Recruitment Event

The Digital Team Inclusive Recruitment initiative was shortlisted for a Health Service Journal Digital Award. The EDI and Recruitment Team were invited to join the Digital Team, recognising their contribution to increasing workforce diversity, removing employment barriers, addressing under representation, and ensuring fair access to opportunities across the Trust. Pictured below.



Kat, Hayley, Charlie and Jazz joined the Digital Team at the HSJ Awards

Capability

We launched Our WAST Way at our Leadership Symposium. The focus was on cultivating a more human, connected, and intentional leadership culture. Linda Moir, former Head of Customer Experience at Virgin Atlantic and the London 2012 Games, inspired reflection on what it means to lead with care and impact. Leaders also participated in Essential Conversations workshops, designed to build confidence in the everyday conversations. Pictured right.

We've been delivering weekly Our WAST Way: Applied sessions to introduce the framework across the organisation. Essential Conversations workshops will be rolled out to all managers, focusing on building confidence in conversations that support wellbeing, performance, and early issue resolution.

At the annual Emergency Response Driving Conference, our Head of Education and Digital Learning Manager delivered a well-received session on Neuro-affirming Education in Ambulance Education, highlighting the importance of inclusive and responsive teaching practices.

We've enhanced our learning and development offer by introducing training for Level 3 Safeguarding, and Welsh Language in an Emergency in support of our bilingual service commitment. Additionally, 100 participants successfully completed the Level 3 Certificate in Effective Mentoring for EAPs, boosting our internal mentoring capacity.

Our Senior Leadership Community came together to strengthen connections and address complex organisational challenges, focusing on workload and priorities. The sessions encouraged reflection on leadership impact and collaborative problem-solving.



Sara presented Our WAST Way at the Leadership Symposium

Key Milestones

- Connecting through our People Networks
- Local actions developed in response to Staff Survey Data
- Our WAST Way Applied Session
- Essential Conversations Workshop
- Key speakers at the WAST Quality Event

Coming Up

- Long Service Awards
- Leadership Symposium
- Mastering Diversity Conference
- Refresh People & Culture Plan
- People Development Plan

Risks & Challenges

- Pace of change and activity
- Shift overruns
- Skills mix on EAs



OPERATIONS DIRECTORATE QUARTERLY REPORT FOR COMMITTEES 2025-26 Q1 (April – June 2025)

National Operations & Support

IMTP

Launch of Assemble

The Volunteer Service has launched a brand-new Volunteer Management System which improves our access to volunteer demography, volunteer availability and acts as a single source of communication to volunteer groups across the Trust. Training was developed and delivered by a Volunteer Support Officer. Feedback from volunteers was excellent including comments such as "This is probably the biggest advance since Pentrox" and "You truly deserve credit for this piece of work."

Volunteer Steering Group Refresh

The Volunteer Steering Group membership has been refreshed with a newly elected Chair taking position in April 25. A volunteer representative is also now included in the attendance of the WAST Charity Committee.

Volunteer Structure

The Volunteer Steering Group has now commenced a review of the Volunteer Structure which will address gaps in capacity within the volunteer service by upskilling volunteers and implementing a consistent structure across volunteer teams, localities and territories which will improve volunteer experience.

Volunteer Responder Pathway

Applications opened for CWR to CFR transition courses which relates to our new volunteer pathway. 30 applications have been received with 28 CWRs progressing onto CFR transition courses from July.

General Update

Business Continuity (BC) Software

Implementation of BC software continues with data being provided to the supplier to pressure test the system. Additional information is being sought from various departments and support is required to get this information in a timely manner. Support via the Operations Senior Operations Team (SOT) is being sourced to facilitate this. Rollout to wider departments and directorates is scheduled for August with full implementation to complete Sept-Oct 25.

Resourcing, EMS Coordination and Quality

General Update

Estates

The refurbishment of Llangunnor estates has been completed. After consultation with colleagues working from the site, Ty Tywi was selected as the name for the newly renovated site.

Operational teams relocated from Bryn Tirion to Ty Elwy, finishing with EMSC on 8 May 2025. WAST became the first Trust to implement the life X control room solution in new facilities. The Ty Elwy Coordination and Communications Centre was officially opened by High Sheriff Julie Gillbanks on 12 June 2025, with Lee Brooks and Andy Swinburn attending.

MAIT

Multi Agency Incident Transfer (MAIT) allows incidents to be electronically shared between WAST, police, and fire services, negating the need for telephone contact. It went live on Monday, 16 June 2025 with Gwent Police and South Wales Police. Other emergency services will join in phases.

Training

CMT (Clinical Model Transformation) training was undertaken and successfully rolled out prior to the July 1st launch of the new Ambulance Performance Framework. Relevant SOPs have been updated, and training feedback will help shape the CMT FAQs.

Yorkshire Ambulance Services

We continue to support Yorkshire Ambulance Service (YAS) by answering a proportion of their 999 call activity whilst they complete their training on their replacement triage software (NHS pathways replacing MPDS). This support is likely to continue until early October 2025. There are discussions ongoing to establish whether the level of support can be reduced slightly during the busier summer months when annual leave uptake will be higher. WAST has agreed income because of this support and regularly monitors for any significant performance consequences.

Kings Ambulance Service Medal (KAM)

Laura Charles, Operations Manager at Vantage Point House, has been awarded the 2025 King's Ambulance Medal for her dedication and commitment to the Ambulance Service.

Operations Quality

The Operations Quality OCP planning is ongoing, with the intention to move broader call audit functions (CPSS and ECNS), and complaints/coroners' investigations across from Integrated Care into Operations Quality. The first phase of this is the recruitment of 10 CPSS Quality Auditors, which has been approved, and the recruitment process is well underway and are now live on TRAC.

Challenges

EMSC Sickness

We will continue efforts to address sickness and support staff. There has been a slight improvement in our current position since the last quarter's update, following workshops conducted by the EMSC leadership team, trade union partners, and people services.

Operations Quality

Operations Quality continues to experience challenges in completing and returning investigations for concerns and coroners. There are now 117 outstanding concerns investigations of which 94 have breached the Welsh Govt. Tier 1 target. However, there are now 27 outstanding coroner's statements down from 55 at the end of Q4.

Challenges persist in obtaining key information for investigations involving clinician input (Clinical Support Desk). Teams are collaborating to expedite requests and prioritise coroner's statements as needed by Legal Services, having returned three Schedule 5 statements to HMC by the requested date.

EMSC Reconfiguration and Restructure

We held an EMSC restructure review with Trade Union partners and colleagues, and feedback will be incorporated into ongoing operations. The evaluation included the single allocator model, and teams will pursue identified quick wins. Largely positive feedback, recognising the development opportunities and career progression now available within EMSC. Some themes identified within the feedback highlighted was that roles were now clearly defined, issues were heard and actioned, good collaboration with Trade Union Partners and felt that the consultation process was robust and transparent. One of the main concerns from the feedback was the changes to the zones/border realignment which will be further reviewed.

Resourcing**Move from Geographical to Functional Model:**

This process aims to standardise operations, with a dedicated resourcing team assigned to each of the four main business areas. As part of the phased rollout, Ambulance Care Coordination and Central and West resourcing for Ambulance Care Assistants have joined the North Resourcing team. Ongoing improvements and feedback will inform future planning. We are on track to implement the full model by the end of Quarter 3.

111 to GRS:

Currently, the 111 teams use ShiftTrack as a rostering system but plan to transition to GRS. To minimise staff disruption, a project team has set up a test environment and will collaborate further with Total Mobile for testing. Two groups are being established: one to complete pre-production rostering in GRS and self-roster, and another to review post-production processes like meal break management and intraday activity.

eTimesheet & GRS to Cloud:

The project board and working groups are established, with good progress on eTimesheets and GRS cloud migration. July's partnership meetings will discuss some matters relating to terms and conditions and reaching agreement on those for the electronic timesheet.

Emergency Medical Service

Challenges

Continued System Pressures

Delayed handover of care at Emergency Departments across Wales remains a significant challenge in being able to provide a safe level of emergency service. . 21,181 hours were lost in April, 19,670 in May and 15,276 in June. The impacts of these pressures are regularly discussed at Committee and Trust Board.

Community Wait Times

While handover delays have seen a degree of improvement compared to January 2025 at 27,212 hours and June 15,276, this has not fully translated into improved Red performance. However, while it is recognised that there have been some improvements in Red response, from January 2025 48.3% to 50.7% end of June, overall, the Red performance fell short of 65%. We have however experienced an improving trend in our Amber median and Amber 95th percentile wait times (Amber median reporting 149 minutes in January 2025, and 93 minutes in June 2025 – according to EMS Operations Power BI report).

IMTP

APP Roster Review

Work is now progressing with the full roster review of all APP rotas. The roster review will take account of all aspects of APP work including all rotational and commissioned workstreams as well as the APP operational contribution. The rotational models currently undertaken by WAST APPs include Primary Care (including GPOOH) and APP Navigator models.

Team Based Working

An initial workshop has been arranged to discuss the approach to pilot Team Based Working into EMS. Initially this will be undertaken as a pilot process likely in an urban and rural setting to fully understand the implications and change adaptations required to accommodate. Timelines and locations will be discussed and agreed at the workshop, planned in for 28th July 2025 in Cardiff.

General Update

EV Solo Response Vehicle (SRV) Introduction

EMS will soon see the role out of the 24/25 SRV, which includes the Ford Transit Hybrid (PHEV) along with the Maxus (BEV). The Maxus battery powered electric vehicle will be the first vehicle commissioned by Welsh Government that will be fully electric.

To support the role out and subsequent evaluation of these vehicles, supportive infrastructure has been put in place; this includes a number of 50kw chargers at locations across Wales.

A training package is also in development to support staff in the use of the EV, alongside an accompanying SOP to support the 4-month evaluation determining the future use of electric vehicles across Emergency Operations.

End of Shift OVERRUNS

Trade Union Partners (TUP) and leadership teams have worked to understand the current issues through three overrun workshops focusing on the following:

- Workshop 1: Analysis of the current position, blue sky thinking, welcoming all ideas
- Workshop 2: Exploring feasible solutions and realistic options
- Workshop 3: Developing an agreed plan for implementation

Next step is to complete a paper mapping out future options with recommendations to support meaningful change to improve end of shift overruns and support staff welfare. Dialogue with trade unions is ongoing.

Finance - Overtime

Following the reasonable assurance outcome from our internal audit, the following measures have been applied:

To ensure maximum uptake whilst maintaining equity of services we have proposed the following:

- Overtime hours to be allocated in the same manner as previous years once budget has been set. Therefore, each health board area will have an allocation dependant on vacancies at the beginning of FY.
- During the monthly review, any underspends in the previous month will be offered to those areas with a strong likelihood of uptake to maximise potential

for expenditure. These additional hours will be subject to the same criteria/UHP levels.

- At the end of every quarter, a review of all overtime activity to be undertaken to assess utilisation. Any areas consistently under-utilising their allocation will have a review and potential change to hours available. Surplus hours will then be re-allocated to other areas to ensure maximum uptake.

Hospital Trials

Royal Glamorgan Hospital (RGH)

A suite of tactics have been employed across the Emergency Department to focus on reduced notification to handover (N2H). Continuous dialogue between WAST and RGH is ongoing with regular evaluation of performance. N2H for the 3 weeks preceding this report averages between 23-40mins which demonstrates a significant reduction already seen from previous averages of 90 minutes.

Morrison Hospital

Conducting a 6-week PDSA across the whole system to support reduction in handover times. Average handover since inception (2nd June) is 61 mins which also demonstrates a significant reduction from previous average of 160 minutes.

EAP Training

EAP training continues to progress well. The following table provides an overview of the 'live' position of staff who have completed their training:

Total number of EMT 2 staff who have applied for the EAP course	494	
Total EMT2 staff trained to date		
Matrix	48	
Pentwyn	46	
Ty Elwy	46	
Total	140	28%
Total number of EMT3 staff trained to EAP		
	37	

In addition, there are a total of 40 staff currently on courses, and a further 174 staff due to complete the course prior to the end of the year. This means that 354 or 72% of EMT2 staff will have become EAPs by the end of the year. Whilst we are supporting the release of staff to attend the EAP training programmes, unfortunately there is an impact on UHP during these times. Attempts to mitigate this are to spread out the release of staff across service

areas to reduce the effect of UHP, when staff must be released in areas that are already low in UHP due to other abstractions, the release for EAP training does compound the position. The forthcoming winter UHP position is a slight concern, and we will continue to mitigate the effect of reduced UHP by ensuring staff are released in targeted areas rather than overburdening any individual area. The ongoing work with the Financial Savings Plans and overtime allocation will also look to mitigate the effects of release of staff for EAP training.

Ambulance Care

Challenges

Call Taking

Call taking continues to be a challenge with a continual turnover of staff. Work is ongoing through a digital perspective to consider alternative ways of reducing activity, such as voice recognition and improved texting services and digital access.

Courtesy call back is now live and patients no longer have to wait actively on the phone line but instead can choose to have WAST re-call them when their place in the queue presents itself.

IMTP

Digital Innovation

Quarter 1 saw a major upgrade to the Cleric CAD system, which allows the service to build on the work completed to date to further develop patient communication options.

In July, patients will begin to receive texts when our crew is on route to pick them up, which will allow them to get ready in advance, reducing wait times as well as providing another opportunity for the patient to tell us that they no longer need the transport and minimise unnecessary journeys. Further text engagement will also follow through quarter 2, including additional texts when journeys are cancelled and through the booking process.

Roster Review

The NEPTS roster review saw a significant amount of feedback received regarding the review process and particularly the impact that the proposed outcomes would have on the staff across the service. This feedback was shared via the working party meetings either direct from colleagues or through Trade Union Partners.

Following the completion of the 2nd working party, a commitment was made by the service management team to review the feedback and consider the most appropriate way forward.

Upon completion of this exercise, it was agreed that rather than continue with the existing plan and timelines, a request would be made to the data modelling partners to consider alternative proposals that provide different options such as longer shift lengths and a reduced amount of Saturday working which was identified as some of the pressures. Until this work is completed no additional working parties are held, and we will continue to work in partnership as we progress this workstream.

General Update

Purple Review and UCS allocation

On the 1st July 2025, WAST went live with its new approach to high-priority incident responses. The current red category was replaced by three new classifications: Purple Arrest, Red Emergency, and RCS0.

As part of this transition, Urgent Care Service (UCS) began responding to Purple calls. They will act as first and co-response resource, like Community First Responders, to deliver Basic Life Support. Emergency Medical Services (EMS) will continue to be dispatched. We have established a notification protocol so that UCS management are alert to UCS attending a Purple Arrest incident so staff support can be provided.

Integrated Care

Challenges

Call Handling Performance

Call taking performance has improved month on month. In March, 11.18% of calls were abandoned in 60 seconds, performance was 10.15% in June 2025 (down from 10.51% in May25). The team have a performance recovery plan, to achieve below 10% abandonment, which has proved challenging. This is in part due to absence, increased demand on weekends, and some periods of increased abstractions (training etc). The team have considered and implemented numerous operational tactics, which has continued to maintain improvement. The team are awaiting the rostering practice review including capacity modelling to test if we have sufficient resource to meet performance.

General Update

Launch of New Emergency Ambulance Performance Framework

The team have been actively working with colleagues from across the Trust to “go live” and implement organisational changes on the 01st of July 2025. The team have reviewed over 50 Standard Operating Procedures (SOP'S) and made changes to around 15, in preparedness for “go live”. This has required considerable efforts in ensuring appropriate governance to support the changes. New processes have been developed, to ensure patients have access to a Rapid Assessment Queue, and briefings have been provided to all teams within Integrated Care.

Care Planning Workshop

The Integrated Care Team held a Care Planning Workshop in Cwmbran in May 25. This workshop discussed feedback from frontline clinicians and focused on developing a set of priorities for care planning as part of the RICS programme of work. An SBAR is currently being developed and will be shared through the RICS Project Board, to consider the next steps for care planning.

Simply Do Ideas Platform

The Quality Improvement Team have worked with the Integrated Care Team, to become the first users to use their new improvement idea engagement platform. This platform will eventually replace the WIIN platform, which has been in operation for some years. The platform has been operational for a few weeks and is focused on generating ideas for improving call taking performance. All Call Handler Coordinators have been invited to use the platform, with over 16 ideas being submitted to date.

Process Group RICS

A new group (subgroup of the RICS Project Borad) has been formed to lead the process elements of the RICS Clinical Model for Transformation. Chaired by the Head of Service for Integrated Care the group will focus on; Care Planning; Integration of SOPs, remote scheduling, Implementation of new call flow and categorisation model.

Consult and Close

Consult and Close activity has remained high within Integrated Care (20.15% in March and May 2025). This equated to 6,766 incidents in March, to 6829 in May 2025.

Pan Operations

Staff Survey – Quality and Support Day

Following the findings from the NHS Wales Staff Survey 2024, the Operations Directorate agreed, through discussions in EMG (EMS Management Group) and SOT (Senior Operations Team) meetings, that a forthcoming Quality and Support Day will concentrate on the Staff Survey. All service areas agreed a collaborative approach to the Q&S Day with the following focus:

- To comprehend the experiences of staff who took part in the survey and to pinpoint the obstacles encountered by those who did not complete it.
- To collect feedback on the 2024 staff survey results and to ascertain what actions and next steps staff feel would be most beneficial.

Data is currently being collected and discussed within the service areas, with a view to develop action plans for improvements.

Welsh Ambulance Services University NHS Trust

Quality and Support Days

Staff Story



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University NHS Trust



Presentation Title: Quality and Support Days – Staff
Story
Version 1.0
Released: August 2025

by Business Management Team

What is a Quality and Support Day

Quality and Support Days are dedicated monthly events within the Welsh Ambulance Services University NHS Trust where managers actively engage with frontline staff. These days are designed to foster open conversations, gather insights, and address operational and wellbeing concerns. By combining real-time feedback with structured data collection, they support continuous improvement and have become a valued initiative across multiple service areas.



The Launch of Quality and Support Days

First Quality and Support Day launched in December 2023

Originally developed through the Trust seeking assurance following some continual reports around non-compliance with seat belts

Management interactions revealed the value of Quality and Support Days

The initiative was retained and extended across the Directorate

TUP Engagement

Extended into a dedicated day per month with our management out amongst our people, connecting, talking, and supervising with each dedicated day a different theme.

Rich insights and collaboration: from conversations and combined with data collated from Microsoft Forms to enhance learning and future Trust developments.

Quality & Support days now have a subject focus per day where there is a call for managers to be visible and to clear their diaries

EMS Response



The latest Quality & Support Day was 5th June 2025 where we connected with 142 of our EMS response colleagues

Alongside the 'basics' we have also covered emerging issues such as –

Shoreline usage – this has enabled us to increase usage compliance and have qualitative data to support conversations with the HB's.

Communication Devices – Actions are to form a group to investigate alternative, cost-free communication device options.

Dyson Bladeless Fans - Reassess Dyson bladeless fans after installation of all units for better user experience.

IMPACT

Deep dives such as QSD's in emerging issues help identify gaps in compliance and tools for our workforce (like the communication issues)

SO WHAT?

It has been proposed that similar issues (as a whole) are happening with AC, so we will be merging themes for the QSD's moving forward and 'add on' local issues as and when they need addressing

Next QSD Planned for 4th September 2025

Ambulance Care



The latest Quality & Support Day was 5th June 2025 where we connected with 96 of our Ambulance Care colleagues

KEY INSIGHTS AND DEVELOPMENTS

Shift Start SOP Awareness:
About 25% of staff were unaware of the Shift Start SOP, highlighting the need for enhanced communication and training.

Utilisation of iPads to facilitate BAU operations and support planned enhancements with electronic ePCR.

MDVS System Usage: 100% of staff surveyed are comfortable using the MDVS system, and nearly all are using key status updates correctly (97.9%). However, 41.6% reported issues with the system not loading or dropping out — all of which were escalated, showing strong responsiveness and awareness

IMPACT

The feedback received recently ought to become standard BAU practice. Ensuring visibility, communication, and active engagement with our staff should now be considered the 'we did' component within the 'you said, we did' framework.

SO WHAT?

They reinforce the value of visible leadership and structured feedback loops in shaping safer, more efficient frontline operations.

The insights gathered demonstrate how Quality and Support Days are not just observational—they drive tangible improvements in safety, consistency, and staff understanding.

Next QSD Planned for 4th September 2025

Integrated Care



The latest Quality & Support Day was 23rd July 2025 where we connected with a high proportion of our Integrated Care colleagues

SO WHAT?

KEY INSIGHTS AND DEVELOPMENTS

Themed Conversations Yield Rich Insights

Themes such as Resilience & Wellbeing, Sexual Safety at Work, Communication Preferences, and Christmas Wellbeing have enabled targeted discussions and interventions.

The "You Tell Us" format created space for open, unstructured dialogue, allowing staff to raise issues that matter most to them

Wellbeing Tracking & Emotional Climate

Staff wellbeing is consistently measured using a 1–7 scale, both at work and outside of work. Scores have fluctuated seasonally, with noticeable dips during winter and recovery in spring.

Site-specific and role-specific breakdowns (e.g. call handlers, clinicians) have helped identify where support is most needed

Collaborative Efforts: This initiative collaborates with the Wellbeing Cell and Christmas Planning team to share insights and lessen the demand for forms and surveys on staff.

Early Warning System: Regular wellbeing tracking acts as a barometer for staff morale, enabling early intervention before issues escalate.

Culture of Listening: Q&S Days are shifting the culture from reactive to proactive, where staff feel safe to speak up and confident that their voices matter.

Targeted Improvements: Themed days and site-specific data allow for precise, meaningful changes that directly address staff needs.

Next QSD Planned for 20th August 2025

Staff Experience



Thank you for listening



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Quality & Support Day – Staff Story



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Next Steps

Mandy will continue to be a **positive and supportive presence** at Newtown Station and across North Powys, **championing** the WAST Way and **guiding** colleagues to the latest updates and resources on LMS365.

She is committed to **fostering a strong team spirit**, ensuring that NEPTS colleagues, the St John Ambulance Falls Car team, and North Powys' fantastic Administrator all feel included and valued, through regular social events and fun team-building activities.

Mandy will **keep the 'Culture Corner' vibrant** and up to date, sharing news, photos, and thank you cards to boost morale.

She also plans to **raise awareness** of the Menopause Policy, ensuring copies are easily accessible.

Finally, Mandy will put her ILM Level 3 Mentoring qualification, earned through her EAP course, into action by **mentoring** newly qualified EMT1 students, **supporting** them as they begin their journey with WAST.



Required Action

1. Continue to **warmly welcome** new colleagues, helping them **feel part of the team from day one**.
2. Regularly discuss progress and the scope of the EAP role to ensure everyone understands its **value and purpose**.
3. Keep striving to enhance the working environment, initiatives like a "Culture Corner," where every name has a face, **help foster a true sense of belonging**.
4. Recognise and **celebrate achievements** of all kinds, whether sporting, charitable, academic, or professional.
5. **Continue to grow** by building on my EAP qualification and ILM Mentoring Skills, which I have already received fantastic feedback.



Themes

- **Sharing lived experiences inspires** others to stay on their career path.
- **Value and empower** individuals to reach their goals, even in tough times.
- **Care deeply** for those navigating significant life changes, which can make internal career progression both rewarding and difficult.

Mandy's Story

In 2013, after two years service with WAST, Mandy found herself facing a deeply personal and professional challenge. She was struggling with severe menopausal symptoms while working full-time on the frontline and undergoing EMT training.

The combination of hot flushes, memory lapses, emotional strain, and physical exhaustion made this time one of the most difficult in her career. Despite these obstacles, Mandy persevered. She completed her training, pushing through every setback with determination and resilience.

Nearly two years later, WAST announced the recruitment of 32 Advanced EMTs. Mandy, however, had not yet been qualified long enough to apply. She waited for the next opportunity, but it never came. Meanwhile, other ambulance services across the UK began upskilling their EMTs to Band 5. Mandy began advocating for change by engaging with management, highlighting the importance of recognising and developing EMTs in WAST, in line with practices seen in other ambulance services.

Years passed. A global pandemic, industrial action and a cost-of-living crisis. Mandy didn't give up. Her persistence paid off when WAST finally introduced a new role the Emergency Ambulance Practitioner. Mandy became the first woman to pass the EAP qualification. Since January, she has been actively promoting the course to others, using her new skills, including an ILM qualification in mentorship, to support and inspire her colleagues.

AGENDA ITEM No	8
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	4

PEOPLE AND CULTURE METRICS

MEETING	People and Culture Committee
DATE	12 August 2025
EXECUTIVE	Angela Lewis - Director of Culture Change Carl Kneeshaw – Director of People
AUTHOR	Sarah Davies – Head of Change and People Insights
CONTACT	Sarah.davies31@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this report is to provide Committee members with an update (June 2025 data) against qualitative People and Culture Plan metrics, in order to provide a high level indication of the impact of our People and Culture Plan.

The item also incorporates the People and Culture Scorecard, sharing an overview of the key People and Culture performance data and trends (June 2025) and associated improvement actions.

KEY ISSUES/IMPLICATIONS

PCC is asked to:

- **RECEIVE** and **COMMENT ON** progress to date.

REPORT APPROVAL ROUTE

- **ELT 31.07.25**
- **PCC 12.08.25**

REPORT APPENDICES

Appendix 1: SBAR – People and Culture Metrics

Appendix 2: People and Culture Plan Metrics Update June 2025

Appendix 3: People and Culture Scorecard June 2025

Appendix 4: MIST Update

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	YES	Financial Implications	YES
Environmental/Sustainability	N/A	Legal Implications	YES
Estate	N/A	Patient Safety/Safeguarding	YES
Ethical Matters	YES	Risks (Inc. Reputational)	YES
Health Improvement	YES	Socio Economic Duty	YES
Health and Safety	YES	TU Partner Consultation	YES

Appendix 1: SBAR: People and Culture Metrics – June 2025

SITUATION

1. The purpose of this report is to:
 - a. provide Committee members with an update against qualitative People and Culture Plan metrics (June 2025 data), in order to provide a high level indication of the impact of our People and Culture Plan; *and*
 - b. provide an overview of the key People and Culture performance data and trends (June 2025) and associated improvement actions.
2. This paper is intended to be read in conjunction with the **Monthly Integrated Quality and Performance Report** (item **11.2**). The MIQPR provides a high level overview of performance in relation to several People and Culture indicators. This report provides a greater level of detail (both data and narrative) in relation to a wider range of workforce performance indicators.

BACKGROUND

3. Following discussion at the August 2023 meeting of the People and Culture Committee, it was agreed that updates will be shared with Executive Leadership Team every 2 months and People and Culture Committee every quarter, to demonstrate progress in terms of implementation and impact of our People and Culture Plan. As agreed, these updates will alternate between a focus on quantitative and qualitative metrics; this item focusses on qualitative data.
4. As agreed at the August 2024 PCC meeting, this item also incorporates the People and Culture Scorecard, in a bid to more clearly show the associated connections.

ASSESSMENT

5. In terms of People and Culture Plan metrics, the summary document contained within **Appendix 2** provides an overview of qualitative data from the June 2025 Hive pulse survey.
6. The first pulse survey provides valuable insight into colleague sentiment across three core themes aligned to Our WAST Way (Care, Connect and Value Everyone) which also reflect key areas of focus from our 2024 Staff Survey. Despite a low overall response rate (9%) (break down contained within Fig. 1), over 840 comments were submitted, offering rich qualitative data that complements the quantitative findings and highlights the depth of feeling among respondents.
7. There is notable variation in response rates across Directorates. In line with data protection standards, where the number of responses fell below the suppression threshold, directorate level results are not made available, in order to protect anonymity. This variation highlights opportunities to learn from areas with higher engagement and the need to further support and encourage participation in others to ensure all voices are heard.

Fig. 1: Breakdown of Response Rates by Directorate

Key: Directorate level data available

Directorate level data unavailable (due to suppression)

Directorate	Responses	Response Rate
Whole organisation	418	9%
Corporate Governance	3	30%
CEO Office	11	92%
Digital	7	9%
Finance and Corporate Resources	20	17%
Clinical	9	11%
Operations	272	7%
Partnerships and Engagement	0	0%
People and Culture	31	27
Quality, Safety and Patient Experience	52	40%
Strategy, Planning and Performance	13	59%

8. **CARE: “The demands of my job feel manageable”:** The average score for this statement was 5.5/10, with 50% of respondents selecting a favourable score and 35% selecting an unfavourable score. Free text responses suggest a widespread sense of pressure and fatigue; commonly cited factors impacting manageability include high workload, poor planning, constant reactive pressure and a culture of urgency. The impact of vacancies, ICT challenges and

operational handovers are exacerbating the strain and several comments highlight that working over hours has become normalised and there is a growing sense of burnout. Respondents also flagged the effect of the Clinical Model Transformation (CMT) programme, particularly where change is experienced as poorly communicated.

9. **CONNECT: “I have regular, meaningful check-in conversations with my line manager”:** This statement received a higher average score of 6.4/10, with 63% selecting favourable and 27% unfavourable responses. Whilst there are positive examples of supportive and available line managers, a significant number of colleagues describe experiences of inconsistent or absent contact, especially in cases where managers are frequently in meetings, absent due to sickness or overloaded. Comments suggest that one to one conversations are often deprioritised, perceived as transactional or tick-box exercises or driven by managerial agendas rather than being centred on the colleague. There are also references to a lack of feedback loops and meaningful follow-through after check-ins, contributing to disengagement. Shift patterns, frequent line manager changes and lack of visibility were also raised as challenges.
10. **VALUE EVERYONE: “I feel involved in decisions that affect my work”:** This was the lowest scoring statement, with an average score of 4.6/10. Only 39% selected a favourable rating, whilst 46% were unfavourable. The qualitative responses reflect a strong desire among colleagues to be more meaningfully involved. Many describe a sense of being ‘told, not asked,’ with decisions perceived to be made at senior levels and communicated with little opportunity for dialogue. There were recurring themes of colleagues feeling ignored, undervalued or consulted only after decisions had been made. Others expressed frustration at a lack of visible response to feedback provided in the past. There is also evidence of an ‘us and them’ dynamic, both between staff and managers and also between operational and control teams, plus a perception that decisions are driven more by data or individual agendas than by colleague voice.
11. Across all three themes, there is a recurring thread of disconnection and fatigue. The free text responses offer a clear signal that colleagues want to be seen, heard, supported and involved and that without visible follow-through, efforts at engagement may be perceived as superficial or tokenistic. Whilst there are pockets of good practice and strong relationships, the data suggests inconsistent experiences and a need for more intentional, locally led action.
12. As acknowledged at the recent ELT workshop, whilst we want to empower greater autonomy, there are roles (particularly those governed by clinical protocols) where flexibility is limited. In those cases, it becomes even more important to find other ways to involve colleagues meaningfully and create

space for voice and influence, such as shaping local practices, improving team communication or influencing how change is introduced.

13. This work is part of a much broader, long term cultural transformation. We are embedding change management as a leadership capability rather than an isolated function and initiatives such as Our WAST Way, Speaking Up Safely, the People Development Plan and our Sexual Safety Plan are all designed to enable a more open, supportive, empowering and psychologically safe culture. There are early signs that our efforts are beginning to shift the dial (Staff Survey response rates have increased; the number of comments in the pulse survey shows growing willingness to share views; Network memberships are increasing; more colleagues are speaking up through ER, safeguarding and SUS cases; turnover and absence rates are showing signs of improvement), however, this kind of culture change takes time and sustained effort.
14. In line with our commitment to amplifying colleague voice and enabling meaningful local action, we have shared high level organisational results from the pulse survey with our Staff Survey Directorate Leads. Where response rates were high enough to meet reporting thresholds, directorate level data is being provided to support more targeted reflection and planning. The intention is for this data to help track and evidence the impact of local actions being implemented in response to the 2024 Staff Survey results.
15. There are already examples of promising local engagement, with some directorates working closely with colleagues to co-develop action plans and create more open, responsive feedback loops. Different areas are adopting different approaches, and we will be taking a fuller update on this to ELT shortly, to highlight good practice and prepare for launch of the 2025 Staff Survey.
16. This pulse survey will run again in late August 2025 and then once more in February 2026. These results, alongside the full 2025 Staff Survey (due to launch 1st October 2025), will give us a stronger view of how our actions are landing, where we're seeing improvement and where further focus or a shift in approach may be needed.
17. **Appendix 3** provides a summary of People and Culture KPIs up to and including June 2025 data.
18. Sickness absence continues to show a positive downward trend, reflecting the impact of our ongoing commitment to wellbeing, compassionate leadership, and supportive work environments. The Trust-wide absence rate in May 2025 fell to 6.83%, the lowest recorded since March 2021, highlighting a healthier and more resilient workforce. When comparing the April to June period year-on-year, the Trust has seen a 0.38% reduction in absence rates. The

Operations Directorate also reported a notable improvement, with May 2025 figures at 7.40%, down from 8.21% in May 2024, and a 0.43% reduction across the same three-month period. While these trends are encouraging, June 2025 saw a slight increase in absence rates across the Trust, rising to 7.47%, compared to 7.40% in June 2024. Operations also experienced a similar uptick, with absence rising to 8.17% from 8.03% the previous year.

19. Statutory and mandatory training compliance has reached 89.13%, exceeding the Welsh Government's target of 85%. The rollout of MIST 2025/26 began in the week commencing 7 July, with data reporting set to start from 31 July. This year, we've enhanced the digital experience by integrating the booking system into Learn365. So far, 1,827 attendances have been self-selected across Ambulance Care and EMS, representing 71% of road-based colleagues preparing for compliance. This shift not only supports self-service and demand forecasting but also reinforces our evidence-based educational strategy. Pre-learning materials have been made available to encourage active participation, critical thinking, and an open mindset, key elements in reducing learned helplessness. All clinical colleagues, including volunteers and navigators, are encouraged to participate in MIST. Line managers are kindly asked to support attendance for colleagues outside of Ambulance Care and EMS. **Appendix 4** provides an overview MIST 2024/25 data.
20. PADR compliance dipped slightly in June to 76.84%, down from 82.38% in March. This coincides with the temporary pause in PADR reviews to implement "Our WAST Way," which emphasises essential conversations and regular check-ins. The review will resume in August, incorporating these elements into the PADR process. Updates to communications and manager training will support this transition, with progress tracked through completion rates, feedback, and NHS Staff Survey indicators.
21. Recruitment activity has seen an increase in advertising durations beyond the standard 7–14 days. For example, Ambulance Care advertised for 41 days between April and June, while the 111-service advertised for 32 days during May and June. Several factors have contributed to delays in meeting performance targets, including hiring managers being unavailable without delegating candidate checks, delayed qualification approvals, candidate noncompliance with pre-employment checks, and extended gaps between shortlisting and interview stages, such as a 39-day delay between advert closure and offer issuance in one case. Recruitment teams continue to focus on data cleansing and manager education to mitigate these delays and improve overall performance.

22. Turnover remains stable at around 8% maintained over the past 11 months, however a steady decrease is seen since January.

23. JE submissions remained consistent in June, indicating sustained demand. Panel activity has plateaued, which has helped improve processing times and throughput. With OCP-related activity expected to increase, a corresponding rise in demand is anticipated in July.

RECOMMENDED

24. That PCC:

- a. **RECEIVE** and **COMMENT ON** progress to date.



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Our People and Culture Metrics

A Focus on Qualitative Data
June 2025



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

HIVE Pulse Survey: *High Level Overview*



418 responses (9%)

Average
score

5.5



840 free text comments received

Focus areas (aligned to Our WAST Way):

Care



Connect



Value Everyone



Respondents
were asked to
score the
following
statements
(0 - 10):

“The demands of my job feel
manageable”

“I have regular, meaningful check in
conversations with my line manager”

“I feel involved in decisions that affect
my work”



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HIVE Pulse Survey: High Level Overview

“The demands of my job feel manageable”



Average
score

5.5

(Score distribution: 0 - 10)

● Favourable

● Neutral

● Unfavourable

50%

14%

35%

Free Text Comment Themes



Reactive culture, poor planning



Working over hours = the norm



Impact of CMT Prog on workload (adverse)



Impact of poor communication



Too many competing priorities



Sense of overwhelm



Impact of single allocator model (adverse)



Burnout



Everything treated as urgent



Impact of vacancies (adverse)



Constantly increasing workload



Lack of work/life balance



Impact of handover delays (adverse)



Impact of constant change (adverse)



Impact of overruns (adverse)



Impact of ICT issues (adverse)



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HIVE Pulse Survey: *High Level Overview*

“The demands of my job feel manageable”



“I have no protected time to learn or keep up to date without doing it in my own time. I'm constantly bombarded with clinical notices when on rest days and cyber courses etc. This is overwhelming and there isn't enough time on shift to do any of this.”

“The current workload is not manageable within working hours. It's become necessary to work extra hours in order to complete the operationally required actions.”

“We are continually fire fighting. The processes are not well documented and we have incomplete processes. We have a continual change of staff. All elements of staff are stretched, so everyone is back filling and then stretching them.”

“Volume of work unequal, changing priorities from different managers. More important for managers to attend meetings and be seen than to support team with work volume. No recognition to team members actually completing work, any praise and acknowledgement given to managers”

“Redeployed staff taken off the road and left in offices all day with nothing to do”

“Poor communication means that tasks are often assigned last minute with unmanageable time frames and associated pressures”

“Trying to do the day Job whilst also managing all the areas of change feels at times unmanageable, I can only manage the demands by working many more hours than the 37.5 hrs i am contracted to work, i feel this is now becoming the 'Norm' and feel that i could be passing this expectation of no work life balance to other members of my team”

“I find that I have to plan to work evenings and weekends just to keep on top of BAU and despite all this additional time and effort, still feel like I am not achieving / making headway or have any time for thinking / head space / innovation or service development.



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HIVE Pulse Survey: High Level Overview

“I have regular, meaningful check in conversations with my line manager”



Average
score

6.4

(Score distribution: 0 - 10)

● Favourable

● Neutral

● Unfavourable

63%

10%

27%

Free Text Comment Themes



Lack of manager visibility



Meaningless / no follow through



Lack of welfare checks



PADRs a tick box exercise



Only see manager when there's a problem



Focus = what matters to managers not staff



Occasional check ins



Disconnect between middle / senior managers



Many supportive, available managers



Managers constantly in meetings



1-1s not treated as a priority



Frequent changes to line managers



Impact of manager sickness (adverse)



Feel able to approach managers at any time



Impact of shift patterns (adverse)



Lack of feedback loops



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HIVE Pulse Survey: *High Level Overview*

“I have regular, meaningful check in conversations with my line manager”

“Rarely see managers unless I am in trouble”



“My line manager keeps changing. I am unsure which one to approach on any given day.”

“They are lip service, not meaningful, no follow up and change nothing.”

“The only time we get meaningful conversation with my managers is when we make mistakes, we never get any good or positive feedback for anything else”

“I feel that my immediate line managers are too busy and under pressure, or have their own agenda which does not include meaningful, consistent, regular conversations with their direct reports. That said too much formality/discussion feels overbearing so there is always a balance”

“Line manager very approachable and open, happy to discuss issues however things rarely change, seems to be a huge focus about irrelevant matters not things that really matter.”

“I have a check-in every month as a formal 121 checkpoint. However, aside from this my manager comes into the workspace daily to see how both I and the team are”

“I do meet with my manager on a regular basis however they are not always aware or not senior enough to have full knowledge of facts to be able to action things within suitable timeframes. Issues brought up in meetings drift along for weeks & sometimes no answers are brought back to the table. It seems to me that 8B managers & above hold all the cards & the 8As are often very short on detail. It makes me question whether middle management bands are seen as being less worthy/trustworthy”

“Yes; very meaningful and supportive. We often struggle to have sufficient time to chat as there is too much to do (!); but she is always available”



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HIVE Pulse Survey: High Level Overview

“I feel involved in decisions that
affect my work”



Average
score

4.6

(Score distribution: 0 - 10)

● Favourable

● Neutral

● Unfavourable

39%

15%

46%

Free Text Comment Themes



Told what to do



Engagement = tick box
exercise



Informed afterwards
(usually by email)



Short notice requests
impacting ability to plan



No response to feedback
provided



Involved with team but
not wider organisation



Feel able to share ideas
with manager



Decisions made at the top
and pushed down



Us / them (managers /
staff)



Us / them (operations /
CCC)



Individual agendas



Feeling ignored and
undervalued



Inconsistency and
inequity



Decisions based on data
not colleague voice



Urgency = excuse for
pushing things through



Desire to be involved



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HIVE Pulse Survey: *High Level Overview*

**“I feel involved in decisions that
affect my work”**



“We are just told how it will be”

“We have had a large amount of changes placed on us recently. We were asked our opinions as part of the process but I don't feel like our voices were heard. The changes were going ahead regardless of our opinions. We voiced our concerns but it still went ahead”

“My opinions are not valued due to my banding”

“Kept in the dark, told about changes weeks or months after decisions made, not included and opinions viewed as unimportant. We obviously have no understanding or appreciation of "the bigger picture" and would not have anything useful to contribute”

“My manager empowers me to make decisions about my work”

“We have regular team meetings where we are encouraged to bring agenda items and issues for discussion and take ownership of managing the meeting between members”

“Constant changes which are communicated via email. I work part time so often when coming into work after a few days off I am met with a large number of emails containing so much information it's often difficult to absorb and process especially in the 5 minutes allocated”

“Decisions have already been made even before we get invited to air our views”

“the decisions are made above and delivered to us via email, therefore with the expectation we can read it and get on with it”

“I often feel this is a tick box exercise. We can have our say but it rarely impacts decisions. I am fed up of having data over ruling human decency and respect, where's the wellbeing of staff in decisions? Thought we were trying to be a compassionate leadership organisation”



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People and Culture KPIs June 2025

Plan

Job Evaluation

JDs currently in process: 10 ↔

JDs completed in month: 9 ↑

Ave. days to complete: 27 ↓

Recruitment

Vacancy creation to unconditional offer: 75.9 ↓

Resource

Sickness

Rolling 12 month: 7.73% ↓

In month: 7.50% ↑

Wellbeing

OH referral to first offer of appointment: 11.7 ↑

Sickness absence attributable to MH: 34.45% ↑

Educate

Stat Mand training compliance: 87.84% ↑

Apprenticeships

Apprenticeships in progress: 87 ↑

Apprenticeships completed: 0 ↔

Engage

PADR Compliance: 76.84% ↑

Open ER cases: 57 ↑

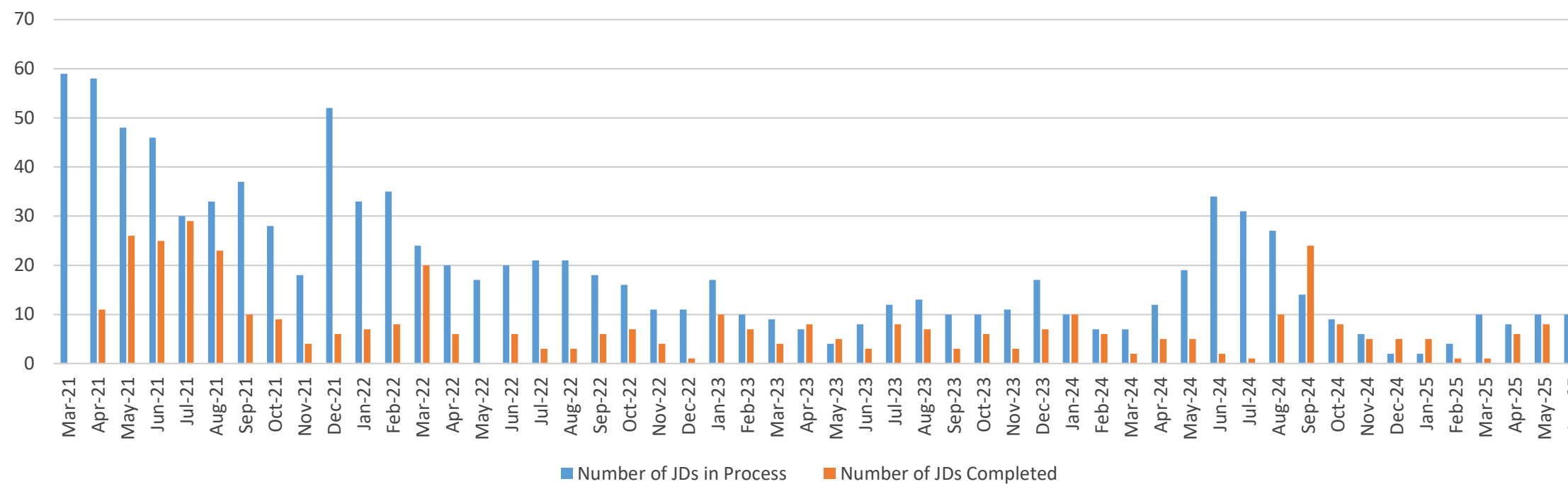
Formal requests for resolution: 13 ↓



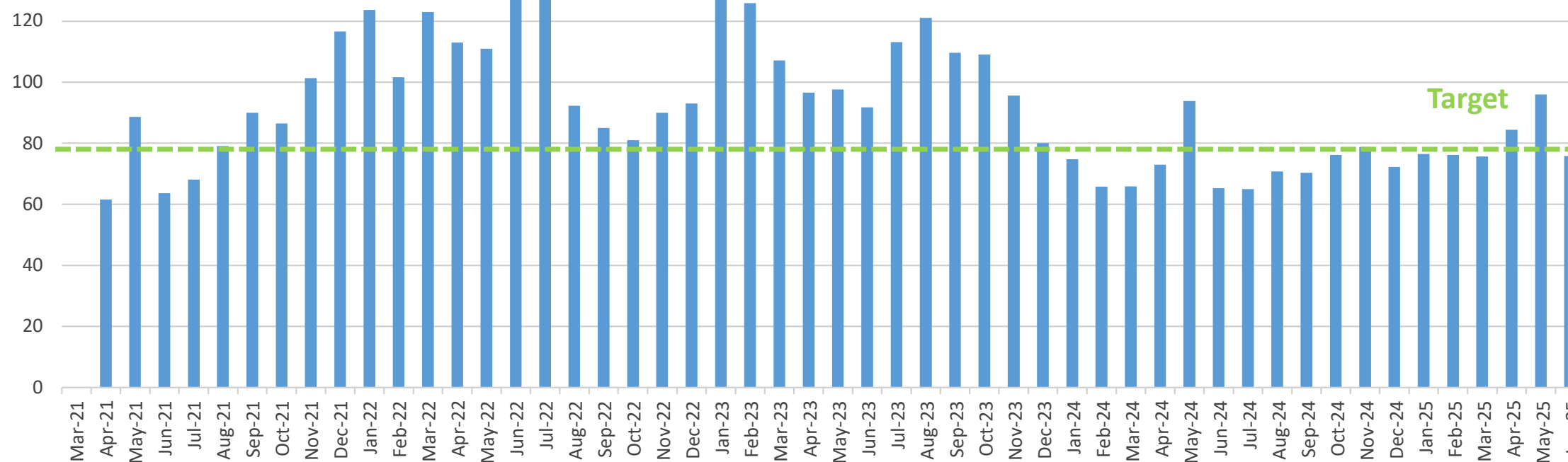
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JE: JDs in Process / Completed

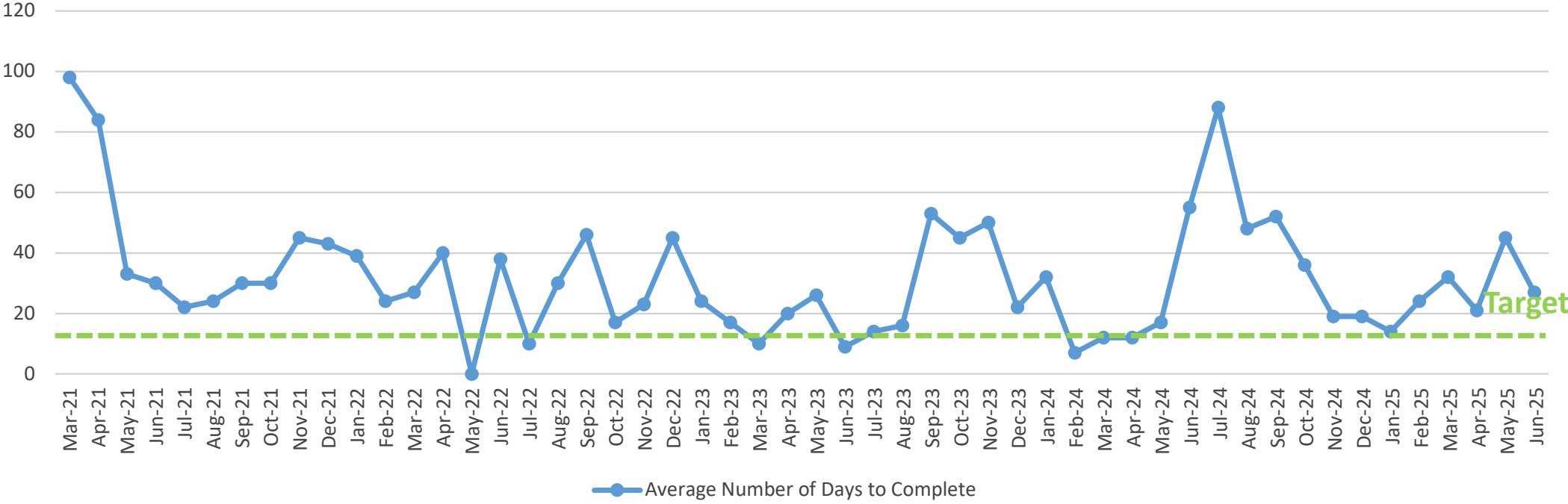


Ave. Days Vacancy Creation to Conditional Offer

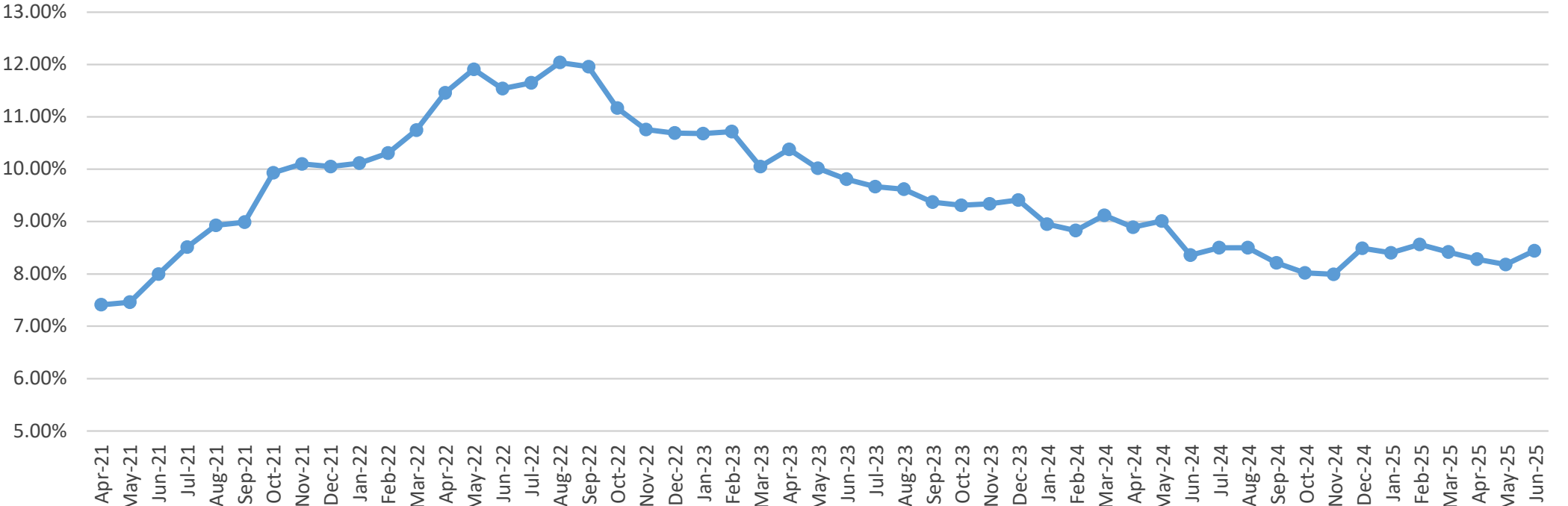


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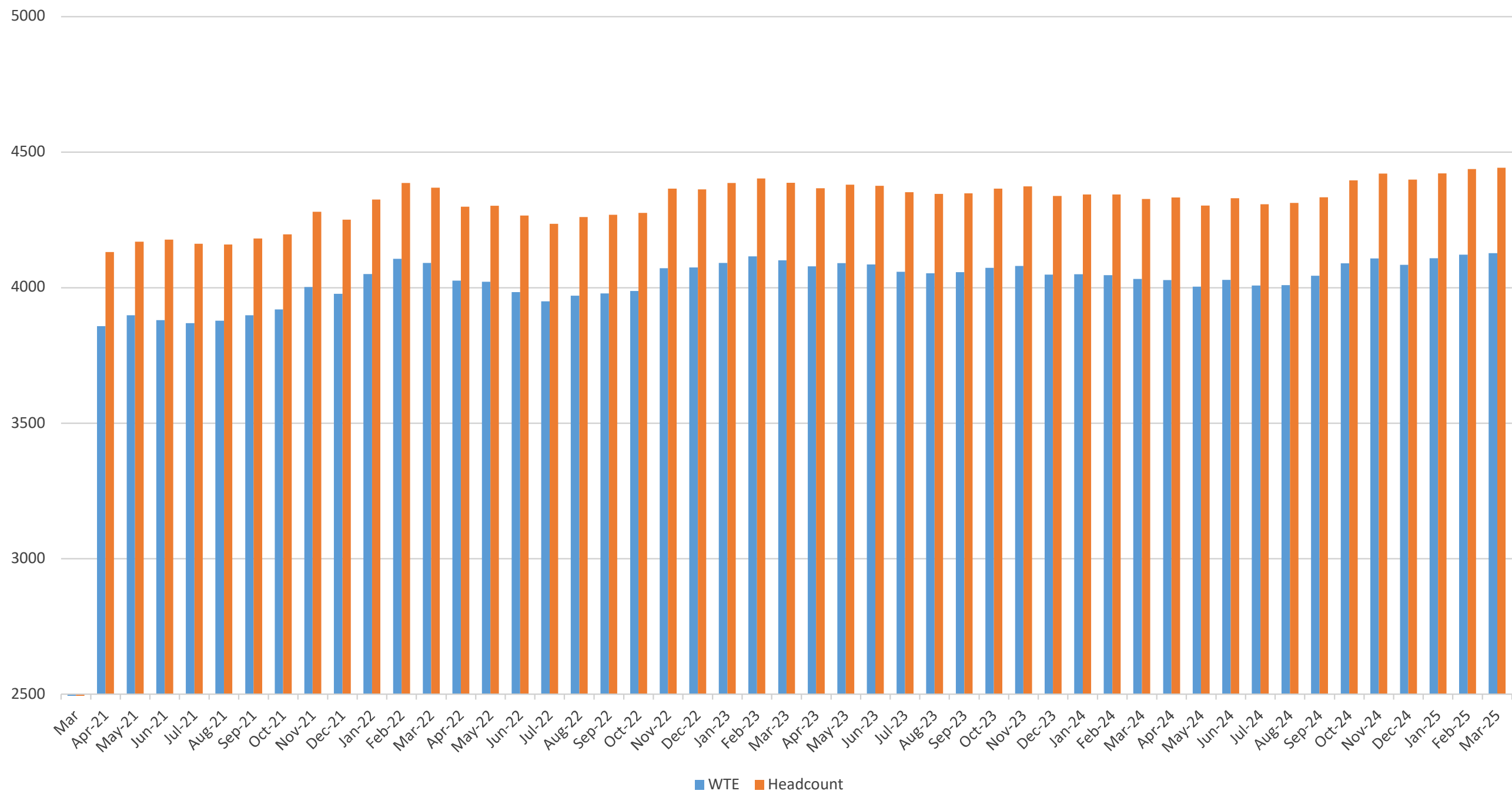
JE: Ave. Days to Complete



WAST Turnover



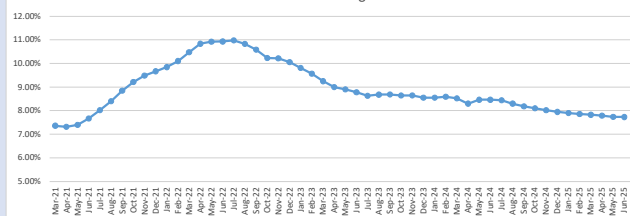
WAST Headcount / WTE



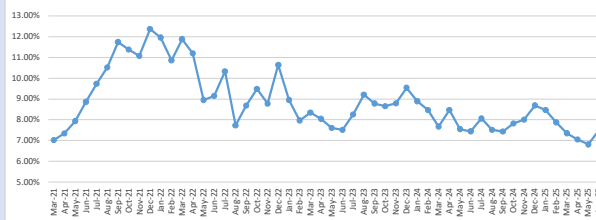


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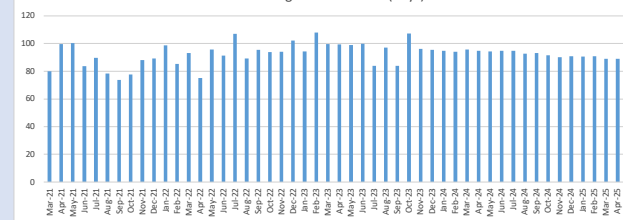
Overall Sickness - Rolling 12 Month



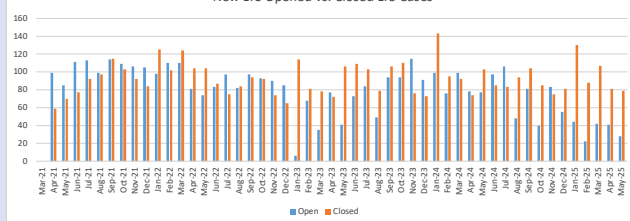
Overall Sickness - In Month



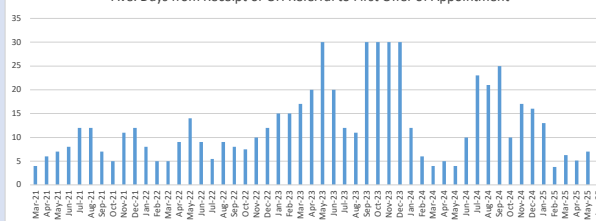
Ave. Length of Closed LTS (Days)



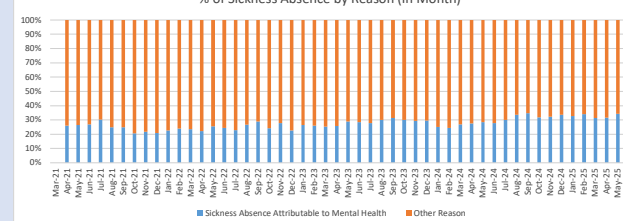
New LTS Opened vs. Closed LTS Cases



Ave. Days from Receipt of OH Referral to First Offer of Appointment



% of Sickness Absence by Reason (In Month)



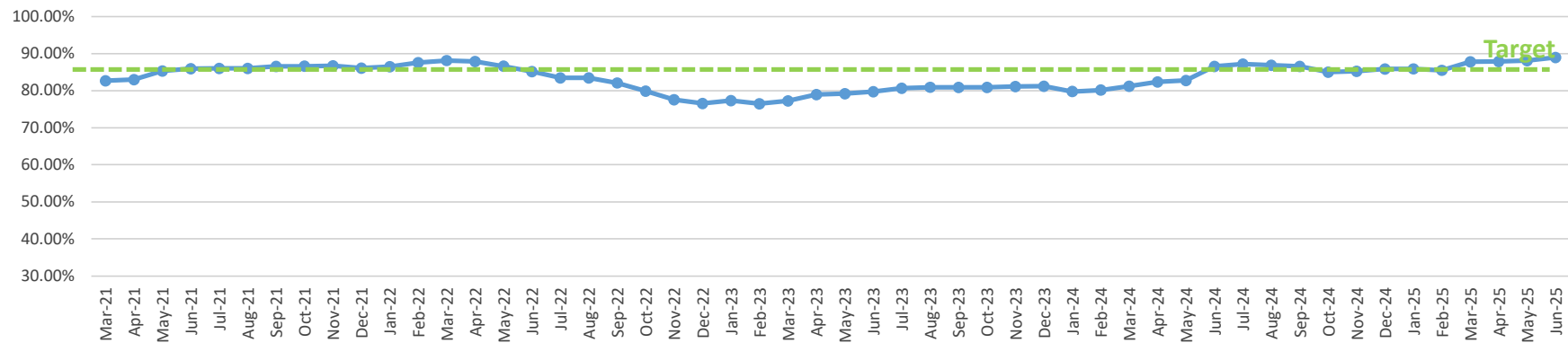


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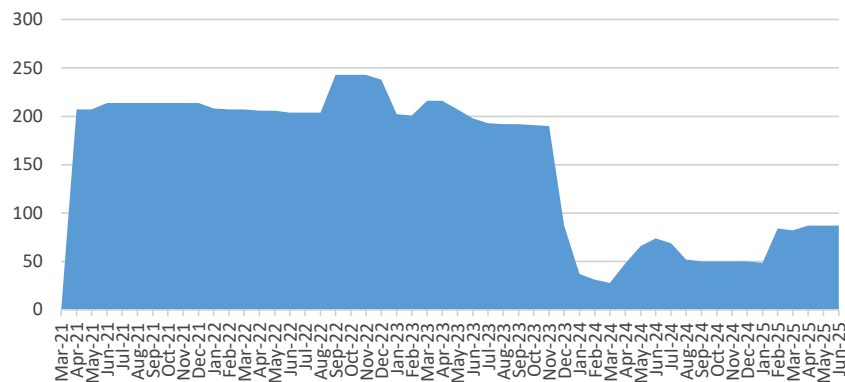
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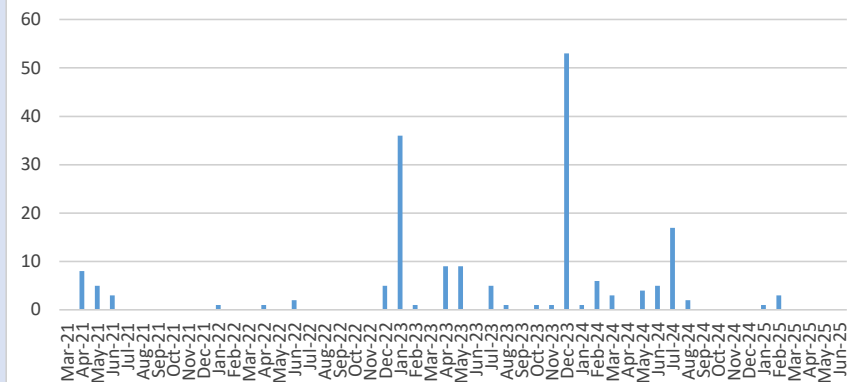
Statutory and Mandatory Training Compliance



Apprenticeships in Progress



Apprenticeships Completed In Month

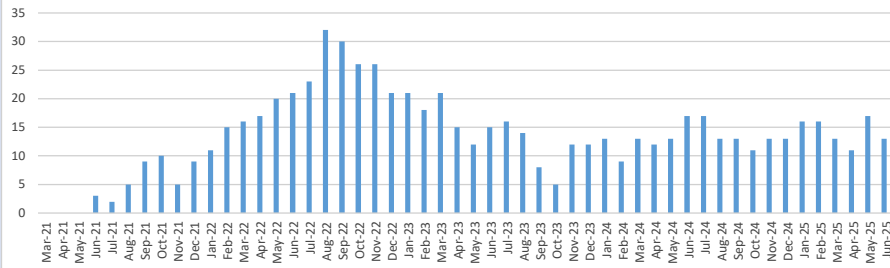




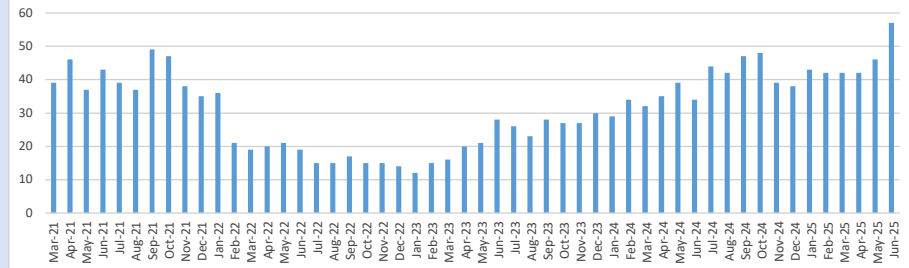
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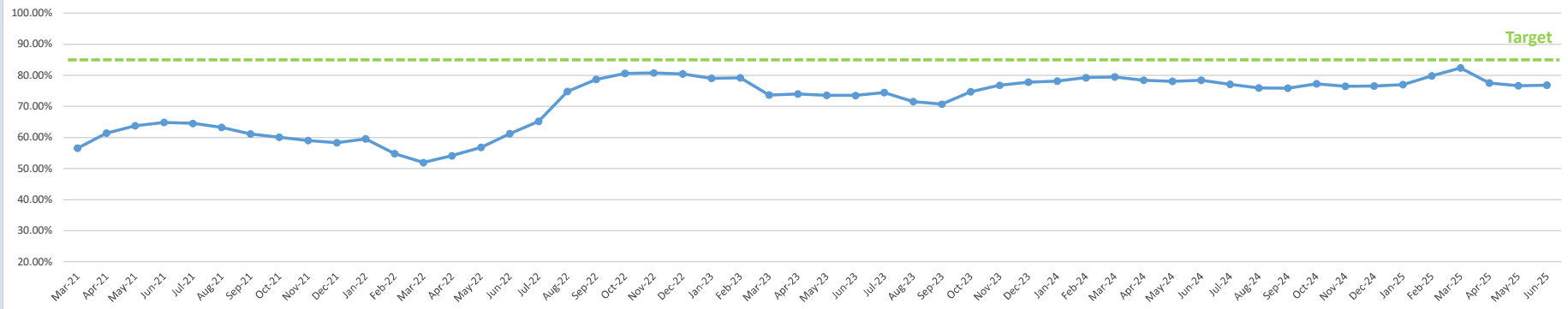
Formal Requests for Resolution



Open ER Cases



PADR Compliance



ACA1/ACA2 EMT/Paramedic

91.4%

90.7%



91% of our EMS and Ambulance Care workforce attended MIST in 2024/25. Nurses and Paramedics working in Integrated Care/111 joined MIST sessions further enriching the interprofessional ethos we are nurturing.

100%

found the venue, training materials and resources appropriate and conducive to a positive learning experience



said they had the chance to contribute to their own learning experience

98%

98%

felt the training day was relevant to their operational roles.



feel engaged by their tutor

We asked for feedback on your MIST experience

1602

completed surveys



70%

response rate

The overall sentiment of the comments regarding the day is positive and appreciative



Feedback suggests improved confidence and knowledge in areas like Prevent, ROLE, and airway management

Participants frequently highlighted "All" or "Scenarios" as the most beneficial parts of the day, emphasising the importance of practical elements

17,520

delivery hours across the country; that's an average of 1,250 hours per LDM



MIST 2024/25 saw us increase our delivery locations by 33% meaning more of our colleagues accessed this learning closer to home.



MIST 2024/25 – ROUNDUP

Every MIST session is followed up with an opportunity for colleagues to **reflect**, provide **feedback** to our Education & Development team and **feedforward** what actions they will take for their **ongoing CPD**

OUR FOCUS

ACHIEVING EXCELLENCE



WHAT NEXT? 2025/65 MIST COMMENCED ON 10.07.2025 – BOOKING VIA LEARN365

An eLearning pre-learning pack has been provided to extend both our neuroaffirming and flipped classroom approaches.



Please send suggestions for additional CPD you'd like us to provide to us via our AMB_EandDHub@wales.nhs.uk email

AGENDA ITEM No	9
OPEN	Open
No of ANNEXES ATTACHED	1

MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD JUNE 2025

MEETING	People and Culture Committee
DATE	12 August 2025
EXECUTIVE	Estelle Hitchon – Interim Director of Strategy, Planning & Performance / Director of Partnership & Engagement
AUTHOR	Melanie O'Connor = Senior Performance Analyst Mark Thomas – Commissioning & Performance Manager Hugh Bennett - Assistant Director, Commissioning & Performance
CONTACT	Melanie.O'Connor@wales.nhs.uk Mark.Thomas12@wales.nhs.uk Hugh.Bennett2@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the “vital few” key metrics. This report is for **June 2025**.
2. The report aims to provide an integrated view of quality & performance, so is made available to all three committees to give that overview, with more specific and detailed reports supplementing it. Whilst giving an integrated overview, each slide contains an icon denoting the lead committee for each set of indicators.
3. Data quality issues have been identified and are being addressed within 111 and APPs with the result that there are a number of Board approved metrics which are not available at this time.
4. The response times for red 8-minute performance was 50.7% in June 2025, with performance marginally decreasing compared to May 2025. The Amber 1 median was 1 hour 29 minutes, which was also a slight improvement on the 1 hour 51 minute 12-month average. The Trust knows these extended times (the ideal is 18 minutes) lead to avoidable patient harm. The Trust continues to work on tactical actions within its control to mitigate this risk including maintaining levels of EA production (91% in June, slightly below the benchmark) and fully rolling out the CHARU service (85% in June); whilst also undertaking more transformative actions through the Clinical Model Transformation (CMT) Programme.

5. The Trust lost 15,278 hours to handover in June 2025 (30-days), one of the lowest levels for four years. However, this level of lost capacity is still difficult to compensate for, despite all of the actions being taken by the Trust.
6. The 2024/25 budget included further investment in activities designed to shift demand left and mitigate the impact of handover lost hours investing in clinical screening and APPs (both delivered), which form part of the CMT Programme.
7. 111 call handling performance has stabilised post-delivery of the new 111 CAS, but the service did not achieve the 5% abandonment rate in June 2025, with performance improving slightly to 10% from 10.5% in May 2025. There is currently a review of 111 rostering practice – initial report expected in late July.
8. Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance is stable, with both oncology and renal journeys remaining above target in June 2025. The NEPTS transport roster review has now started, which is a key efficiency.
9. The Trust continues to focus on its people, with a range of actions in place to improve workplace experience including, for example, reducing shift overruns, whilst also continuing with the more strategic focus on the People & Culture Plan. Sickness absence was 7.50% in June 2025. The IMTP ambition is to reach 6%. The Trust will continue its focus on sickness absence. EMS abstractions remain above the 30% benchmark figure in June 2025 at 32.63%.
10. The Trust is continuing to deliver its Clinical Model transformation (CMT) programme at pace. Key parts went live in December, in particular, remote clinical screening (RCS), which was a cultural shift in how the Trust manages 999-demand. There are early indications in the data in this report that the clinical model transformation changes implemented over the winter are having an effect. The new Purple Arrest and Red Emergency categories were announced on 11 March 2025 and went live, as planned, on 01 July 2025.

RECOMMENDATION

PCC is asked to: -

- i. **Consider** the June 2025 Integrated Quality & Performance Report and actions being taken and determine whether:
 - a) The report provides sufficient assurance.
 - b) Whether further information, scrutiny or assurance is required, or
 - c) Further remedial actions are to be undertaken through Executives.

REPORT APPROVAL ROUTE
Interim Director of Strategy, Planning & Performance

REPORT APPENDICES
Appendix 1 – Top Indicator Dashboard

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	x	Financial Implications	x
Environmental/Sustainability	x	Legal Implications	x
Estate	x	Patient Safety/Safeguarding	x
Ethical Matters	x	Risks (Inc. Reputational)	x
Health Improvement	x	Socio Economic Duty	x
Health and Safety	x	TU Partner Consultation	x

SITUATION

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the “vital few” key metrics. This report is for **June 2025**.
2. The report aims to provide an integrated view of quality & performance, so is made available to all three committees, to give that overview, with more specific and detailed reports supplementing it. Whilst giving an integrated overview, each slide contains an icon denoting the lead committee for each set of indicators:



Slide Title	Slide Number
Safeguarding, Data Governance & Public Engagement	14
Health & Safety (RIDDORS) Indicators	15
Patient Experience Surveys	17
Ambulance Abstractions and Production Indicators	18
Sickness Absence Indicators	19
Turnover	20
PADR and Training Rates Indicators	21
Shift Overruns	22
Number of R&R Disciplinary Hearings and Number of Applicants Shortlisted from Under-Represented Groups	23

BACKGROUND

3. This Integrated Quality & Performance Report contains information on key indicators at a highly summarised level which aims to demonstrate how the Trust is performing across four integrated areas of focus: -
 - Our Patients (Quality, Safety and Patient Experience);
 - Our People;
 - Finance and Value; and
 - Partnerships and System Contribution
4. As previously agreed, the metrics which form part of this committee/Board report are updated on an annual basis, to ensure that they continue to represent the best way of tracking progress against the Trust’s plans (IMTP) and strategies. A Board development session was held in April 2025 at which the annual review was undertaken. It was noted that there will be some changes to metrics in 2025/26, aligned to the new performance framework announced by the Cabinet Secretary. No other specific changes were requested, but the Board did discuss a

number of areas where it was felt development and progress could be made in terms of the MIQPR and 'what good likes' reporting. At other levels of the organisation, work continues in terms of developing appropriate metrics which can be used to measure quality and performance against our four domains. Appendix 2 to this report sets out the key areas of discussion.

ASSESSMENT

Our Patients – Quality, Safety and Patient Experience

5. **Call answering** (safety): the speed at which the Trust is able to answer a 999 or 111 call is a key patient safety measure.
6. **999** call answering times worsened in June 2025 with the 95th percentile increasing to 26 seconds, compared to 22 seconds in May 2025. The 65th percentile and median performance remain consistently good; and data quality checks have been undertaken. Work is currently being undertaken on demand and capacity analysis of 999 call demand.
7. **111 call answering performance has minimally improved over recent weeks**, with the call abandonment performance for June 2025 being 10%, not achieving the 5% target. Recruitment has been undertaken to ensure that staff in post reflect the establishment position, and this has seen performance improve, but high abstraction levels are having an effect. It should be noted that there is also a reduction in the commissioned level of call handler FTEs in 2025/65 compared to 2023/24 (-4%).
8. 111 demand in June 2025 was 9.39% lower than during June 2024. The Trust procured a third party in January 2025 to undertake a collaborative (with commissioners) and independent review of the Trust's 111 call handler rostering practices, including a review of demand levels and required staffing capacity.
9. **111 Clinical response**: clinical ring back times for patients with the highest priority remained above target at 96.4%. Response times for lower priority calls declined, recording 87.5% and 52% for P2CT and P3CT respectively. This is consistent with previous years but needs to be monitored closely over the coming months.
10. **Ambulance Response** (safety / patient experience): the red 8-minute response performance for June 2025 was 50.74%, remaining below the 65% target, and increasing slightly compared to May 2025. The Trust is reaching more red patients in 8-minutes, but the denominator (demand) has also grown. The Amber 1 median in June was 1 hour and 29 minutes and the Amber 1 95th percentile was 5 hours 18 minutes. The Clinical Safety Plan and CHARUs will protect red demand, but Amber is where the impact of handover lost hours is felt i.e. there is

a strong correlation. These long response times have a known impact on avoidable patient harm. The red and amber categories are currently undergoing a major transformation as announced by the Cabinet Secretary. Red was replaced by Arrest and Emergency on the 01 July 2025 and Amber will be replaced by Orange and Yellow in quarter 3 this year. The changes are designed to improve patient safety and patient outcomes by better stratifying patient demand.

11. Traditionally the main factors which affect response times are demand and capacity (recruitment and lost hours). EMS production has been good, but the lost capacity through handover at hospital remains extremely challenging and largely out of the Trust's control to address. The Trust's main focus is to implement a material change in how it responds to patient demand by evolving its clinical model through the Clinical Model Transformation (CMT) programme, elements of which have been implemented. Areas of focus for 2025/26 include: -

- Further investment into remote clinical capacity;
- Further investment in APPs;
- Development of the remote integrated care service (111 clinicians and CSD clinicians);
- Continued focus on a range of responses that support non-conveyance, where it is clinically safe and appropriate to do so: Connected Support Cymru, mental health response pilot, Falls response etc.; and
- The transformation of the various clinical model categories as per the previous paragraph.

12. As above, the extreme level of lost hours to **handover outside Emergency Departments** remains the critical component of long waiting times and patient safety incidents. 15,278 hours were lost during June 2025. Cardiff & Vale's handover lost hours continues to remain comparably much lower, due to an organisational focus within the health board. There was also a dramatic improvement with both Swansea Bay and Cwm Taf Morgannwg in June 2025. While some small improvements have been seen in other health boards, Betsi Cadwaladr health board remains significantly high but just below its two-year average figure, with 6,064 hours being lost within the health board during June 2025. WG has re-iterated to health boards the critical importance of improvements in this area and the reduction of all over 45-minute waits was a recommendation from the recent Ministerial Advisory Group on Performance and Productivity. The WG pan-Wales target of no handovers of more than one hour, equates to 7,500 lost hours.

13. **Ambulance Care (Patient Experience):** Oncology performance in June 2025 was 76.3%, achieving the 70% target. Renal performance remained above target, achieving 72.57%; however, advanced discharge & transfer journey performance increased marginally to 80% (95% target). Same day discharge & transfer journey performance was just below the 95% target at 94%. Overall demand for NEPTS continues to increase and is now above pre-pandemic levels. The Trust has a comprehensive Health Transport transformation workstream in place, which includes delivering a range of efficiencies and improvements. The Trust is currently re-rostering NEPTS transport (now started) which will better align available capacity with changing demand patterns (on target). This is proving complex and difficult but will be delivered.
14. **National Reportable Incidents (NRIs) / Concerns Response:** the Trust reported eight NRI's to the NHS Executive in June 2025, more than May 2025 (3) and 18 serious patient safety incidents were referred to health boards under the Joint Investigation Framework. In June 2025 complaint response times improved to 88%, compared to the 72% recorded in May 2025, exceeding the 75% target for the first time over the past 12 months, however cases remaining complex.
15. **Clinical outcomes:** The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 89.8% in June 2025, minimally decreasing and remaining below the 95% performance target. Work is ongoing to improve reporting and compliance through the ePCR system, and this improvement is being seen clearly in most of the clinical indicators. The return to spontaneous circulation (ROSC) compliance rate also decreased to 19.3% in June 2025 compared to 22.6% in May 2025.
16. The Trust can report on call to door times for Stroke and STEMI patients. For June 2025, these highlight call to hospital door times of two hours and 24 minutes for stroke patients and two hours and twenty-six minutes for STEMI. Clearly these times are too long and are representative of the longer response times for all calls, because of the pressures and issues outlined in this report.
17. In June 2025, 5,953 patients **cancelled** their ambulance (this figure excludes patients who refused treatment). This is a significant reduction on previous levels. This reduction is likely to be the impact of switching on RCS through the winter. The Trust believes that 50% (of the pre-RCS switch on figure) of this combined number is unmet demand and is likely to be presenting elsewhere in the system. Anecdotal evidence from health boards suggests that as the Trust has switched on RCS and as the level of patient cancellations has dropped, so has the demand presenting elsewhere in the system. Caution is required at this stage though as a longer run of data is required in order to properly evaluate the changes made. The Trust changed its Clinical Safety Plan in December, removing the "can't send" application, with the option remaining at the strategic commander's discretion in the new plan.

Our People (workforce resourcing, experience, and safety)

18. **Hours Produced:** The Trust produced 115,205 Ambulance Response unit hours during June 2025 and delivered an emergency ambulance unit hours production (UHP) of 91%, remaining below the 95% target.
19. **Response Abstractions:** EMS abstraction levels increased minimally to 32.63% in June 2025, remaining minimally above the 30% benchmark figure. Response sickness abstractions stood at 6.48% (benchmark 5.99%).
20. **Trust sickness absence:** the Trust's overall sickness percentage was 7.50% in June 2025, up on the 6.83% recorded in May 2025. Actions within the IMTP concentrate on staff well-being with an aim to reduce this level to the IMTP ambition of 6%.
21. **Staff training and PADRs:** PADR rates did not achieve the 85% target in June 2025 but increased slightly to 81.81%. Compliance for Statutory and Mandatory training also increased slightly to 88.05% continuing to achieve the 85% target.
22. **People & Culture Plan:** the Trust launched its People & Culture Plan in April 2023 and workstreams are being delivered around behaviours, in particular, sexual safety, Freedom to Speak Up, 111 culture review, flexible working, and the introduction of a staff pulse survey tool. The Executive Leadership Team is likely to undertake a round of a pan-Wales of CEO Roadshows in mid-October 2025.

Finance & Value

23. **Financial Balance:** the reported outturn performance at Month 3 is a deficit of £0.197m with a forecast to the year-end of breakeven. The Trust is forecasting achievement of both its External Financing Limit and its Capital Expenditure Limit.

Partnerships & System Contribution

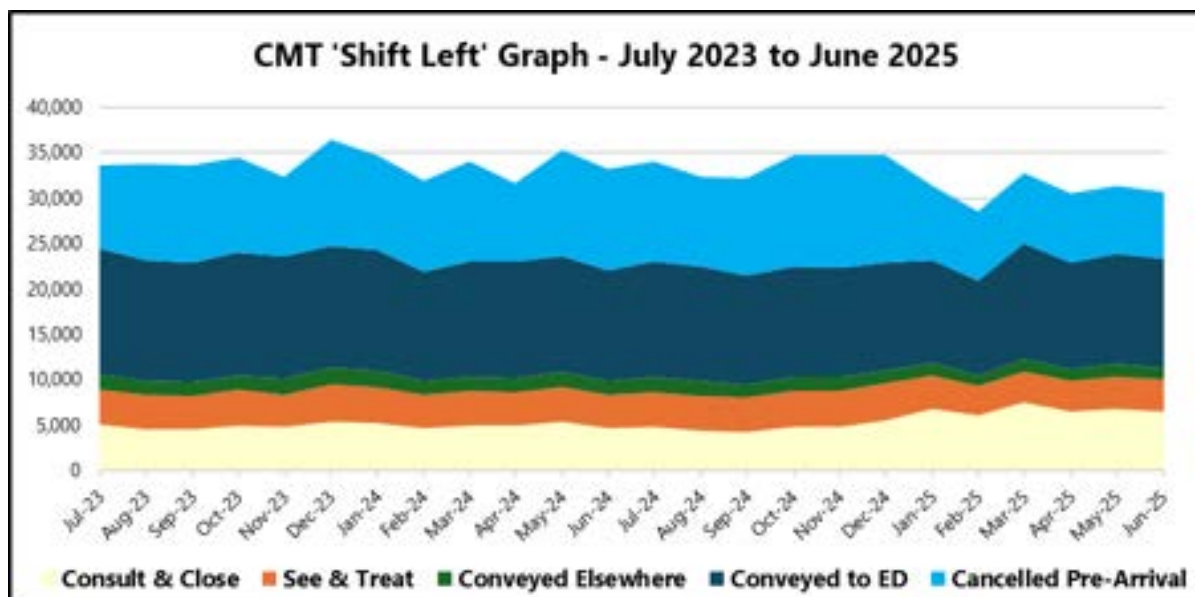
24. The consult & close rate was 19.1% in June 2025, a slight decrease from the previous month continuing to achieve the IMTP ambition (and Welsh Government target) of 17%.
25. Same Day Emergency Care (SDEC) centres continue only to see a low level of ambulance activity and handover levels remain extreme, which makes further work on the clinical model, before next winter, a tactical imperative.

Summary

26. The indicators used at this high-level highlight that 111 has been resilient during the winter months, more so than in previous years. However, performance variation during 2025 and the level of performance for 111 remains a hot topic with the JCC and WG.

For the 999-emergency pathway, the Trust produced good metrics on what it can control e.g. production, abstractions etc. and managed to turn on new elements of its clinical model transformation programme, which appears to be having a positive effect. Hospital handover lost hours have also declined to the lowest levels seen since September 2021. These improving levels give further strategic imperative to continuing with the clinical model transformation and work by WG on focusing health boards on further reducing handover lost hours. NEPTS performance was stable, with the NEPTS transport re-roster started, but which is proving complex.

27. The graph below has been included to show in broad terms what the outcomes (dispositions) are for 999 callers and to track changes. It shows that since December 2024 there has been a decrease in the number of resources that were cancelled pre-arrival. It also highlights that there has been an increase in the Consult and Close rate over the same period.



RECOMMENDATIONS

PCC is asked to: -

- i. **Consider** the June 2025 Integrated Quality & Performance Report and actions being taken and determine whether:
 - a) The report provides sufficient assurance.
 - b) Whether further information, scrutiny or assurance is required, or
 - c) Further remedial actions are to be undertaken through Executives.

Welsh Ambulance Services University NHS Trust

Monthly Integrated Quality & Performance Report

June 2025

Annex 1 – Top Indicator Dashboard



GIG
CYMRU
NHS
WALES

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

Annex 1 – Top Indicator Dashboard
Version 1.0
Released: July 2025

by Commissioning & Performance Team

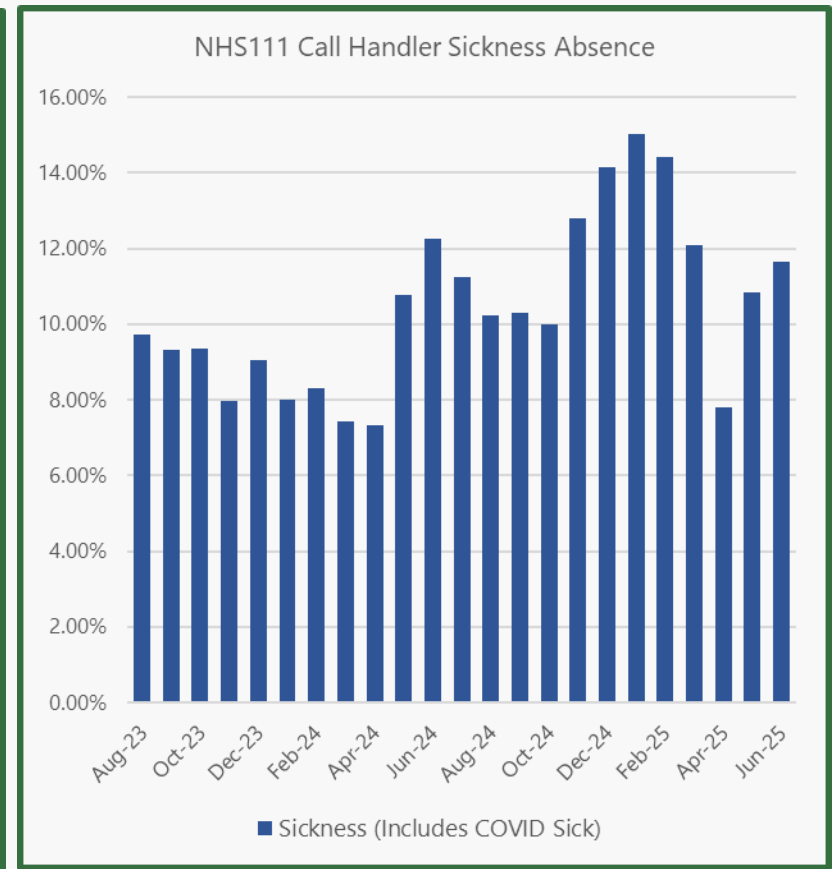
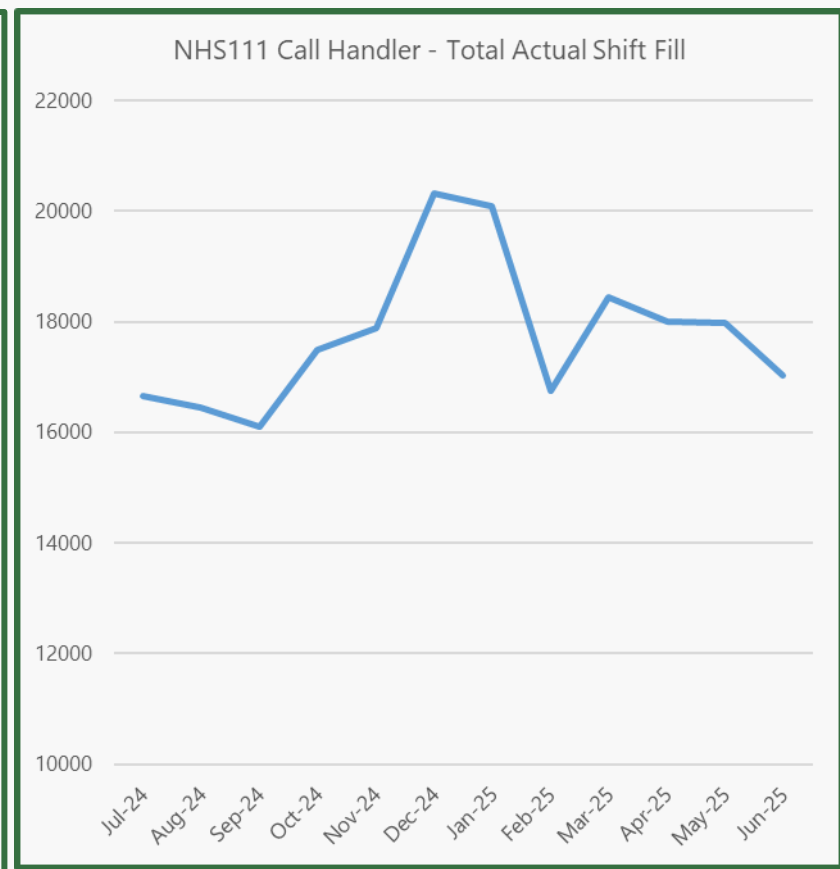
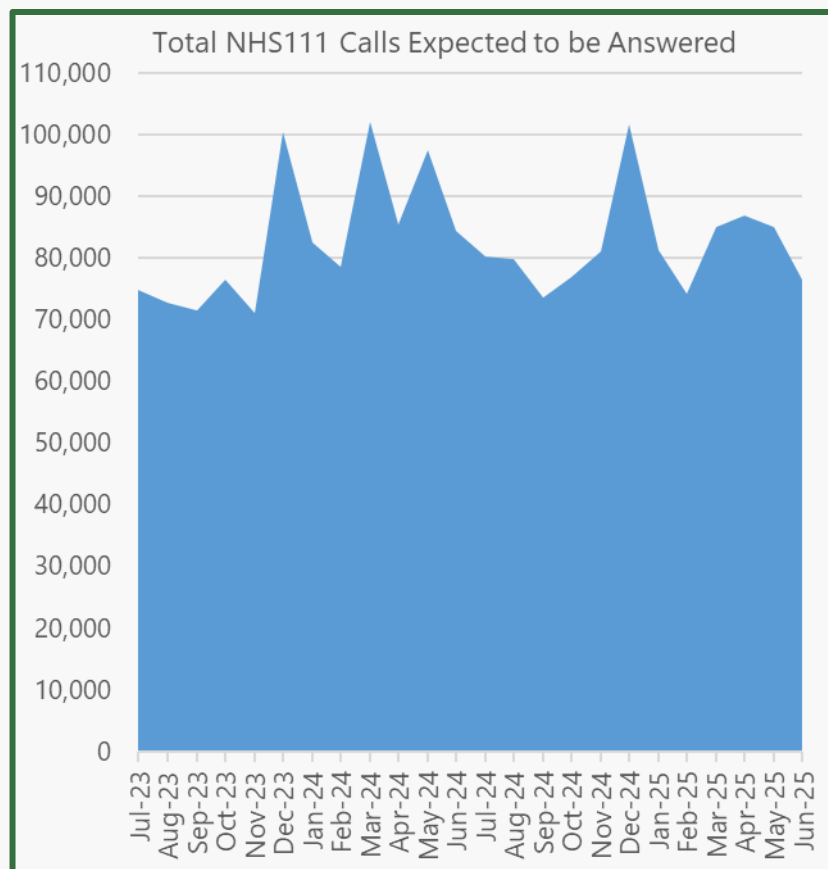
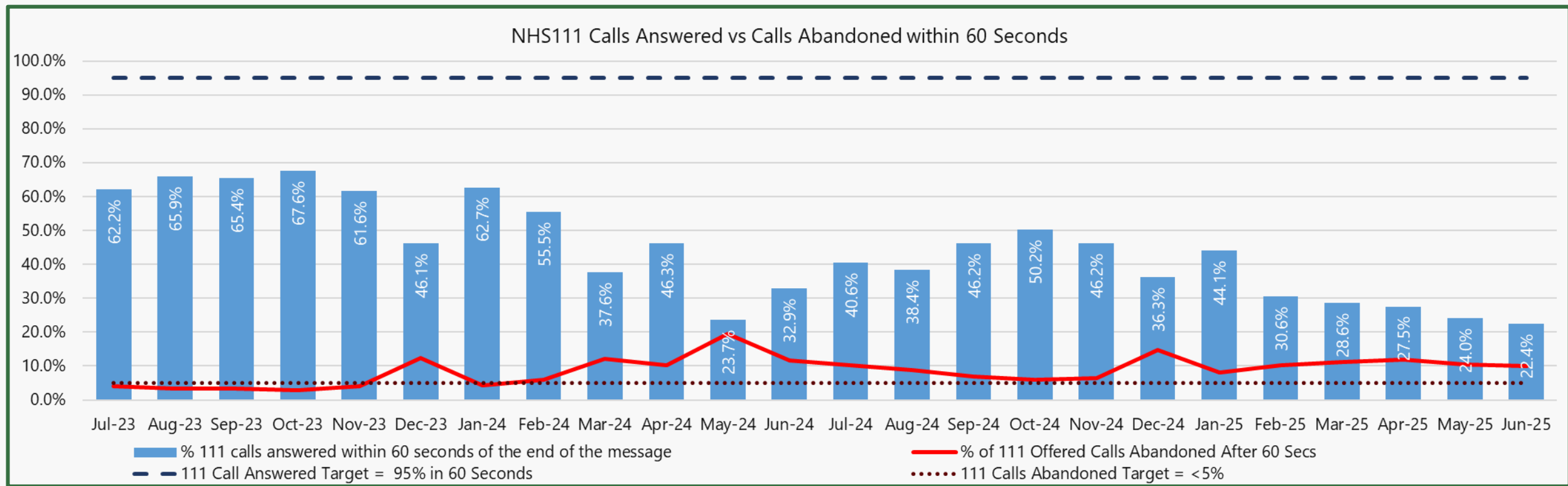
Section 1: Monthly Indicators / Top Indicator Dashboard



Top Monthly Indicators	Target 2025/26	May-25	Jun-25	2 Year Average	RAG	Top Monthly Indicators	Target 2025/26	May-25	Jun-25	2 Year Average	RAG
Our Patients						Health & Well-being					
Timeliness Indicators						Sickness Absence <i>(all staff)</i>	6.0%	6.83%	7.50%	7.76%	R
NHS111 Call Handling Abandonment Rates	< 5%	10.5%	10.0%	8.9%	R	Mental Health Absence Rates	Reduction Trend	2.34%	N/A	2.33%	R
111 Clinical Triage Call Back Time (P1)	90%	97.4%	96.4%	97.6%	G	Staff Turnover Rate	Reduction Trend	8.18%	8.44%	8.30%	G
999 Call Answer Times 95th Percentile	00:06	00:22	00:26	00:23	R	Statutory & Mandatory Training	>85%	87.56%	88.05%	79.16%	G
999 Red Response within 8 minutes	65%	50.0%	50.7%	49.2%	R	PADR/Medical Appraisal	>85%	81.35%	81.81%	74.05%	A
999 Amber 1 Median	00:18	01:29	01:29	01:35	R	Number of Shift Overruns	Reduction Trend	3,745	3,441	3,723	G
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	70%	74.7%	76.3%	73.5%	G	Inclusion & Engagement / Culture					
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	76.1%	80.0%	79.7%	R	NEPTS % of Total Calls Answered in Welsh	Increasing Trend	2.82%	2.53%	1.9%	G
Clinical Outcomes / Quality Indicators						Value					
Return of Spontaneous Circulation (ROSC)	Increasing Trend	22.6%	19.3%	19.9%	A	Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100%	100%	G
Stroke Patients with Appropriate Care	95%	89.9%	89.8%	83.7%	A	EMS Utilisation Metric (CHARU)	Increasing Trend	28.1%	26.6%	28%	G
Stroke Call to Hospital Door Times	Reduction Trend	02:23	02:24	02:25	R	Average Jobs per Shift (All Vehicles)	Increasing Trend	2.64	2.33	2.35	R
ST-Elevation Myocardial Infarction (STEMI) with Appropriate Care	95%	69.1%	69.1%	56.5%	R	NEPTS on the Day Cancellations	Reduction Trend	13.4%	14.7%	13%	R
National Reportable Incidents reports (NRI)		3	8	4		Partnerships / System Contribution					
Can't Send & Cancelled by Patient Volumes	Reduction Trend	6,015	5,953	8,601	G	Inverting the Triangle					
Concerns Response within 30 Days	75%	72%	88%	57%	G	Successful Consult & Close Outcome	17.0%	20.2%	19.1%	15.3%	G
Enactment of the Duty of Candour Total		10	10	5		% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Increasing Trend	10.10%	10.09%	11.2%	R
Our People						Number of Handover Lost Hours	7,500	19,670	15,278	21,619	R
Capacity						NHS111					
Hours Produced for Emergency Ambulances	95-100%	93%	91%	89%	A	NHS111 Dental Calls	Increasing Trend	8,827	8,749	7,894	G
						Consult & Close Volumes by NHS111	Increasing Trend	2,372	2,238	1,310	G

In-Month RAG Indicates =
Green: Performance is at or has exceeded the target *(Indicates no action is required)*
Amber: Performance is at or within 10% of target *(Indicates some issues/risks to performance (monitoring is required))*
Red: Performance is less than 10% of target *(Indicates close monitoring or significant action is required)*
TBD: Status cannot be calculated *(To Be Determined)*

Welsh Ambulance Services University NHS Trust



Analysis
The 111-call abandonment rate improved slightly to 10% in June 2025 from 10.5% in May 2025. However, the percentage of 111 calls answered within 60 seconds declined from 24% in May 2025 to 22.4% in June 2025 and continues to remain significantly below the 95% target.

Following a decline in performance during the middle of 2024, due mainly to the introduction of the new 111CAS system, performance did improve in October and November 2024. However, performance levels have continued to decline with the call answer rate within 60 seconds of 22.4% in June 2025, being the lowest seen in the past two years. This is at a time when UHP capacity for call handlers has continued to reduce compared with recent months and abstraction levels have increased, particularly in relation to Annual Leave and Secondments.

Remedial Plans and Actions
Key actions include:
Actions have been undertaken to try and improve the call handling resourcing position through the summer; this includes an active recruitment plan.

A focus on realising the benefits of the new 111CAS;
A 111-re-roster pre-work review (underway) that takes account of the increased demand the Trust is seeing; what levels of performance commissioners want and the mix of capacity and efficiencies to achieve this.

The 111-re-roster project is also considered a key response to improving sickness levels i.e. more workable patterns.
Actions are underway to increase the utilisation of virtual queuing and review the way patients who are re-accessing for the same care episode could be managed differently.

Expected Performance Trajectory
We might expect to see an improvement in performance in the summer, traditionally a period with lower demand and sickness. However, the external rostering review suggests there is a demand and capacity gap within the current funded establishment and the Trust is therefore unlikely to reach performance without an increased workforce.

Our Patients: Quality, Safety & Patient Experience

111 Clinical Assessment Start Time Performance Indicators

Influencing Factors – Demand and Clinical Hours Produced

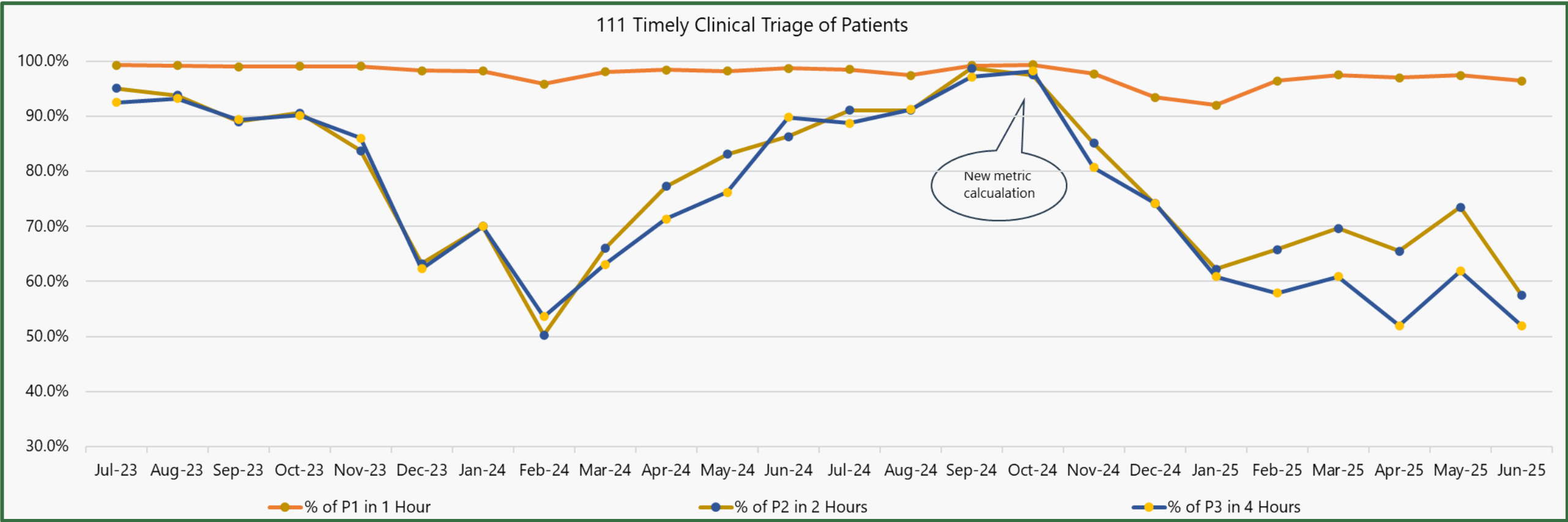
(Responsible Officer: Lee Brooks)

P1CT

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NB: Data quality issues have been identified in 111. These are currently being addressed.



Analysis

The highest priority calls, P1CT, achieved the 90% target, recording 96.4% in June 2025.

Ring back times for lower category calls decreased during June 2025, with P2CT calls at 57.5% and P3CT at 52%.

Numbers of clinician hours produced decreased again during June 2025, reducing from 11,004 hours in May 2025 to 10,173 hours in June 2025, albeit over one less day in the month. However, this was a 2.6% increase on the hours produced during June 2024. Clinician sickness absence decreased slightly during June 2025 at 9.50%.

Remedial Plans and Actions

The key actions include:

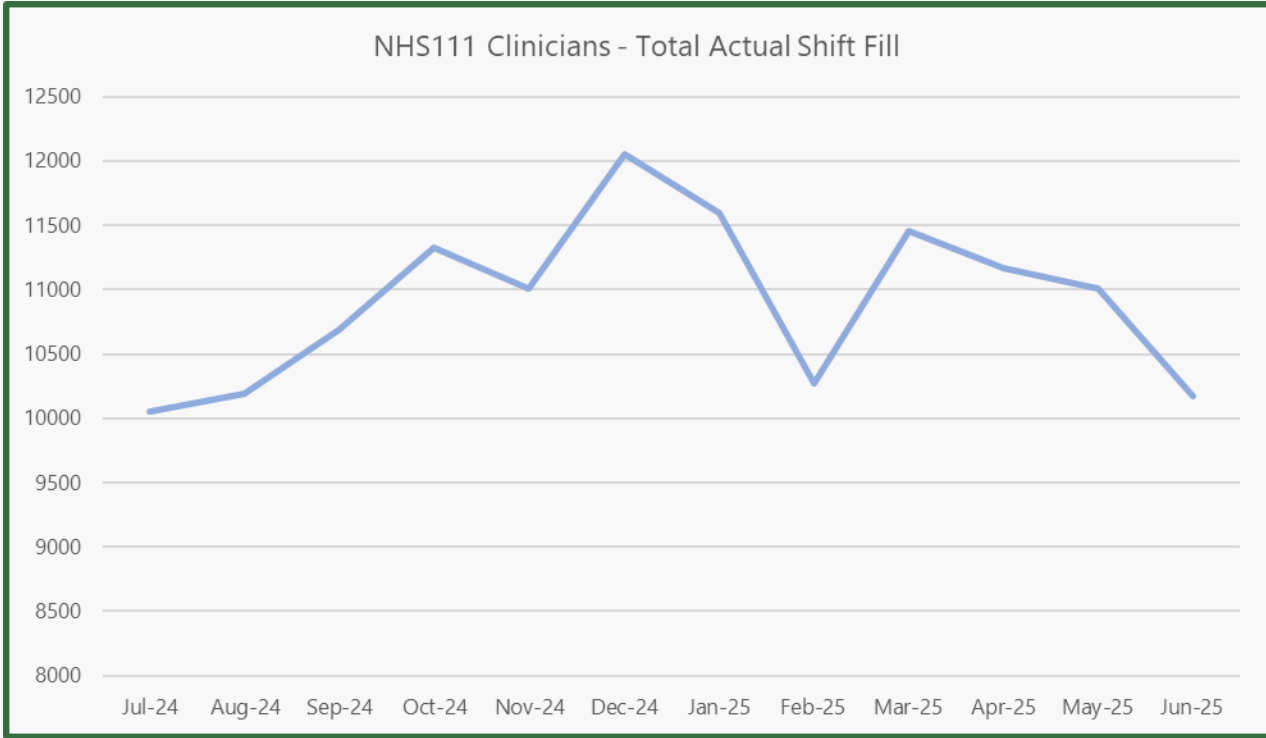
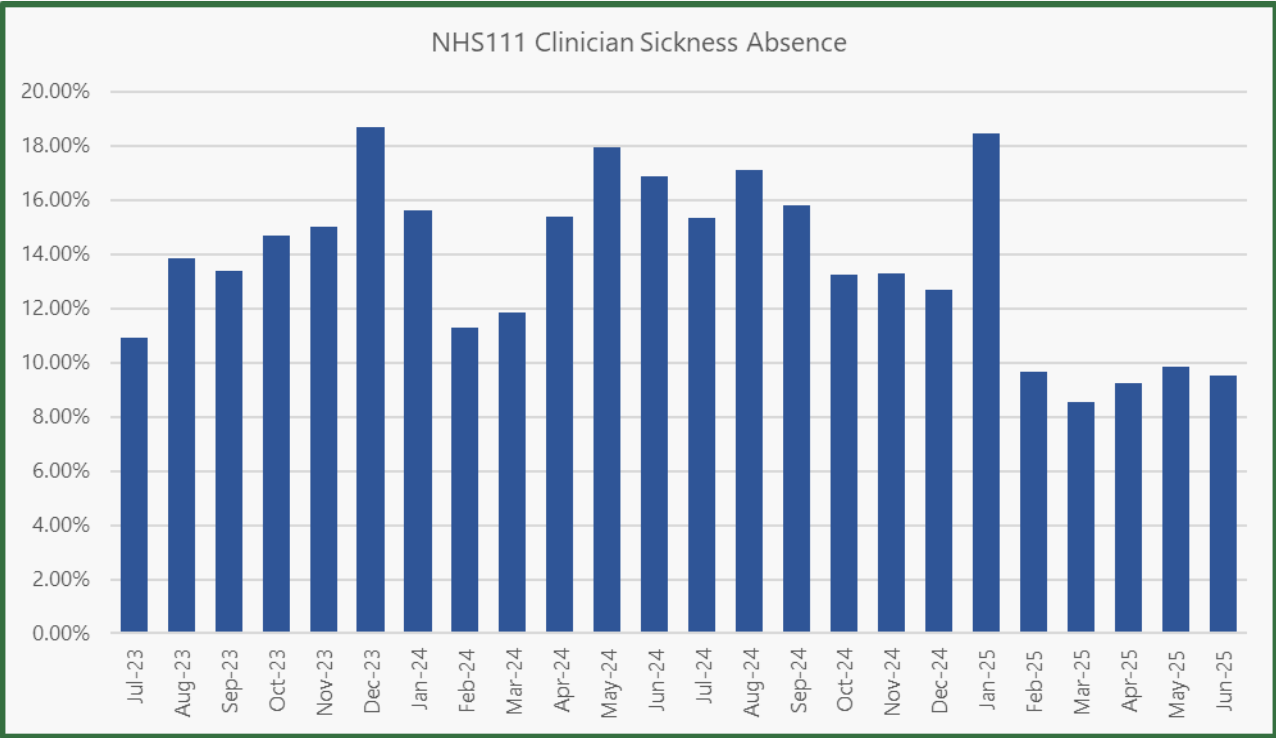
A focus on delivering the benefits of the new 111CAS. A review to determine appropriate levels of capacity to meet increasing demand, including rostering practice (review now live).

This review also considered key to improving clinician sickness absence along with exploring rotation, as part of the Strategic Workforce Plan.

The P1-P3 metric calculation has changed. Previously it was when the Trust called back, now it is when the patient answers, this will be reversed in August,

Expected Performance Trajectory

It is likely that there will be a performance improvement through the summer however the external rostering review suggests there is a demand and capacity gap within the current funded establishment and the Trust is therefore unlikely to reach performance without an increased workforce.

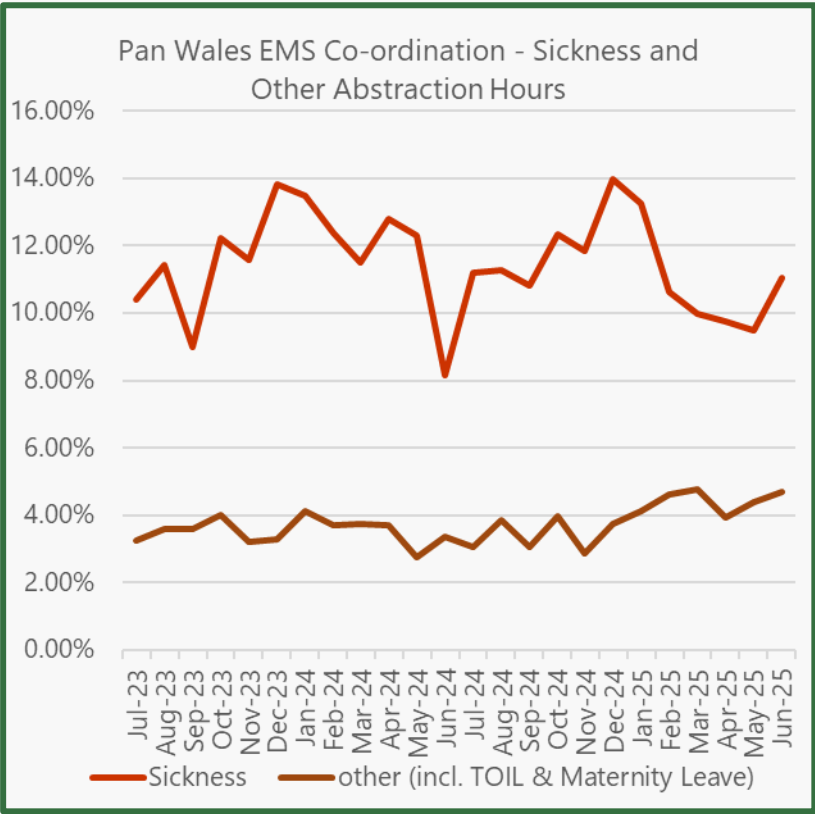
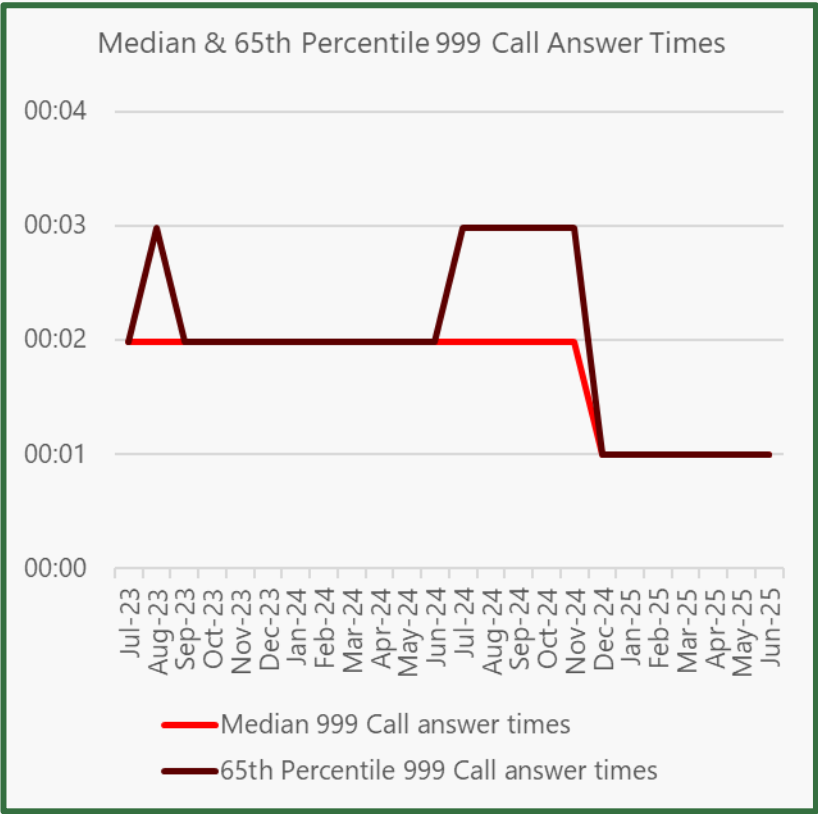
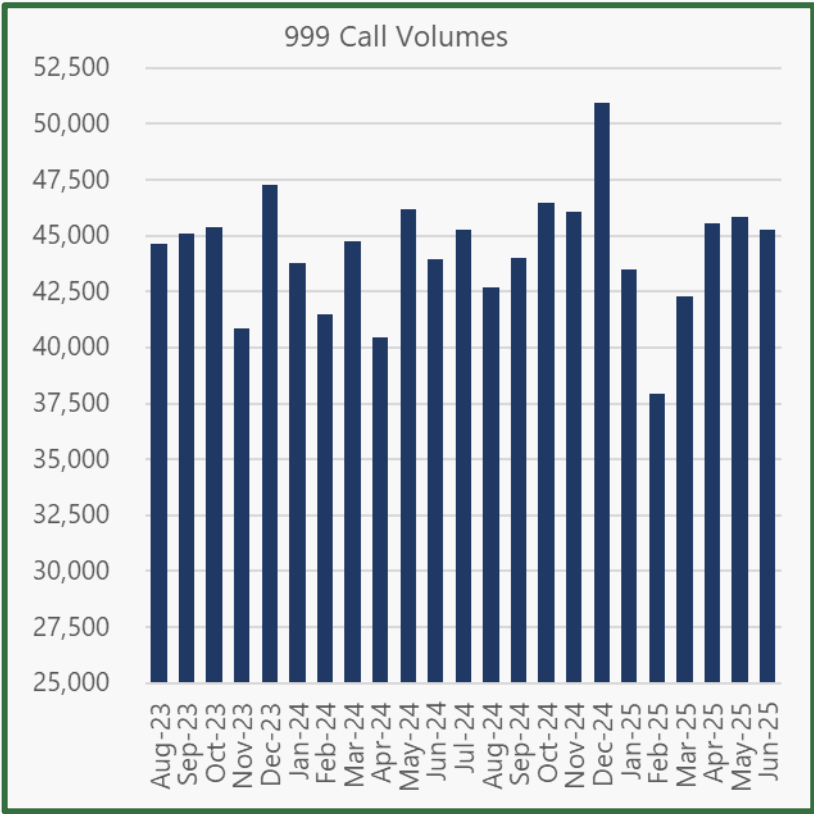
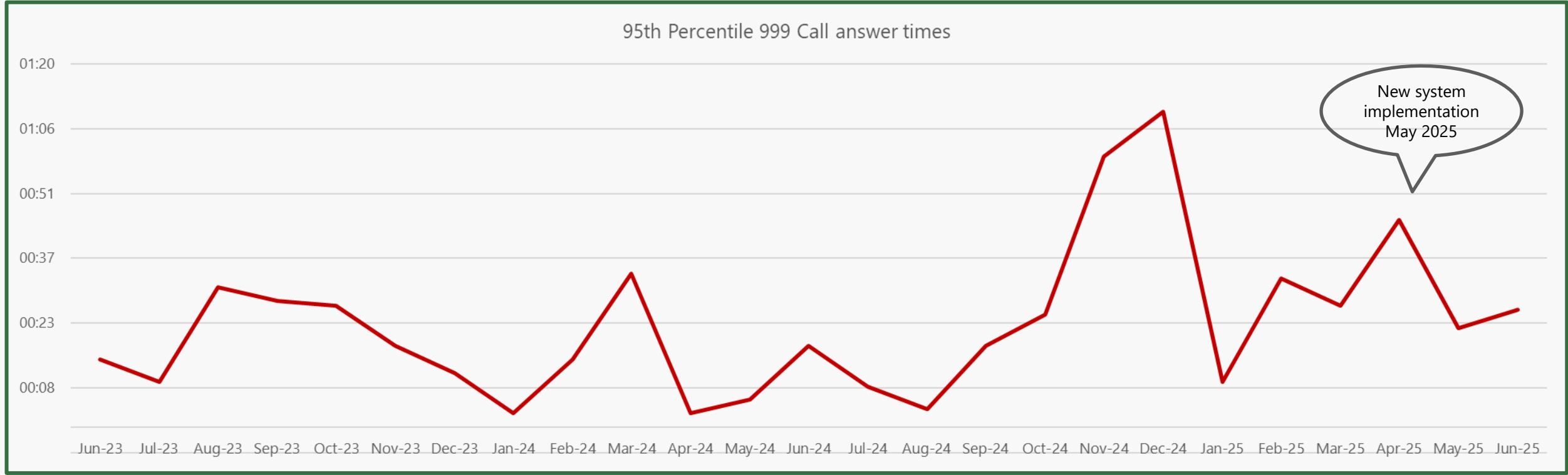
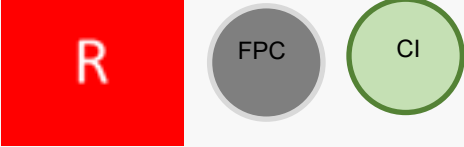


Our Patients: Quality, Safety & Patient Experience

999 Call Performance Indicators

Influencing Factors – Demand and Hours Produced

(Responsible Officer: Lee Brooks)



Analysis
The 95th percentile 999 call answering performance increased to 26 seconds in June 2025 and remaining above the 6 second target; however, the median call answer time for the 999-service has been consistently good at 1 second. The new system is now aligned with reporting and is signed off.

There was a slight decrease in demand during June 2025 to 45,286 calls from 45,814 in May 2025.

Sickness levels saw an increase, from 9.48% in May 2025 to 11.05% in June 2025.

Remedial Plans and Actions

- Will continue to overrecruit for the next few months (as approved by the ADO and the EDoOps) which will also support potential losses from the Bryn Tirion move to Ty Elwy.
- Work is ongoing to identify what is contributing to high sickness via the Managing attendance at work and attrition via the recruitment and selection processes.

Whilst the EMSC transformation programme has concluded, there are various follow up actions:

- There is feedback from EMS that the new dispatch boundaries are adversely affecting performance, particularly within the South-East region. Further analysis of this issue is currently being undertaken.
- The Executive Director of Operations has asked for some additional modelling on EMD capacity. Capacity was not increased through the transformation programme but is an area of interest.
- There is a need to keep under review the consequences on allocators of changing/increasing resources e.g. APPs, Falls Resource etc.

Expected Performance Trajectory
The median and 65th percentile are performing very well and are stable. Paper currently to be drafted on future resilience of EMSC i.e. winter demand v capacity (with efficiencies).

Our Patients: Quality, Safety & Patient Experience

Red Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)

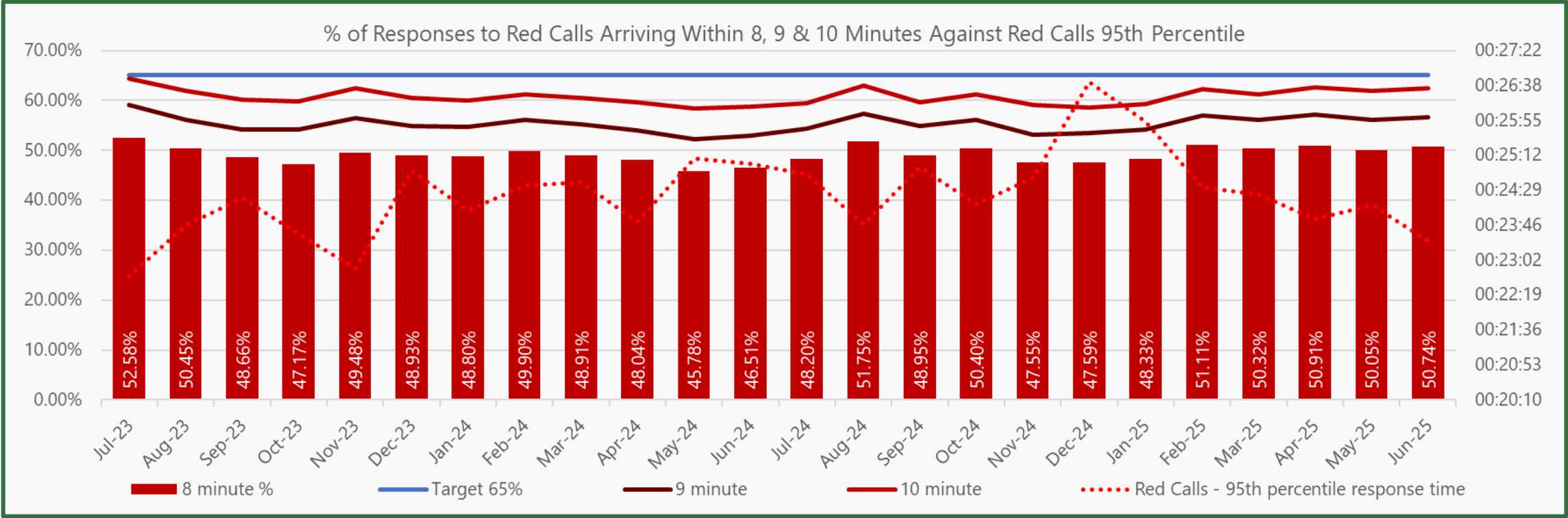
8 Min

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Analysis

Red 8-minute performance improved slightly in June 2025 to 50.74% from 50.05% in May 2025 but remains below the 65% target.

Red 10-minute performance for June 2025 was 62.4%, which is marginally above the 2-year average (60.8%).

One of the main determinants is **red demand**, which has **increased** over the last few years, with red demand in June 2025 being 26.8% higher than that seen in June 2023. As red demand has increased, so too has the number of red incidents responded to within 8-minutes, with the figure for June 2025 of 2,547, being 18.2% higher than the figure for June 2023, i.e. the Trust is reaching more red calls in 8-minutes, but the denominator is also increasing.

The lower left graph demonstrates the correlation between overall Red performance and **hospital handover lost hours**, which shows that as handover rates decrease, so red performance improves. There were 15,278 lost hours during June 2025, which is the lowest figure recorded since September 2021.

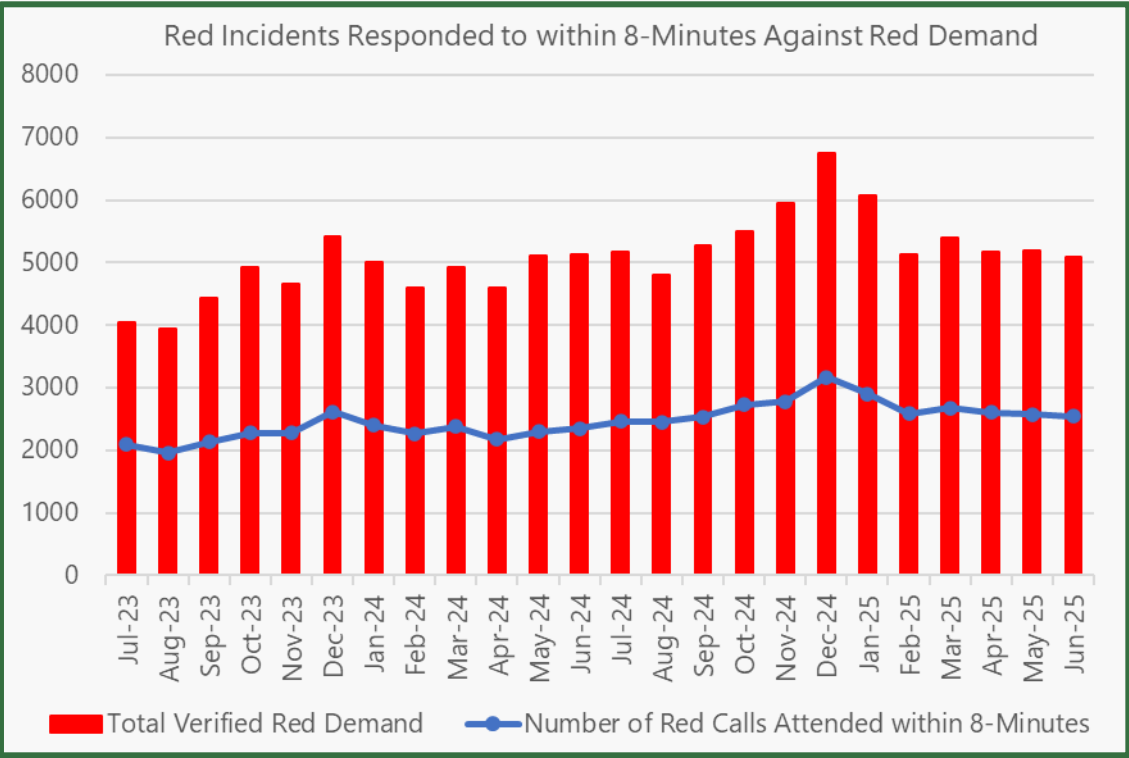
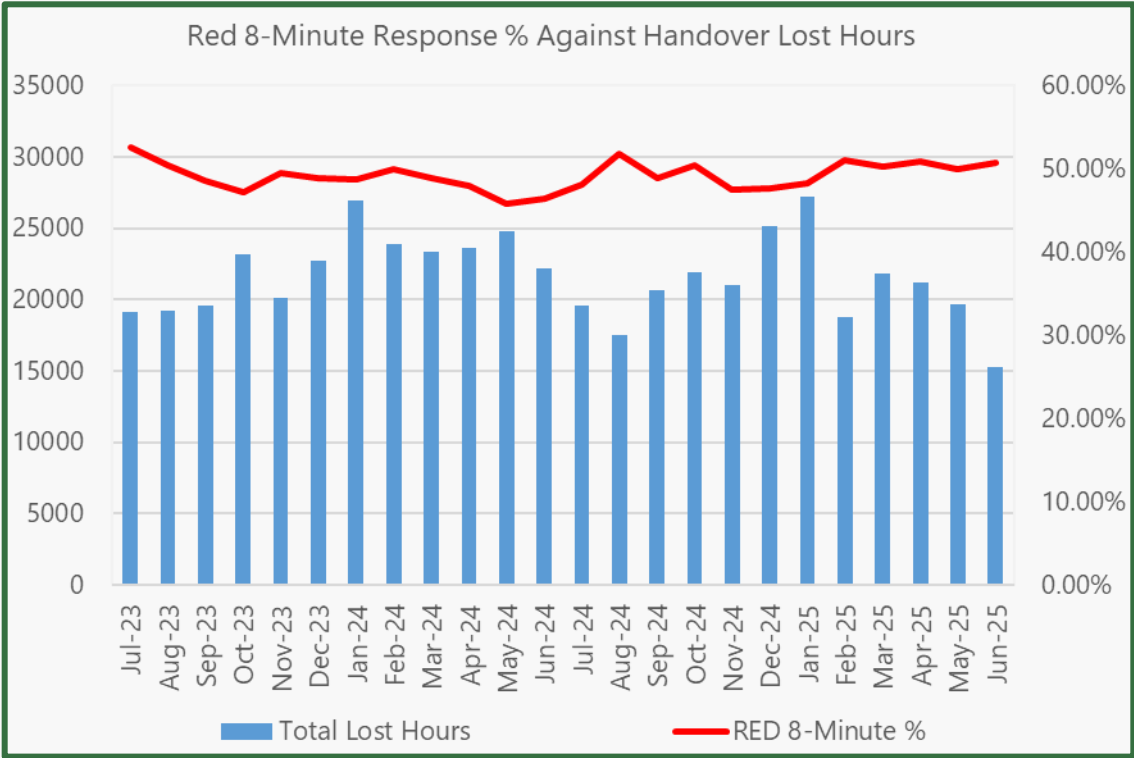
Remedial Plans and Actions

The main improvement actions in the Trust's gift are:

- To maintain commissioned establishment in post levels overall: the Trust remains close to achieving its 95% UHP benchmark in June with 93.8% UHP (all resources);
- Full roll out of the Cymru High Acuity Response Unit (CHARU): the Trust achieved its highest ever CHARU UHP in January;
- The deployment of rapid clinical screening, as outlined in our IMTP (the Trust achieved this); and

Expected Performance Trajectory

On the 11th March 2025 the Cabinet Secretary for Health & Social Care announced that the current Red category will be replaced with a new arrest and emergency category which went live on 1st July 2025. This will see the focus moving to measures of the chain of survival and patient outcomes i.e. saving lives, rather than a hit/miss time targets.



Our Patients: Quality, Safety & Patient Experience

Amber Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

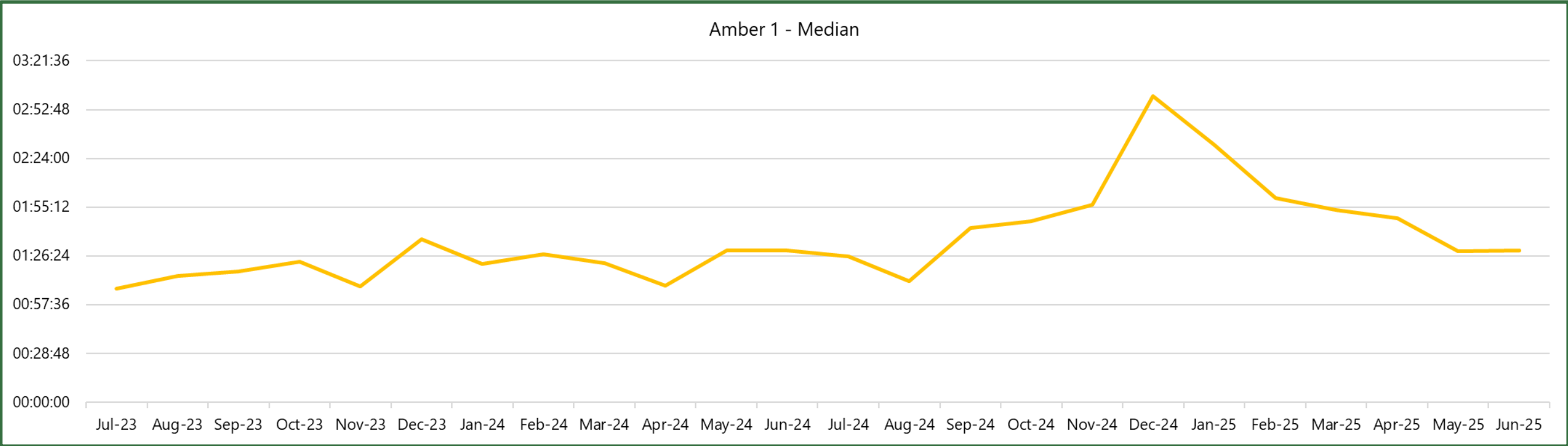
(Responsible Officer: Lee Brooks)

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CI

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QUEST

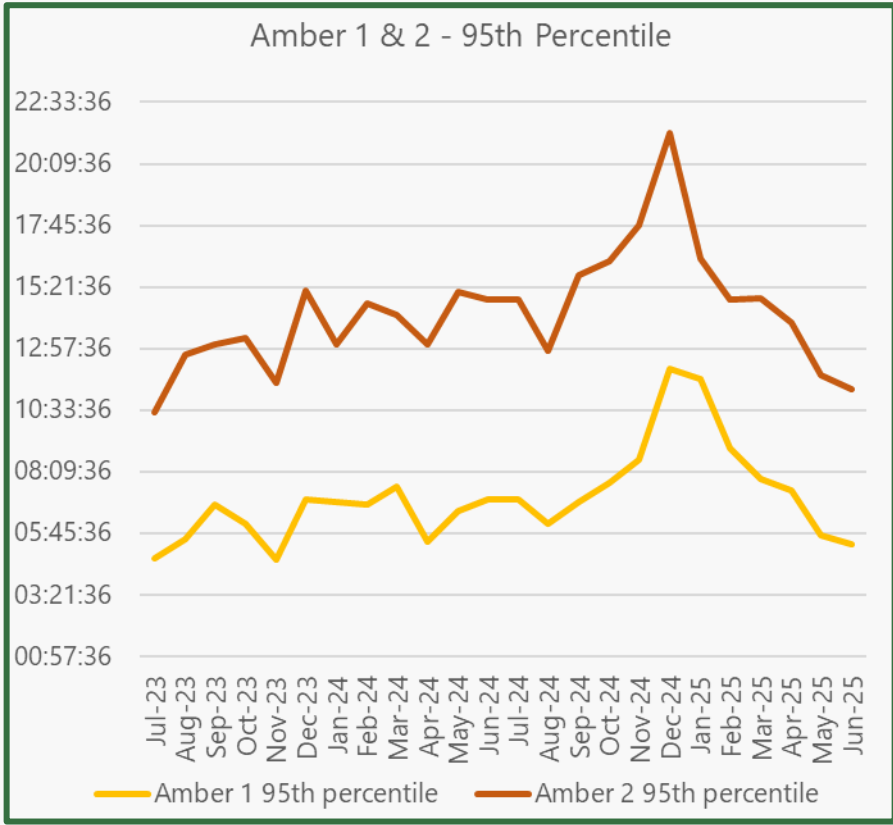
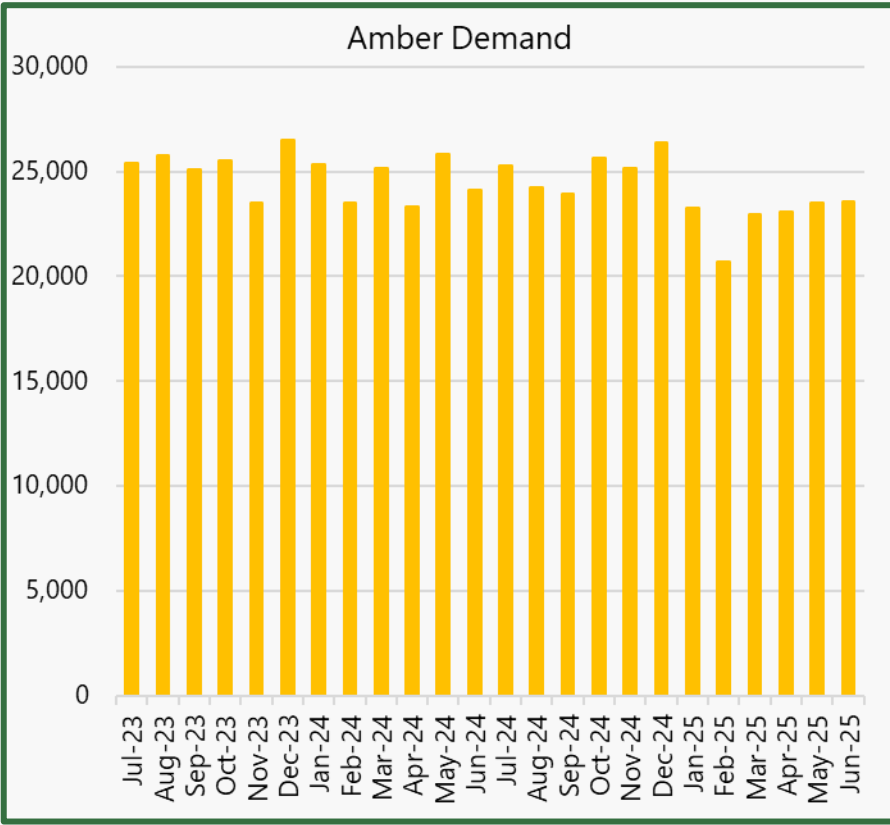
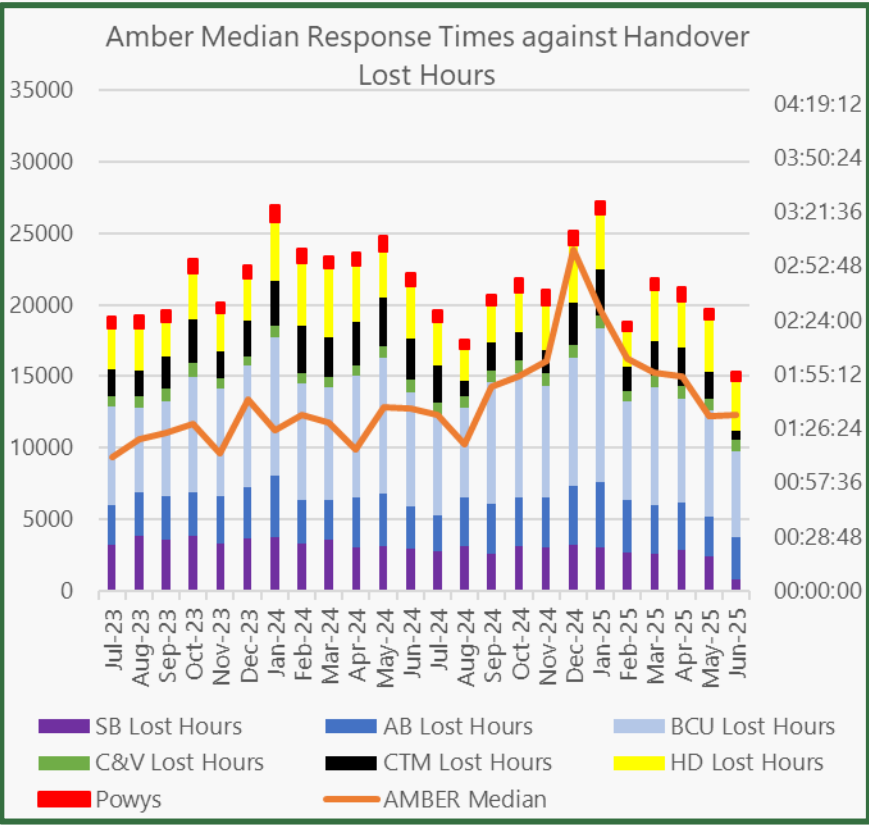


Analysis

The Amber 1 median performance time remained consistent during June 2025 at 1 hour and 29 minutes. The ideal Amber 1 median response time remains at 18 minutes.

The Amber 1 95th percentile decreased during June 2025 to 5 hours 18 minutes, down from 5 hours 40 minutes in May 2025. This time remains currently below the 2-year average figure of 7 hours 59 minutes.

As with Red, there is a strong correlation between Amber performance and lost hours due to handover delays, so if handover rates continue to remain below the 3-year average it would be expected that Amber 1 median response rates will improve further.



Remedial Plans and Actions

The actions being taken are largely the same as those related to Red performance on the previous slide. Welsh Government has recently announced further changes to the Ambulance Performance Framework that will affect the existing Amber category.

Expected Performance Trajectory

The Trust's commissioned level of production (its rosters) is designed to cope with 6,000 hours of handover lost hours. The Trust is now part o a WG led meeting on how handover can be reduced with a recommendation to reduce handover waits to 45 minutes. Reduced handover lost hours is a critical element of improving patient safety in this category.

Our Patients: Quality, Safety & Patient Experience

Patient Experience – Influencing Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

D&T

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Oncology

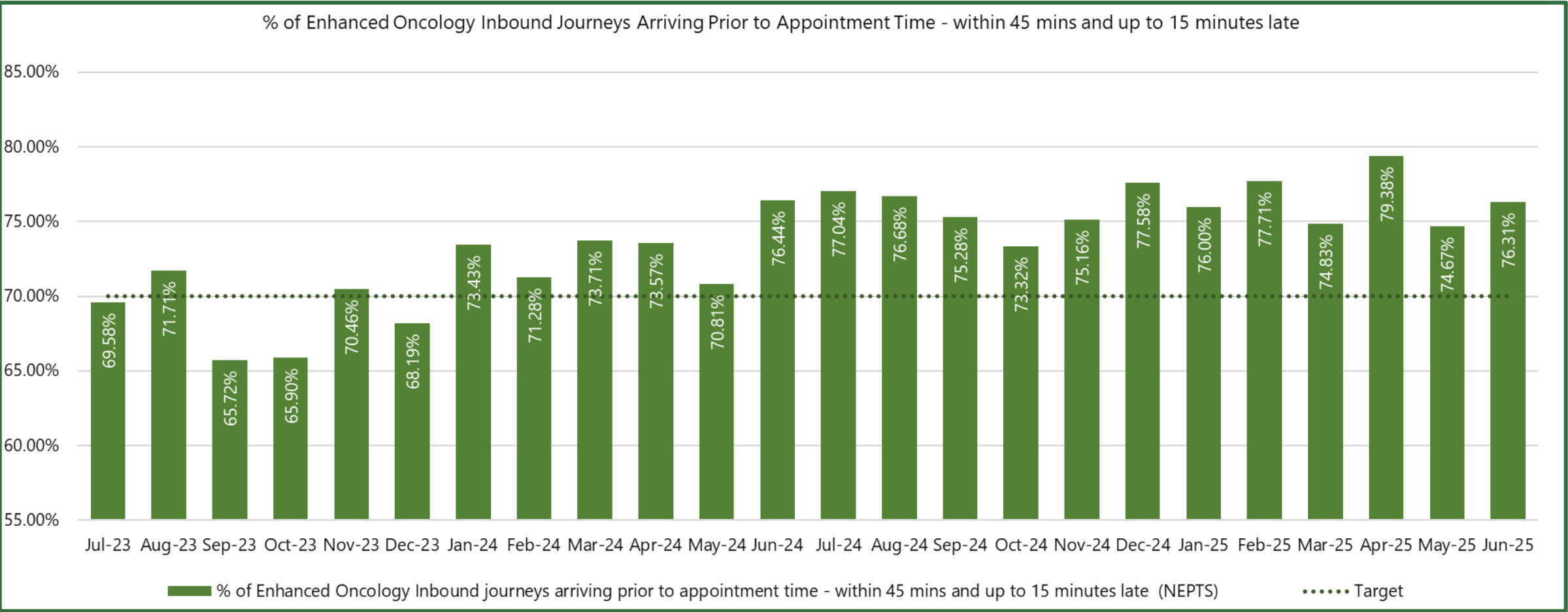
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Welsh Calls

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Analysis

76.31% of enhanced Oncology journeys arrived within 45 minutes prior and up to 15 minutes late of their appointment time in June 2025, once again achieving the 70% target.

Discharge and Transfer journeys booked in advance and collected less than 60 minutes after their appointment improved in June 2025 to 80% but remains below the 95% target. Discharge and Transfer journeys booked on the same day achieved the 95% target in June 2025.

Renal journeys decreased marginally from 72.61% in May 2025 to 72.57% in June 2025, but achieving the agreed performance standard of 70% for only the seventh time since September 2024.

Call volumes answered decreased to 14,851 calls during June 2025, from 14,914 in May 2025; but the average speed of call answering increased from 12 minutes 47 seconds to 13 minutes 48 seconds.

ACA1 sickness remains above the 5.99% target, at 9.32% in June 2025. ACA2 sickness also remains above the 5.99% target at 6.20% in June 2025.

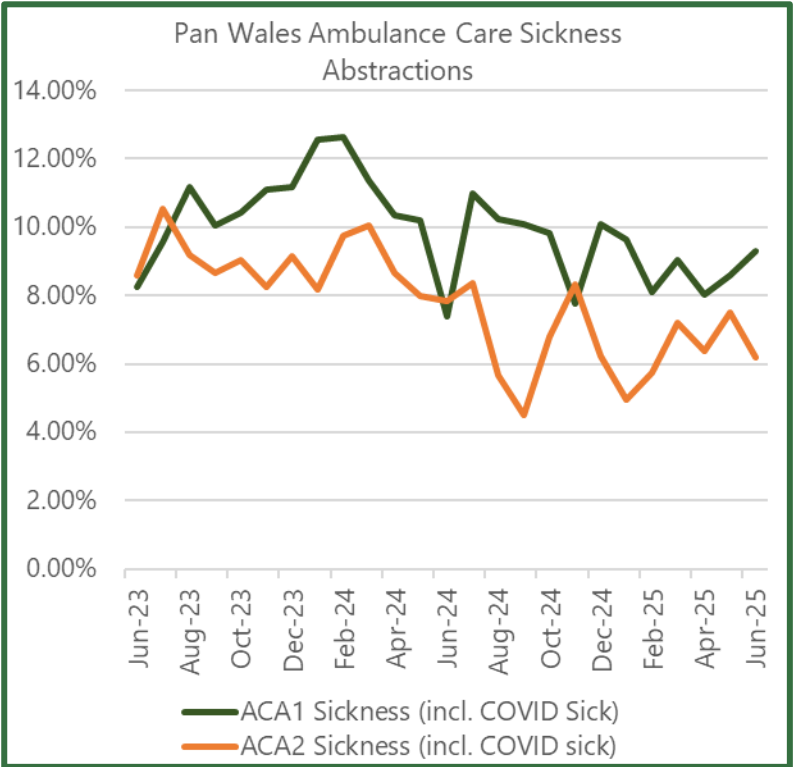
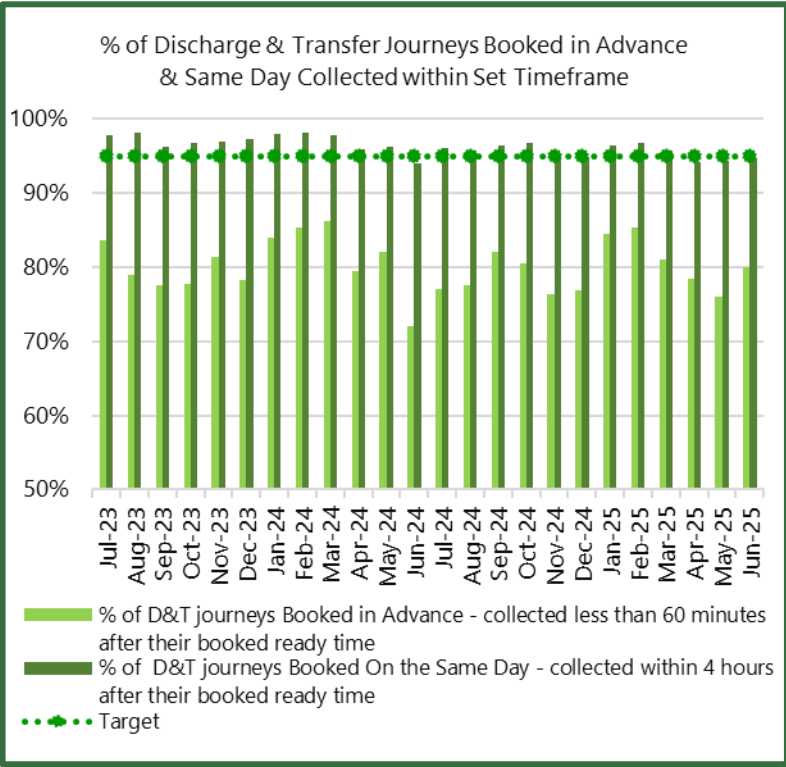
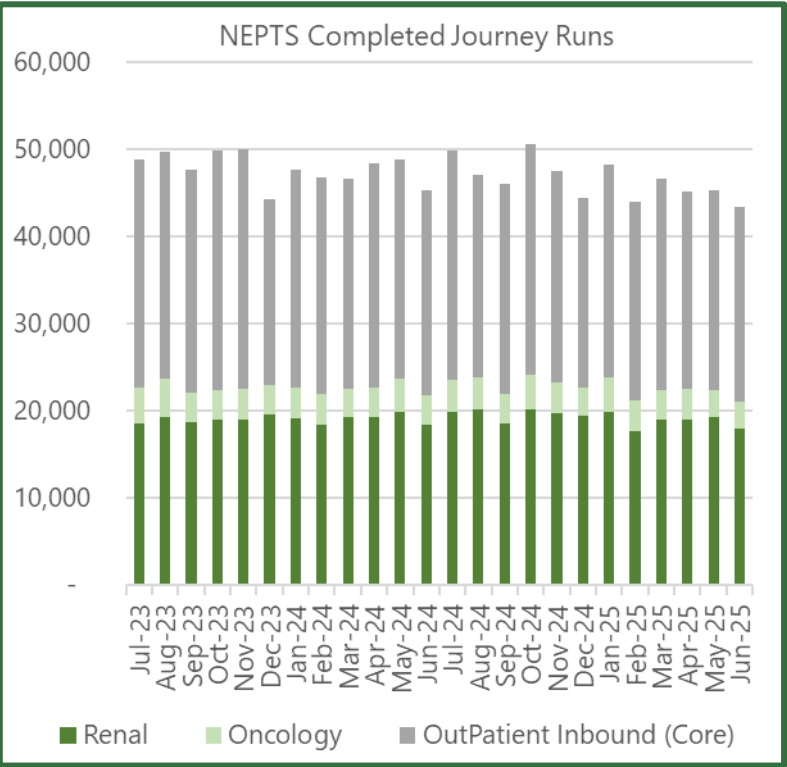
Remedial Plans and Actions

Increased focus on data management and journey recording times is underway, with enhanced focus on weekend performance and targeting hotspots. Projecting an improvement in performance over next few months, although caution on achieving the 95% figure as this was always an aspirational target that needs engagement and system change from Health Boards which is complex and challenging to achieve.

New rosters keys have been finalised based on updated demand with the roster review now commenced; however, the review is proving complex and is being reset once further modelling has been undertaken. Enhanced sickness monitoring has been implemented at the ADO/HoS level and all long term and complex cases are being reviewed regularly.

Expected Performance Trajectory

An improvement is expected in the next few months, although it is not anticipated that the target will be achieved without wider system change.



Our Patients: Quality, Safety & Patient Experience

Clinical Indicators

Suspected Stroke Patients with Appropriate Care, ST-elevation myocardial infarction (STEMI) with Appropriate Care and Time-Based metrics.

Stroke

A

Stroke Call to Door

R

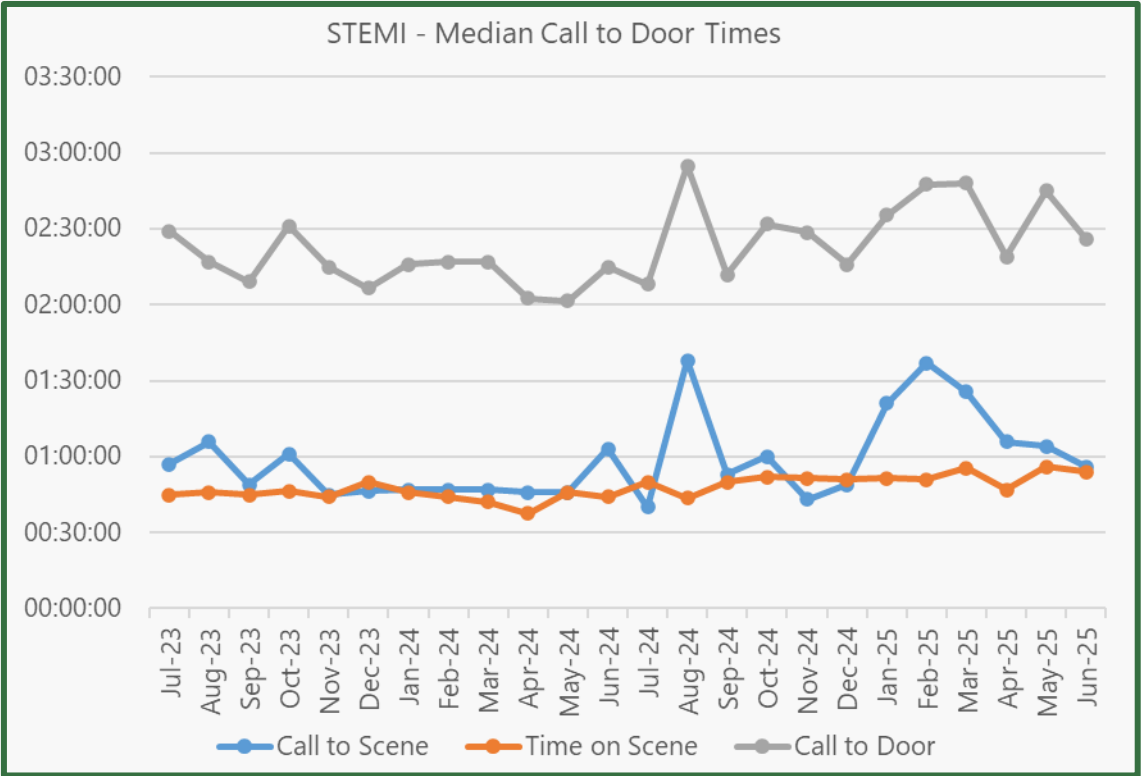
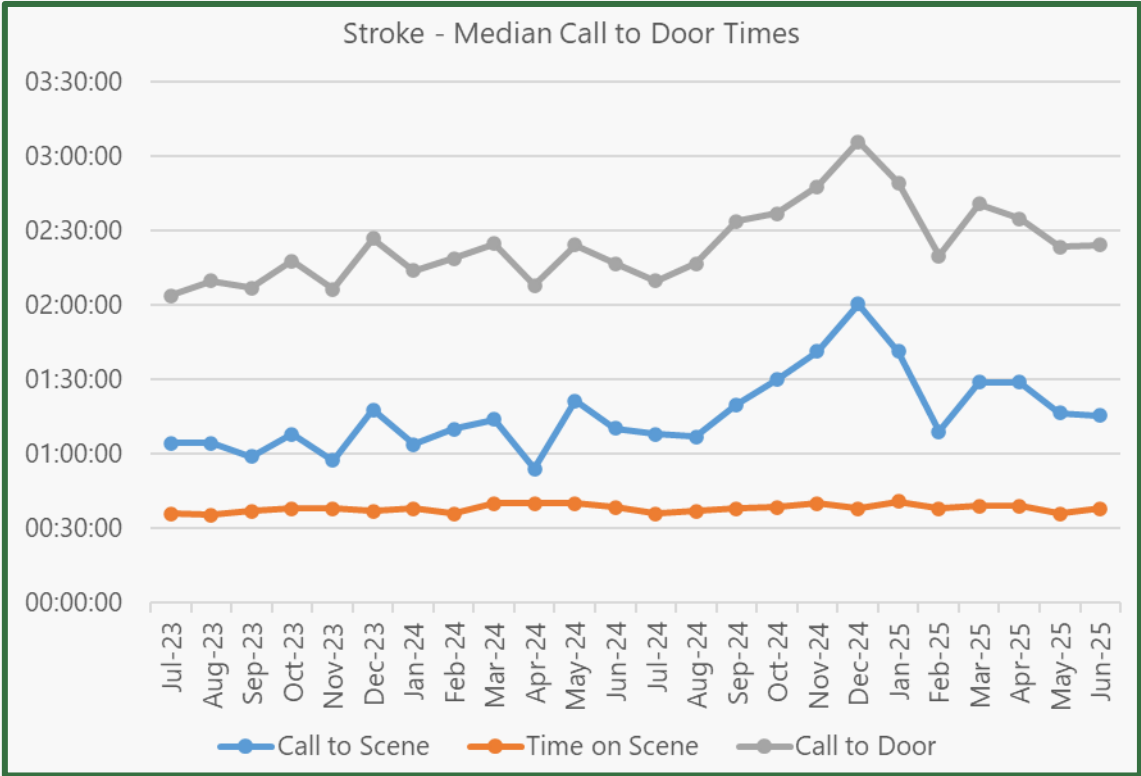
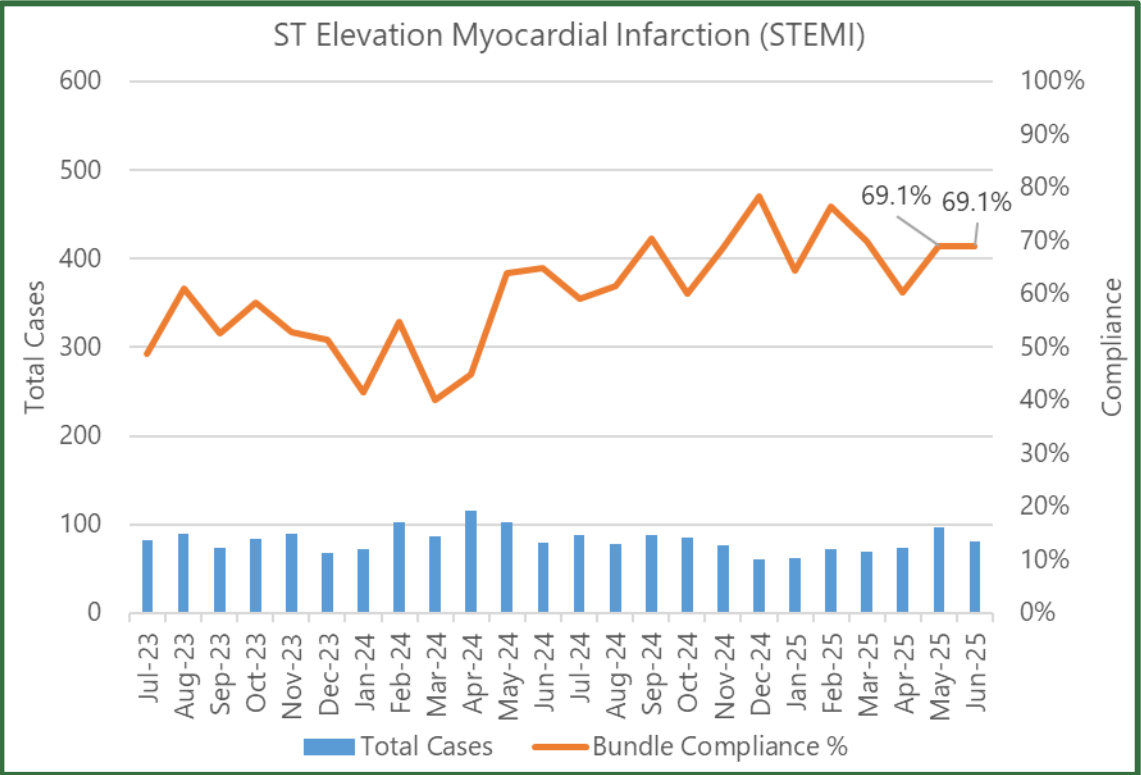
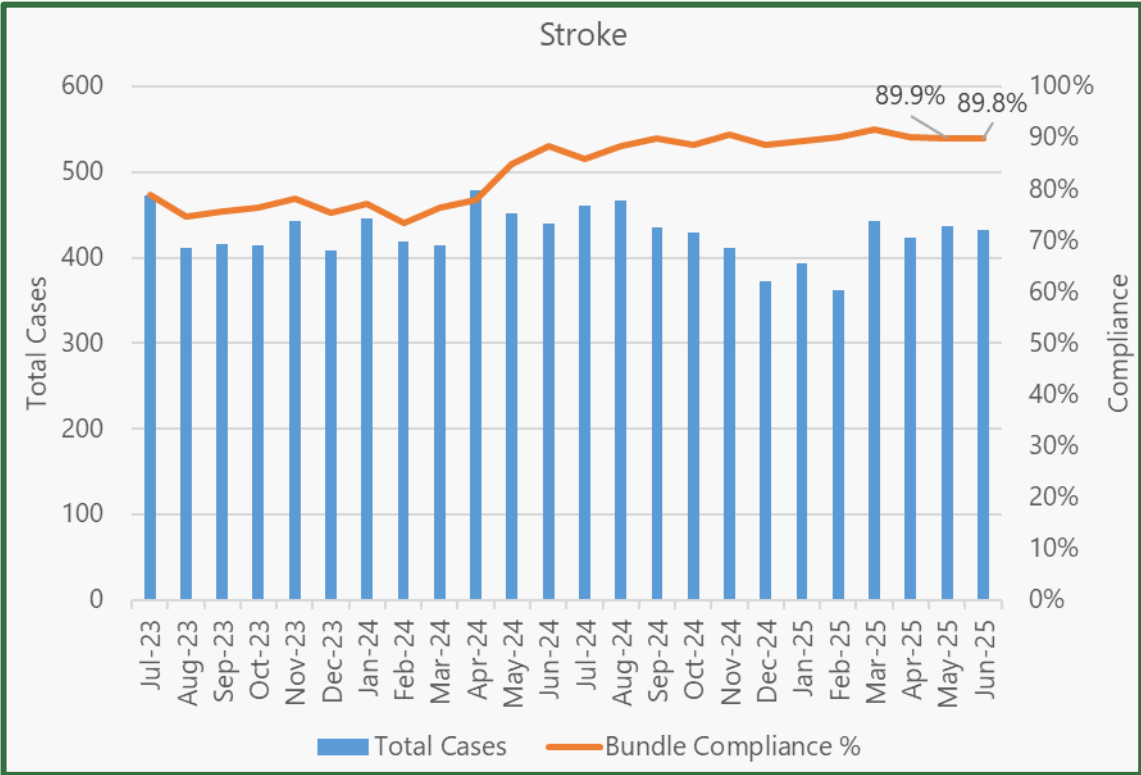
STEMI

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Self-Assessment:
Strength of Internal Control: Moderate

QUEST

(Responsible Officer: Andy Swinburn)



Analysis:
The percentage of patients documented as receiving appropriate care bundles during June 2025 was:

Stroke – 89.8% - Performance has remained consistent at around 90% for the past three months. There is a close correlation between documenting FAST (a test to detect symptoms of stroke) and care bundle compliance.

STEMI (heart attack) – 69.1%, a significant improvement from 60% in April 2025 but consistent with May 2025. There has been an increase in compliance across all elements of the care bundle. The number of cases remained low (81) therefore, increasing the volatility of the compliance data so this could be natural variance.

Call to door times for Stroke – Call to door times minimally increased for stroke in June (02:14:30). All three elements of the bundle have seen consistency on time.

Call to door times for STEMI – Call to door time has decreased since last month (02:26:00).

N.B. Due to the nature of this metric, common cause variation occurs which can result in a marked reduction in performance from small numbers of unsuccessful resuscitations attempts. The factors that influence this are multifactorial and as such it is not possible to identify the specific element.

Following the switch to the electronic Patient Clinical Record , the way data is collected has changed. Automated Clinical Indicator reports are generated from data directly inputted by clinicians. As a result of the anticipated low compliance, risk 535 was generated with three key mitigations to work on:

- Design of the electronic Patient Clinical Record User Interface
- Clinician interaction with the electronic Patient Clinical Record
- Accuracy of the scripting to extract the data from the data warehouse to create the reports.

Further electronic Patient Clinical Record User Interface changes are planned for the next update, scheduled for Autumn 2025.

Our Patients: Quality, Safety & Patient Experience

Clinical Indicators

Return of Spontaneous Circulation, Hypoglycaemia, Fractured Neck of Femur (#NOF) and Time-Based metrics (#NOF)

ROSC

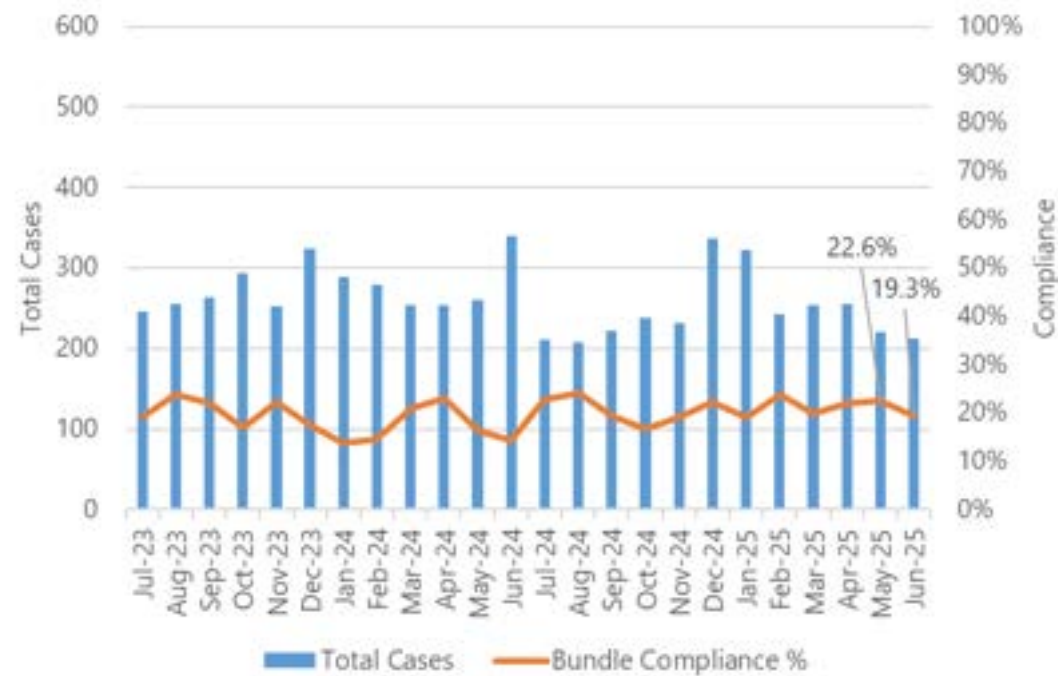
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Self-Assessment:
Strength of Internal
Control: Moderate

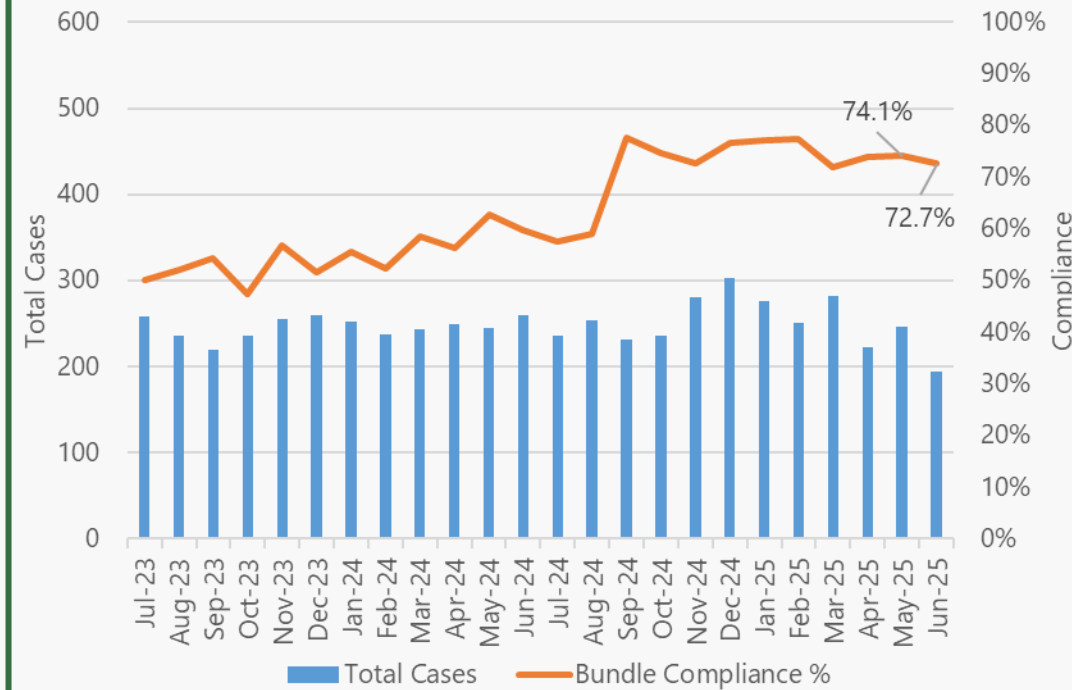
QUEST

(Responsible Officer: Andy Swinburn)

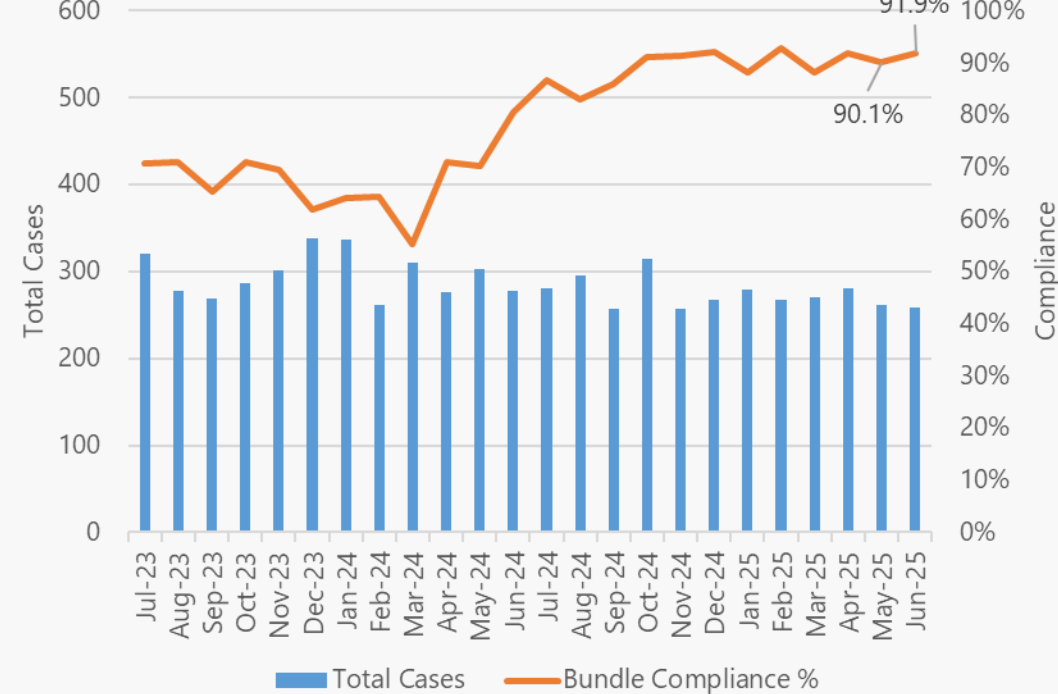
Return of Spontaneous Circulation (ROSC) at Hospital



Hypoglycaemia (HYPO)



Neck of Femur (NOF)



#NOF Call 2 Door in development

Analysis:

The percentage of patients documented as receiving appropriate care bundles in June 2025 was:

Return of Spontaneous Circulation at hospital (from cardiac arrest) – 19.33%, a decrease from 22.6% in May. An update was made to the ROSC coding scripting which affected the data from July 2024. This resulted in a step change with August 2024 being the highest since ePCR was implemented. A 'nudge' to improve documentation for specific fields including outcome was implemented in October 2024. Both December and January continued to see higher numbers of cases in this indicator.

Hypoglycaemia (diabetic patients with low blood glucose) – 72.7%, a slight decrease from last month. Compliance has remained quite static through Q1, although there has been a slight drop in compliance across the bundle.

Fractured Neck of Femur (hip fracture) – 91.9%, maintaining consistent performance from May. Only a slight increase in compliance which is evident across the care bundle.

Remedial Plans and Actions

- A recovery plan implemented from April – September 2024 and remains BAU monitored through CIAG to maintain the improvements:
- Continued focus on communication with clinicians to use the bespoke electronic Patient Clinical Record fields (in addition to the narrative).
- Provided weekly non-compliant data to support Senior Paramedics conversations with clinicians to improve compliance.
- Promoted Clinical Indicators, care bundles and electronic Patient Clinical Record completion at Health Board area focussed workshops.
- Review of the ePCR interface led by the Digital Directorate.
- Ongoing development of the Tennant Structure within ePCR to facilitate clinical feedback to clinicians.

Expected Performance Trajectory

As a result of the work from the CI Recovery Group T&F group and the ongoing improvement interventions, a continued increase in compliance rates is expected and will be monitored by the Clinical Intelligence & Assurance Group.

Our Patients: Quality, Safety & Patient Experience

Patient National Reportable Incidents & Duty of Candour Responses Indicators

(Responsible Officer: Liam Williams)

Concerns.

G

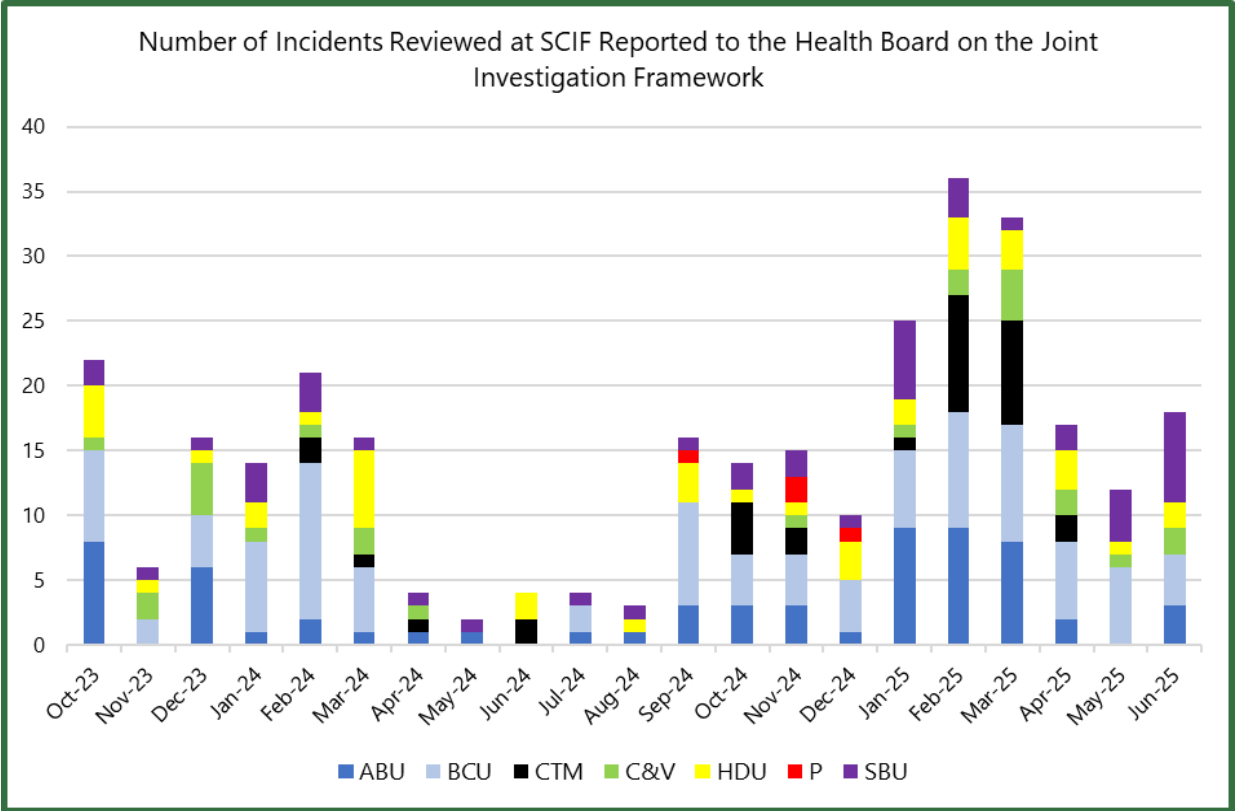
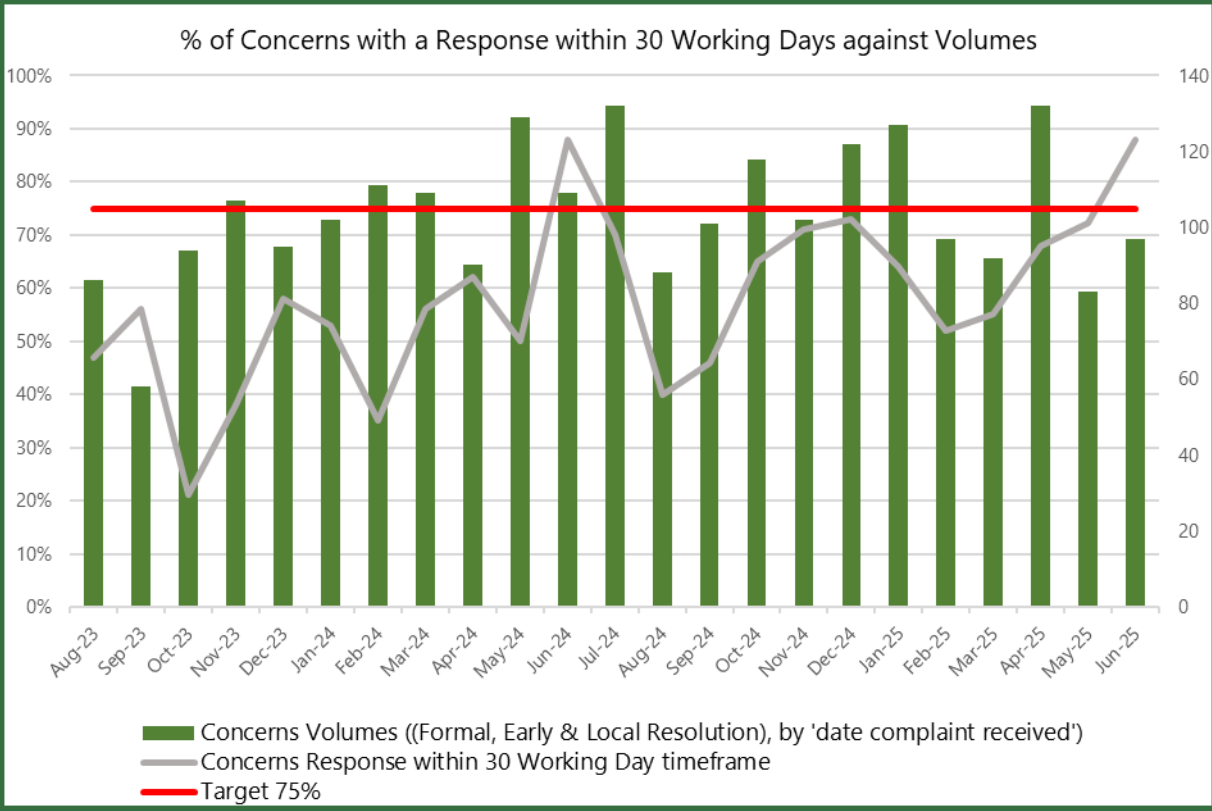
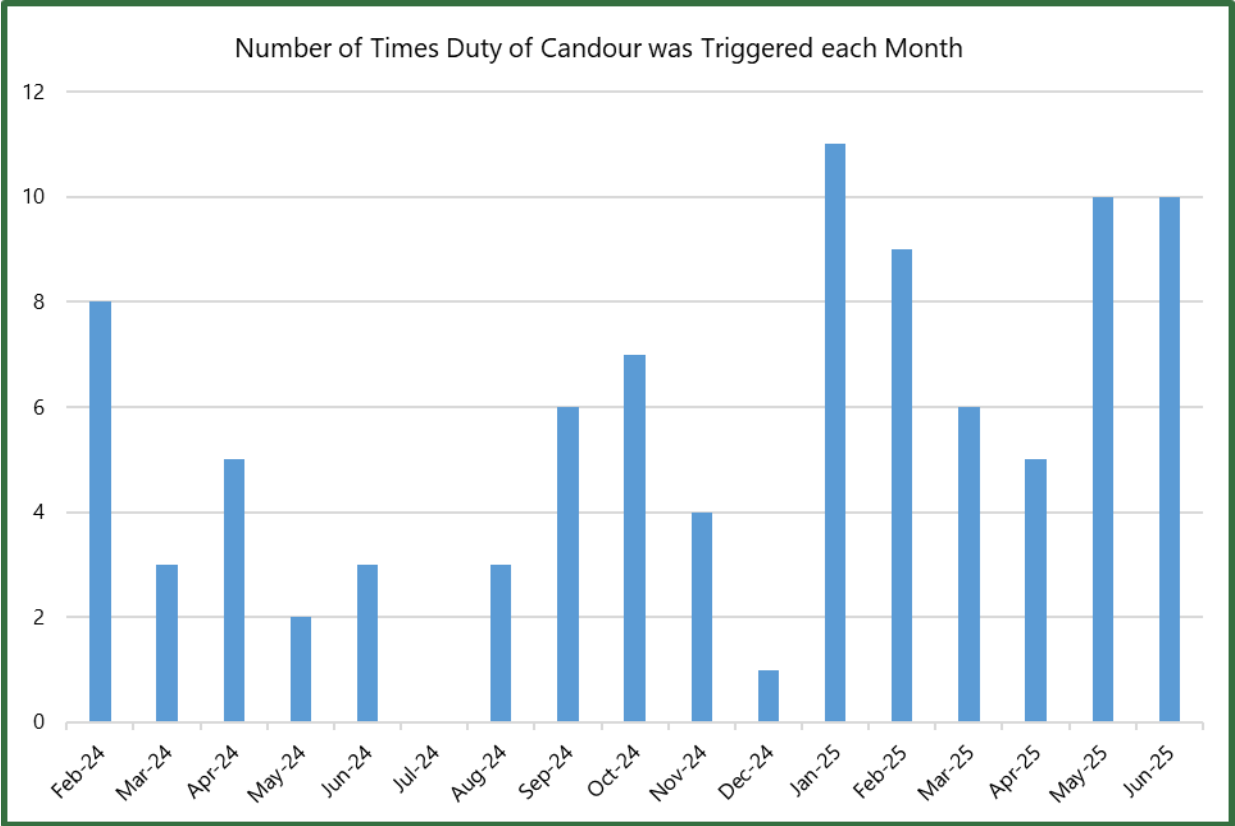
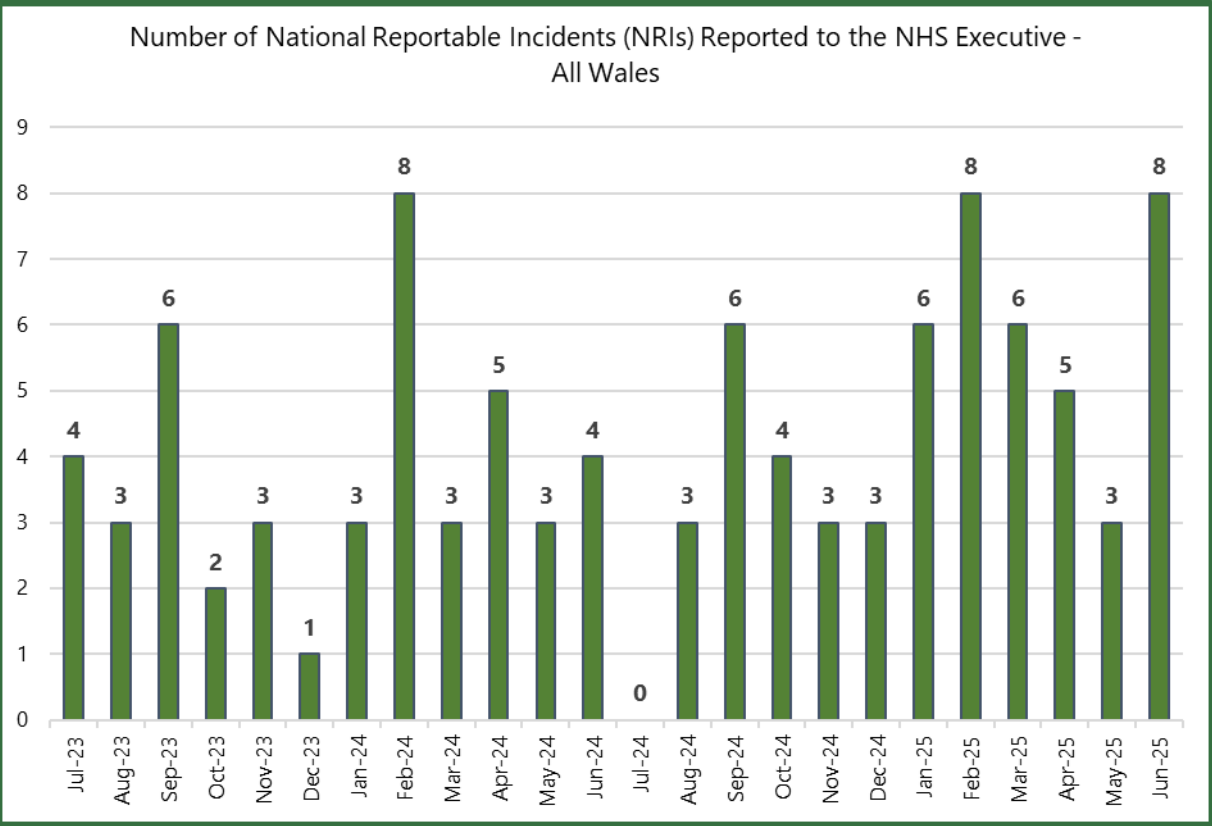
Self-Assessment:

Strength of Internal Control:

Moderate

QUEST

Health & Care Standard
Health - Safe Care / Timely Care



Analysis

Compliance with the 30 working day complaints target was achieved for the first time since May 2024. Performance for closed complaints however masks a concerning picture of a growing number of open and overdue complaints. This is due to increased complexity of investigations within the Trust, an increased volume of incidents that may have arisen from planned changes in the Clinical Safety Plan and the need to recruit additional staff to support audit of the different interventions now in place across the Clinical Contact Centres; Clinical Navigators within Emergency Medical Service (EMS) and Emergency Communication Nurse System (ECNS) within 111Wales Integrated Care.

Remedial Plans and Actions

Ongoing monitoring of national incident reporting, enactment of the Duty of Candour and Complaints performance is monitored by team leads on a regular basis and all teams are working to achieve national timescales and a benchmarking position comparative to other NHS Wales.

The Trust has approved increased investment within the Operations Auditing Team and the Remote Care Education Team to support timeliness of complaint and incident investigations

Expected Performance Trajectory

An organisational PTR & Legal Services Recovery Plan is being developed and will be presented at the next QuEst Committee.

The complaints management process itself is well-assured, with families continuing to receive regular contact from the Trust.

**NB: Data correct on the date and time it was extracted; therefore, these figures are subject to change **NB: 30 Day Compliance reported from Power BI and therefore data is not yet validated*

Our Patients: Quality, Safety & Patient Experience

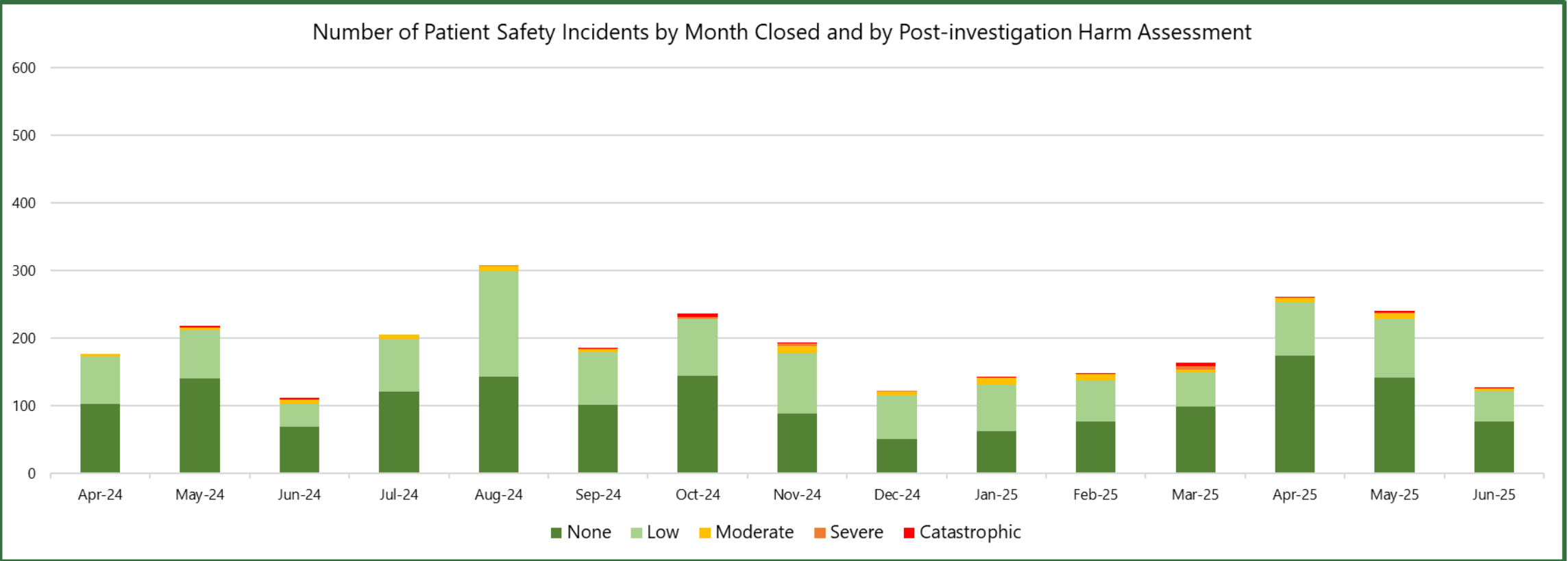
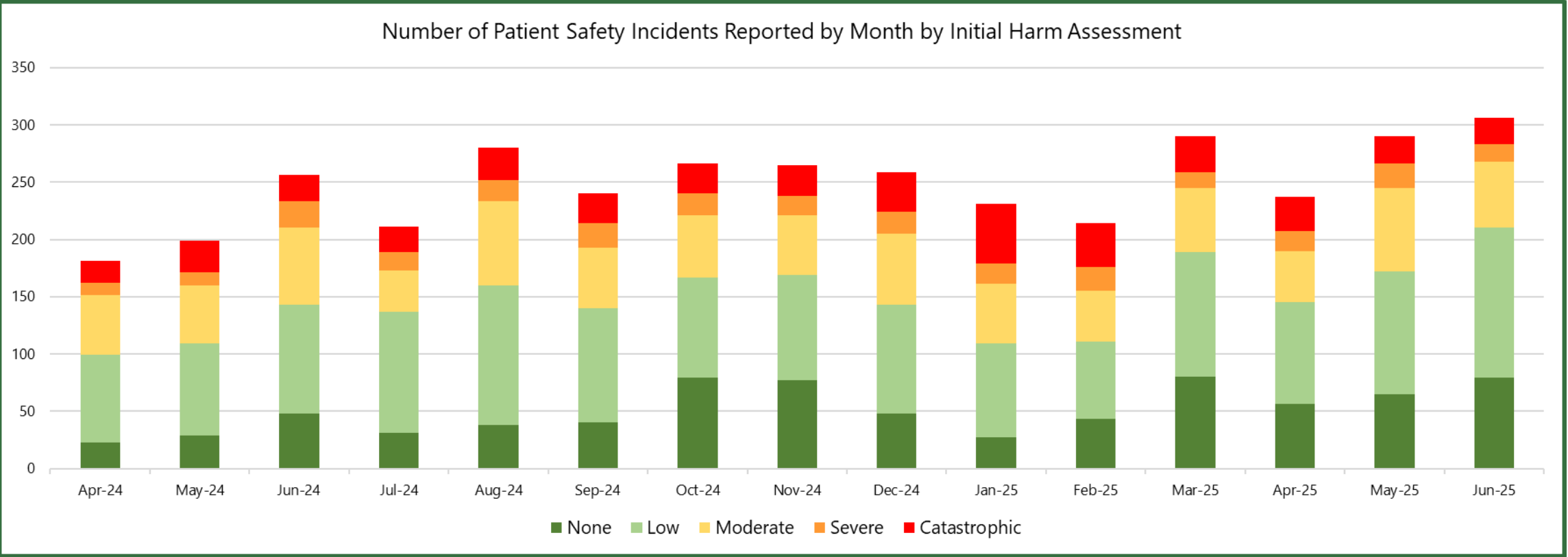
Patient & People Safety Indicators

(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

QUEST

Health & Care
Standard
Health – Safe Care



Analysis
Incident reporting volumes have decreased back towards the organisational baseline. Incident closure rate however has shown a marked improvement in the number of investigations being completed and closed. This follows significant focus within service areas and improvement work of account permissions as part of the Datix Recovery & Improvement Plan. Near miss reporting is being encouraged during daily operational meetings to ensure we learn from all opportunities.

Closed incidents continue to demonstrate that validated levels of severe or catastrophic harm remain consistently low. NRI's that have been closed with the NHS Executive Wales have improved during the last month.

Remedial Plans and Actions

- Incident management culture is being supported through newly established Datix User and Datix Governance Groups (Datix Cymru is the electronic reporting software for incident reporting).

Expected Performance Trajectory
Incident volumes and harm levels are being closely monitored and triangulated with other sources of intelligence related to Clinical Model Transformation changes.

Our Patients: Quality, Safety & Patient Experience

Coroners, Mortality and Ombudsmen Indicators

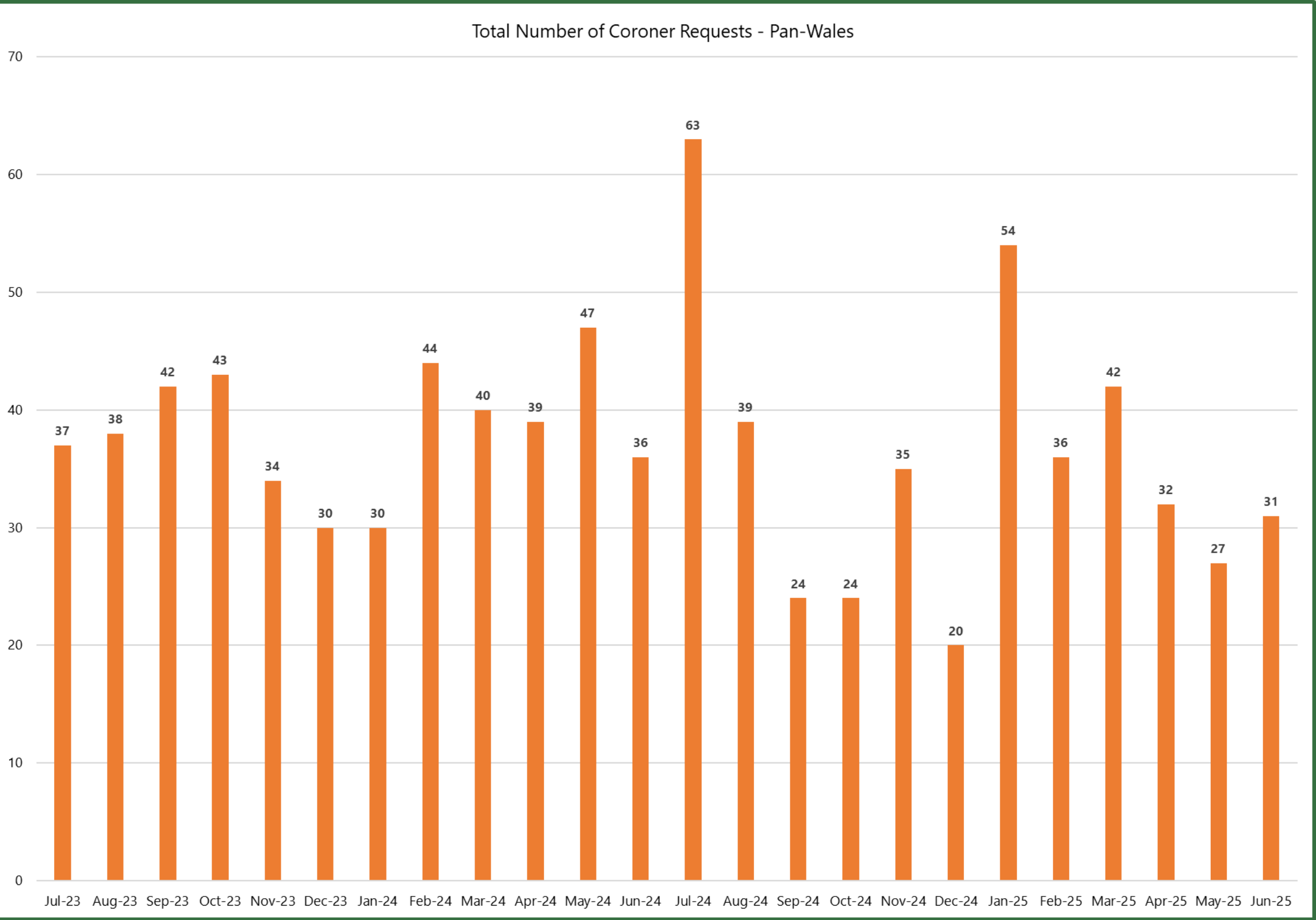
(Responsible Officer: Liam Williams)

Coroners
Self-Assessment:
Strength of
Internal Control:
Moderate

Mortality
Self-Assessment:
Strength of
Internal Control:
Moderate

QUEST

Health & Care
Standard
Health – Safe Care



Analysis

The number of coroner approaches continues to bring a high level of activity to the Trust. Inquest cases continue to present with increased complexity and large numbers of statements and witnesses being called. These factors combined makes this an area of continued pressure across Trust services and for the individual staff involved in representing the organisation.

Challenges to meet deadlines, in relation to EMSC with any form of remote Clinical decision-making involvement continue to require extension of deadlines and the Trust has received two Schedule 5 notices in May 2025.

From 1 May 2025 the additional support that has been in place since 16 Jan 2023 has ceased. The Trust will do less of our own representation, leading to more Barristers being instructed by the Trust.

Medical Examiner Level 1 triage occurs regularly, ensuring prompt recognition of cases where learning and/or potential harm are identified. The Level 2 Medical Examiner Learning Panel is now effectively reviewing the management and learning from cases.

Remedial Plans and Actions

Operations Quality have provided estimated completion dates for coronial deadlines, which will provide some assurance and expectations of completion dates to the coroner.

Coroner activity will continue to be monitored and delays in statement gathering escalated and prioritised internally as appropriate. Cross directorate teams continue to work together to ensure cases are prioritised.

The frequency of Level 2 Medical Examiner Learning Panels has been increased to weekly to address the high number of cases awaiting completion.

Expected Performance Trajectory

Short, medium and long-term plans continue to be developed to provide a solution to the challenges currently faced in timely completion of statements.

Our Patients: Quality, Safety & Patient Experience

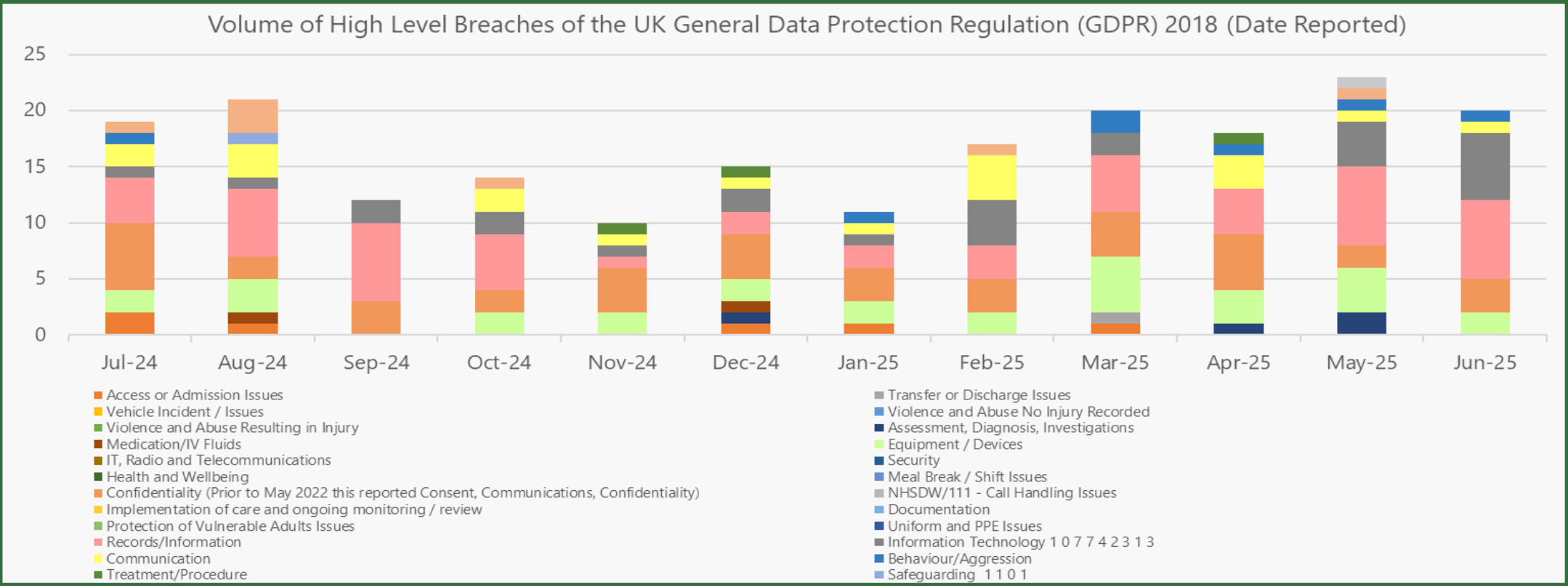
Safeguarding, Data Governance & Public Engagement Indicators

(Responsible Officers: Jonny Sammut & Liam Williams)

Health & Care
Standard
Health – Safe Care

Self-Assessment:
Strength of
Internal Control:
Strong

PCC



Analysis

Safeguarding: In June 2025 WAST colleagues submitted a total of 249 Adult at Risk Reports, 93% of these were processed within 24 hours. Whilst the Trust does not report on Adult Need for Care & Support reports (wellbeing); 790 reports were shared with local authorities across Wales during this reporting period. There have been 263 Child Safeguarding Reports submitted in June 2025, 94% of these were processed within 24 hours.

Data Governance: In June 2025, there were 20 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 20 breaches, 7 related to Records/Information, 3 IG/Confidentiality, 1 Communication, 2 Equipment, 1 Behaviour, and 6 Information Technology.

Remedial Plans and Actions

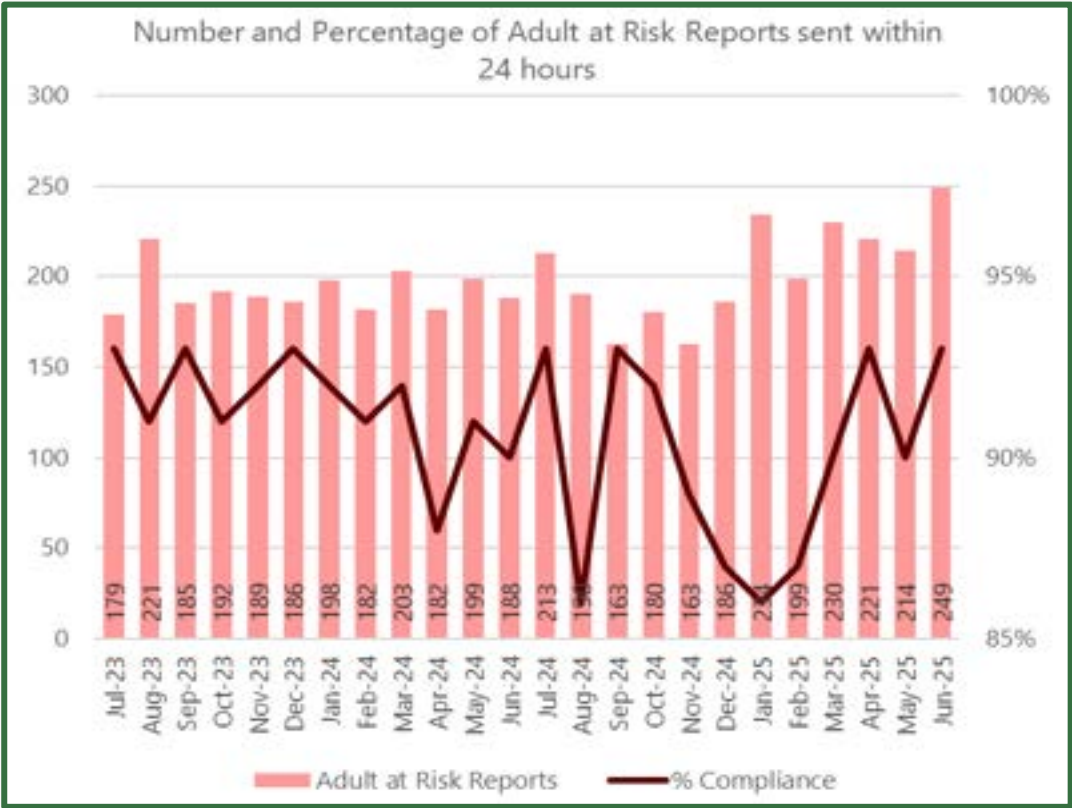
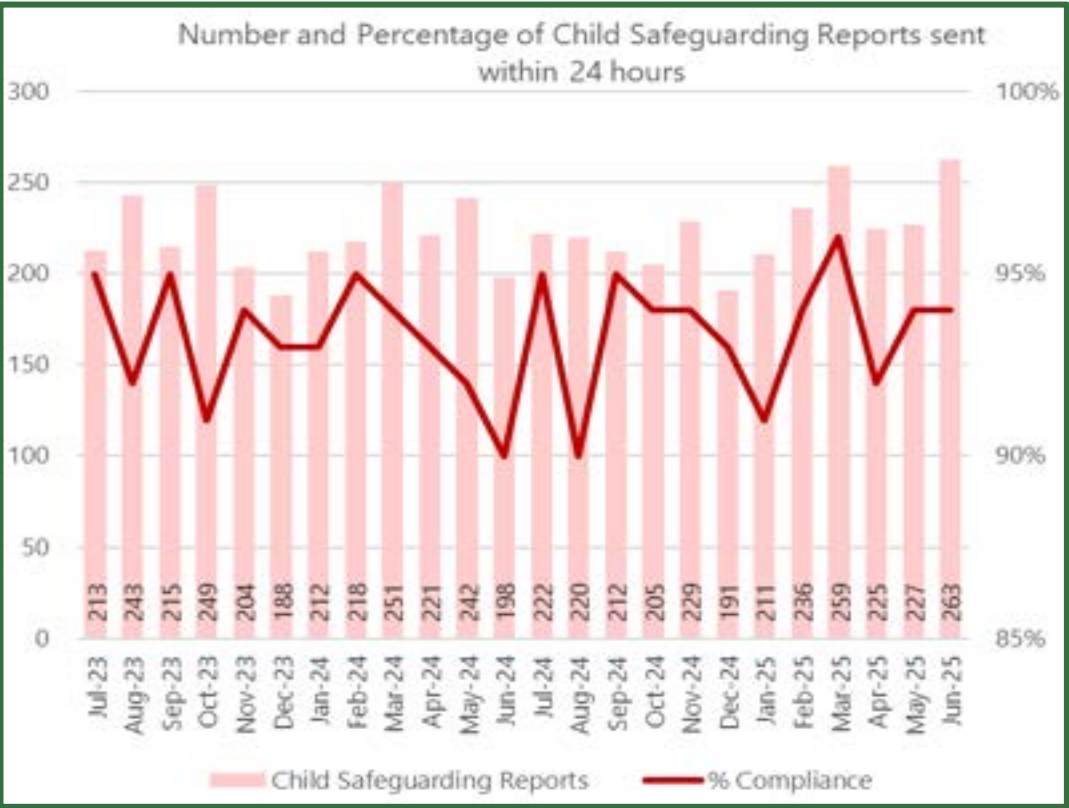
Safeguarding: The Trust manages all safeguarding reports digitally via Doc-works Scribe and regular monitoring of the system by the Safeguarding Team provides a means to identify any problems with delayed reports with appropriate action taken to support WAST colleagues with using the Doc-works Scribe system and liaising with local authorities when required. Only minimal paper safeguarding reports are now received; they are used as a back-up and are sent directly to the Safeguarding Team for actioning. The Safeguarding Team monitor any paper reports received and provide direct feedback to colleagues to improve practice.

Data Governance: During the reporting period, of the 20-information governance related incidents reported on Datix, no incidents were reported to the Information Commissioner's Office (ICO). The IG Team continues to monitor, and review reported incidents where applicable.

Expected Performance Trajectory

Safeguarding: The Trust continues to aim to achieve 100% of Adult and Children at risk referrals within 24 hours.

Data Governance: The IG Toolkit submission was completed on 31st March 2025. The next iteration of the IG Toolkit has now opened for FY25/25 submissions.



*NB: Data Governance Incidents are based on 'Date Reported' rather than 'Incident Date' as the process is currently manual until a dashboard is implemented and is therefore subject to change

Safeguarding Data source: Doc Works

Our Patients: Quality, Safety & Patient Experience

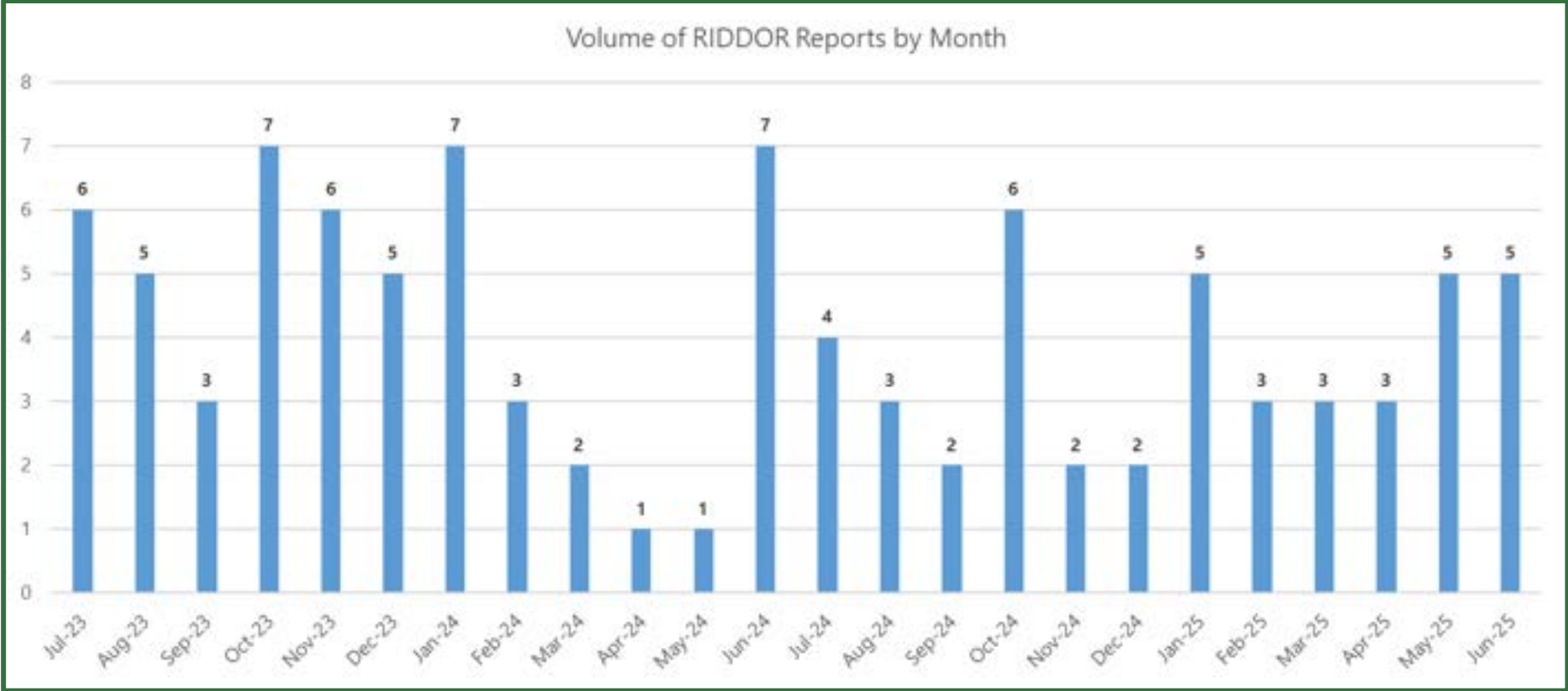
Health & Safety (RIDDORS) Indicators

(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

PCC

Health & Care
Standard
Health – Safe Care



Analysis

RIDDOR: There were 5 incidents requiring reporting under RIDDOR during June 2025 all were for an injuries requiring over 7 days of work.

- 100% of the RIDDOR's were submitted within the HSE reporting timelines, due in part to the effort put into investigating incidents by line managers.
- 4 RIDDOR's reported during the month were as a result of manual handling incidents 1 whilst handling equipment and 3 whilst handling patients and 1 was a slip trip on the stairs of a patient's home.

Violence and Aggression:

- A total of 42 incidents have been reported of V&A in June.
- 6 physical assaults on staff was reported during the month with 6 incidents of verbal abuse all of which were incidents of swearing.
- 7 incidents were reported as moderate in harm and 19 noted as low harm with 15 cases being noted as causing no harm.
- The number of verbal assault incidents remained high during the month with aggressive and threatening behaviour accounting for 20 of the 42 incidents.

Remedial Plans and Actions

RIDDOR:

The weekly Datix incident meeting is being used to identify RIDDOR reportable incidents. A Safety Advisor is designated to assist with the investigation to find root cause and reporting to the HSE. Consistent effort to investigate incidents by line managers is making improvements in causation and reporting to the HSE.

Violence and Aggression:

The challenges of the Right Care Right Person approach by Polices Services are being managed via the Risk Management process in partnership with the WAST Mental Health Team.

V&A Manager has met with TU partners to engage and explain workstreams aimed at reducing and preventing incidents advising on a process of risk assessment/incident reporting.

Work is underway with People Services and the V&A function in relation to recording sickness absences on staff electronic staff record (ESR) following being subject to an episode of V&A.

Expected Performance Trajectory

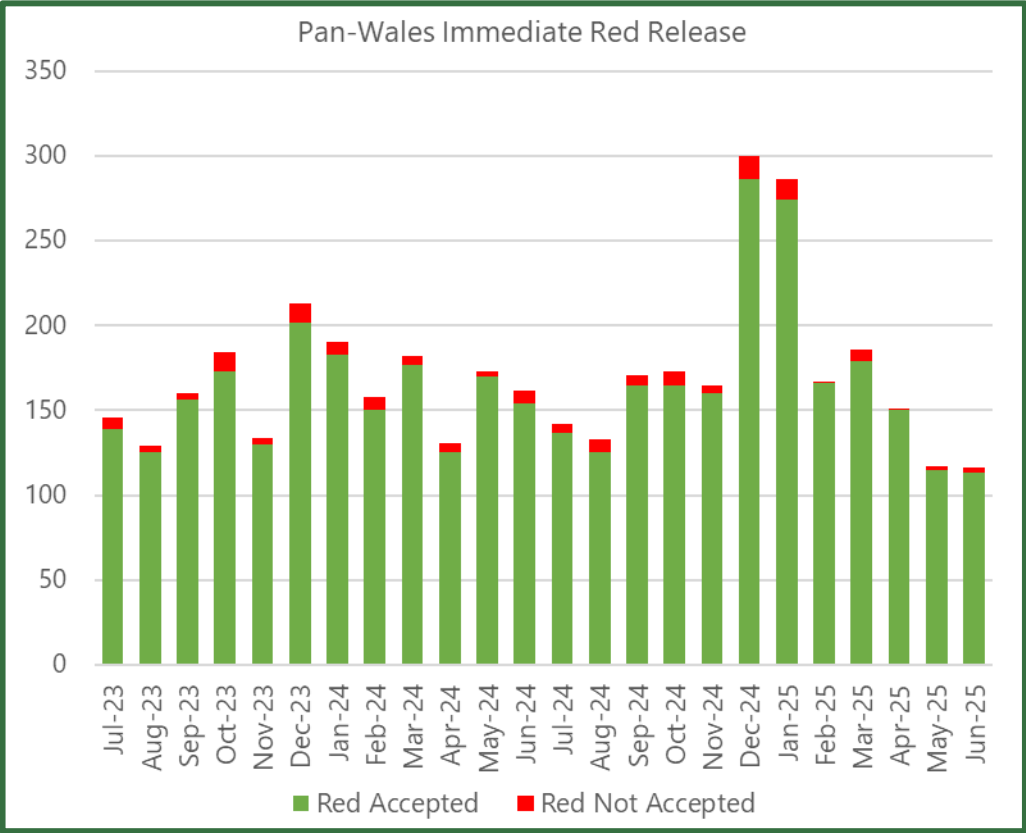
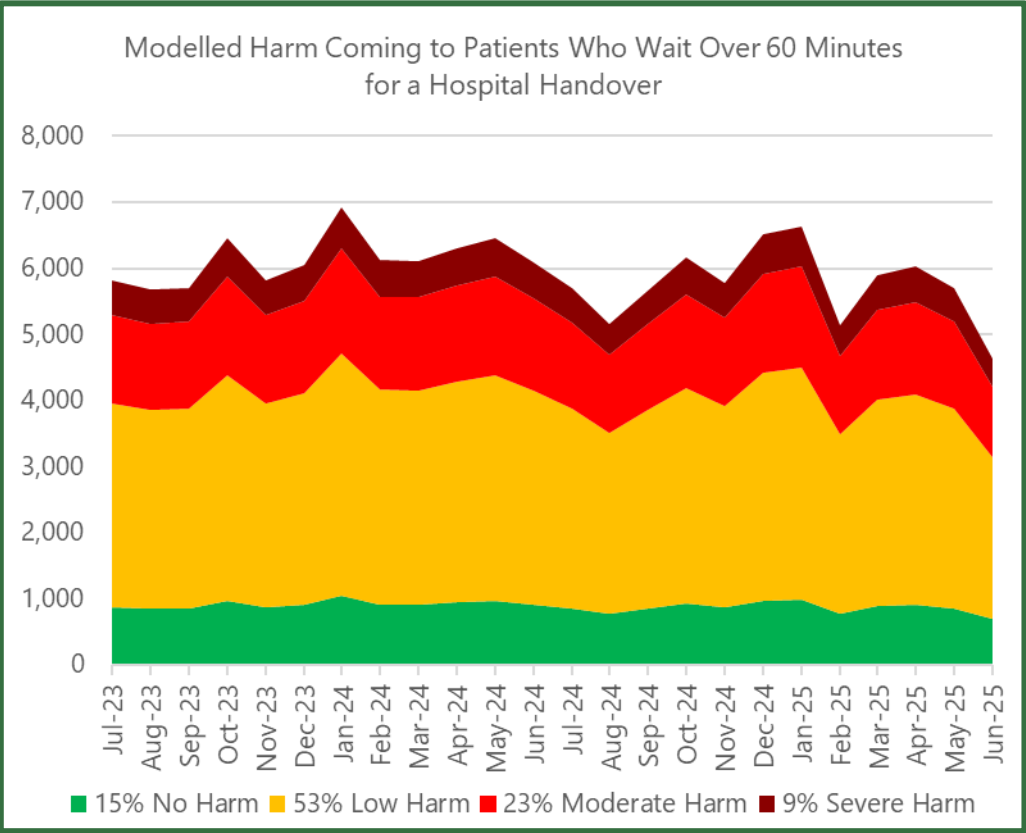
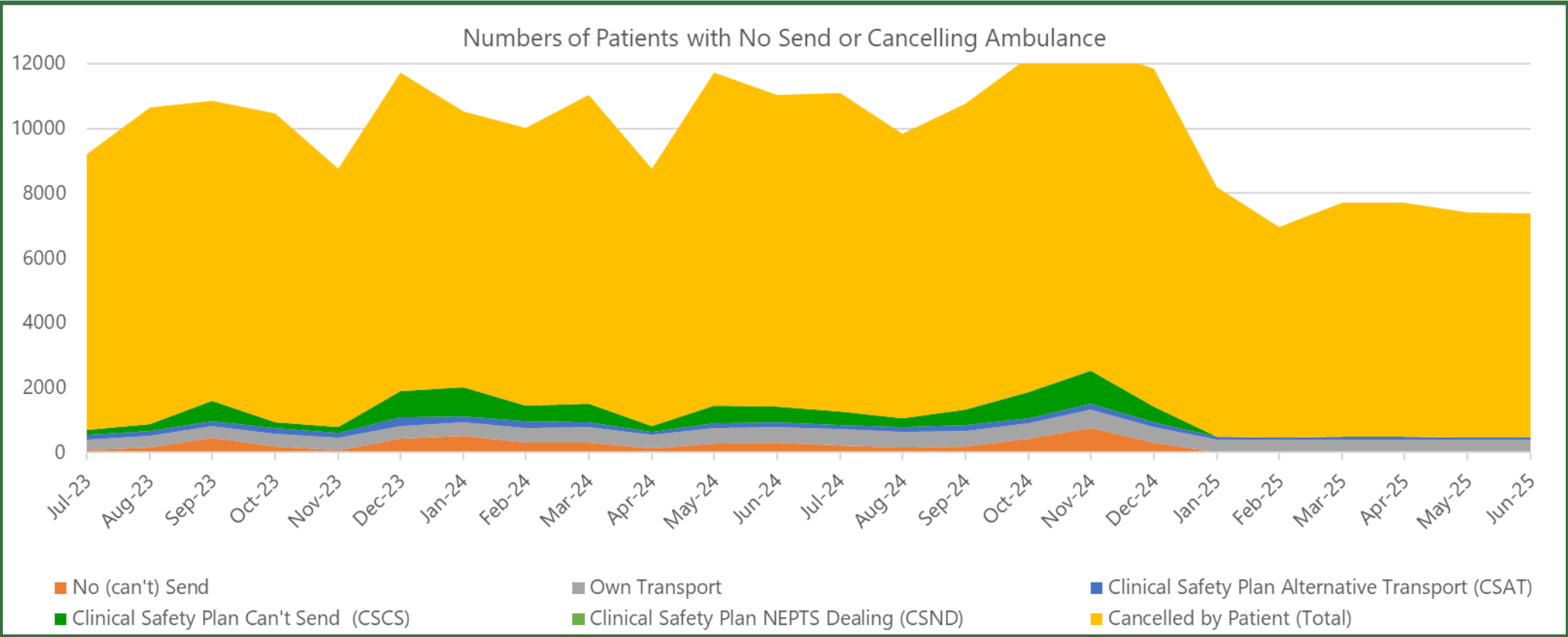
RIDDOR: The actions arising out of the recent deep dive into manual handling incidents aim to address the issues identified in the manual handling incidents this month.

Violence and Aggression: There is a marked reduction in incidents reported over the last 12 months 29.8% which contradicts National reporting across the Sector, and this expected to be improved.

Data source: Datix

Our Patients: Quality, Safety & Patient Experience

Potential Patient Harm Indicators



Analysis

In June 2025, 78 ambulances were stopped due to Clinical Safety Plan alternative transport (CSPT). In addition, 6,926 ambulances were cancelled by patients (including patients refusing treatment at scene) a minimal decrease from the 6,962 in May 2025. There has been a downward trend in patient cancellations since December 2024 which the Trust believes is connected to the implementation of Rapid Clinical Screening.

There were 437 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in June 2025. Of these 113 were accepted and released in the Red category, with 3 not being accepted and 131 ambulances were released to respond to Amber 1 calls, but 190 were not.

The graph in the bottom left shows the estimated level of patient harm during June 2025. Of the 4,625 patients who waited outside an ED for over an hour to be handed over to the care of the hospital, the Trust could assume that 15% (694 patients) would experience no harm, 53% (2,451 patients) would experience low harm, 23% (1,064 patients) would experience moderate harm and 9% (416 patients) would experience severe harm.

In June 2025 CSP levels for the Trust were:



Remedial Plans and Actions

Red immediate release is monitored weekly by the Chief Executive and reported through to Health Board CEOs with the expectation that there are no declines for Red Release from any of the 7 Health Boards. All health boards have agreed to this measure. Integrated Commissioning Action Plan (ICAP) meetings had been paused as the Trust moves into the new commissioning arrangements with new arrangements expected from Q1. The NHS Wales Performance Delivery framework 2024/25 has a target of no handovers of more than one hour, this equates to 7,500 hours of handover lost hours.

Expected Performance Trajectory

The Trust continues to monitor CSP levels both daily through the ODU and weekly through the Weekly Operations Performance Meeting and mitigations are actioned to reduce the impact on the Trust's ability to respond to demand. See also slides on Red performance and Amber performance, in particular, remedial actions.

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

Our Patients: Quality, Safety & Patient Experience

Patient Experience Surveys

(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

PCC

Health & Care
Standard
Health – Safe Care

May & June 2025 Combined		
NEPTS (503 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	85
Were you happy with the transport you received?	85	95
999 (43 responses)	Benchmark	Score
The 999-call taker who answered your call was reassuring.	85	79
The 999-call taker who answered your call explained what was going to happen next.	85	80
The length of time I waited for an ambulance to arrive was acceptable.	85	56
111 (29 responses)	Benchmark	Score
Do you feel your call to 111 Wales was helpful?	85	72
Did you follow the advice given to you by NHS 111 Wales?	85	87
Would you consider using NHS 111 Wales again?	85	91
WAST Overall - Friends & Family Test	Ranked from very poor to very good.	
How was your overall experience with the service today?		
o Ambulance care	92.22% Good	6.11% Poor
o Integrated Care (NHS 111 Wales Telephone line only)	53.85% Good	23.08% Poor
o EMS (including CSD)	63.34% Good	18.18% Poor
o NHS 111 Wales Online	32.43% Good	51.35% Poor
	* Where totals above do not add up to 100%, this is because a 'Do Not Know' answer was given, these are excluded from overall total.	

Analysis

During May and June 2025, PEGI attended 27 community engagement opportunities, engaging with approximately 496 people. Engagement this month included attending Pride Cymru, Cardiff Mela, All Wales People First Adfest and Swansea Disability Forum. At all these events we listened to people tell us about their experiences of using our services, answered questions and provided information about topics people wanted to know more about.

Throughout May and June, we continued to make available 4 patient experience surveys covering the Trust's main service delivery areas. Engagement and survey outcomes remain largely consistent and tell us that people continue to be very concerned about response times in the community and frustrated at hospital handover delays. 111 callers have told us that they experienced long waits for call backs. NEPTS users told us that overall, they continue to be happy with the transport they receive but experience delays when waiting for their transport home following their appointment.

Remedial Plans and Actions

The PEGI Team are still waiting the progression of an OCP which will see the Team restructured and re-aligned to meet the Trust's ongoing strategic objectives. For now, the PEGI Team continue to engage in an ongoing dialogue with the public about their experiences and expectations of using our services, though it is yet unclear how this will change and what Team will be responsible for public engagement in the future. As a result, the PEGI Team are not committing to a diary of future engagement events and are considering each community engagement request on a case-by-case basis.

Response rates to some of our PREM's surveys continues to be disappointingly low and we acknowledge that this means we cannot report a truly reflective picture of what it feels like to be a user of some of our services. A DPIA was submitted to the ICO for consideration, which would allow us to contact certain 999 callers by SMS Text to ask them to provide feedback. The ICO has responded with 7 recommendations which will be presented to IGSG and from there it will be reported to ELT as an AAA.

Expected Performance Trajectory

The Team has recently lost four members of staff to retirement or moving onto new positions elsewhere. The impending OCP means we are unable to back fill these posts. This will impact on our ability to support/attend community engagement opportunities.

Our People

Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)

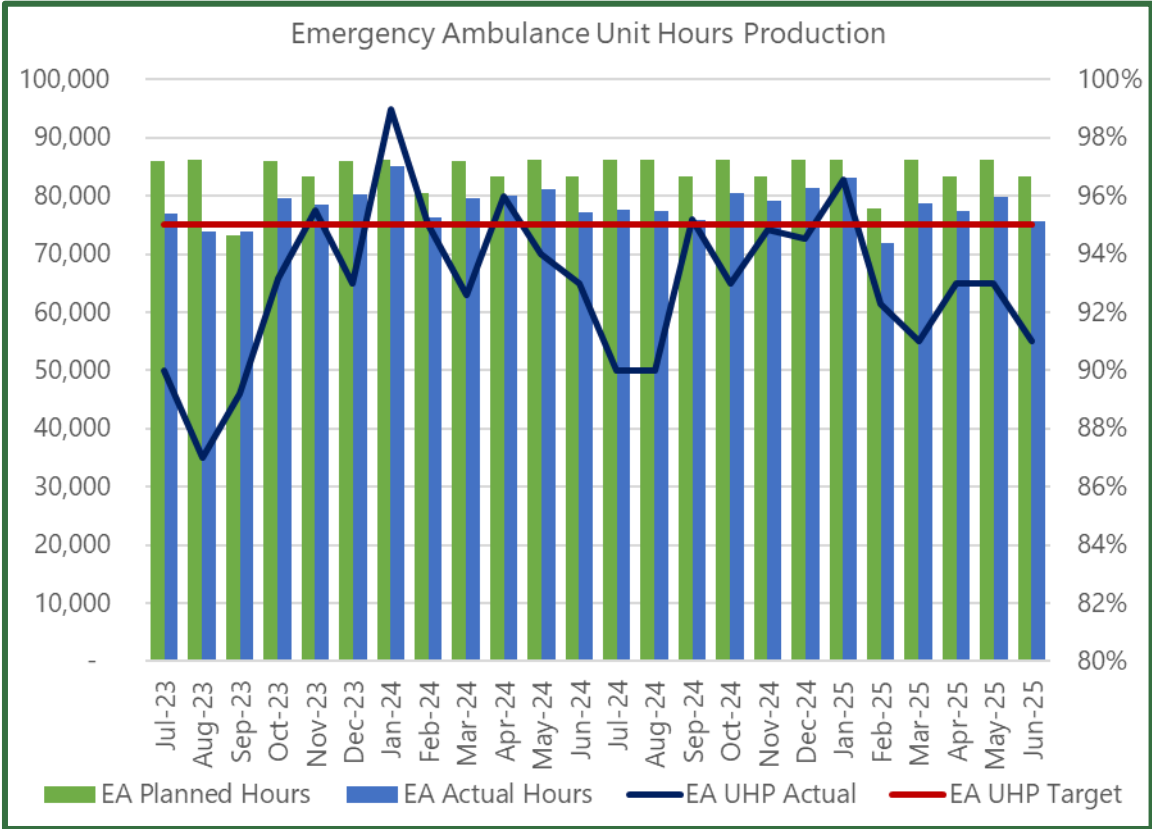
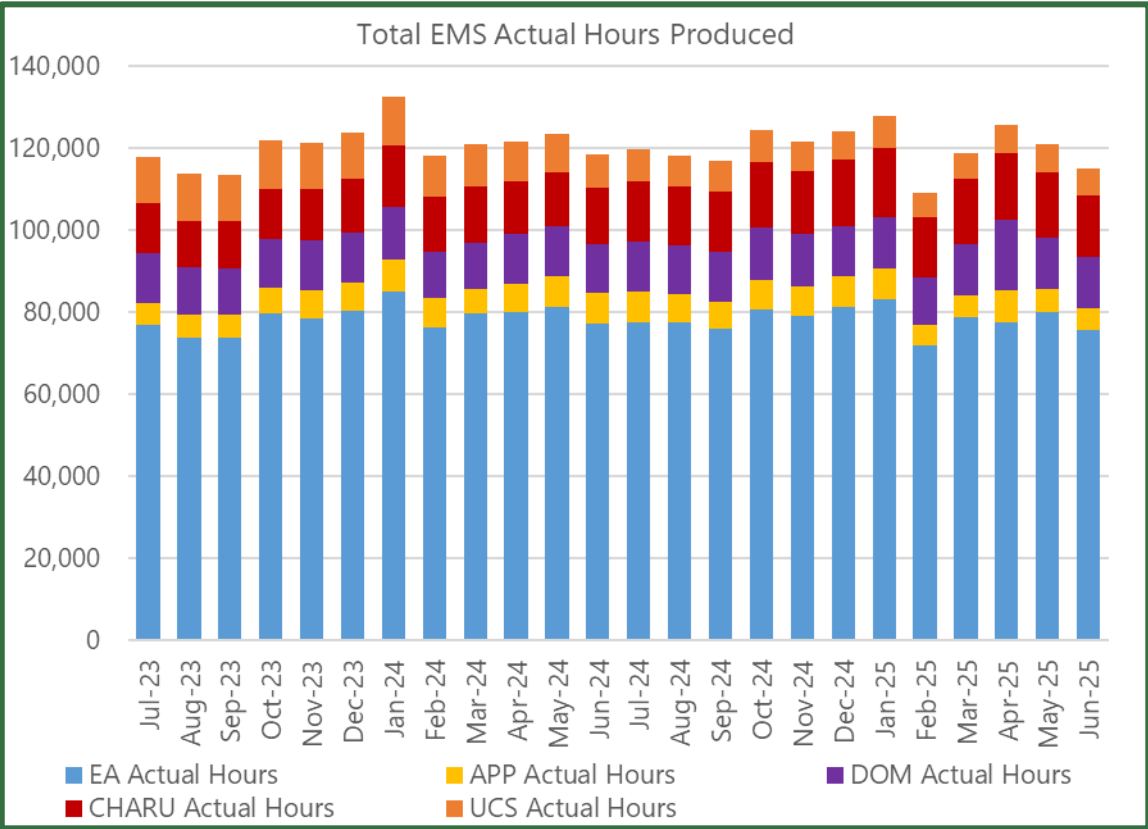
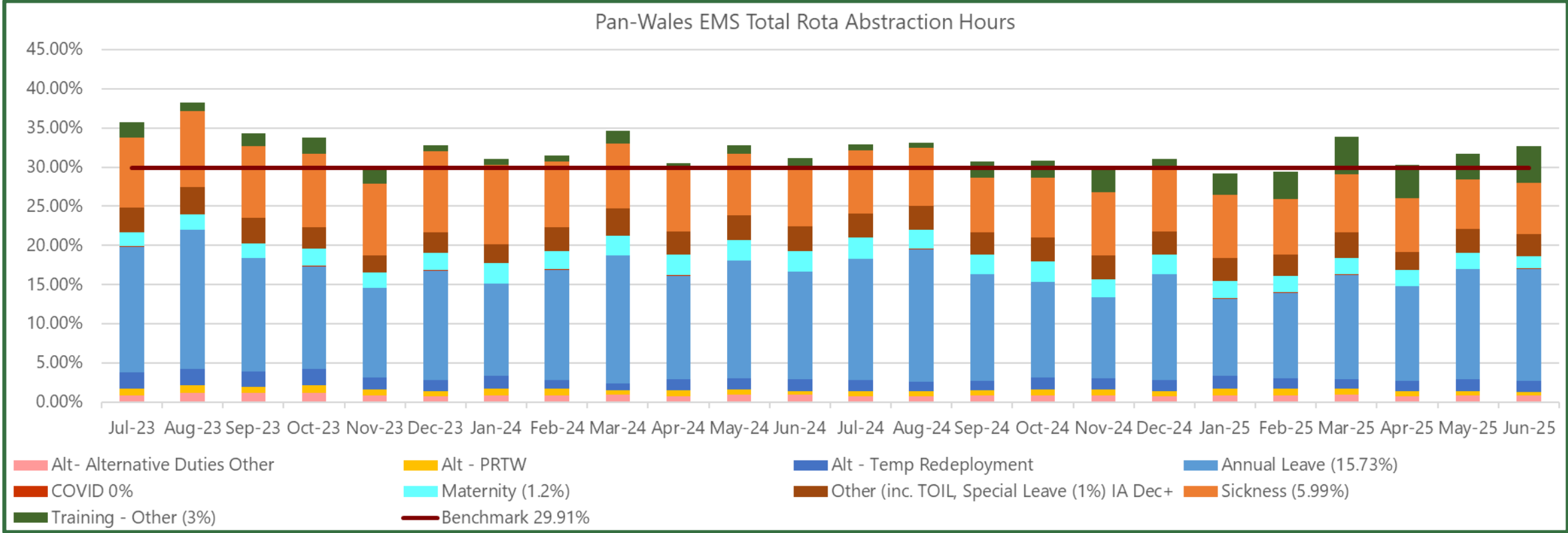
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Analysis

Monthly abstractions from the rosters are key to managing the number of hours the Trust has produced, as are the total number of staff in post. June 2025, saw total EMS abstractions (excluding Induction Training) of 32.63%. This was a minimal increase on the 31.68% recorded in May 2025 and remains above the 29.91% benchmark. The highest proportion of abstractions was due to annual leave at 14.29% followed by sickness at 6.49%.

The total EMS hours produced is a key metric for patient safety. The Trust produced 115,205 hours during June 2025; a decrease compared to the 118,364 hours produced during June 2024. The Trust is delivering good levels of production.

Emergency Ambulance Unit Hours Production (UHP) achieved 91% in June 2025 which equated to 75,686 Actual Hours.

In June 2025 CHARU UHP was 85% against the full roll out requirement. A slight drop compared to the past seven months.

Remedial Plans and Actions

- Continued focus on managing attendance across the Trust and managing abstractions from rosters.
- Full roll out of CHARUs.
- Continued focus on staff in post to establishment, aiming for 95% benchmark.
- Smoothing of staff between urban and rural areas.
- Focus on recruitment to reduce identified vacancy gap, in particular, EMTs and APPs.

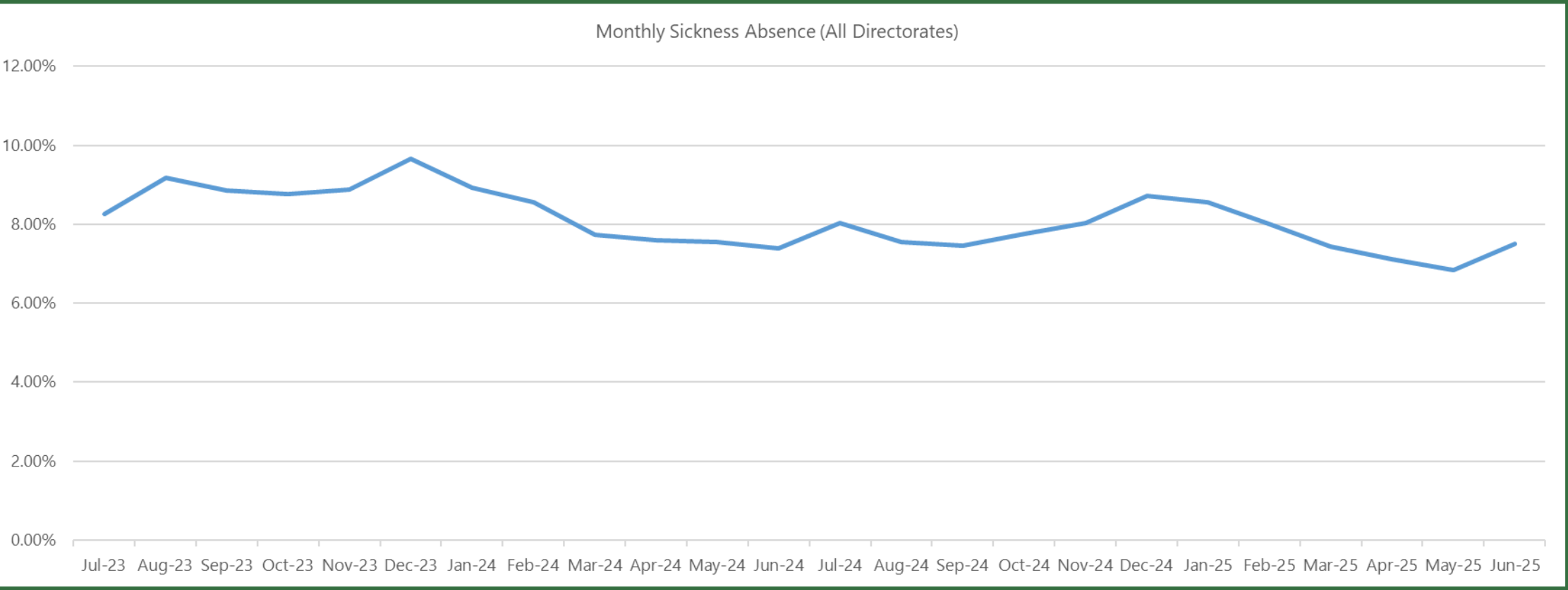
Expected Performance Trajectory

UHP estimates, based on recruitment levels, estimated abstractions and overtime have been provided to ELT. Production is just below target. The Trust maintains an ambition to reduce sickness to 6% and maintain abstractions to 30%. This has not yet been achieved for sickness, but the direction of travel is good, while the abstractions benchmark has been achieved a number of times this year.

Our People

Capacity - Sickness Absence Indicators

(Responsible Officer: Angela Lewis)



Analysis

There was a slight increase in overall sickness absence rates between May 2025 and June 2025, rising from 6.83% to 7.50%. Long term absence decreased from 5.25% in May 2025 to 5.17 % in June 2025, while short-term absence increased slightly to 2.33% (May 2025 - 1.38%).

The highest reasons for absence in June 2025 were Anxiety/ Stress/ Depression, other musculoskeletal problems, gastrointestinal problems, and injury fracture. Absence due to Mental Health increased slightly from 2.34% in May 2025 to 2.58% in June 2025.

WAST Occupational Health continue to meet national KPIs set by the All-Wales Occupational Health standards and scope of practice,, which states the 1st offered appointment date will be within 29 calendar days of the date referral received. The waiting time for a management referral in June was 11.7 days.

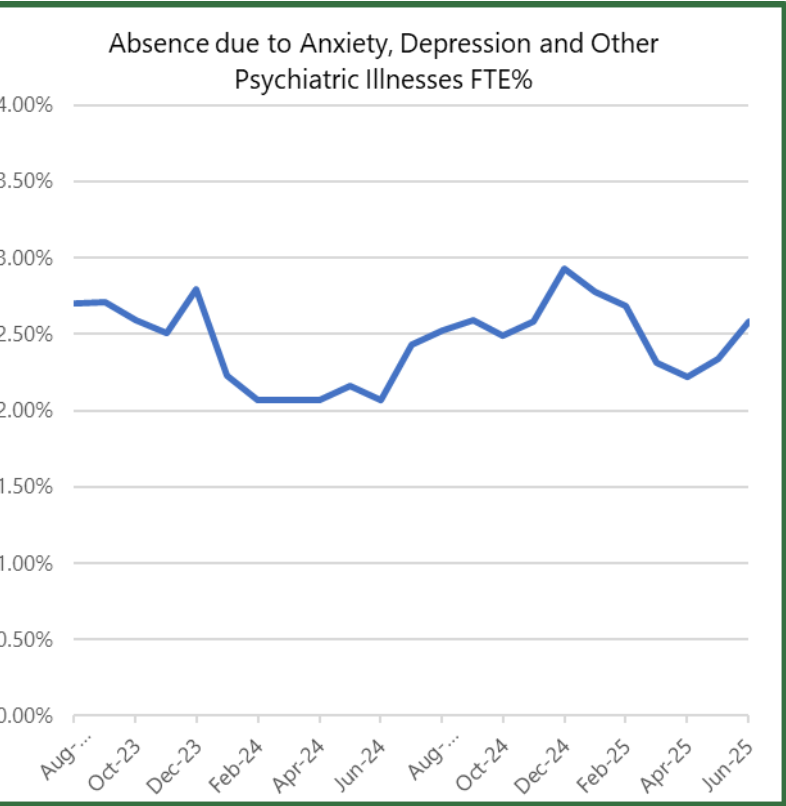
The team continue to triage all referrals and enquiries to ensure prioritisation of anything that requires urgent attention.

Remedial Plans and Actions

- The Health and Wellbeing Plan for 2025-29 has been approved by the WAST Board and a delivery plan has been developed and implemented. The focus of the plan is to improve workplace relationships, increase the trauma-awareness of the organisation and address health and wellbeing challenges increasingly on a systemic level, in addition to providing support on an individual level.
- Team members from OH/Wellbeing/TRiM continue to promote our services via Siren, outstation visits and drop-in clinics. We regularly give presentations to newly recruited staff to highlight and promote the Occupational Health & Wellbeing service.
- The programme plan for the pilot Health Check Programme, Health Diagnostics, (HD), has now started, and the team are scheduling clinics inviting staff to book screening appointments.

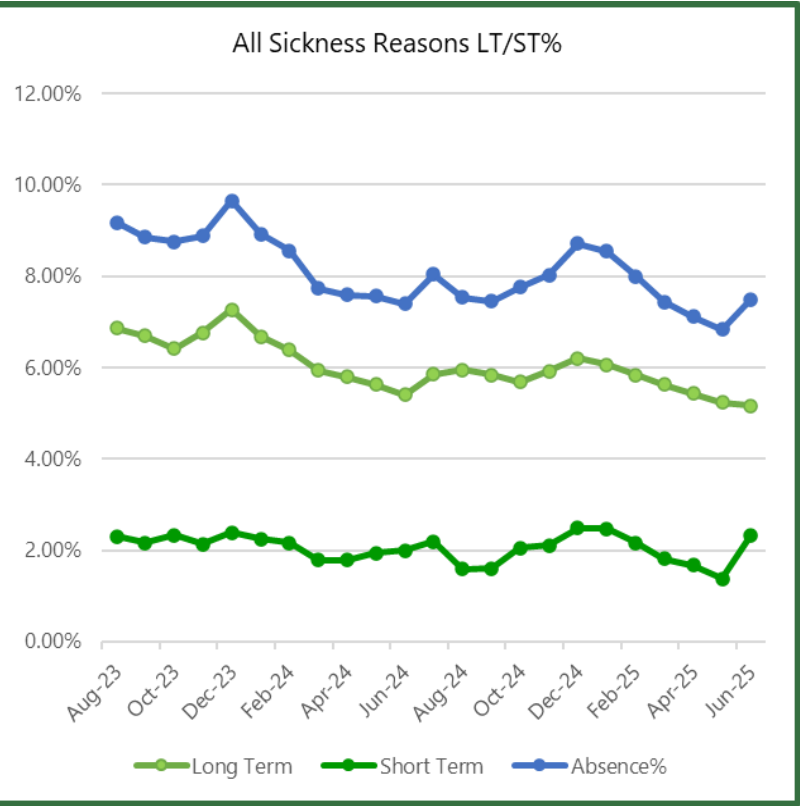
Expected Performance Trajectory

The Trust has indicated through its IMTP that sickness levels will fall in this financial year, but the Trust is unlikely to achieve the 6% target for the year given continuing system pressures.



Average working days lost per FTE (Annual)	
17.66 days	
Single month Absence %	
7.50%	
Long Term	Short Term
5.17%	2.33%
Mental Health	Other MSK
(S10 Stress/Anxiety) 2.58%	(excluding Back) 0.77%

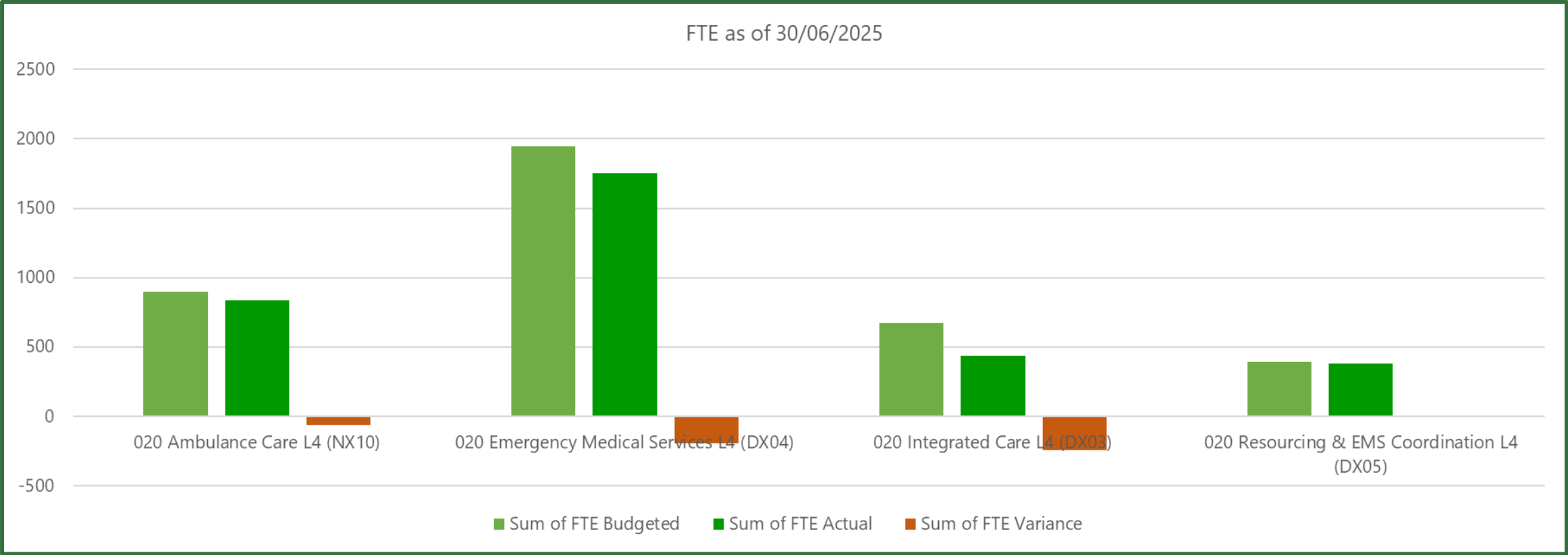
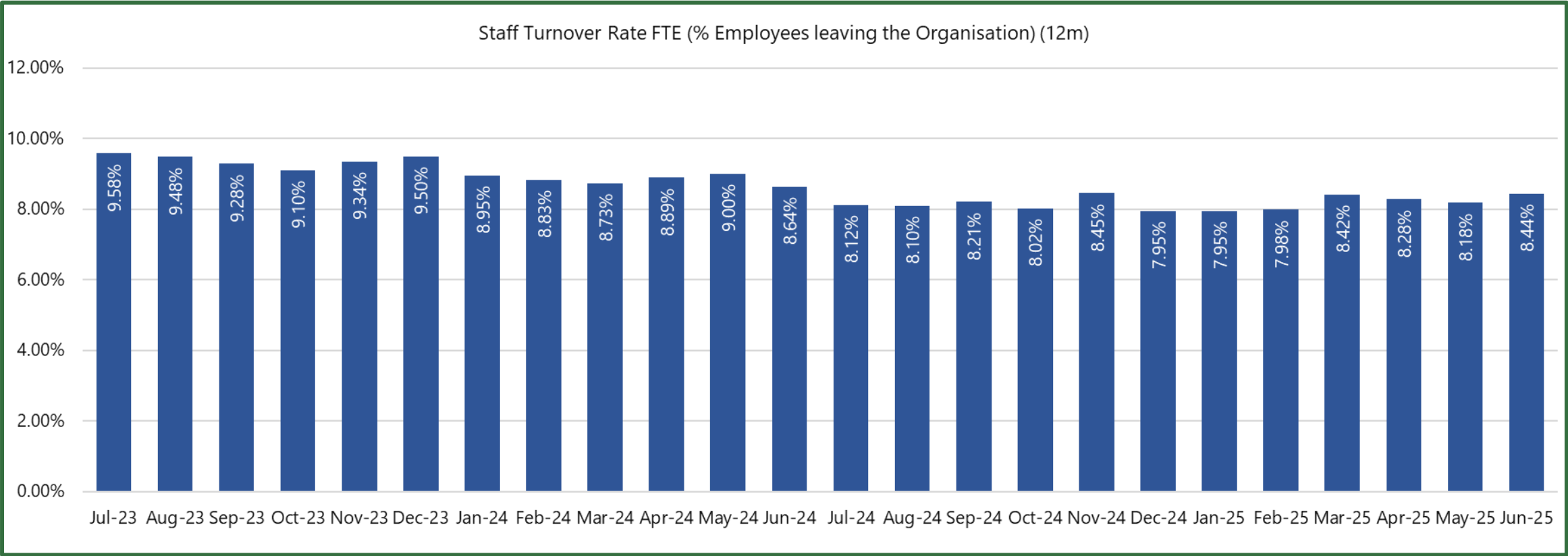
June 2025



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

Our People

Capacity – Staff Turnover



Analysis

The staff turnover rate in June 2025 was 8.44%, minimally increasing from 8.18% in May 2025. June saw 31 leavers (27.03 FTE). Of those leaving, the greatest number were Operational and included;

- Technicians (6 people)
- Staff Nurses (5 people)
- Ambulance Care Assistants/Patient Transport Drivers (4 people)
- Emergency Call Handlers (3 people)

Current trends are being monitored via the leaver’s questionnaires; however, these are not mandatory. Of the information shown for June, most leavers mention changes in personal circumstances, better work location, retirement, better work life balance or better hours.

In June, this was compensated by 39 joiners (36.88 FTE). A headcount of 1 person into Corporate roles and 38 people into Operational roles including;

- Staff Nurses (8 people)
- Emergency Call Handlers (7 people)
- Urgent Care Assistants (6 people)
- Paramedics (5 people)
- Non-emergency medical Dispatchers (3 people)

Remedial Plans and Actions

- The Trust is looking at longer term models to grow our APP cohort to support our future ambitions, which will include the recruitment of additional NQPs to support our B6 paramedics movement into APP roles.
- Discussions around the future skill mix of our EMS workforce are ongoing, this could have considerable impact on the EMS workforce going forward. However, sufficient training capacity has been planned during 2025-26 to enable the trust to recruit any staff into the organisation, regardless of what grade that may be.

Expected Performance Trajectory

Turnover and FTE trends and themes are being monitored with plans adjusted accordingly.

Our People

Capability - PADR and Training Rates Indicators

(Responsible Officer: Angela Lewis)

PADR

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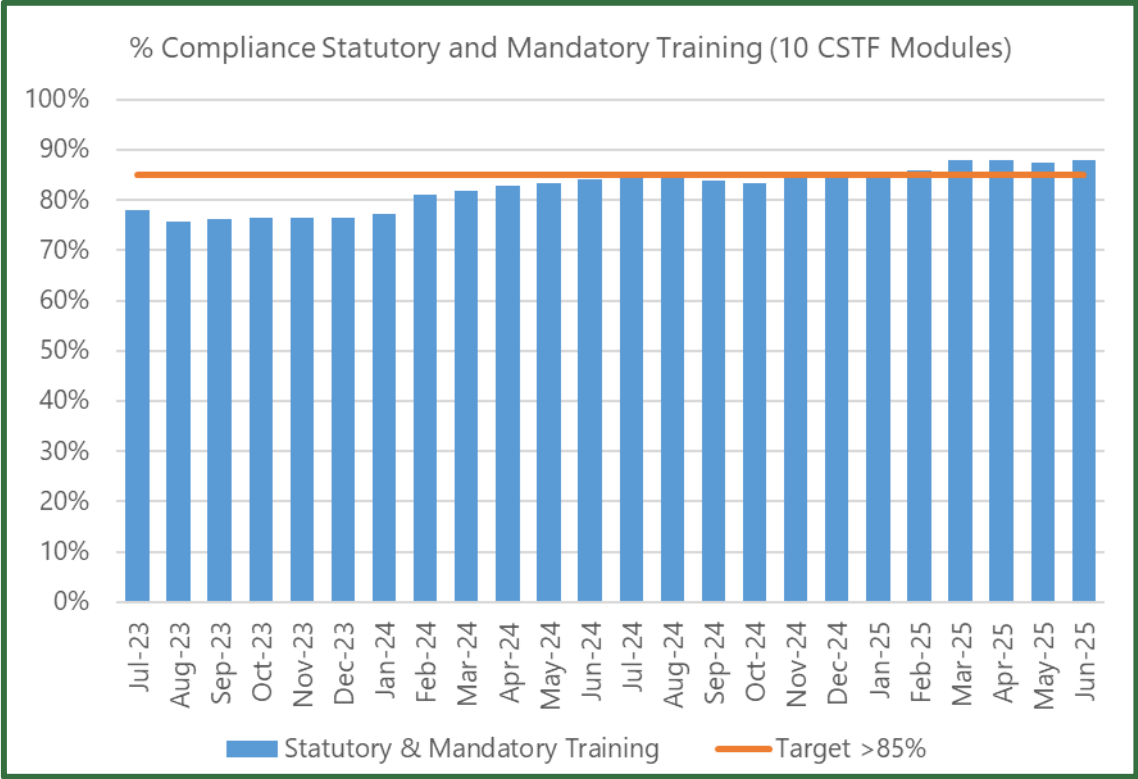
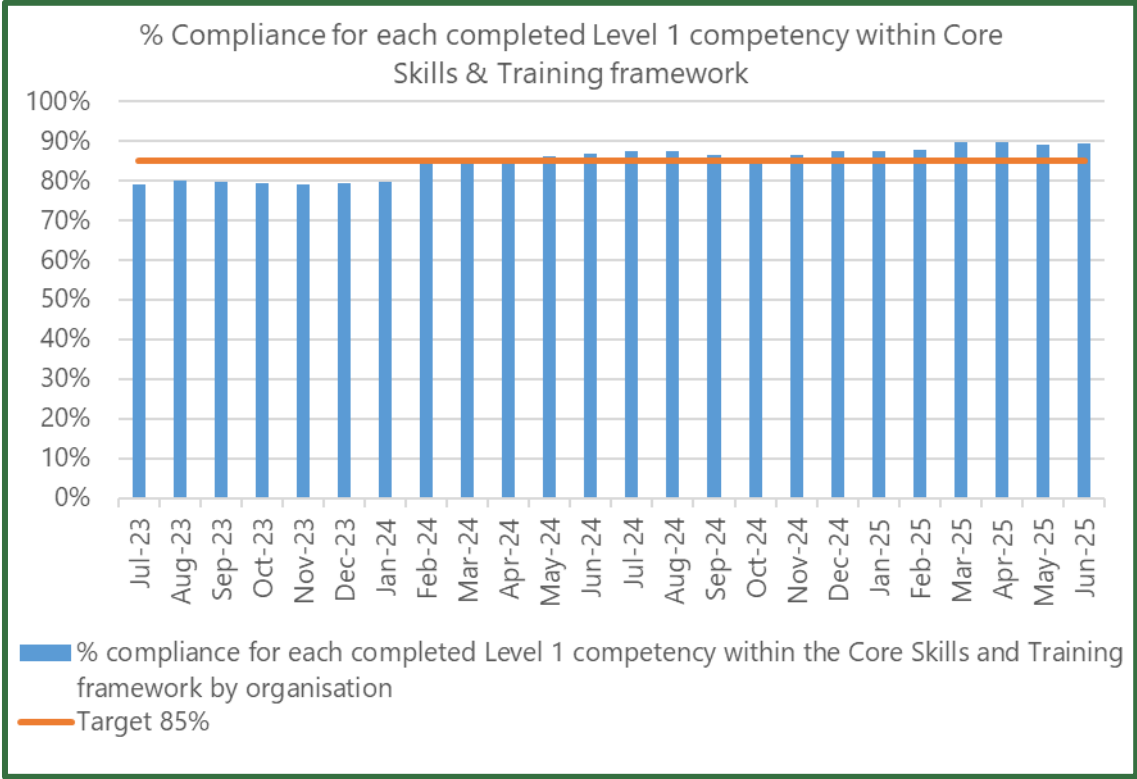
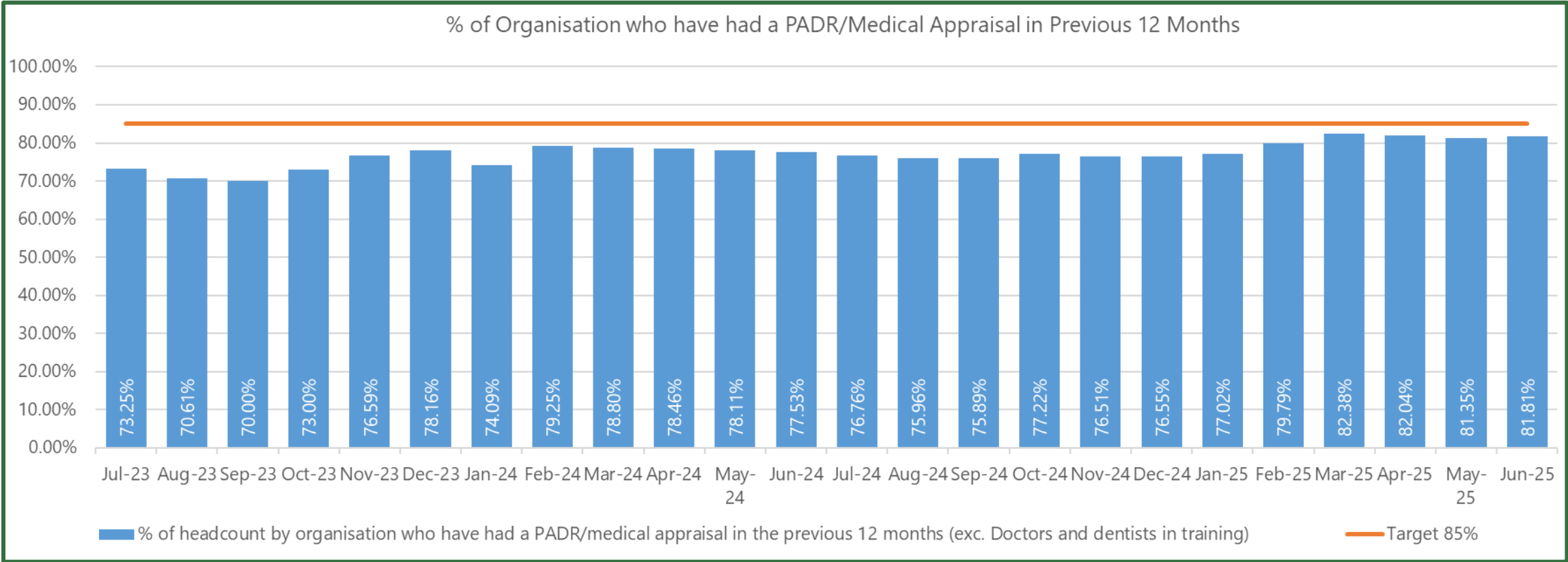
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CI

PCC

Health & Care
Standard
Health – Staff &
Resources

Self-Assessment:
Strength of Internal
Control: Strong



Analysis

PADR rates minimally increased minimally from 81.35% in May2025 to 81.81% in June 2025 and remains close the 85% target. Over the reporting period this target has only been achieved once, in December 2022.

In June 2025 Statutory & Mandatory Training rates reported a combined compliance of 88.05% exceeding the 85% target for the seventh consecutive month. However, only Dementia Awareness (98.50%), Moving & Handling (95.93%) and Safeguarding Adults (95.61%), achieved the 85% target. Information Governance (88.11%), Equality & Diversity (84.53%), Paul Ridd (78.21%), Fire Safety (79.58%), Fraud Awareness (79.38%), Violence Against Women, Domestic Abuse & Sexual Violence (75.26%) and Welsh Language Awareness (73.40%) all remain below this target.

There are currently 20 Statutory and Mandatory courses that NHS employees must complete in their employment. These are listed in the table:

Remedial Plans and Actions

Engagement in the PADR process serves as a Key metric for evaluating team cultural health. By increasing engagement with the PADR process, our goal is to enhance employee development, support better Communication between managers and employees and develop a culture of accountability and continual improvement.

There has been a continuation of the climb toward achievement of the 85% target across the remainder of the Core Skills Training Framework competencies which is projected to continue to increase as more learning content is moved to the user friendly environment enabling easier access to these reportable competencies.

Expected Performance Trajectory

Performance is improving as compliance has risen.

Skills & Training Framework	NHS Wales Minimum Renewal Standard
Equality, Diversity & Human Rights (Treat me Fairly)	3 years
Fire Safety	2 years
Health, Safety & Welfare	3 years
Infection, Prevention & Control Level 1	3 years
Information Governance (Wales)	2 years
Moving & Handling (Level1)	2 years
Resuscitation	Annually
Safeguarding Adults (Level 1)	3 years
Safeguarding Children (Level 1)	3 years
Violence & Aggression (Wales) Module A	No Renewal
Mandatory Courses	
Violence Against Women, Domestic Abuse and Sexual Violence	3 years
Dementia Awareness	No Renewal
Welsh Language Awareness	3 years
Paul Ridd (Learning Disability Awareness)	No Renewal
Enviroment, Waste & Energy (Admin & Clerical Staff Only)	Annually
Duty of Quality	3 years
Fraud Awareness	3 years
Prevent Course 1 - Awareness	No Renewal
Duty of Candour	3 years
Anti-Racism	3 years

Our People

Health and Well-being – Shift Overruns

(Responsible Officer: Angela Lewis)

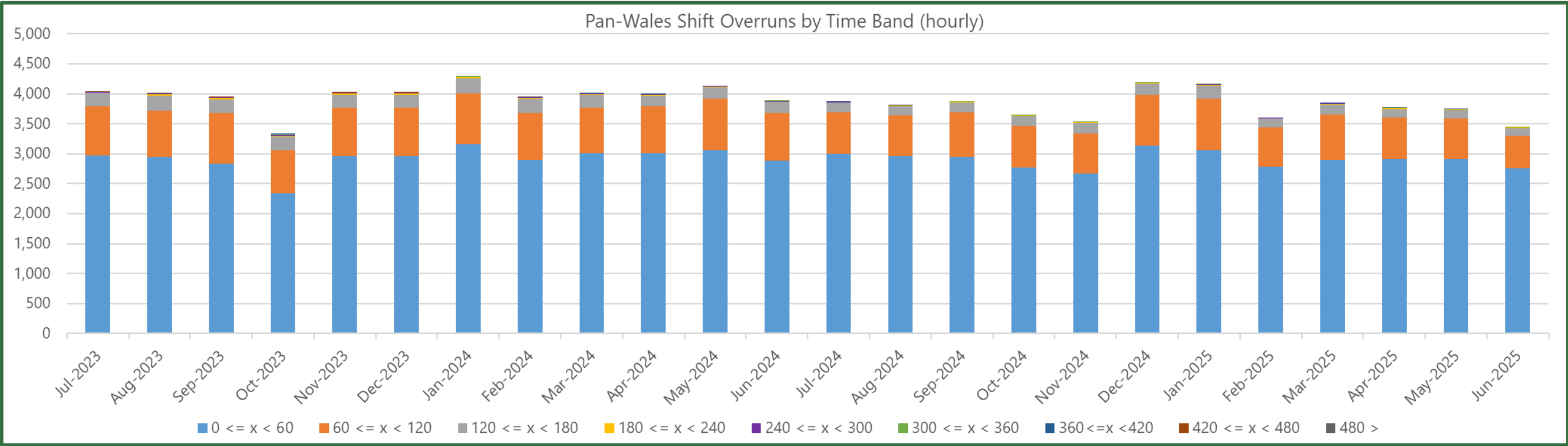
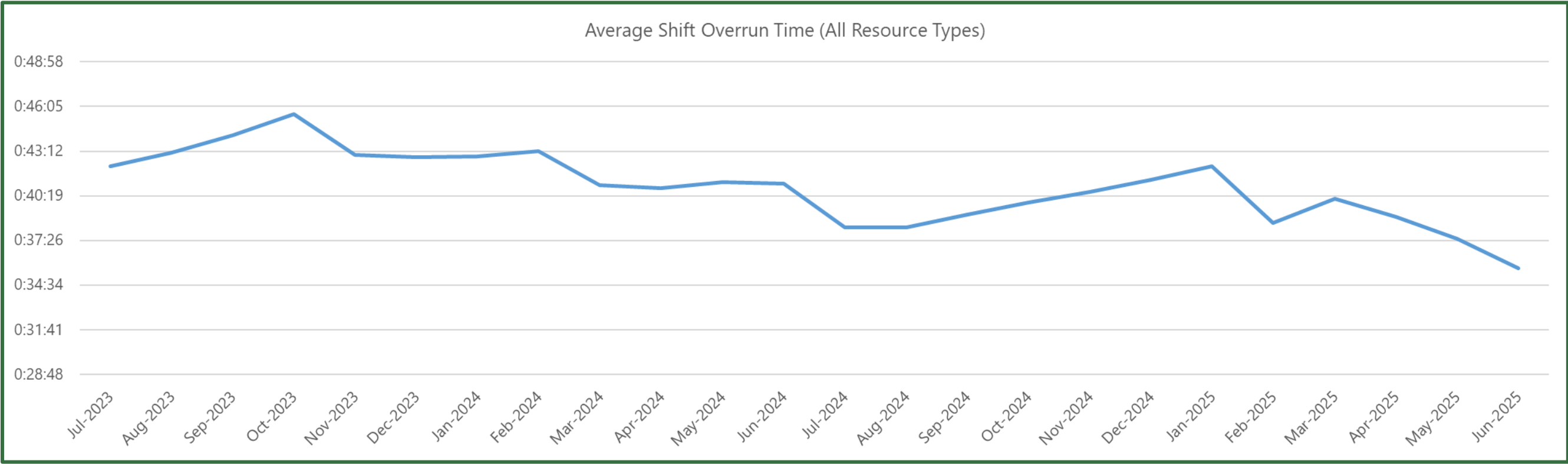
Overruns

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PCC



Analysis

There were 3,441 shift overruns during June 2025.

The average overrun figure for June 2025 was 35 minutes and 38 seconds, a minimal decrease from May 2025 (37 minutes 32 seconds). The trend continues to be downward over the past two years.

The highest volume of shift overruns occur within the 0 to 60-minute category, accounting for 76.5% of the total. 18.7% fall within the 61 to 120-minute category, 4.2% in the 121 to 180-minute category, 0.3% in the 181 to 240-minute category and 0.2% in the 241 minutes and over category.

Remedial Plans and Actions

Shift overruns are a key element of staff wellbeing and work is ongoing to mitigate these in conjunction with handovers, as although not shown here there is a clear correlation.

Collaborative work is ongoing with our Trade Union Partners via a dedicated Task and Finish group to find ways to reduce overruns for our people.

As part of the Trust's winter resilience planning, it introduced "pods" at some hospital locations to aid staff finishing on time. These are continuing, at this time, in 2025.

Expected Performance Trajectory

Overruns correlate with handover lost hours and may continue to increase.

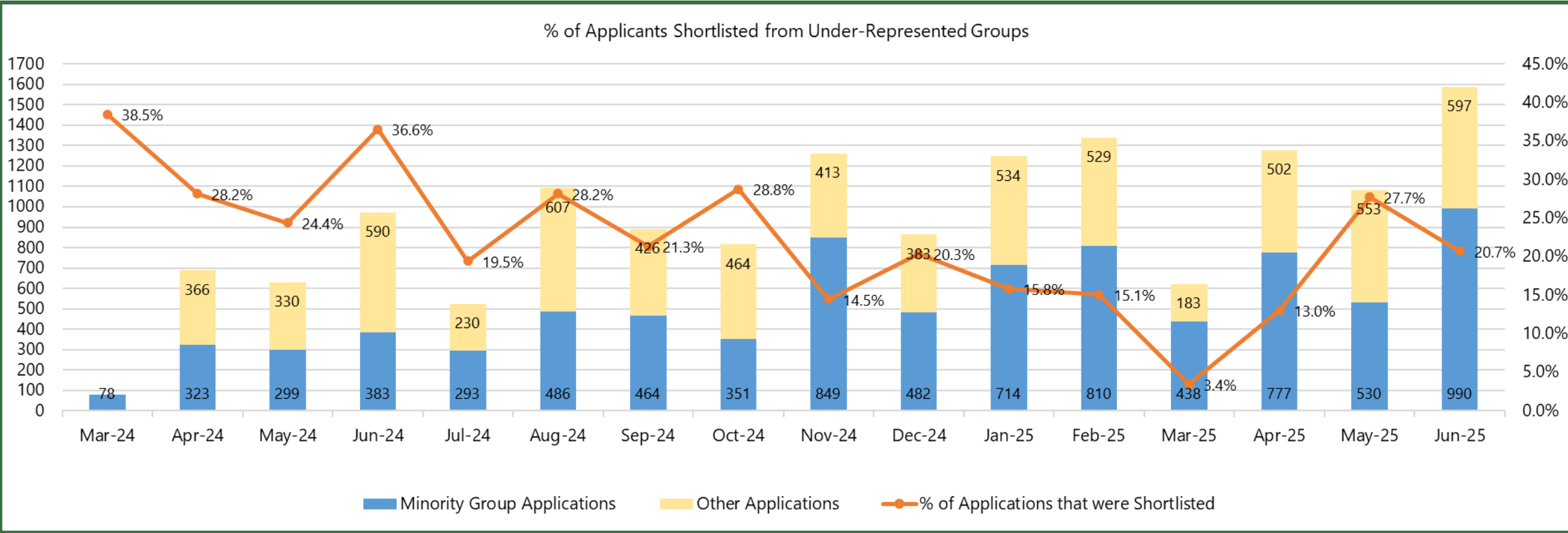
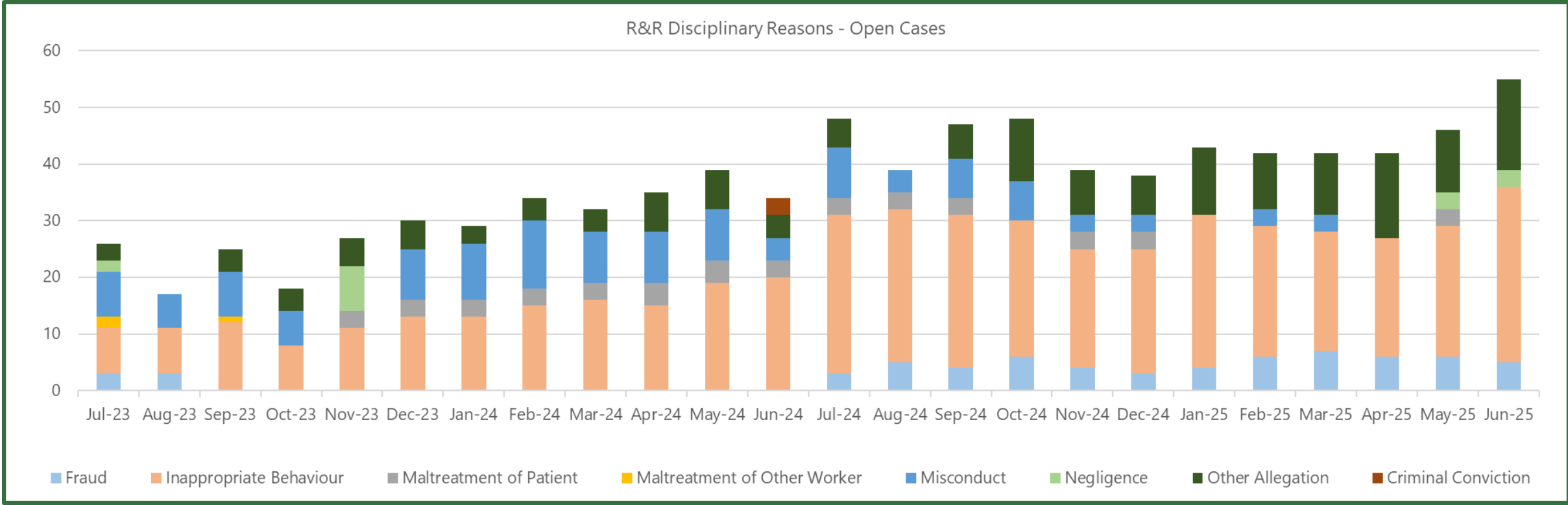
Our People

Culture – Number of R&R Disciplinary Hearings and Number of Applicants Shortlisted from Under-Represented Groups

(Responsible Officer: Angela Lewis)

Self-Assessment:
Strength of Internal
Control: Moderate

PCC



Analysis

There were 55 open formal disciplinary cases recorded at the end of June 2025, compared to 46 in May 2025. Of these Disciplinary cases, 56% are due to allegations of inappropriate behaviour.

There were 27 open formal Respect and Resolution cases in June 2025, an increase from 25 reported in May 2025. (increase due to R&Rs in relation to Roster Reviews)

The bottom graph shows that in June 2025, 1,587 job applications were processed, and 490 interviews planned.

Of the 1,587 applications, a total of 990 were from under-represented groups with 607 in the category of Ethnicity, 203 within Disability and 180 identifying within Sexual Orientation.

In June 2025, 20.7% (n=205) of all applications from under-represented groups made it through shortlisting and were invited for interview. This was a decrease from the 27.7% in May 2025.

Remedial Plans and Actions

R&R Formal Disciplinary Cases: Continue to monitor. The Trust has a substantial programme of work in place, connected to behaviours.

The work continues with the digital directorate and the ED&I team to host recruitment workshops for Black, Asian and Ethnically diverse applicants. The ED&I team are also hosting unconscious bias training for the managers within the digital directorate this is also being undertaken with the interviewers for our annual Graduate Paramedic recruitment. We have also set up support workshops for applicants that have a protected characteristic that have been invited to interview for the Graduate Paramedic position.

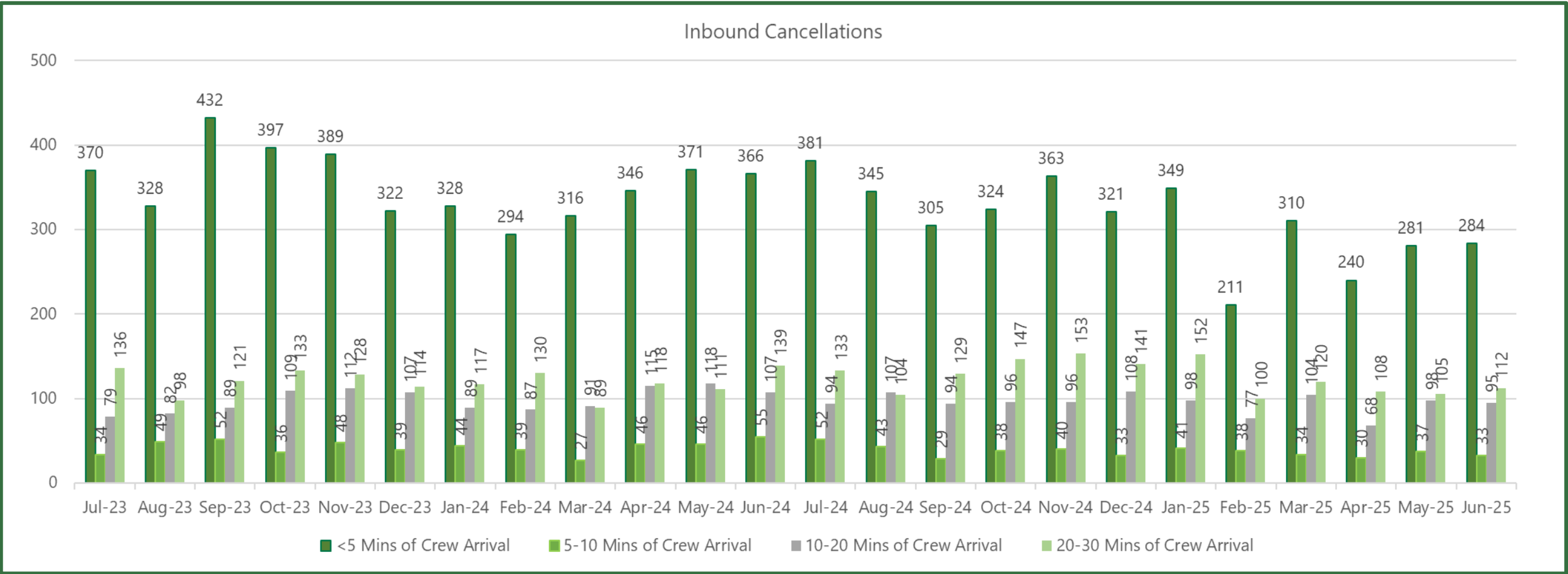
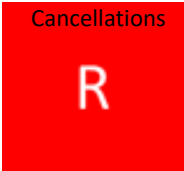
Expected Performance Trajectory

Continue to monitor levels, no trajectory for this measure.

Finance, Resources and Value

Value: Ambulance Care Indicators

(Responsible Officer: Lee Brooks)



Analysis

Inbound cancellations of 5 minutes or less of the crew arrival time saw a minimal increase in June 2025 to 284, compared to 281 in May 2025. The total number of cancellations within 30 minutes also marginally increased from 521 in May 2025 to 524 in June 2025.

In June 2025 there were 85 travel bookings cancelled by patients (including via SMS), remaining consistent with May 2025. Further SMS improvements will go live in July that should continue the improving trend observed.

The other top reasons for less than 5-minute cancellations included: 28 patients not located, 8 unwell/too ill to travel and 7 no appointment.

Same day cancellations increased slightly in June 2025 to 14.7% compared to May 2025 (13.4%).

Remedial Plans and Actions

Work with Hywel Dda to develop a direct link between their PAS system and our CAD ,is imminent. Once in place this will allow for WAST to be notified once the health board cancels or alters an appointment, that requires WAST transport.

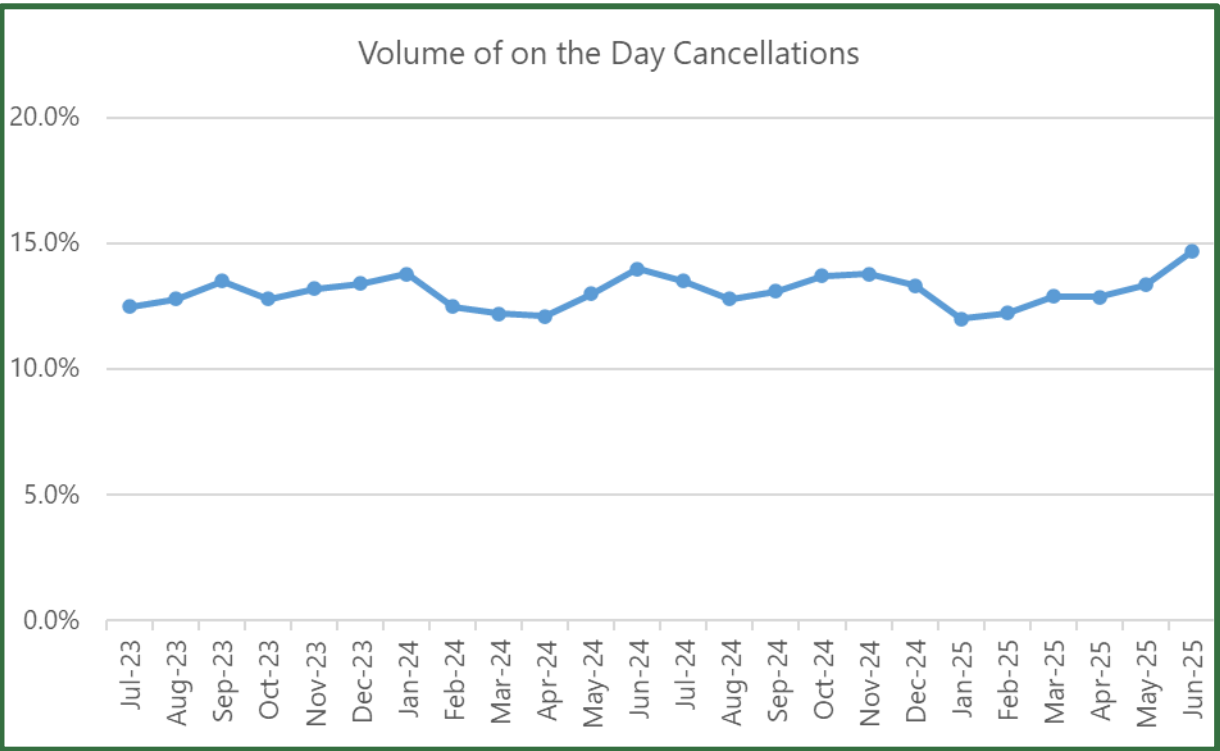
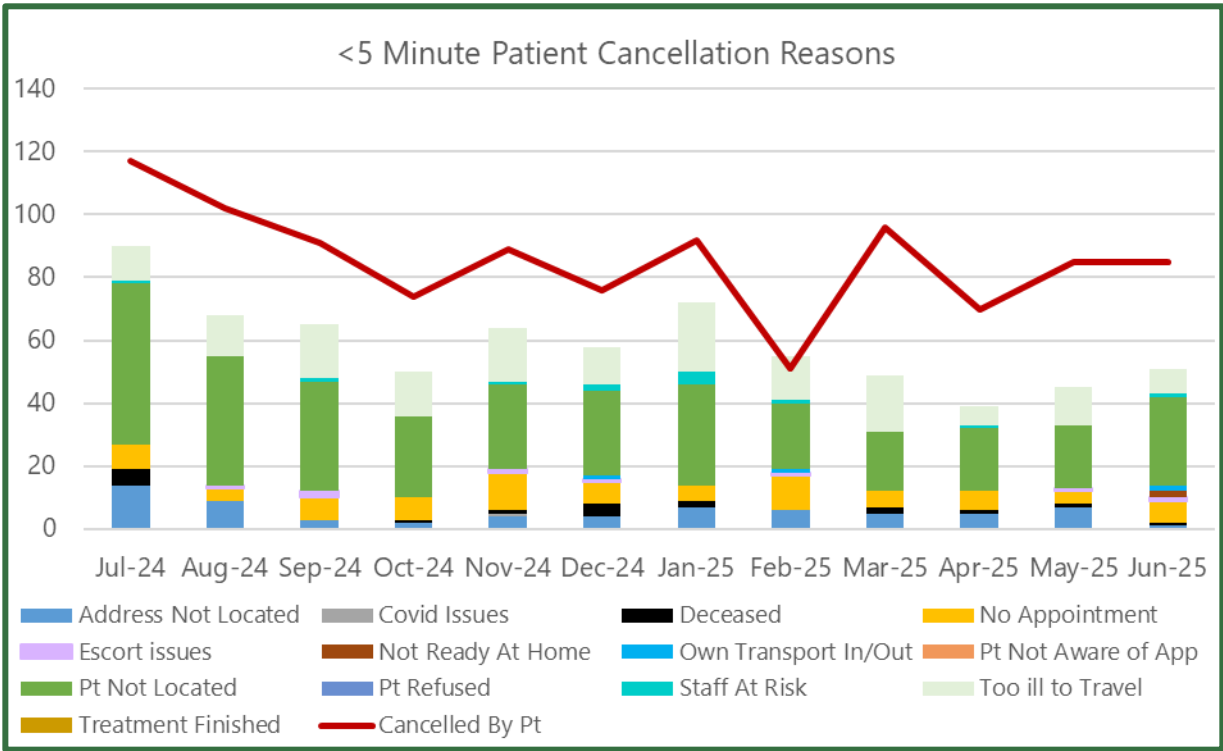
Work is also underway to enhance the service’s text messaging options to improve notification to patients.

Expected Performance Trajectory

Until this work is completed, we do not anticipate a significant shift in the trajectory as many of the factors affecting this are outside of our direct control.

Please note that that figures may be lower than overall totals due to some records having no cancellation date.

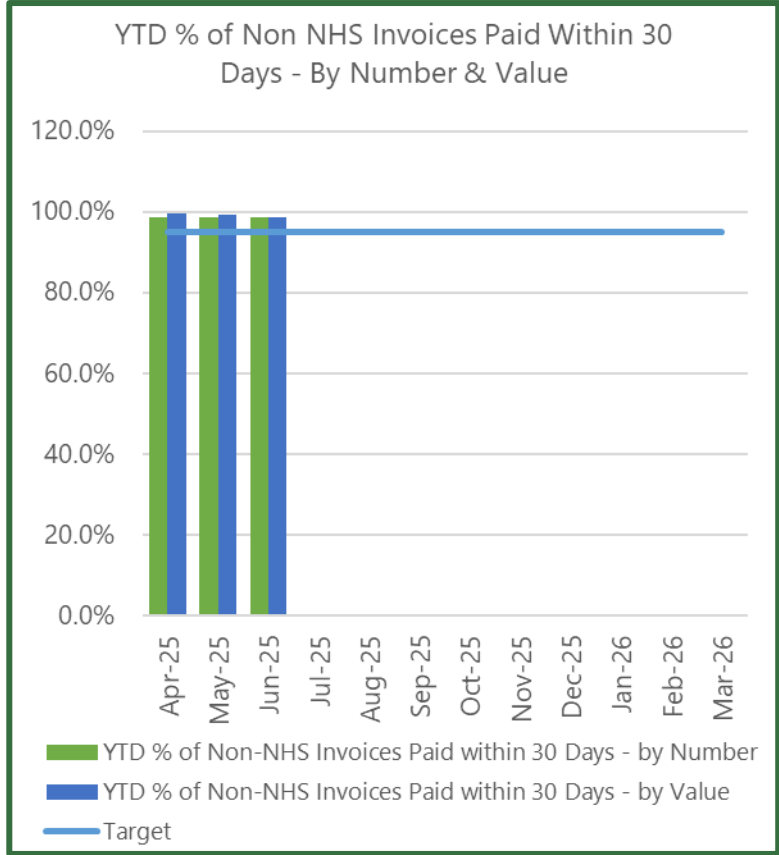
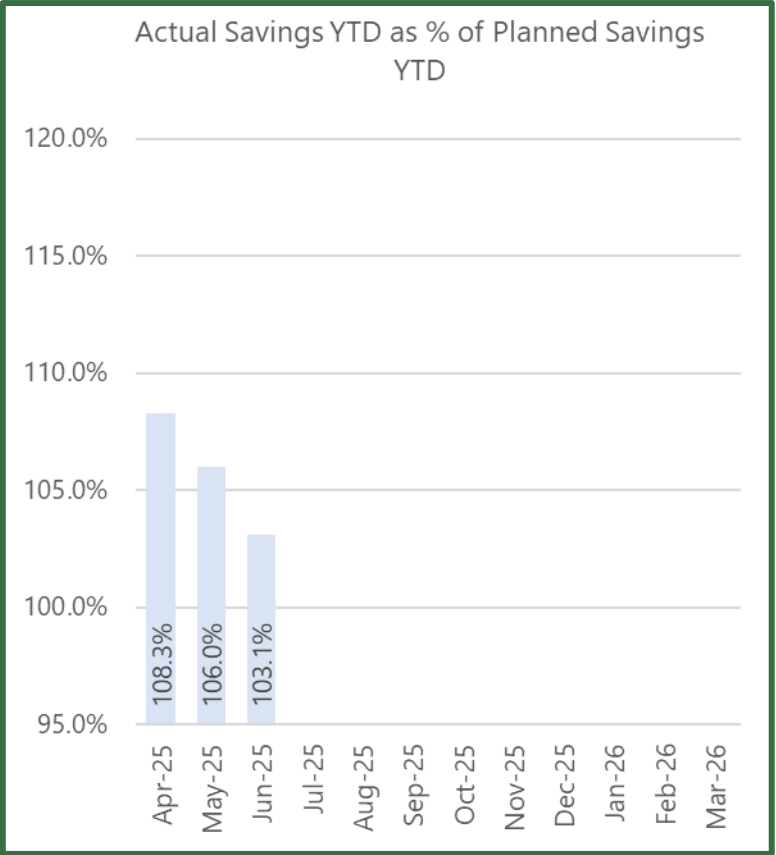
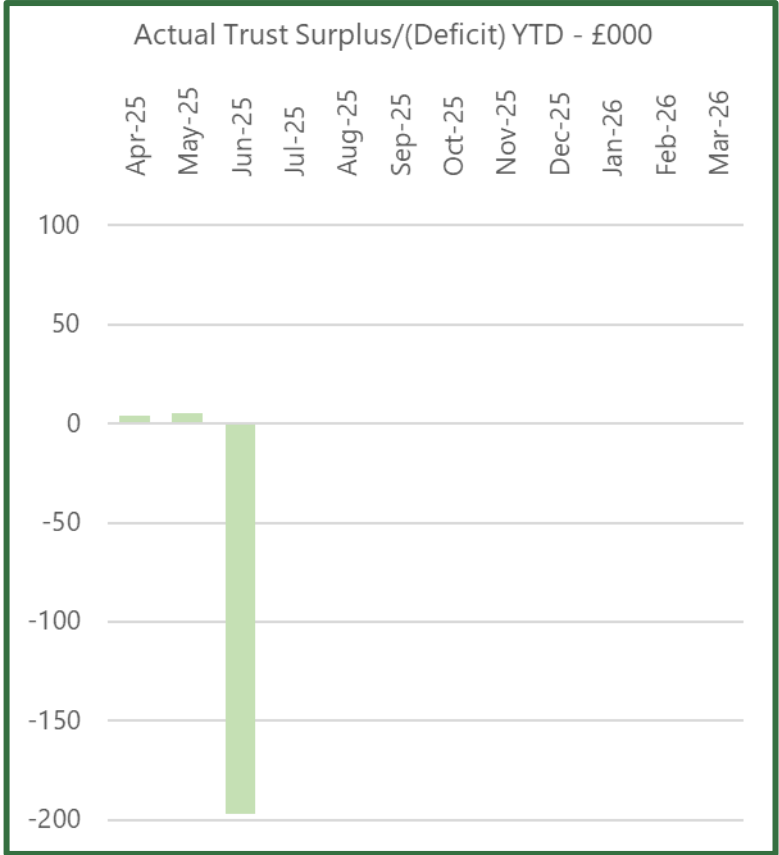
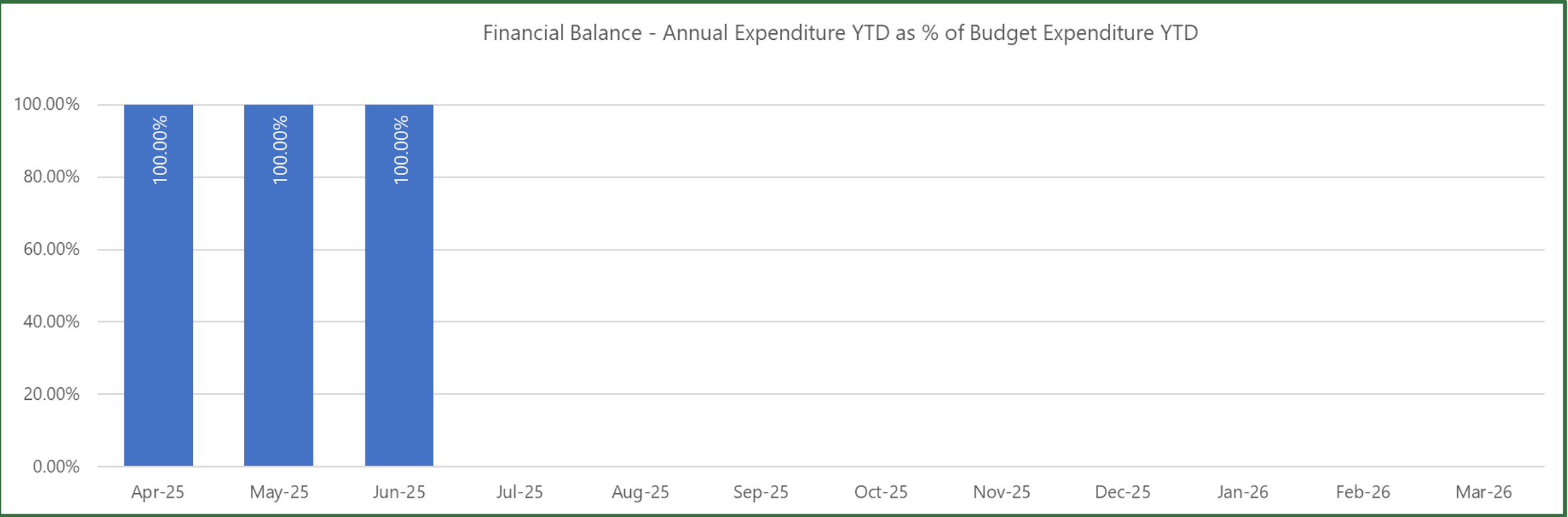
**Please note that MDTs do not appear to provide specific cancellation reasons for either inbound or outbound journeys. There are at present multiple and duplicated reasons both crews, control and the liaison desk can select.*



Finance, Resources and Value

Value - Finance Indicators

(Responsible Officer: Chris Turley)



Analysis

The reported outturn performance at Month 3 is a deficit of £0.197m, with a forecast to the yearend of breakeven.

For Month 3 the Trust is reporting planned savings of £2.073m and actual savings of £2.137m (an achievement rate of 103.1%).

The Trust's cumulative performance against PSPP as at Month 3 is 98.7% against a target of 95%.

At Month 3 the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit.

Remedial Plans and Actions

There is no remedial plan required given the Trust is forecasting to breakeven; however, as the Trust moves into 2025/26 key areas

of focus include:-

- Undertaking a review of commercial opportunities for income generation (once Head of Commercial Development is in post) .
- A continued focus on the Trust's financial sustainability programme.
- Improved governance for Value Based Health Care, with a particular focus on benchmarking; and
- An improved approach to benefits realisation

Expected Performance Trajectory

The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP for the 2025/26 financial year; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to deliver a planned level of savings in the 2025/26 financial year of c£8.5m.

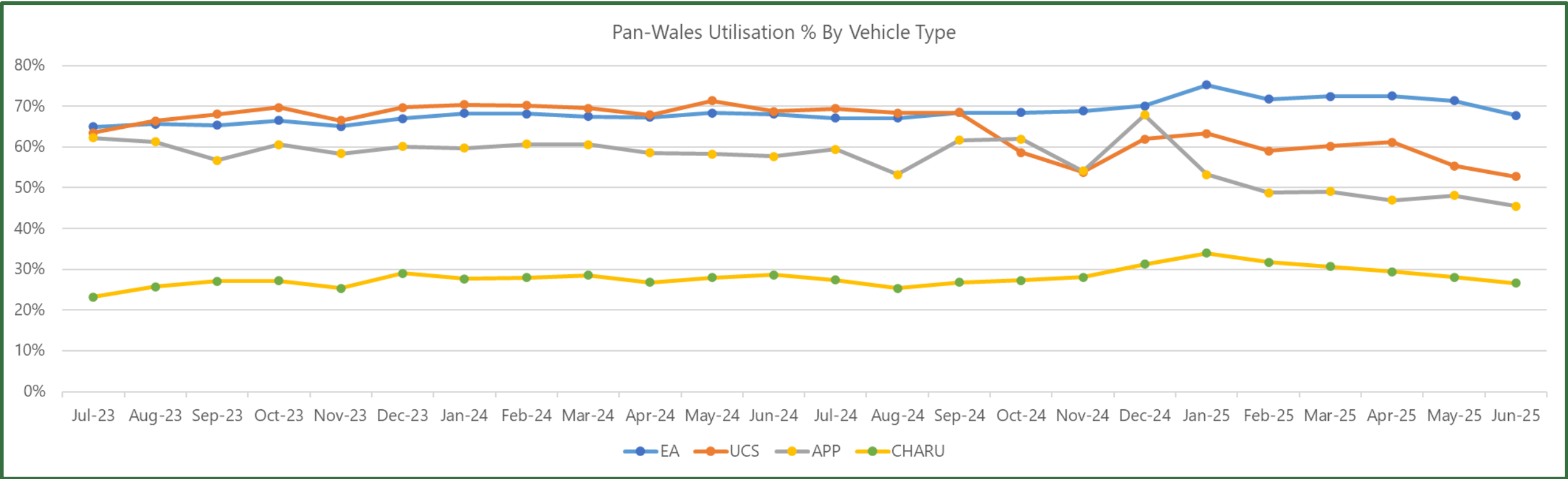
Finance, Resources and Value

EMS Utilisation

(Responsible Officer: Lee Brooks)



NB: Data quality issues have been identified within APP & CFR data. These are currently being addressed.



Analysis
Pan Wales Utilisation metrics in June 2025 were 53.6% for all vehicles types, a decrease from 56.5% in May 2025. EA saw the highest rate during the month at 67.8%, a decrease compared to the upward trend over the previous months. The optimal utilisation rate for EAs needs to be lower so that they are free to respond to incoming calls.

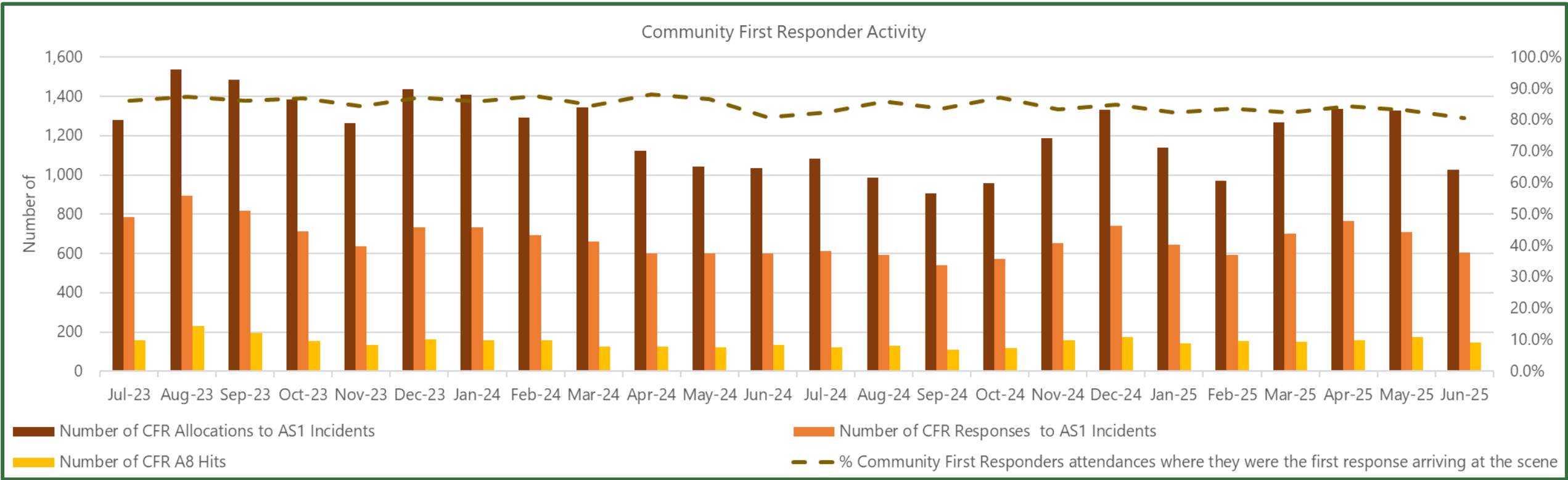
CFR data collation is under review due to the new Assemble system going live in June 2025. At present hours for which a CFR volunteers are entered manually by the individual, however there is work ongoing to connect this to the current CAD system from which they are dispatched to appropriate call codes. From the data available, in June we can see that CFRs were allocated to 1,025 EMS incidents and responded to 606. In June 2025 80.7% Community First Responders attendances where they were the first response arriving at the scene.

Remedial Plans and Actions
EA and UCS jobs per shift is fundamentally a product of handover delays.
For APPs, the APP Recruitment Task & Finish Group will give a focus on further improvement, in particular, improved information and a re-roster.

CHARU is a particular area of focus. Analysis indicates that CHARU contribution to Red compares favourably with the previous resource: RRVs.

Work ongoing to connect Assemble and CAD for all CFR and Community Welfare Responders (CWR) hours.

Expected Performance Trajectory
The Trust's ability to reduce the high utilisation rates for EAs and UCS is a product of handover, which it does not control. The Trust would expect an increase in CHARU utilisation and a decrease in EA utilisation during 2025/26 linked to the remedial actions identified above.



Finance, Resources and Value

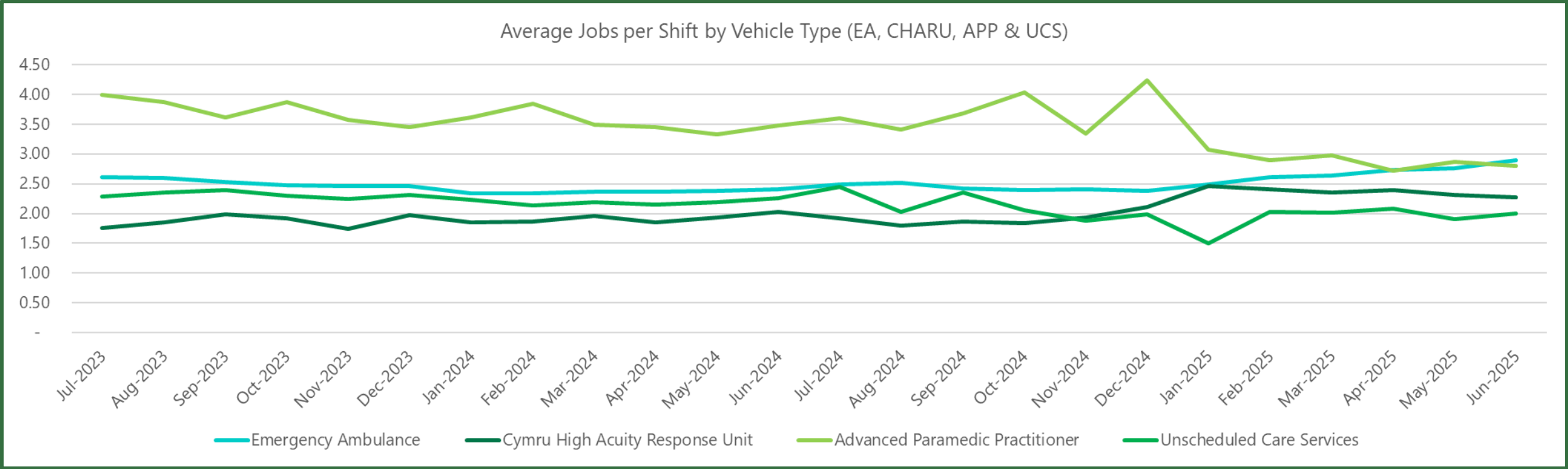
Average Job/Shift Times

(Responsible Officer: Lee Brooks)

Jobs Per Shift
A

FPC

NB: Data quality issues have been identified within APP data. These are currently being addressed.

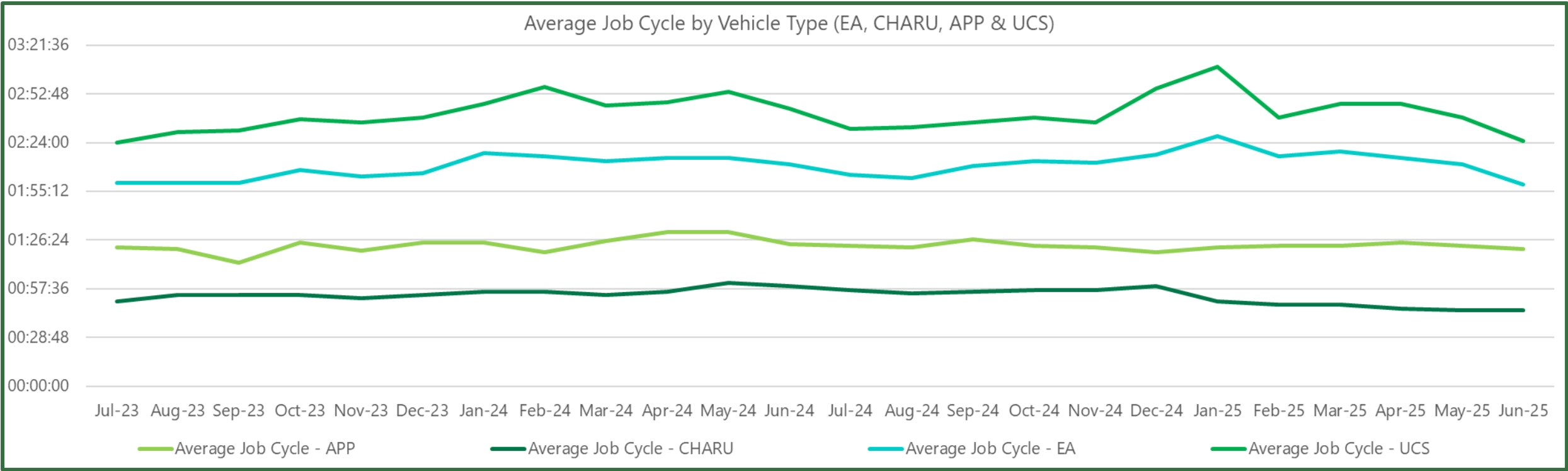


Analysis

Overall average jobs per shift was 2.33 in June 2025, a decrease from May 2025 (2.64). EAs averaged 2.89 jobs per shift and UCS crews 2.0. This is lower than what would be ideal and a product of handover delays.

APPs attended on average 2.89 jobs per shift and CHARU's 2.80. However, both sets of data are under review.

As demonstrated in the bottom graph, the average job cycle decreased slightly in June 2025 for EAs (1 hours 59 minutes) and APPs (1 hour 21 minutes) and UCS (1 hours 37 minutes). CHARU remained the same as the previous month (45 minutes).



(Responsible Officer: Lee Brooks)

Analysis

During June 2025, 53,175 calls were allocated into the 14 categories displayed in the graph opposite; a decrease compared to the 59,815 seen during May 2025. However, data quality issues continue within 111 reporting which are currently being addressed.

Calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 31.81% of all calls during June 2025, but there has been a material drop since the implementation of the new 111CAS system.

As the bottom left graph highlights, in June 2025, 6,439 calls were 'Stopped at Source', with no onward referral, a slight decrease from 6,816 in May 2025. 11,260 calls were referred to 999/ED in June 2025.

The percentage of 111 calls answered in Welsh increased slightly from 1.09% in May 2025 to 1.10% in June 2025. This equated to 64.8% of all 111 calls being offered in Welsh being answered.

Remedial Plans and Actions

There is currently a 111 Measures Task and Finish Group. This is a collaborative meeting between WAST, Six Goals, commissioners and DHCW. The focus is the development of a nationally reportable 111 data set. Similar to what is currently in place for Ambulance Service Indicators (ASIs). Part of this work involves looking at the reporting of disposition final outcomes.

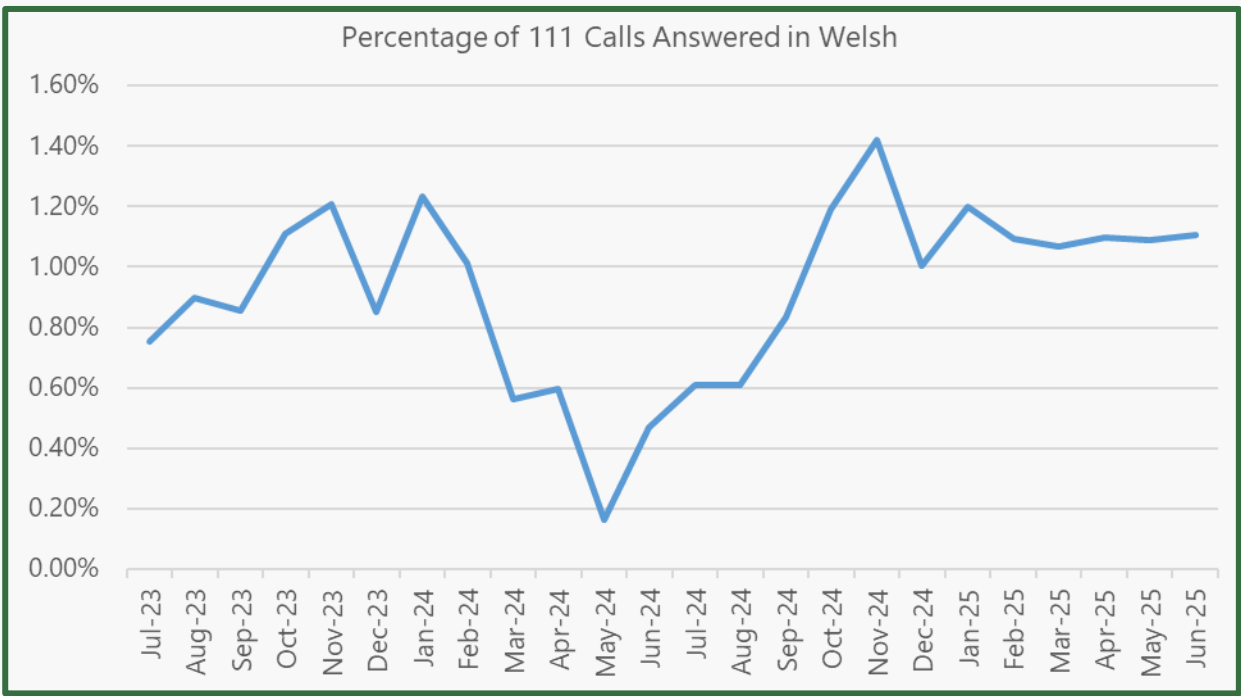
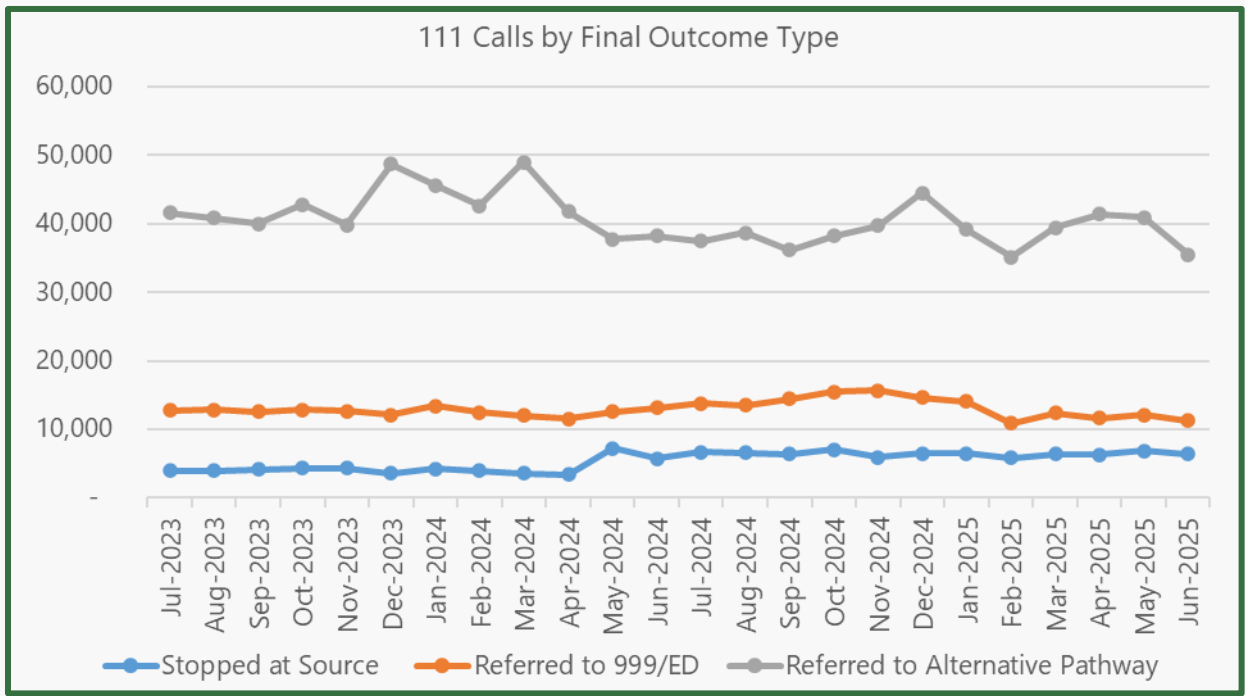
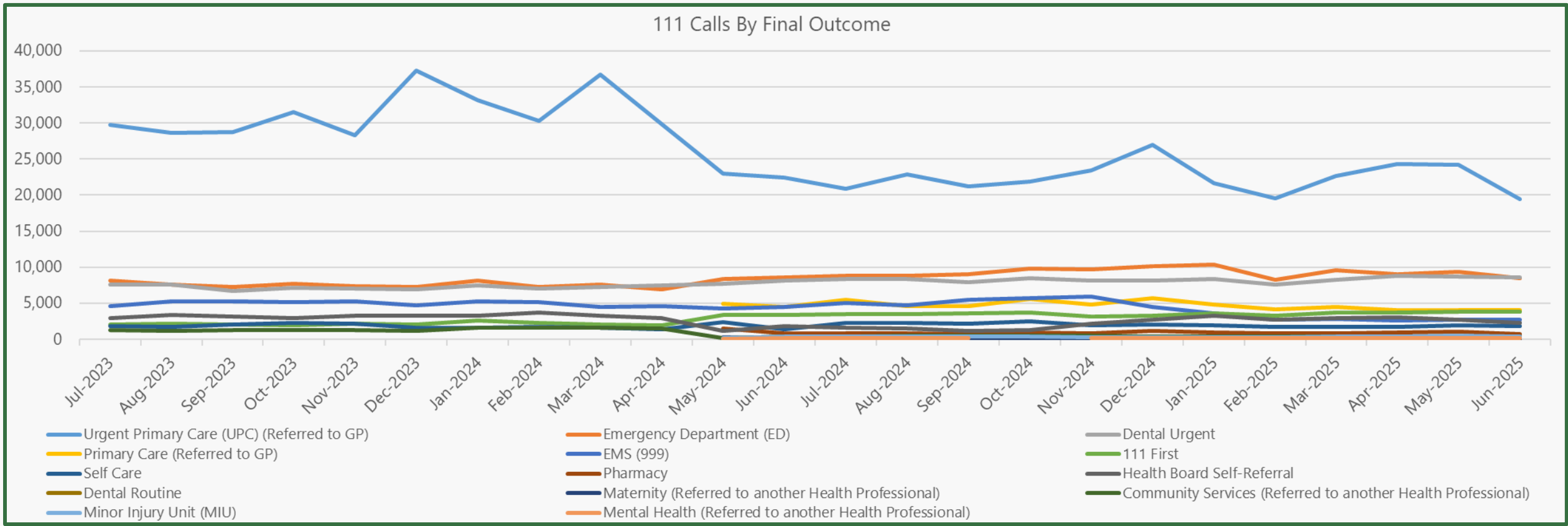
Expected Performance Trajectory

No performance trajectory is set at this time, as the Trust develops its measures and systems around these metrics. Once developed there will be an opportunity to develop benchmarks. The focus remains to shift left, where it is clinically safe and appropriate to do so.

Partnerships / System Contribution

NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators

Influencing Factors – Demand and Clinical Hours Produced



Partnerships / System Contribution

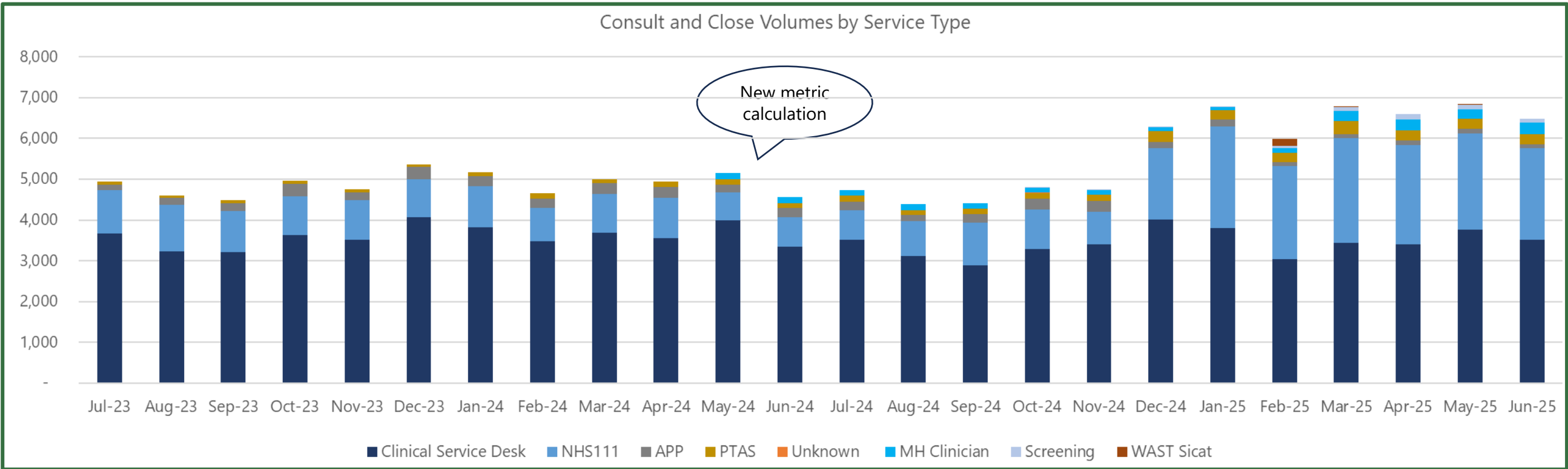
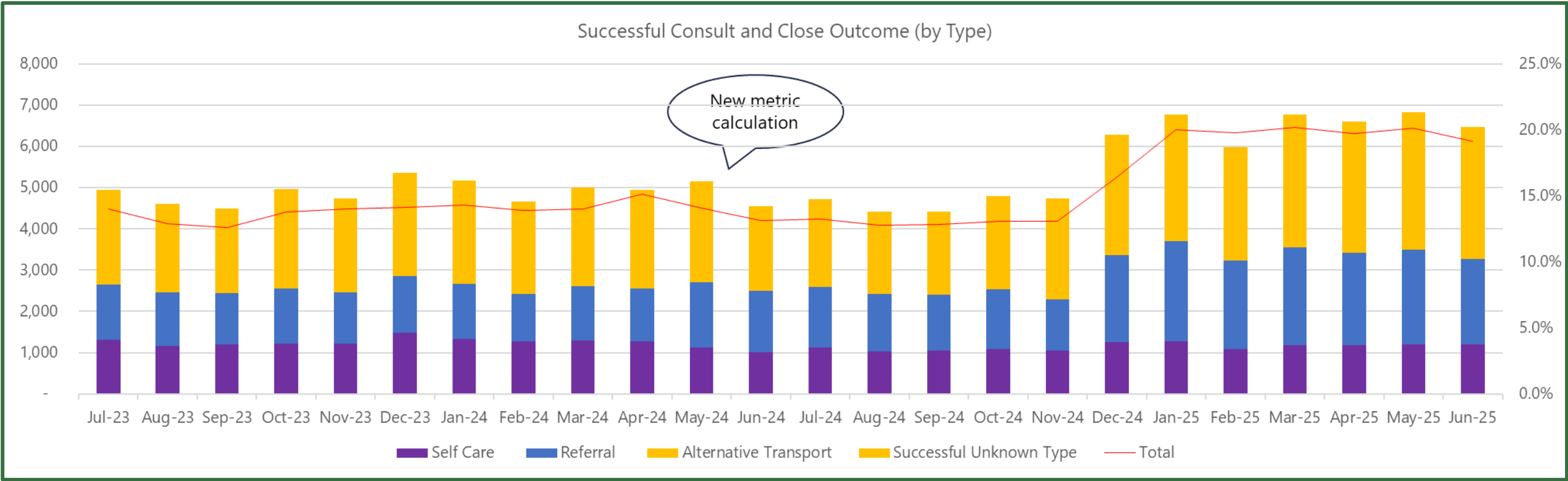
Consult & Close Indicators

(Responsible Officer: Lee Brooks)

C&C Outcomes

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Analysis

The new **Consult and Close** definition was agreed by Commissioners in May 2025 with reporting recommencing in June 2025 after backdating data collation to May 2024.

Contributions from Clinical Service Desk (CSD) (10.4%), NHS111 (6.6%), WAST APP (0.3%), Health Boards using Physician Triage and Streaming Service (PTAS) (0.7%), Mental Health Clinician (0.8%) and Screening (0.3%) achieved 19.1% in June 2025, a decrease of 1.1% compared to May 2025, however achieving the 17% IMTP ambition for the sixth consecutive month. In June 2025, the number of 999 calls resulting in a Consult and Close outcome was 6,475, up from 4,555 in June 2024.

Of the calls successfully closed in June 2024, 62 patients received an outcome of self-care; 1,200 patients were referred to other services (including to Minor Injury Units and SDEC) and 976 were advised to seek alternative transport services to acquire treatment.

Remedial Plans and Actions

- Work underway reviewing processes, has yielded efficiencies in remote clinical support which is recognised by those calling.
- Implementation of 15 recommendations from commissioner review.

Expected Performance Trajectory

Further improvement is expected linked to CSD staff attendance (reduced absences and less vacancies) and the CMT model. The ambition remains 17%.

Partnerships / System Contribution

Conveyance to ED Indicators

(Responsible Officer: Andy Swinburn)

Conveyances

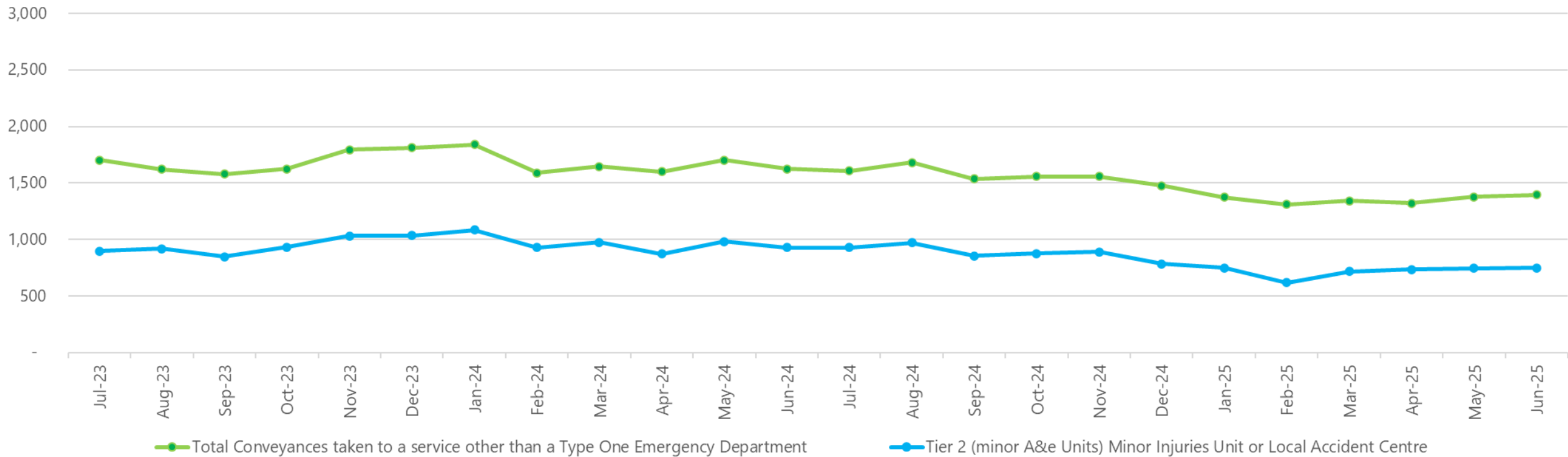
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Ministerial Measure

NB: Data quality issues have been identified in APP data. These are currently being addressed.

Total Conveyances taken to a Service other than a Type One Emergency Department vs Total Conveyances to a Minor Injury Unit



Analysis

In June 2025 10.09% of patients (1,397) were conveyed to a service other than a Type One ED. 5.4% (749) were conveyed to a Tier two Minor Injuries Unit or Local Accident Centre while 36.81% of patients were conveyed to a major ED, as a percentage of verified incidents.

The combined number of incidents treated at scene or referred to alternate providers decreased, from 3,487 in May 2025 to 3,426 in June 2025.

Percentage of patients conveyed to SDEC units can remained consistent in June 2025 with the previous month (0.75).

Taxi conveyance has remained consistent for the past 12 months, averaging 832 per month to hospitals.

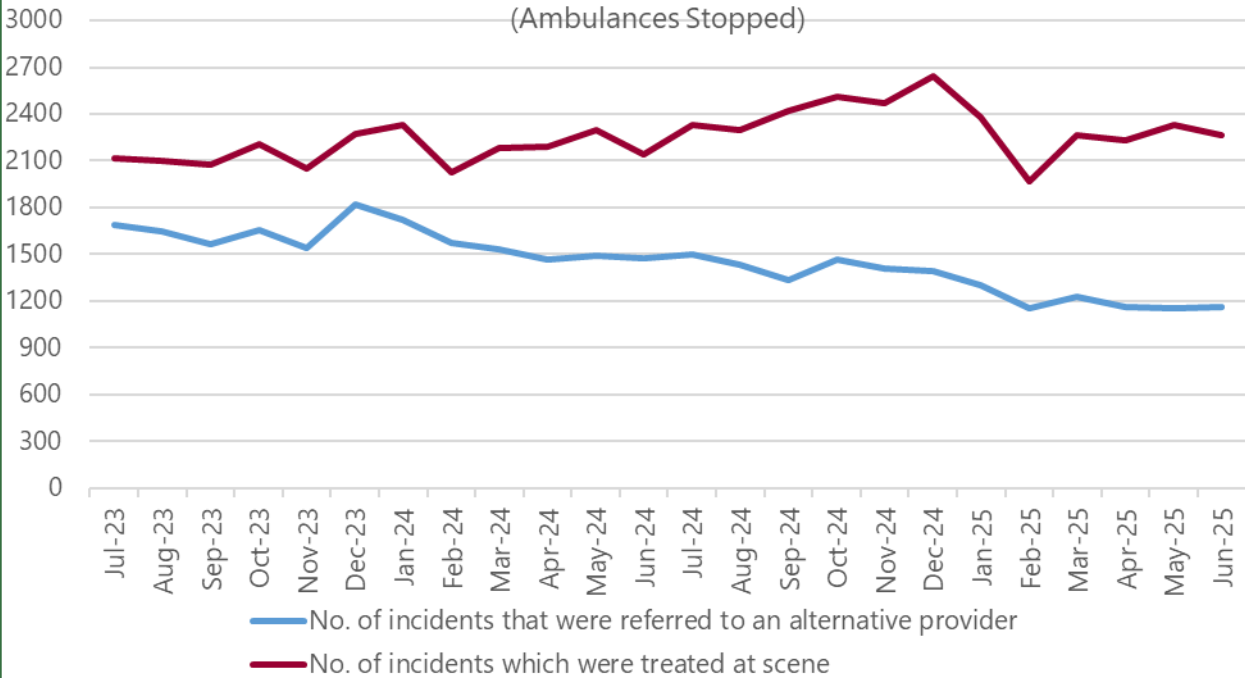
Remedial Plans and Actions

- Further investment in the APP workforce.
- Formal education support and induction package for APPs agreed trust-wide.
- Embedding the Urgent Care response within the Clinical Model Transformation, tasking optimisation (alongside HB partners if available), scheduling care and APP development and workforce.
- Inclusion of specific Frailty and Falls workstream within Urgent Care Response Service with involvement in the review of the All Wales Falls Response Framework alongside NHS Executive Colleagues.

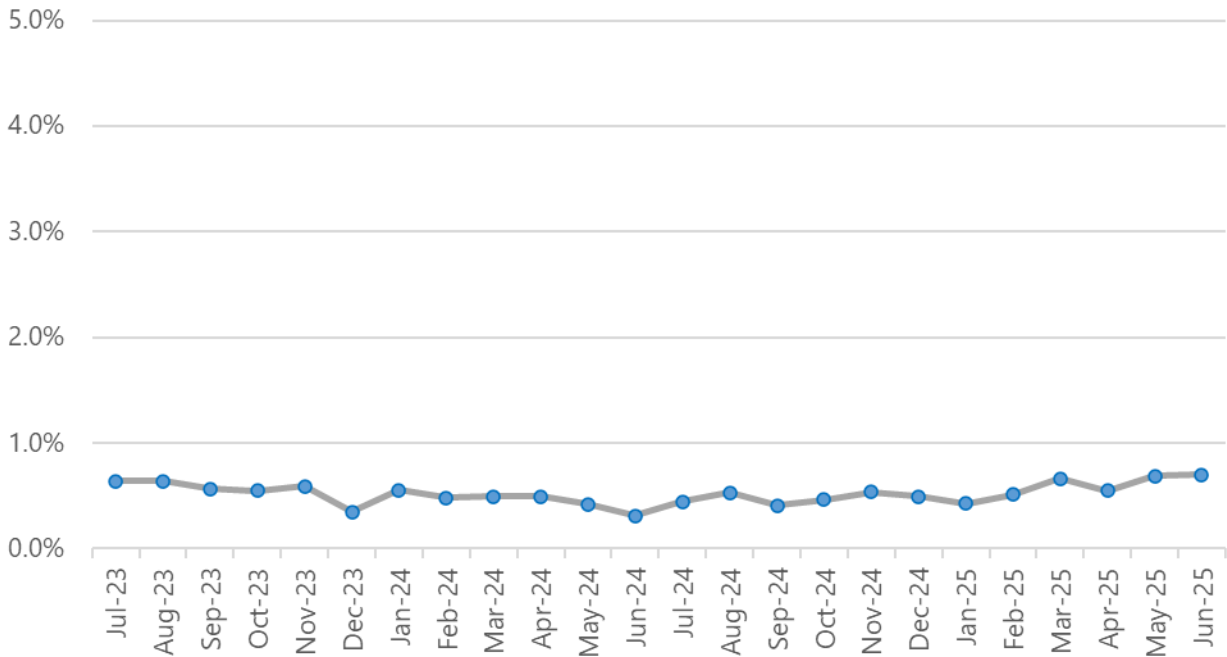
Expected Performance Trajectory

The 2023 EMS Demand & Capacity Review (strategic) models various future states. The modelled scenarios indicate that the Trust will need to evolve its clinical model with health boards also significantly reducing handover e.g. 12,000 hours or 7,500 hours, alongside varying levels of investment. Seasonal modelling continues to be undertaken.

Incidents Treated at Scene VS Incidents Referred to Alternative Providers (Ambulances Stopped)



% Patients Conveyed to SDEC Units Pan-Wales



Partnerships / System Contribution

Handover Indicators

(Responsible Officer: Health Boards)

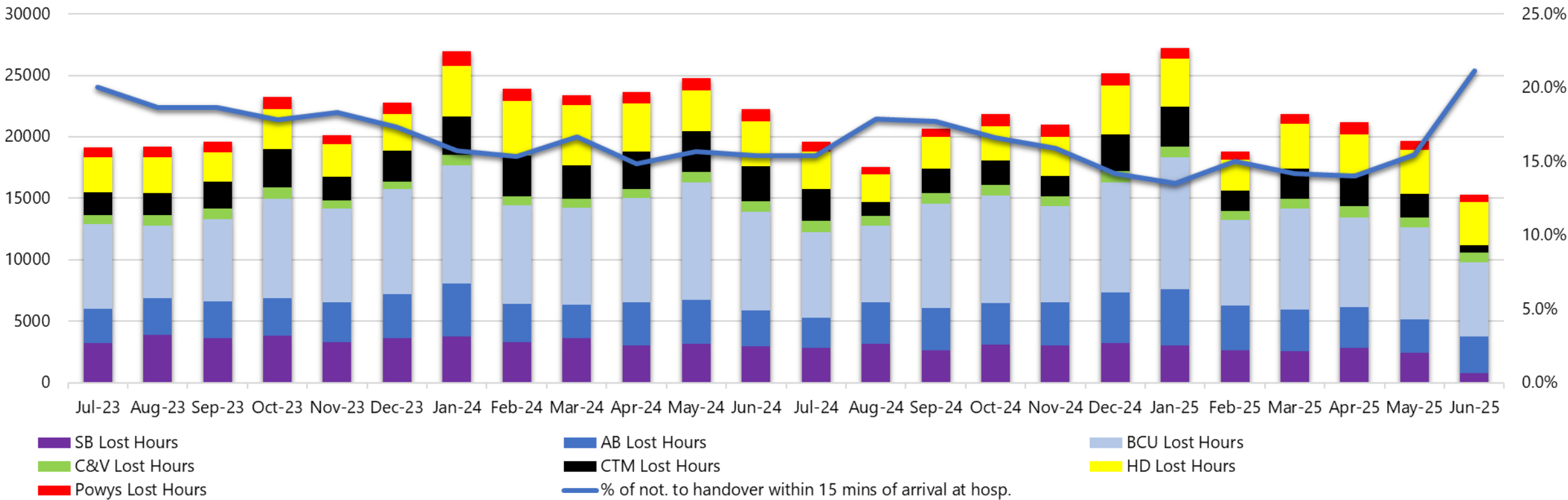
Lost Hours

R

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Notification to Handover Lost Hours by Health Board



Analysis

249,911 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months (Jul-24 to Jun-25), compared to 268,957 hours over the same timeframe the previous year. There were 15,278 hours lost in June 2025, which is 31.2% lower than the 22,229 hours lost during June 2024 and is the lowest monthly figure since September 2021. Cwm Taf Morgannwg and Swansea Bay in particular, have seen significant reductions, compared to last month, of 67% and 68%, respectively.

The hospitals with the highest levels of handover delays during June 2025 were:

- Grange University Hospital (ABUHB) at 2,883 lost hours
- Ysbyty Maelor Hospital (BCUHB) at 2,288 lost hours
- Glangwilli Hospital (HDUHB) at 1,993 lost hours
- Ysbyty Glan Clwyd (BCUHB) at 1,902 lost hours
- Ysbyty Gwynedd Hospital (BCUHB) at 1,738 lost hours

Notification to handover lost hours averaged 509 hours per day during June 2025 (30 days) compared to 635 hours per day (31 days) in May 2025.

In June 2025, the Trust could have responded to approximately 4,819 more patients if handovers were reduced, which highlights the impact these numbers are still having on the service.

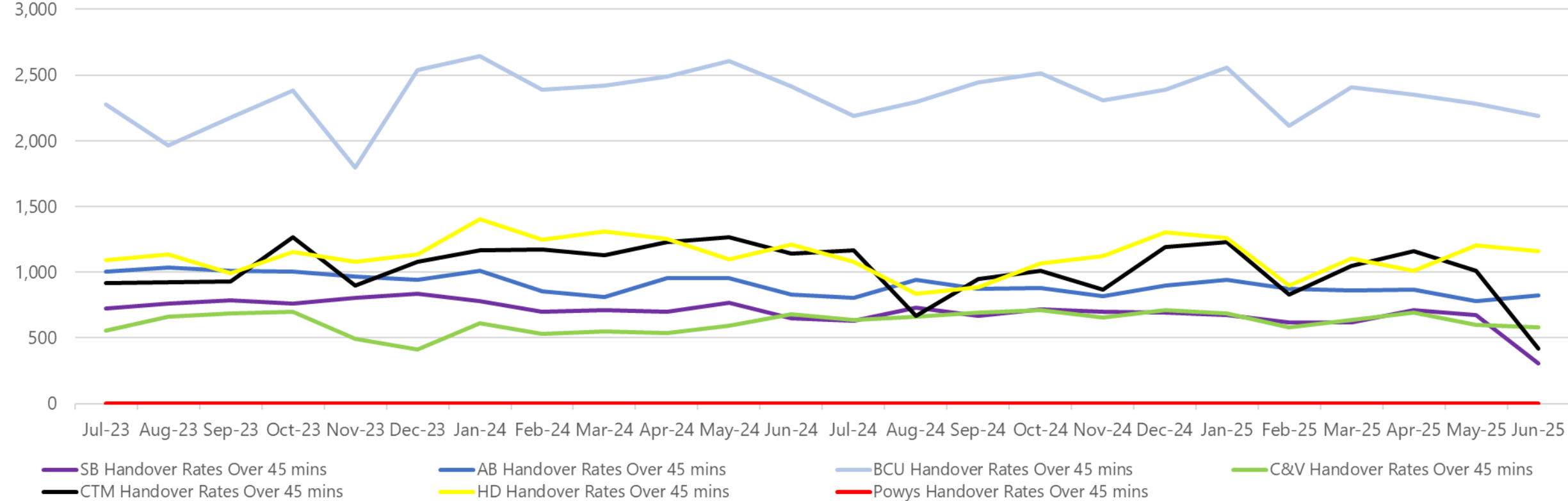
Remedial Plans and Actions

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

Expected Performance Trajectory

The likely expected ambition from Welsh Government is no waits over 45 minutes.

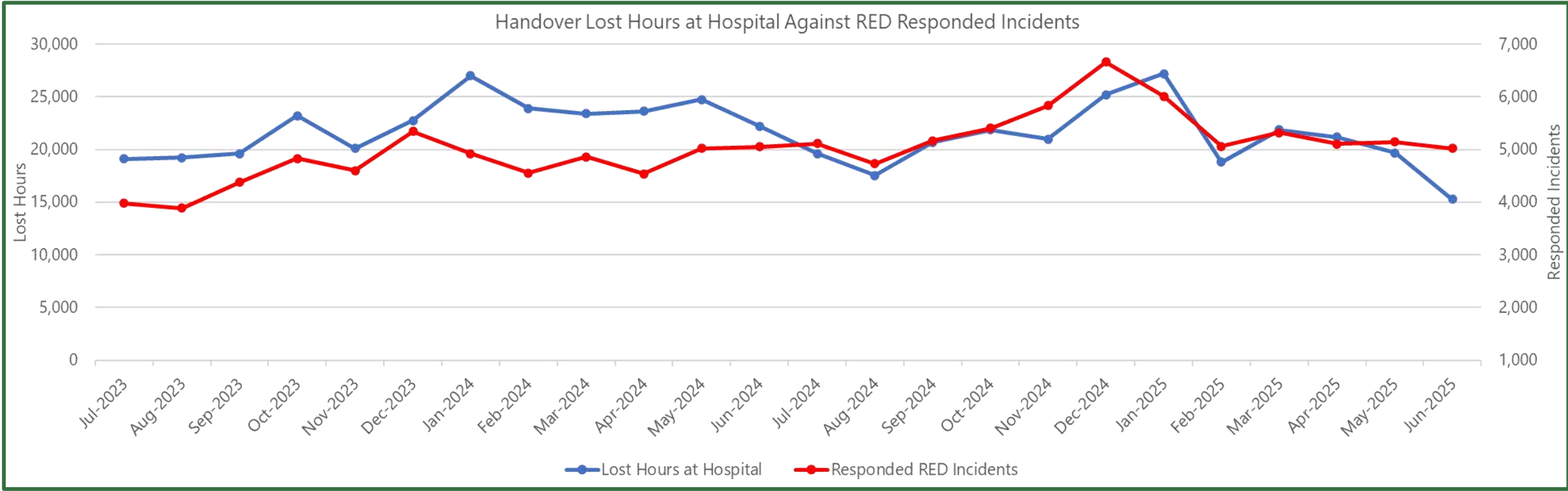
Handover Rates Over 45 Minutes (including first 15 minutes) by Health Board



Partnerships / System Contribution

Handover Lost Hours Against Red & Amber 1 Responded Incidents

(Responsible Officer: Health Boards)

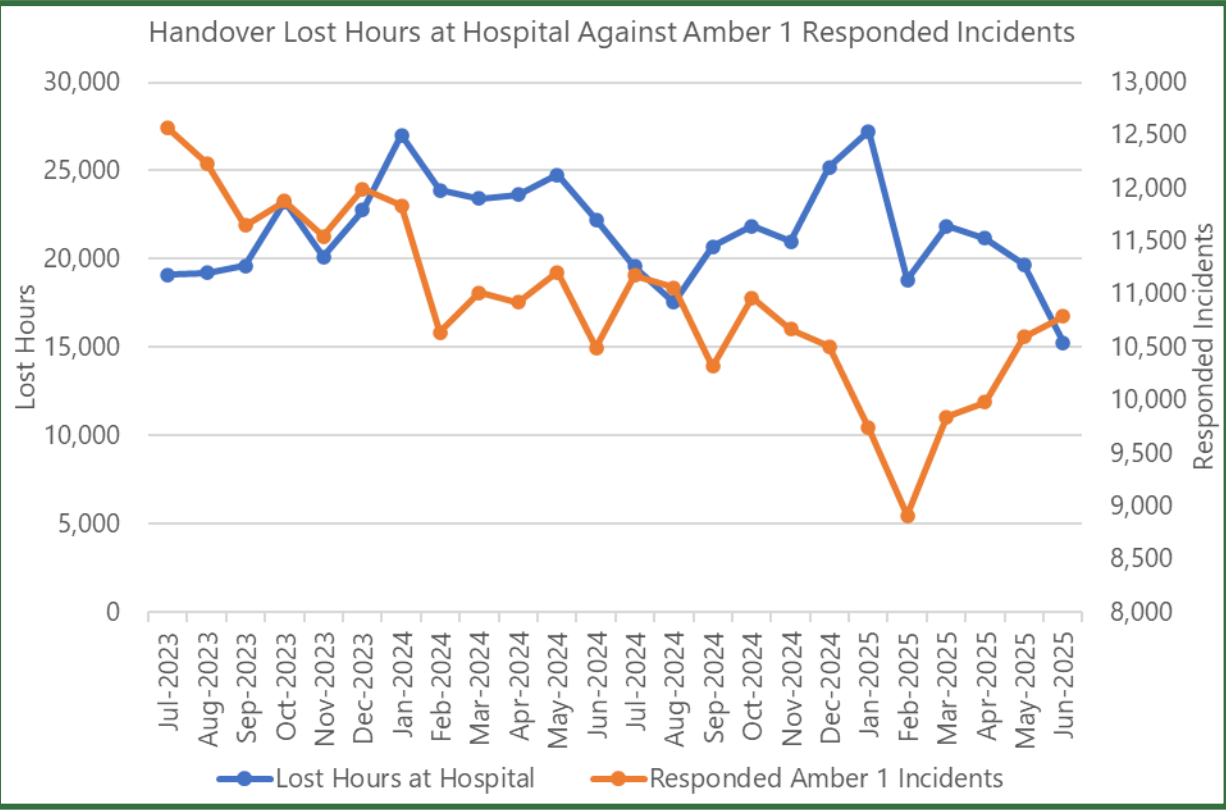
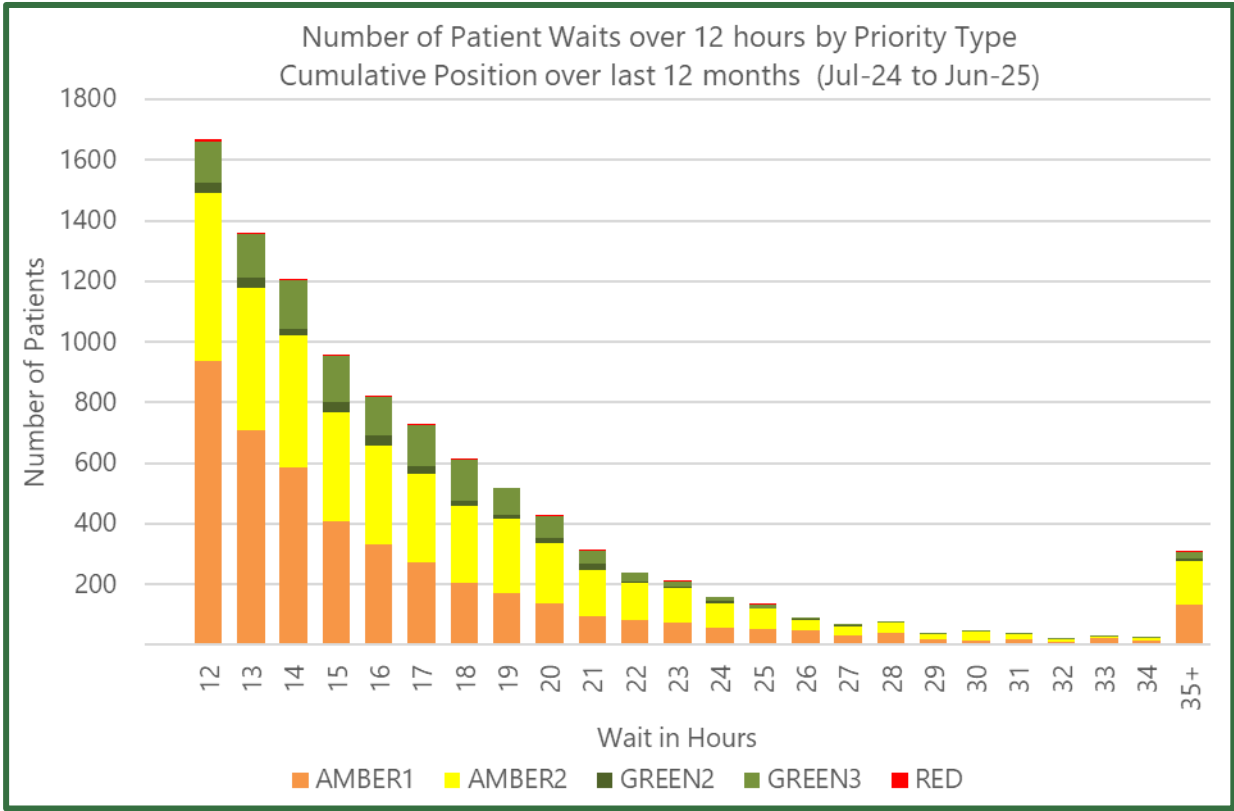


Analysis

The top graph highlights that when handover lost hours have increased, so too do the number of Red incidents being responded to. This shows that when CSP is in periods of high demand and hospital handover increases, Red responses are protected, even during high pressure within the system.

The bottom right graph illustrates, that there is also a correlation between lost hours increasing and a decrease in the number of Amber 1 incidents being responded to, particularly at times of high demand, such as during December 2022. This is notwithstanding that some of these patients within the Amber 1 category will still be seriously ill.

In June 2025, 402 patients waited over 12 hours for an ambulance response.



Remedial Plans and Actions

Significant time has been spent by all Executives and non-Executives highlighting this patient safety issue to Commissioners, Health Boards and Welsh Government/Ministers, and this will continue through the year as we seek to influence and put pressure on the system to improve.

Expected Performance Trajectory

The likely expected ambition from Welsh Government is no waits over 45 minutes.

*NB: Data correct at time of abstraction

Term	Definition	Term	Definition	Term	Definition	Term	Definition	Term	Definition
AB / ABHB	Aneurin Bevan / Aneurin Bevan Health Board	CTM / CTMHB	Cwm Taf Morgannwg Health Board	HIW	Health Inspectorate Wales	NHSDW	National Health Service Direct Wales	ROSC	Return Of Spontaneous Circulation
AOM	Area Operations Manager	C&V / C&VHB	Cardiff & Vale / Cardiff & Vale Health Board	HI	Health Informatics	NPUC	National Programme for Unscheduled Care	RRV	Rapid Response Vehicle
APP	Advanced Paramedic Practitioner	DAG	Delivery & Assurance Group	H&W	Health & Wellbeing	NQPs	Newly Qualified Paramedic	SB / SBUHB	Swansea Bay / Swansea Bay Health Board
AQI	Ambulance Quality Indicator	D&T	Discharge & Transfer	HR	Human resources	NRI	Nationally Reportable Incident	SCIF	Serious Concerns Incident Forum
BCU / BCUHB	Betsi Cadwaladr / Betsi Cadwaladr university Health Board	DU	Delivery Unit	HSE	Health and Safety Executive	OBC	Outline Business Case	STEMI	ST segment Evaluation Myocardial Infarction
CASC	Chief Ambulance Services Commissioner	EAP	Emergency Ambulance Practitioner	IG	Information Governance	OD	Organisational Development	TPT	Tactical Pandemic Team
CCC	Clinical Contact Centre	ED	Emergency Department	IMTP	Integrated Medium Term Plan	ODU	Operational Delivery Unit	TU	Trade Union
CCP	Complex Case Panel	ELT	Executive Leadership Team	IPR	Integrated Performance Report	OH	Occupational Health	UCA	Unscheduled Care Assistant
CEO	Chief Executive Officer	EMD	Emergency Medical Department	JCC	Joint Commissioning Committee	P / PHB	Powys / Powys Health Board	UCS	Unscheduled Care System
CFR	Community First Responder	EMS	Emergency Medical services	KPI	Key Performance Indicator	PCR / PCR's	Patient Care Record(s)	UHP	Unit Hours Production
CI	Clinical Indicator	ePCR	Electronic Patient Care Record	LTS	Long Term Strategy	JRCALC	Joint Royal Colleges Ambulances Liaison Committee	U/A RTB	Unavailable – return to Base
CHARU	Cymru High Acuity Response Unit	FTE	Full Time Equivalent	MACA	Military Aid to the Civil Authority	PECI	Patient Engagement & community Involvement	VPH	Vantage Point House (Cwmbran)
COOs	Chief Operating Officers	GDPR	General Data Protection Regulations	MIU	Minor Injury Unit	POD	Patient Offload department	WAST	Welsh Ambulance Services University NHS Trust
COPD	Chronic Obstructive Pulmonary Disease	GPOOH	General Practitioner Out of Hours	MPDS	Medical Priority Dispatch System	PPLH	Post Production Lost Hours	WG	Welsh Government
COVID-19	Corona Virus Disease (2019)	GTN	Glyceryl Trinitrate	NCCU	National Collaborative Commissioning Unit	PSPP	Public Sector Purchase Programme	WIIN	WAST Improvement & Innovation Network
CMT	Clinical Model Transformation	HB	Health Board	NEPTS	Non-Emergency Patient Transport Services	QPSE	Quality, Patient Safety & Experience		
CSD	Clinical Service Desk	HCP	Health Care Professional	NEWS	National Early Warning Score	RCS	Rapid Clinical Screening		
CSP	Clinical Safety Plan	HD / HDHB	Hywel Dda / Hywel Dda Health Board	NHS	National Health Service	RICS	Remote Integrated Care Service		

Definition of Indicators

Indicator	Definition	Indicator	Definition
111 Abandoned Calls	An offered call is one which has been through the Interactive Voice Response messages and has continued to speak to a Call Handler. There are several options for the caller to self-serve from the options presented in the IVR and a proportion of callers choose these options. An example is to guide the caller to 119 if they wish to speak to someone about a Coronavirus test. Once the caller is placed in the queue for the Call Handler if they hang up, they are counted as “abandoned” as we did not answer the call. The threshold starts at 60 seconds after being placed into the queue as this allows the callers to respond to the messages and options presented as it often takes a short while for the caller to react. Starting the count at 60 seconds provides a picture of abandonment where the caller has chosen not to wait, despite wanting to speak to a Call Handler	Hours Produced for Emergency Ambulances	Proportion of hours produced within the calendar month for Emergency Ambulance Vehicles (Target 95%).
111 Patients Called back within 1 hours (P1)	(Welsh Government performance target) which prescribes that 111 has up to 1 hour (longer for lower priory callers) for a 111 Clinician to call the patient to discuss their medical issue. These callers will already have been screened by Call Handlers and received an outcome which needs a conversation with a 111 Clinician. WAST operates a queue and call back method for all Clinical Calls.	Sickness Absence (all staff)	Staff sickness volumes as a percentage for all staff employed within the Welsh Ambulance Services NHS Trust.
999 Call Answer Times 95th Percentile	Time taken (in Minutes) to answer 999 emergency calls by call handlers. A percentile (or a centile) is a measure used in statistics indicating the value below which a given percentage of observations in a group of observations fall. For example, the 95th percentile is the value below which 95 percent of the observations may be found.	Frontline COVID-19 Vaccination Rates	Volume of frontline (patient facing and non-patient facing) who have received a second COVID-19 vaccination.
999 Red Response within 8 Minutes	Percentage of 999 incidents within the Red (immediately life-threatening) category which received an emergency response at scene within 8 minutes.	Statutory and Mandatory Training	Combined percentage of staff who are compliant with required statutory training undertaken by staff where a statutory body has dictated that an organisation must provide training based on legislation and mandatory training which relates to trade-specific training that the employer considers essential or compulsory for a specific job. (A detailed list of these can be found on slide 20).
Red 95th Percentile	Time taken (in minutes) for emergency response to arrive at scene for Red (immediately life-threatening) calls (NB: The 95th percentile is the value below which 95 percent of the observations may be found).	PADR/Medical Appraisal	Proportion of staff who have undertaken their annual Performance Appraisal & Development Review (PADR) or Medical Appraisal. This is a process of self-review supported by information gathered from an employees work to reflect on achievements and challenges and identify aspirations and learning needs. It is protected time once a year.
999 Amber 1 95th Percentile	Time taken (in minutes) for emergency response to arrive at scene for Amber 1 calls (other life-threatening emergencies – including cardiac chest pains or stroke). (NB: The 95th percentile is the value below which 95 percent of the observations may be found.	Ambulance Response FTEs in Post	Number of Emergency Medical Services, Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
Return of Spontaneous Circulation (ROSC)	Percentage of patients for whom Return Of Spontaneous Circulation occurs. This refers to signs of restored circulation (more than occasional gasp, occasional fleeting pulse or arterial waveform) evidenced by breathing, a palpable pulse or a measurable blood pressure.	Ambulance Care, Integrated Care, Resourcing & EMS Coordination FTEs in Post	Number of Ambulance Care, Integrated Care, Resourcing & EMS Coordination Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
Stroke Patients with Appropriate Care	Proportion of suspected stroke patients who are documented as receiving an appropriate stroke care bundle (a bundle is a group of between three and five specific interventions or processes of caret hat have a greater effect on patient outcomes if done together in a time-limited way ,rather than separately).	Financial Balance – Annual Expenditure YTD as % of budget Expenditure	Annual expenditure (Year to Date) as a proportion of budget expenditure.
Acute Coronary Syndrome Patients with Appropriate Care	Proportion of STEMI patients who receive appropriate care. ST segment elevation myocardial infarction - occurs when a coronary artery is totally occluded by a blood clot.	Duty of Candour	A notifiable adverse outcome is any incident whereby harm (moderate harm, severe harm and death) is caused, which is unintended or unexpected and that the provision of the health care was or may have been a factor in the service user suffering that outcome.
Renal Journeys arriving within 30 minutes of their appointment (NEPTS)	Proportion of renal journeys which arrive at hospital appointments within 30 minutes (+/-) of their appointment time.	111 Consult and Close	Consult and Close refers to the response to 999 callers where an alternative to a scene response has been provided. A cohort of 999 calls are passed to 111 where they are low acuity and the Clinicians in 111 may be able to help the caller with self-care, referral, etc. This is similar to the work of the Clinical Support Desk but for a lower acuity of caller. Where the outcome from the 111 clinical consultation ends in a Consult and Close outcome (self-care, referral, alternative transport) this is captured and forms part of the Trust’s Consult and Close reporting. Over 50% of calls passed to 111 in this way are successfully closed without an ambulance response.
Discharge & Transfer journeys collected less than 60 minutes after booked ready time (NEPTS)	Proportion of journeys being discharged from and/or transferred between hospitals which were collected within 60 minutes of the hospital booked ready time.	999 / 111 Hear and Treat	Proportion of 999/111 calls which are successfully completed (closed) without dispatching an ambulance vehicle response. This may include advice, self-care or referral to other urgent care services.
National reportable Incidents (NRI)	Volume of patient safety incidents reported in the month which caused or contributed to the unexpected or avoidable death, or severe harm, of one or more patients, staff or members of the public, during NHS funded healthcare.	% Incidents Conveyed to Major EDs	Proportion of patients transported to a hospital Emergency Department following initial assessment at scene by a Welsh Ambulance Services NHS Trust Clinician, as a proportion of total verified incidents. (NB: An ED provides a wide range of acute in-patient and out-patient specialist services together with the necessary support systems, which allow emergency admissions, and which usually has an Accident and Emergency Department).
Concerns Response within 30 Days	Proportion of concerns responded to by the complaints team within 30 working days of receiving the concern.	Number of Handover Lost hours	Number of hours lost due to turnaround times at EDs taking more than 15 minutes. Transferring the care of a patient from an ambulance to an ED is expected to take no longer than 15 minutes, with a further 15 minutes for ambulance crews to make their vehicle ready for the next call.
EMS Abstraction Rate	The percentage of Emergency Medical Services (EMS) staff unavailable for rostered duties due to reasons, such as: annual leave, sickness, alternative duties, training, other and COVID-19.	Immediate Release requests	The number of requests submitted to Health Boards for the immediate release of vehicles at Emergency Departments to release them back into the community to respond to other urgent and life-threatening calls

AGENDA ITEM No	10
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

VIOLENCE AND AGGRESSION DEEP DIVE - RISK 400

MEETING	People and Culture Committee
DATE	12 August 2025
EXECUTIVE	Liam Williams, Director of Quality and Nursing
AUTHOR	Penny Durrant, Deputy Director of Nursing, Quality and Governance Phillip Lloyd, Violence & Aggression Manager
CONTACT	penny.durrant@wales.nhs.uk

EXECUTIVE SUMMARY

This deep dive responds to a request from the People and Culture Committee to explore Risk 400 (Violence and Aggression) in detail. The report provides assurance on how the Trust is identifying, managing and mitigating violence and aggression risks to staff, including through national partnerships, strengthened internal processes and targeted actions.

While challenges remain, including changes to Police response nationally and the need to balance this work alongside other operational pressures, the Trust is actively progressing a range of actions to improve staff protection and support, collaborative work is underway to drive cultural change, embed the ORV (Obligatory Response to Violence) principles, and ensure staff are supported, protected and empowered.

RECOMMENDED that the People and Culture Committee notes the findings of the deep dive and the action being taken to minimise the impact of violence and aggression incidents on staff, including strengthened case management, improved data insight, targeted training and ongoing partnership with Police and national forums.

KEY ISSUES/IMPLICATIONS

- (i) External forces:
 - Growing threat of incivility and aggression nationally.
 - Increased focus by the media on violence within the NHS.
 - Police response to healthcare related incidents.

(ii) Internal forces:

- Sustained levels of reporting.
- NHS staff survey prioritising violence and aggression.
- Increased use of volunteers.
- Capacity of Line Managers to undertake suitable and sufficient investigations.
- The Violence & Aggression Team's current focus on managing live cases may slow the pace of progress on some longer-term preventative initiatives.

REPORT APPROVAL ROUTE

People and Culture Committee 12 August 2025

REPORT APPENDICES

ANNEX 1 - SBAR providing background information.

ANNEX 2 - Violence and Aggression Deep Dive - Risk 400.

REPORT CHECKLIST

Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	YES	Financial Implications	YES
Environmental/Sustainability	YES	Legal Implications	YES
Estate	YES	Patient Safety/Safeguarding	YES
Ethical Matters	YES	Risks (Inc. Reputational)	YES
Health Improvement	YES	Socio Economic Duty	YES
Health and Safety	YES	TU Partner Consultation	YES

SITUATION

1. Violence and aggression towards healthcare workers remains a significant and persistent risk across the NHS. For the Welsh Ambulance Services University NHS Trust (WAST), this risk is particularly complex due to the nature of our services and the settings in which our staff operate often remotely, alone, or in unpredictable environments. Risk 400 continues to be monitored corporately and reviewed through established Governance Frameworks, reflecting its strategic, operational and cultural impact.
2. In response to this national challenge, the Obligatory Response to Violence in Healthcare (Wales) agreement was introduced in 2024. This formal commitment, signed by all Welsh NHS Trusts, Police Forces and the Crown Prosecution Service, sets out clear expectations for professional case management and collaborative working to prevent and reduce violence against NHS staff. It is underpinned by Welsh Health Circular 2024/024, which outlines the responsibilities and reporting requirements for all signatory bodies.
3. This deep dive has been undertaken to provide assurance on how WAST is delivering against those commitments while managing the practical risks, constraints and cultural shifts required to protect its workforce. Of note is the concern that violence and aggression is no longer isolated or infrequent and has become increasingly persistent and complex.

BACKGROUND

4. WAST operates in an environment that differs significantly from other NHS providers. Staff often work in isolated, uncontrolled, or high-pressure community settings including homes, public places and contact centres, where the risk of harm can be less visible, harder to predict and more difficult to mitigate in real time. These risks are not limited to Clinical Teams; Call Handlers, volunteers, students and non-clinical staff are also exposed to aggression, with varying levels of protection and support.
5. In recognition of the rising levels of abuse and the need for a consistent, professional response across Wales, the Obligatory Response to Violence in Healthcare (Wales) 2024 was established. This agreement (signed by all NHS Trusts in Wales, Police Forces and the Crown Prosecution Service) commits signatories to joint action in preventing and reducing violence against NHS staff. It is underpinned by Welsh Health Circular (WHC) 2024/024, which outlines the operational and reporting expectations for compliance.

6. This deep dive examines how WAST is delivering against these expectations and translating national commitments into operational practice. It reflects the Trust's internal efforts to professionalise case management, support affected staff, embed organisational learning, and collaborate with system partners to address the root causes of violence and aggression.
7. Through this review, the Health and Safety Violence and Aggression Team seeks not only to demonstrate the progress made, but to ensure continued focus and system-wide alignment in protecting its people and fulfilling its statutory duties.
8. In his role as the Chair of the Association of Ambulance Service Chief Executives, Jason Killens wrote to the UK Ministers in all UK Governments highlighting the risk of violence and aggression experienced by ambulance service staff. As a result of this, he attended a meeting with the Cabinet Secretary of Health and Social Care for the Welsh Government to brief on the Welsh context and promote the potential harm reduction impact that could come from body work cameras.

ASSESSMENT

9. The Trust has made sustained and strategic progress in strengthening its approach to violence and aggression. Reporting of incidents has increased, particularly within 'patient facing' teams, which may reflect improved organisational visibility, growing staff confidence and greater clarity around what constitutes unacceptable behaviour. This shift is supported by strengthened case management, structured escalation routes and targeted training for high-risk staff groups such as lone workers and call handlers. The work of the Violence and Aggression (V&A) function has become more visible and integrated, with a focus on learning, accountability and support following incidents.
10. This activity sits within a broader Strategic Framework. The Trust's commitment to tackling violence and aggression is clearly articulated in Directorate Plans and the Integrated Medium-Term Plan (IMTP) and underpinned by National Frameworks including the Obligatory Response to Violence in Healthcare (Wales) and WHC 2024/024. These provide clear expectations for NHS bodies to deliver professional case management and foster cross-sector working with Police Services and the Crown Prosecution Service.
11. WAST continues to meet these expectations and influence national delivery through active participation in the Serious Violence Duty, the National Ambulance Violence and Security Expert Group (NAVSEG), and strategic alignment with the Association of Ambulance Chief Executives (AACE).

12. A key enabler of this alignment has been the UK-funded Violence Prevention and Reduction (VPR) Lead, a national resource that has supported all UK Ambulance Services to implement the NHS VPR Standard through shared intelligence, benchmarking and professional collaboration. The post has been instrumental in shaping national policy, supporting evidence-based improvement, and enabling consistency in response across Ambulance Services. This role is due to conclude at the end of Quarter 2, 2025 and the work will now be supported on a reduced basis, six days per quarter via AACE's consultancy function.
13. While reporting has increased in areas, there are emerging indications that reporting from contact centre environments may be lower or declining. Work is being undertaken to identify reasons for this as it could be a genuine reduction, or more timely and supportive management interventions to incidents or, it could be service pressures and competing operational demands acting as barriers to timely reporting.
14. In parallel, feedback continues to highlight the experience of staff groups that may feel less visible in current processes, including volunteers, students and non-clinical colleagues. While support is in place, further effort is required to improve clarity on available pathways, tailored post-incident support and how organisational policies apply across the full spectrum of the workforce. Addressing these gaps is essential to maintaining trust and psychological safety for all staff, regardless of role or setting.
15. Operationally, Locality Managers remain pivotal in responding to and managing incidents. However, their capacity to carry out timely, detailed investigations can be affected by ongoing service pressures such as demand management, rostering, and day-to-day service delivery. Similarly, the V&A function continues to prioritise live case management, which may naturally slow the pace of wider preventative and improvement activity. These are recognised challenges, and work is underway to strengthen the infrastructure around V&A delivery and provide additional support to both frontline leaders and the central team.
16. Despite these pressures, WAST continues to take visible, coordinated action. Recent legal outcomes have been shared appropriately with staff to reinforce accountability and confidence in follow-through. Data capability is improving, and intelligence is increasingly being used to target interventions where risk is highest. Partnership working across Wales is active and constructive, driving shared learning and system-wide cultural change. Oversight of Risk 400 remains robust, with regular review through corporate governance and executive-level commitment to sustaining momentum.

17. As this work continues to evolve, WAST will maintain its commitment to tackling violence and aggression with seriousness, strategic intent and visible leadership, ensuring that staff safety remains a core organisational priority and that meaningful cultural change is both sustained and measurable.

RECOMMENDATION: That members of the People and Culture Committee are requested to receive and discuss this report.

Welsh Ambulance Services University NHS Trust

Risk 400 Deep Dive



GIG
CYMRU
NHS
WALES

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

Presentation Risk 400 Deep Dive
Version 1.1
Released: August 2025

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Legislative Context

WAST has a legal and moral duty to protect staff, students, and volunteers from violence and aggression (V&A). This duty is underpinned by several key legislative frameworks:

- **Health and Safety at Work Act 1974** and **H&S Regulations 1999**: Require proactive risk assessment and action to prevent harm at work.
- **Serious Violence Duty (2025)**: Positions violence as a public health issue, mandating partnership working across services to prevent and reduce harm.
- **WHC/2021/012 & Obligatory Response to Violence in Healthcare (2024)**: Require all NHS bodies to have a named Executive Lead, effective reporting systems, and proportionate resourcing for V&A risk.

For WAST, these aren't optional standards, they are mandatory and enforceable. The legislation drives how we structure our governance, deploy our workforce, and report on our performance.

This deep dive outlines how we are meeting these expectations and where further work is needed to strengthen assurance and deliver on our legal responsibilities.



V&A Function Remit

Provision of case management support to staff and managers post incident. Raising awareness of the ORV locally.

V&A Manager provides strategic input to NAVSeG, AVC and the AACE Training V&A improvement meetings.

V&A Manager advises the Chair of the AVC and Case Managers Group with the sharing of best practice promoting violence reduction strategies

Provision of quarterly metrics to the AVC for review and reflection in collaboration with the Crown Prosecution Service, Police and Welsh Government.

Freedom of Information requests responses in relation to behaviours of Violence, Aggression, Assaults & Sexual Safety

Guidance advice & data sharing with JESG partners by V&A Manager #With us not Against us campaign, to raise awareness of violence against emergency workers across Wales

Improved visibility within Trust Senior Management Team via SOT and Pan Wales Business Management to provide support and guidance to managers. Supported by online tools via intranet page

C.M. attends The All-Wales Case Managers Group The group reports to the AVC and the All Wales Health & Safety Advisory Group.



The Human Impact: Why This Risk Matters

The impact of violence and aggression is not abstract, it's deeply personal. For many of our staff, particularly those in frontline roles and integrated contact centres, facing abuse or assault is not uncommon.

Ambulance staff continue to experience disproportionately high levels of violence, with:

- Over 22,500 incidents recorded UK-wide in 2024/25
- Female ambulance staff 3 times more likely to be assaulted than the NHS average
- Male staff 2 times more likely

This is not just about data it's about how safe and supported our people feel in their workplace. First-hand feedback from staff consistently reinforces the need for action:

"You made a difficult experience manageable."

"Your support today was immeasurable."

"Thank you for your compassion it made a real difference."

These voices reflect the emotional and psychological toll this risk has on our workforce. They also demonstrate the value of compassionate case management and timely response. The case for action is not just strategic, it is deeply human.

[With Us, Not Against Us -
Emergency workers in Wales
are asking the public to treat
them with respect - Welsh
Ambulance Services
University NHS Trust](#)

Understanding Risk 400 - Risk of Violence and Aggression to WAST Staff, Students and Volunteers

12

Initial Rating

Raised in April 2021.

12

Current Rating

As of June 2025.

9

Target Rating

Risk 400 captures the risk of violence and aggression towards WAST staff, students, and volunteers across all care settings, including front-line services, integrated contact centres, and during patient transport.

This is a strategic, operational, and cultural risk. Its effects extend beyond physical harm, contributing to psychological stress and reduced morale, and at times raising valid questions among staff about whether support systems are always sufficient in managing these incidents.

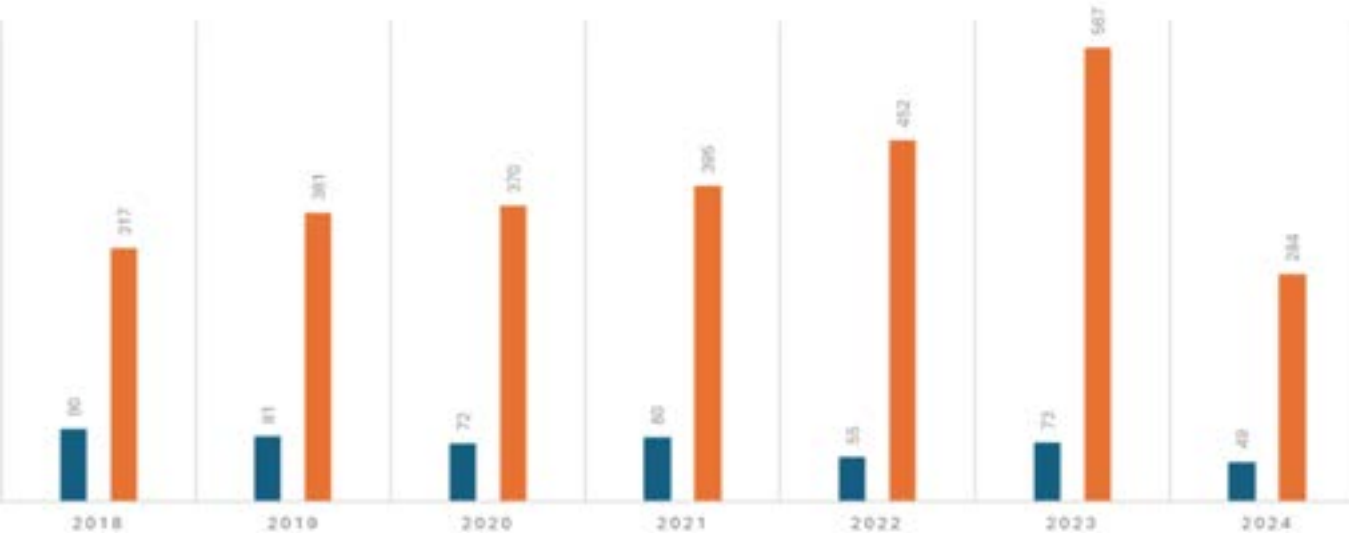
The risk was first logged in April 2021, with a current rating of 12. Despite strong partnership working, targeted interventions, and clearer governance, the residual risk remains significant, with a target score of 9 that reflects our ambition to reduce both incidence and harm. This is not a static risk, it reflects ongoing societal pressures, including rising incivility, demand pressures, and variable police support through Right Care, Right Person.

Our approach must be more than compliance driven. It must be values-led, demonstrating to our workforce that their safety, dignity, and wellbeing are organisational priorities, not assumptions.

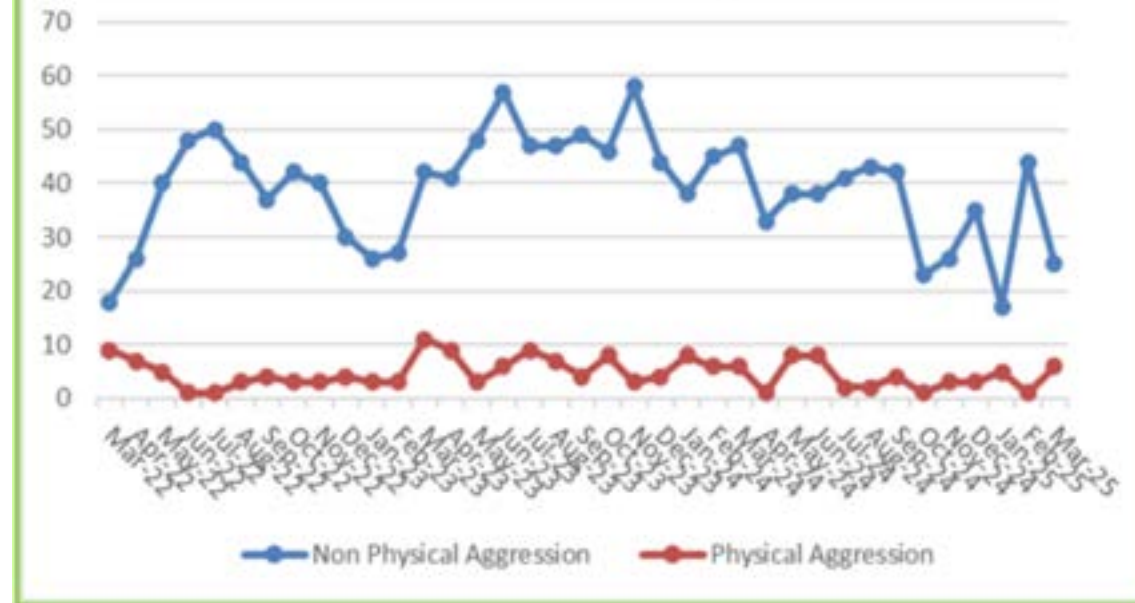
Pan Wales Lens

PHYSICAL AND NON-PHYSICAL ASSUALTS RECORDED AGAINST WAST STAFF

■ Physical Assaults ■ Non-Physical Assaults

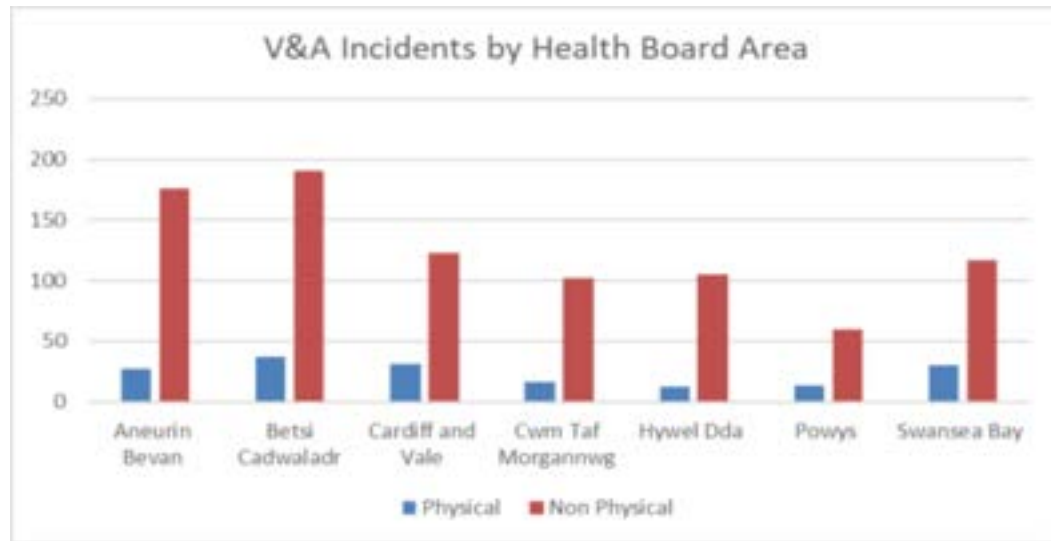


V&A Incidents by Type



WAST data demonstrates that most incidents are in the form of verbal abuse and aggressive behaviours mainly affecting the Contact Centres.

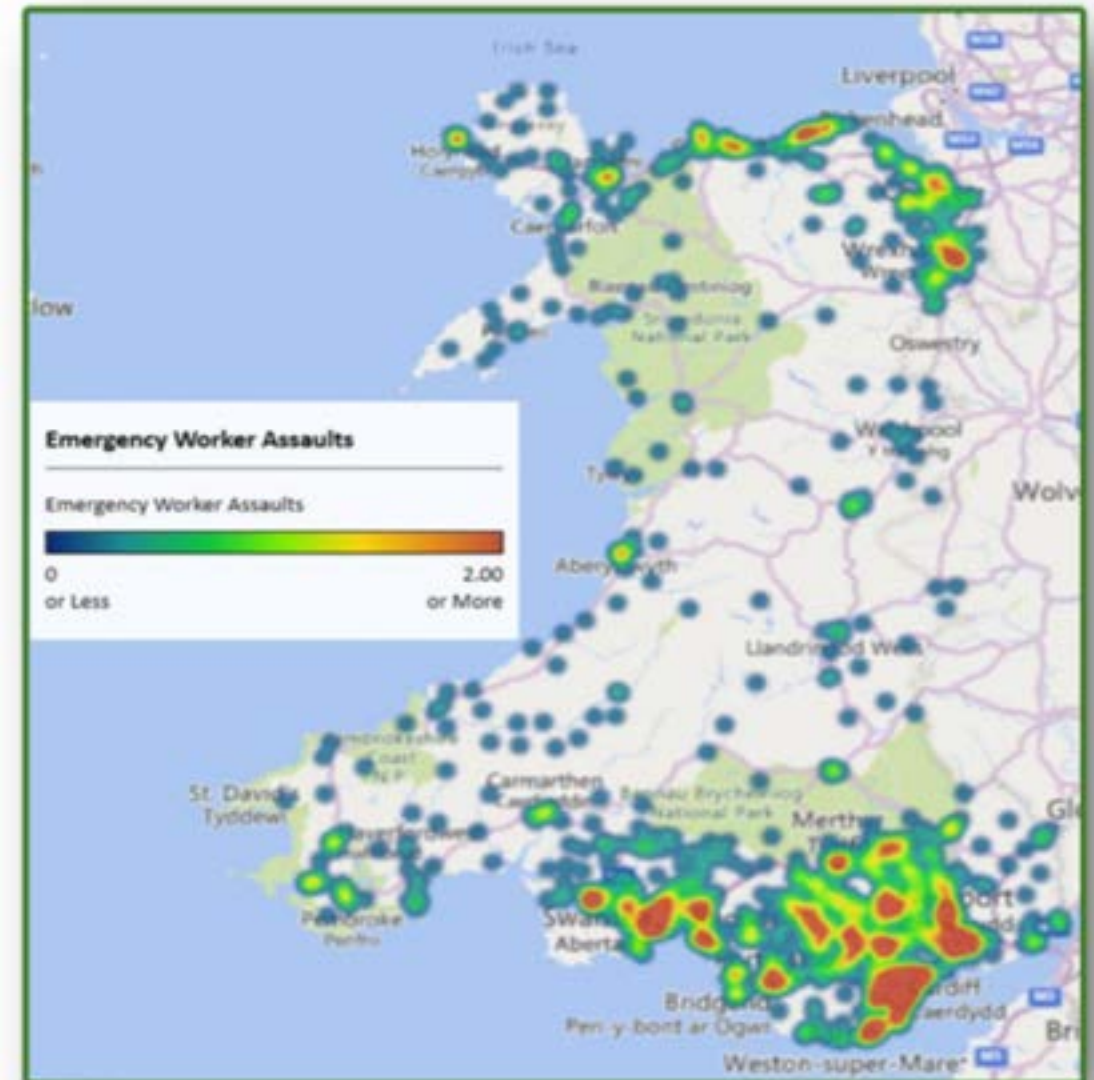
Pan Wales Lens - continued



The heat map highlights regional patterns of incidents involving emergency workers and is intended to provide contextual insight. While it reflects trends that are broadly consistent with WAST's own experiences, it should be made clear that this is a relational reference, not a direct correlation.

The map supports the overall narrative by illustrating the wider environment in which V&A issues are occurring but does not serve as standalone evidence for internal incident trends.

To avoid misinterpretation, the heat map is included to add contextual value for emergency services, not to present conclusive WAST data.



Pan Wales Lens - What the Data Tells Us About the WAST Profile

The majority of violence and aggression incidents reported within WAST are verbal abuse and aggressive behaviour, rather than physical assault. However, the psychological impact of repeated verbal aggression, threats, and intimidation is significant and lasting, especially where staff are isolated or are in roles where they have limited options to disengage or where interactions escalate quickly and unpredictably.

A disproportionate number of these incidents occur within our Contact Centres (111, CSD, NEPTS). Staff in these roles are often the first point of contact for patients and families under pressure, and they face aggression that is both frequent and hard to disengage from due to the nature of telephone and remote triage.

Unlike traditional NHS settings, where aggression is typically concentrated in emergency or inpatient environments, WAST operates across a broader and more dispersed workforce, including call handlers, students, volunteers, and lone workers. In recognition of this, we have taken a targeted and structured approach, introducing bespoke training for high-risk roles, strengthening local escalation pathways, and enhancing early intervention through data-informed case management. This ensures our response is proportionate, preventative, and aligned to the specific risk profile of our service.

Going forward, we are working to strengthen data collection, better capture severity and recurrence patterns, and use this intelligence to refine our prevention efforts and prioritise support.

This data not only highlights where risk lives it shows us where our staff feel most exposed, and where attention and assurance must continue to focus.

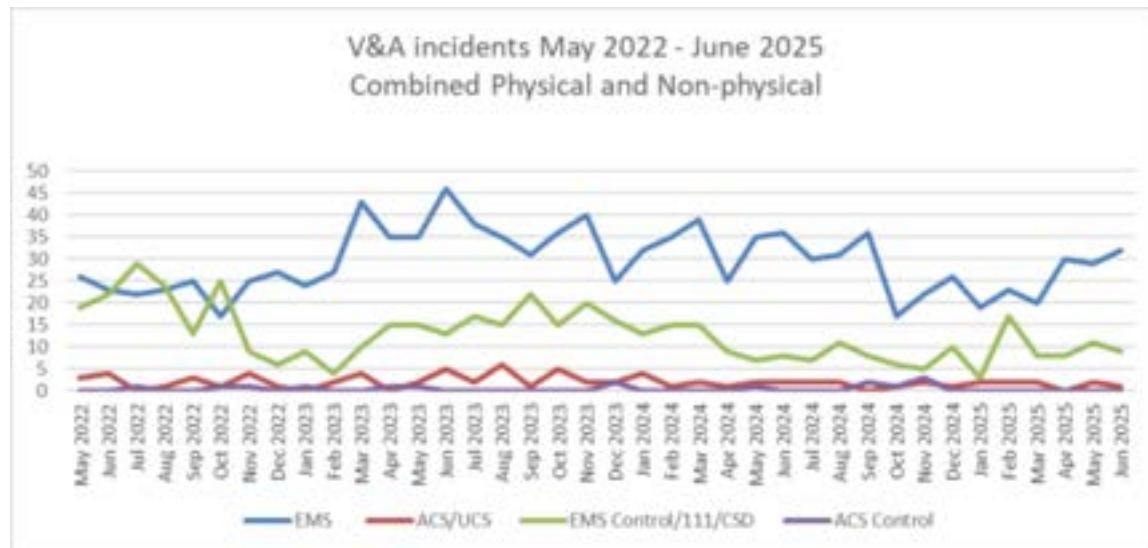
V&A Incident Date May 2022 to June 2025

The trend over the last 3 years has shown a slight decrease in reported V&A incidents.

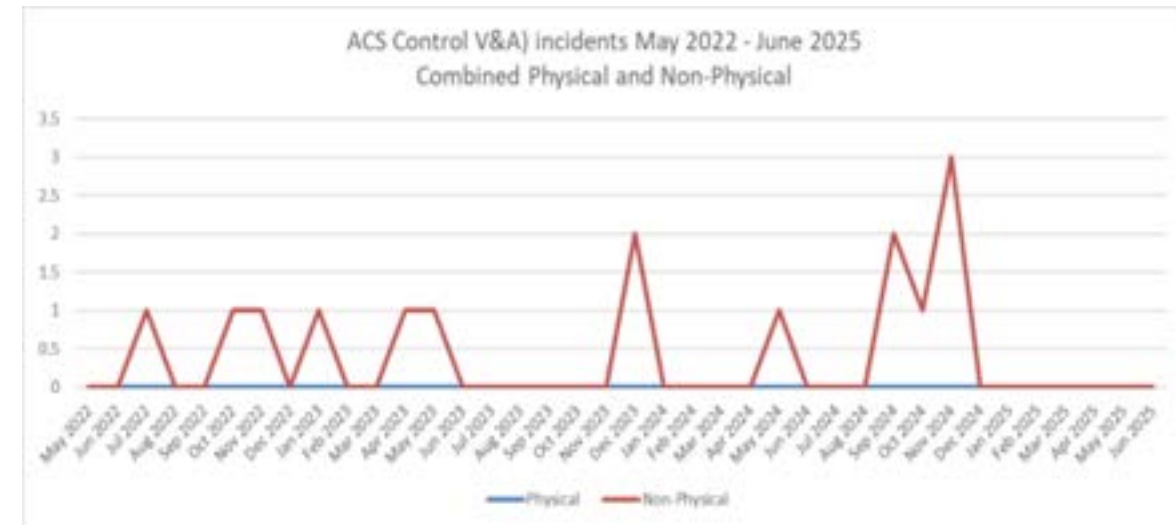
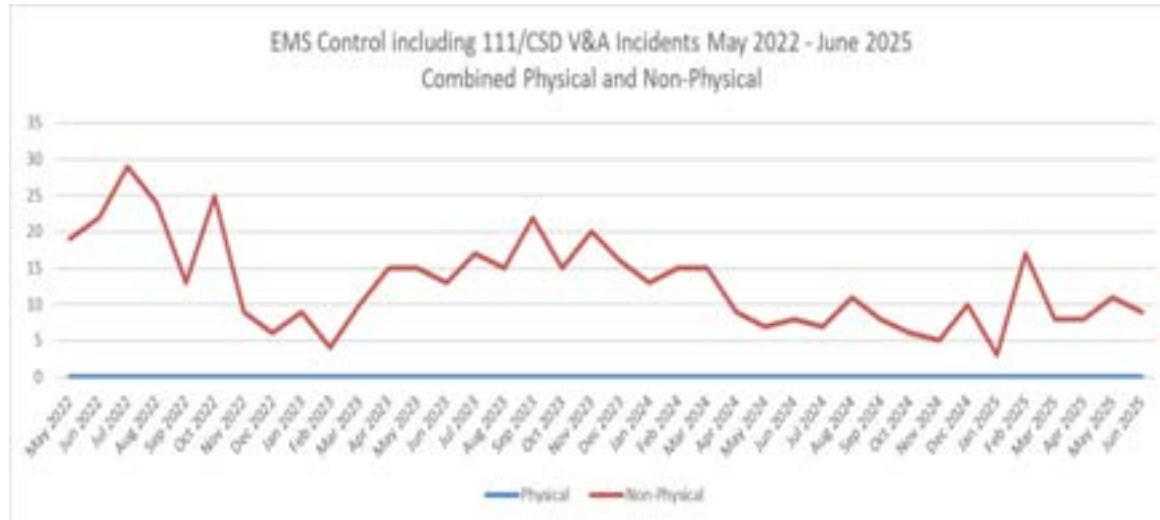
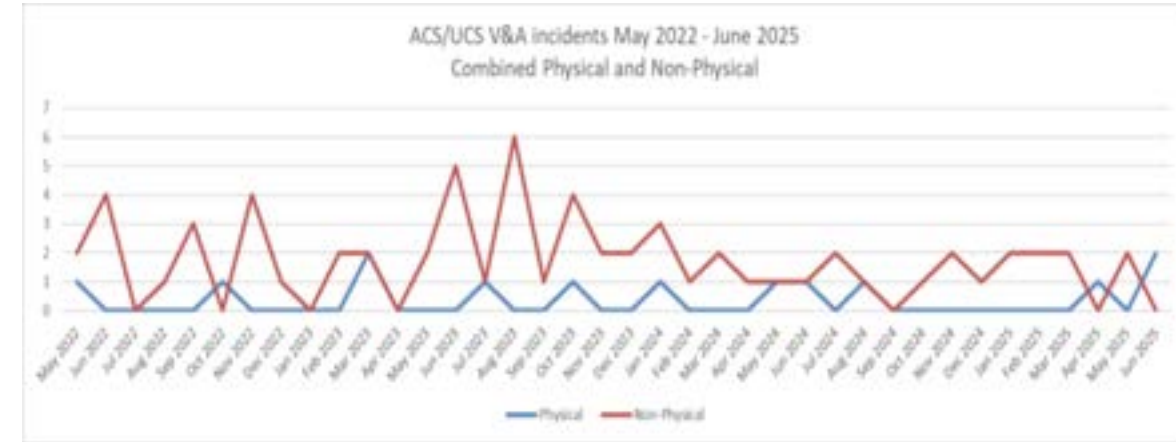
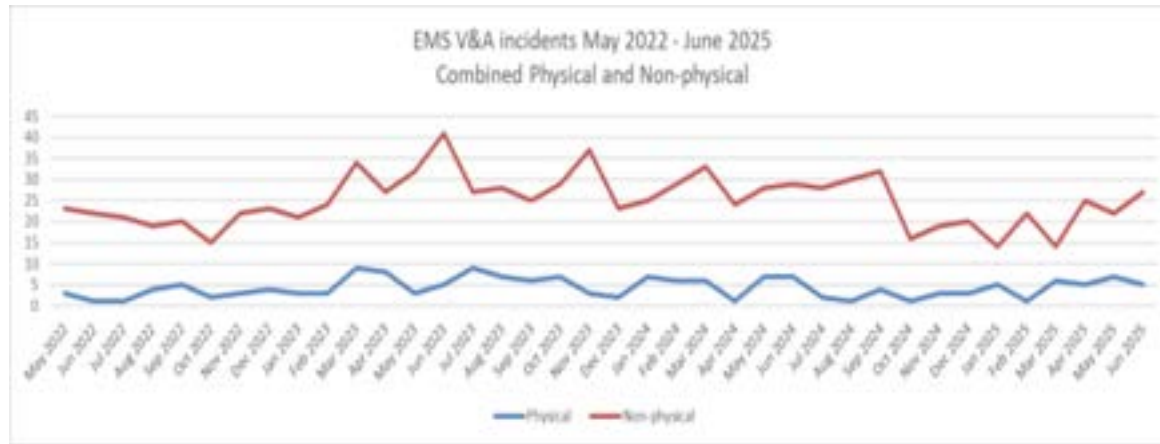


The number of moderate and severe harm V&A incidents remains low.

The number of No and Low Harm reports show an overall decrease in reporting numbers since May 2022

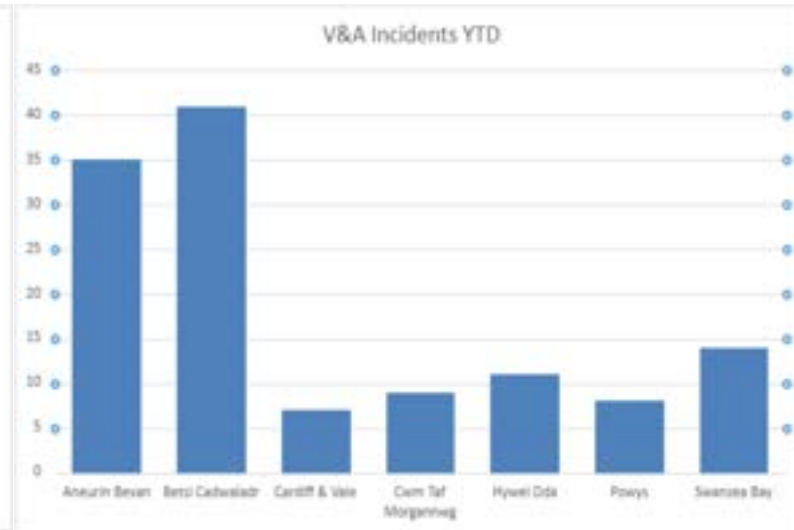
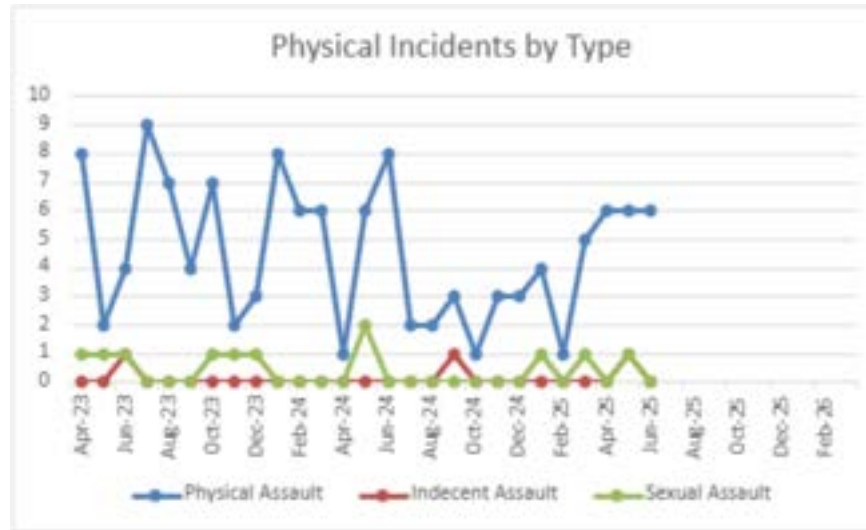
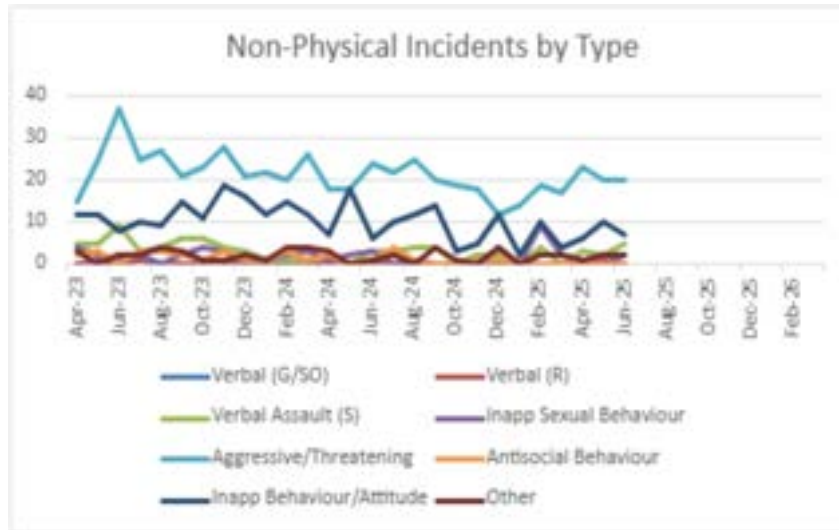


V&A Incident Date May 2022 to June 2025 - continued



Reporting of V&A Incidents by operational crews has remained stable over the past 3 years.
The number of incidents reported by Contact Centre staff has shown a decrease over the past 3 years.

V&A Incident Data Apr 24 to date



Recent data (April 2024 – present) confirms sustained levels of violence and aggression across both frontline and contact centre roles, with overall reporting continuing to rise. While most incidents involve low levels of physical harm, the increasing frequency and breadth of exposure present a strategic risk to morale, psychological safety, and workforce stability.

Even without serious injury, repeated exposure erodes staff confidence and can challenge the Trust's ability to retain and support its people. This reinforces not only WAST's duty of care, but also the need for continued leadership focus, investment, and scrutiny to ensure cultural change is sustained, and that assurance mechanisms remain robust and responsive.

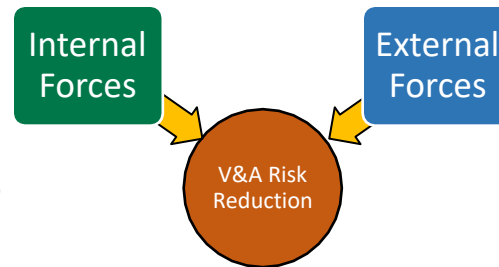
Key Issues and Challenges

Internally, the V&A function plays a key role in how WAST responds to and manages Risk 400. It leads on incident oversight, case management, training, staff support, and policy development covering a workforce that spans frontline crews, contact centre staff, students, and volunteers.

As the profile of V&A risk evolves and reporting matures, the volume and complexity of cases continues to increase.

While this creates additional operational pressure in the V&A team, the wider Health & Safety team has responded by adapting working practices, sharing responsibilities more broadly, and enhancing links with operational and governance colleagues. This has helped ensure that demand is met without compromising the quality of support or assurance.

Continued integration of V&A oversight into workforce, quality, and operational functions is strengthening the Trust's internal resilience and supports a more systemised approach to prevention and follow-up.



National and societal pressures continue to shape how violence and aggression presents across WAST. Rising public incivility, increased demand, and operational changes under Right Care, Right Person have contributed to complex incidents. Often occurring in settings where immediate support is limited.

WAST remains committed to national priorities, fulfilling its obligations under the Serious Violence Duty and Obligatory Response to Violence in Healthcare (Wales). The Trust plays an active role in system-wide forums, including the All-Wales NHS Anti-Violence Collaborative and NAVSEG, ensuring its local approach is informed by national learning and contributes to shaping wider policy and practice.

A key enabler of this alignment, the UK funded Violence Prevention and Reduction Lead is due to conclude at the end of Q2 2025. This role has been instrumental in coordinating UK-wide strategy, benchmarking, and evidence-based improvement. A proposal is now in place to sustain the post on a reduced basis (six days per quarter) via AACE's consultancy function. Without this, there is a risk of regression to fragmented, locally driven models that weaken consistency, reduce shared learning, and threaten compliance with the NHS Violence Prevention and Response (VPR) standard.

Despite these external pressures, WAST's V&A function remains central to how the organisation manages Risk 400. Through strengthened integration with workforce, operational, and training teams, the service continues to provide a responsive and resilient approach that supports staff confidence and delivers against regulatory expectations.

Internal Forces & Actions

Sustained Reporting: Turning Insight into Action

WAST continues to see consistent levels of reporting, which reflects both the persistence of violence and aggression and the growing maturity of our reporting culture.

The current focus of the team is on moving from raw volume to actionable intelligence.

This includes:

- Collaborating with the EPCR data team and Integrated Care team to better identify patterns in verbal and physical aggression, particularly where incidents occur repeatedly or escalate quickly.
- Leveraging EPCR data and “*#code*” tagging to flag high-risk interactions and support early warning triggers for frontline staff and control centres.
- Using these insights to shape more tailored interventions, staff training, and real-time decision support.

This approach ensures that reporting is actively translated into real-time risk intelligence, allowing us to direct resource and support to the areas where staff are most frequently subject to aggression, most isolated in their roles, or most affected by repeat incidents, strengthening both prevention and assurance.



Internal Forces & Staff Surveys: What Our Workforce Is Telling Us

Violence and aggression continues to feature as a key concern in WAST staff surveys, not only in relation to direct experiences of a also in how confident staff feel that incidents are taken seriously followed up effectively.

This feedback has been critical in shaping our response. It reinforces the need for:

- Visible leadership, especially after incidents
- More accessible and timely post-incident support
- Targeted training for high-risk staff groups, including call handlers, students and lone responders

We are now working to align our V&A improvement actions with concerns raised in the surveys and will use future pulse surveys to test whether confidence is improving.

Listening to staff is not the endpoint, it's the starting point for changing how we respond.



Internal Forces & Actions

Volunteer Deployment: Expanding Reach, Strengthening Protection

As WAST increases the use of volunteers across patient transport, community response, and event support, we recognise that these individuals may have different levels of preparation, authority, and visibility compared to our employed workforce, making them potentially more vulnerable to violence and aggression.

Our response has focused on:

- Ensuring all volunteers have access to the same V&A policies, reporting tools, and escalation procedures as paid staff
- Embedding clear governance structures, risk assessments, and support pathways within the Volunteer Document Library on *'Ensemble'*.
- Promoting a consistent message that volunteers have the same right to feel safe and supported, regardless of setting or role

As volunteer numbers grow, we are working to ensure that protection is embedded by design not added as an afterthought, reinforcing the Trust's commitment to a zero-tolerance culture across all workforce types.



Internal Forces & Actions

Locality Manager Capacity: Balancing Demand with Oversight



Locality Managers have a key role in responding to and managing incidents of violence and aggression, alongside a broad range of operational responsibilities. The continued pressures of service delivery, rostering, and real-time demand mean that capacity for timely and detailed V&A investigations can at times be stretched, and as such we are working to support and enable them in this function.

Recognising this, we are:

- Supporting managers through clearer investigation frameworks and case triage tools, helping them focus effort where it is most needed
- Sharing responsibilities with the central V&A team and Health & Safety colleagues, ensuring appropriate escalation and consistency
- Exploring opportunities for targeted training and leadership support, so Locality Managers feel more confident and better equipped to manage these risks

This approach allows us to balance local ownership with central oversight, ensuring that no investigation is delayed or diluted and that staff feel their concerns are being taken seriously, every time.

Internal Forces & Actions

Managing Demand and Building Organisational Resilience

WAST is committed to strengthening staff capability in managing violence and aggression through a layered training offer, combining internal, role-specific content with access to recognised national programmes.

As part of this, WAST is promoting access to the Liverpool John Moores University CPD Programme: "Violence Prevention, Reduction and Public Health", a course accredited by the World Health Organisation through its Collaborating Centre.

This programme supports the adoption of a public health approach to violence, aligned to the Serious Violence Duty, and offers deeper insight into causes, prevention models, and system responses. It is particularly valuable for team leaders, case managers, and operational leaders involved in decision-making, escalation, or policy implementation.

Combined with our internal training pathways for 111, CSD, NEPTS and frontline roles, this ensures staff have access to the tools, knowledge, and confidence they need, from day today de-escalation to system-level understanding of violence as a public health issue.

External Forces & Actions

Growing threat of incivility and aggression nationally: Analysing National Data for Themes and Trends

As an active member of National Ambulance Violence and Security Expert Group (NAVSEG), the WAST V&A Team is contributing to a national review of how Ambulance Trusts are experiencing and responding to evolving police protocols.

This work is focused on identifying where current practices may introduce risk for staff and enabling early recognition of inconsistencies in police attendance. These insights will inform WAST's internal risk assessments and support targeted mitigations to better protect staff in real-time scenarios. In parallel, WAST is progressing a joint risk assessment led by the Mental Health Team and supported by the V&A Team, specifically to understand and address any operational risks linked to Right Care Right Person.

The V&A Team continues to fulfil its role under the Serious Violence Duty, working with Police Services and Health Boards across Wales to ensure not only compliance, but active influence over the Duty's implementation. Improvement actions arising from this partnership work are being embedded into WAST's broader violence prevention strategy, ensuring system-level learning is translated into local, tangible measures that reduce the frequency, severity, and impact of V&A incidents on our workforce. The Trust CEO has also met with Welsh Government to highlight the potential for violence and aggression prevention or reduction associated with body worn cameras.



External Forces & Actions

Media focus on V&A within NHS: Collaboration

The growing media spotlight on violence and aggression within NHS settings has significantly elevated public awareness and expectations regarding how organisations protect their staff. For ambulance services, where staff often work in uncontrolled or isolated environments, this attention has brought both challenge and opportunity: challenge in managing reputational risk and increasing scrutiny, and opportunity to influence national messaging and reinforce a zero-tolerance culture.

In response, WAST is playing an active role in the coordinated pan-Wales effort to address V&A by aligning our messaging with partner organisations, sharing data through national forums, and contributing to collective action on staff safety. We are engaged with NHS Wales, Police Services, Health Boards, and other partners to ensure a consistent and confident public message, while also using this visibility to advocate for system-level improvements.

In parallel, WAST is contributing to the wider ambulance sector response through its relationship with the Association of Ambulance Chief Executives (AACE). By engaging with AACE's national V&A workstreams, WAST ensures that its strategy and interventions reflect both best practice and sector-wide learning. This not only supports consistency across UK ambulance services but enables WAST to contribute local insight to national discussions, helping to shape the agenda as well as respond to it.

These collaborative efforts demonstrate that WAST is not operating in isolation, but as part of a connected and responsive system. Our approach strengthens public trust, supports a shift in culture across services, and ensures staff can see clear, visible leadership in the face of increasing violence and aggression. We continue to monitor public and staff sentiment, assess the impact of our interventions, and adapt our communications and prevention strategies to ensure this momentum drives meaningful and lasting change.

Promotion of Welsh Health Circular 2024/024 - Obligatory Response to Violence in Health Care Wales
Contributor at Strategic All Wales NHS Anti Violence Collaborative

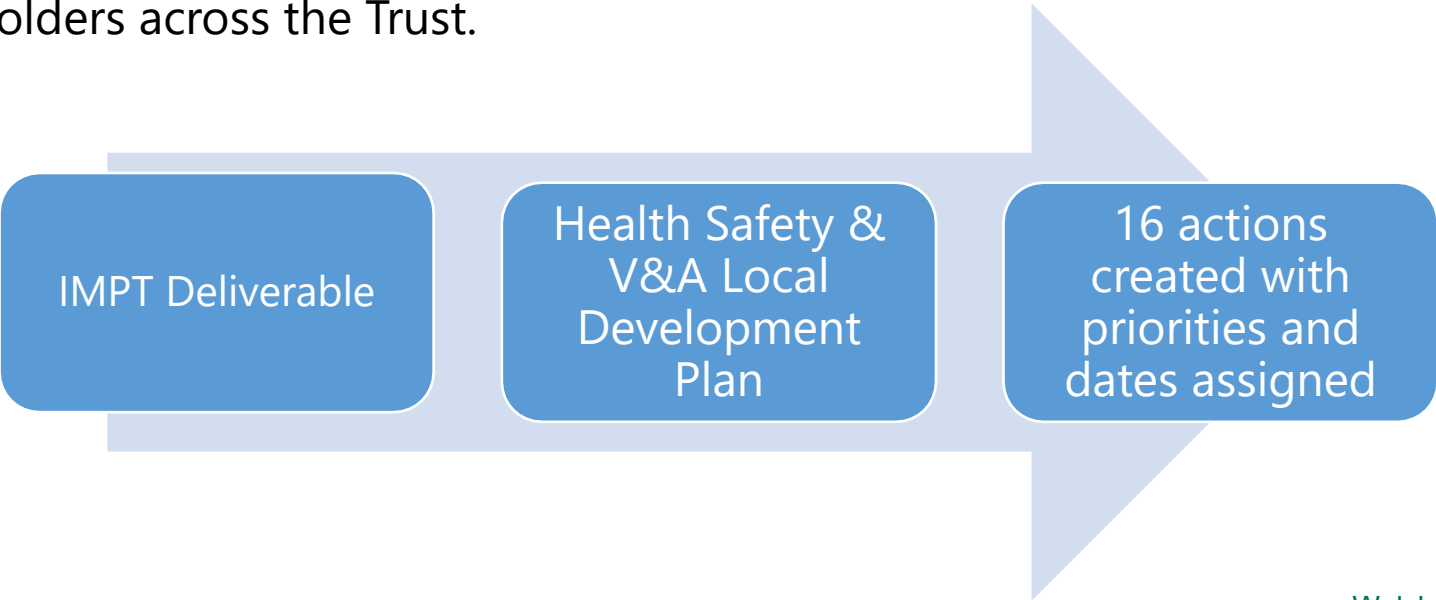


Addressing the Key Issues and Challenges

IMTP Objectives:

Service/ Test	Strategic Objective	IMTP or Directorate	Objective	Deliverable	Priority
H&S	SO5: Being quality driven & clinically led	IMTP Lead	High quality Health and Safety systems	Violence and Aggression (V&A) risk mitigation actions to be developed in conjunction with relevant stakeholders and implemented across the Trust	Could Do

While currently listed as a “Could Do” within the IMTP, the development and implementation of V&A risk mitigation actions remain a critical focus of Health & Safety and cross-directorate workstreams. This aligns directly with the wider strategic response outlined in this report and is being progressed in collaboration with key stakeholders across the Trust.



Addressing the Key Issues and Challenges

Health Safety: V&A Directorate Plan

IMTP Deliverable	LDP Action	Progress	Priority	Start date	Due date
Violence and Aggression risk mitigation actions to be developed in conjunction with relevant stakeholders and implemented across the Trust	Support improved methods of reporting and investigation being developed to meet needs of staff and organisational reassurance utilising #codes	In progress	Medium	01/04/2025	30/09/2025
	Discuss with the EPCR team and Integrated Care teams ways to improve the reporting process to assist in identifying potential RCRP incidents.	In progress	Medium	01/04/2025	30/09/2025
	Production of support and guidance documentation on volunteer document Library via Ensemble	In progress	Medium	01/04/2025	30/09/2025
	Support the review of Volunteer Risk Assessments to ensure suitable controls are in place for V&A Support.	In progress	Medium	01/04/2025	27/02/2026
	Support the review of the Volunteer Policy to ensure better communication and suitable provision of V&A support.	In progress	Medium	01/04/2025	26/02/2026
	Holistic V&A risk assessment to be undertaken to understand the situation fully and identify mitigations to reduce the potential risk to operational staff.	In progress	Medium	01/04/2025	31/10/2025

Addressing the Key Issues and Challenges

Health Safety: V&A Directorate Plan

IMTP Deliverable	LDP Action	Progress	Priority	Start date	Due date
Violence and Aggression risk mitigation actions to be developed in conjunction with relevant stakeholders and implemented across the Trust	Support the Mental Health team in developing a risk assessment V&A risks and introduce suitable mitigations.	In progress	Medium	01/04/2025	30/10/2025
	V&A Team to support Training Department Developing NET/AC Call Handler Apprenticeship Training to ensure there are suitable V&A modules in place.	In progress	Medium	01/04/2025	30/01/2026
	V&A Team to provide support for improved training for call centre staff being developed with EMSC/CSD/111 to handle and report V&A incidents.	In progress	Medium	01/04/2025	31/12/2025
	Challenges arising out of the Right Care Right Person approach by Polices Services are to be addressed via the risk assessment undertaken the WAST Mental Health Team with the support of the V&A Team	In progress	Medium	01/04/2025	31/12/2025
	Attendance & Contribution at Strategic All Wales NHS Anti Violence Collaborative	In progress	Medium	01/04/2025	31/03/2026

Addressing the Key Issues and Challenges

Health Safety: V&A Directorate Plan

IMTP Deliverable	LDP Action	Progress	Priority	Start date	Due date
Violence and Aggression risk mitigation actions to be developed in conjunction with relevant stakeholders and implemented across the Trust	Promotion of Welsh Health Circular 2024/024 - Obligatory Response to Violence in Health Care Wales	In progress	Medium	01/04/2025	31/10/2025
	WAST V&A Team partnership approach via Serious Violence Duty with multiple agencies across Wales to ensure compliance within WAST.	In progress	Medium	01/04/2025	31/03/2026
	WAST V&A Team are participating in V&A incident review by NAVSEG to identify how Trusts are managing the police operational response process to better protect staff.	In progress	Medium	01/04/2025	31/03/2026
	Development of process to enable Health and Safety Team to triage V&A Incidents noted as “No Harm” on Datix and provide staff support where needed via the Liverpool St Johns Moores University CPD Programme	In progress	Medium	01/04/2025	30/11/2025

Looking Forward

To enhance our response to the ongoing threat of Violence and Aggression in the workplace, the V&A Team is advancing a series of targeted and strategically aligned actions. These include prioritising the delivery of key objectives set out in the Health, Safety: V&A Directorate Plan to ensure a coordinated and measurable Trust-wide approach. These include:



The professionalism and consistency of the Case Management function will continue to be strengthened, providing staff with timely, fair and supportive responses to incidents.

The team will also expand its role in data gathering and analysis to drive proactive risk identification and inform the Trust's strategic oversight of Risk 400. At a local level, efforts are focused on embedding the ORV (Obligatory Response to Violence) process into relevant WAST policies and procedures to ensure frontline assurance mechanisms are robust and consistently applied.

Crucially, the team is actively working to deepen partnerships with Police Services across Wales, enabling earlier engagement, more consistent support during incidents, and greater alignment between emergency services in protecting WAST staff.

Together, these actions provide a strong foundation for sustained improvement and assurance to the Board that this risk continues to be actively managed and strategically addressed.

Prosecution Outcomes:

Upholding Accountability and Supporting Staff



Recent court outcomes highlight the seriousness of violence and aggression directed toward WAST staff and volunteers. In each of these cases, legal action has resulted in custodial sentences or formal sanctions, reinforcing the message that abuse of emergency workers will not be tolerated.

These outcomes provide reassurance to our workforce that the Trust takes such incidents seriously, supports prosecution where appropriate, and works in close collaboration with police services and the Crown Prosecution Service. The V&A Team plays a central role in gathering evidence, liaising with authorities, and supporting individuals through the legal process.

We recognise the emotional and psychological impact that such incidents can have on staff and continue to strengthen both post-incident support and case management to ensure those affected are not only protected but empowered to seek justice. These prosecutions also contribute to public awareness, helping shift attitudes and strengthen deterrence through visible consequences.



R V Plunkett 30/04/2025 – 48 Week prison sentence, reduced to 38 weeks following a guilty plea- Assault Emergency Worker

R V Craig Burgess 27/05/2025 – Volunteer CFR – Burgess was found Guilty, and a warrant issued for arrest – Sexual assault

R V Nigel Francis 25/02/2025 - [Story Here](#) - Francis, 58, was sentenced to eight months in prison –Assault Emergency worker – Spitting

R V Bradley Roberts 30/01/2025 - [Story Here](#) - Roberts was sentenced to 52 weeks imprisonment, suspended for 24 months for assault occasioning actual bodily harm (ABH), and was also ordered to pay £400 compensation to Joanne. Bradley has since re-offended and now serving his 52 weeks sentence.

Staff Feedback



Just wanted to say I got some extremely positive feedback regarding you today from someone I'm working with who's at the early stages of a prosecution for an attack. Really proactive and compassionate.

Thank you for your call yesterday and the support you have offered.

Thank you both for your support today, you made a difficult experience manageable.

It was great meeting you both, and genuinely your help and support today was immeasurable.



More Stories:

[Paramedic sexually assaulted by patient in Powys incident | County Times](#)

['It was the first and only time I've pressed the panic strip' – Christmas plea by emergency workers after rise in assaults - Welsh Ambulance Services University NHS Trust](#)

[A violent woman did something disgusting in an ambulance and it had to be taken out of service | Wales Online](#)

Further stories can be found here [With Us Not Against Us](#)

Thank you

For any questions and/or support, please contact the Health & Safety Violence & Aggression Team

[Philip Lloyd - V&A Prevention Manager \(Philip.Lloyd2@wales.nhs.uk\)](mailto:Philip.Lloyd2@wales.nhs.uk)

[Natasha McBeth – V&A Case Manager \(Natasha.McBeth@wales.nhs.uk\)](mailto:Natasha.McBeth@wales.nhs.uk)



GIG
CYMRU
NHS
WALES

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

Risk 400 Deep Dive

AGENDA ITEM No	11
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

PEOPLE DEVELOPMENT PLAN – PROGRESS UPDATE

MEETING	People & Culture Committee
DATE	12 August 2025
EXECUTIVE	Carl Kneeshaw – Director of People
AUTHOR	Jo Kelso, Head of Workforce Education & Development
CONTACT	Jo.kelso@wales.nhs.uk

EXECUTIVE SUMMARY

The People Development Plan (PDP) is a key deliverable of the Trust's People and Culture Plan, supporting University Status, our Strategic Workforce Plan and long-term workforce sustainability. It defines profession groups, career pathways, and professional proficiencies, underpinned by a co-designed People Development Policy aligned with national legislation.

Progress includes a live Learner Management System, mapped profession groups, and Trust-wide development offers. Staff engagement has been strong through CEO Roadshows, focus groups, and a cross-Trust Task & Finish group. Key themes include the need for individual development plans, equitable CPD access, and clearer progression routes.

The next phase will pilot development plans, finalise professional group frameworks, and identify transferable skills to support internal mobility and growth.

KEY ISSUES/IMPLICATIONS

PCC is asked to:

- **NOTE** the progress made to date in implementing the PDP & development of the associated Policy
- **SUPPORT** continued development of profession group frameworks and professional proficiencies
- **ENDORSE** the next phase of work: piloting individual development plans; identifying desirable transferable skills and finalising profession groups

REPORT APPROVAL ROUTE

- **PCC 12.08.25**

REPORT APPENDICES
Annex 1: Lattice, not Ladders – CEO Roadshow Call to Action
Annex 2: Engagement Headlines: Apprenticeships & People Development Plan

SITUATION

1. The purpose of this report is to:
 - a) Update the committee on the progress made in implementing the People Development Plan (PDP) and the development of the supporting policy;
 - b) Provide an overview of the ongoing work to develop professional group frameworks and associated professional proficiencies; and
 - c) Outline the next phase of planned activity and priorities.

BACKGROUND

2. The People Development Plan (PDP) is a key deliverable under years 2 and 3 of the People and Culture Plan, aligned with our University Status and commitment to democratised, career-spanning development for all staff. The PDP aims to categorise roles into professional groups, define progression pathways, and embed both role-specific and organisation-wide professional proficiencies. The PDP is accompanied by a People Development Policy that will articulate the Trust's commitment to the development of all its people, supporting both the Wellbeing of Future Generations Act and Social Partnership aims. To this end, the People Development Policy Task & Finish group is drawn from volunteers across the Trust.
3. Ethos of this work: Staff co-design of the People Development Policy to reflect lived experience and future sustainability. Underpinned by our desire to care, connect, collaborate and confirming commitment.
4. The PDP responds to a range of internal and external drivers, including:
 - Our Strategic Workforce Plan
 - Internal Audit findings on staff retention
 - NHS England's thematic review on paramedic training
 - AACE's Clinical Supervision Framework
 - Welsh Health Circulars on preceptorship and supervision
 - HEIW's CPD strategy
 - Feedback from forums such as the Work Based Learning Group, Admin Review Recommendations Project, People development Policy & Plan - drop in focus group.
5. The plan is governed through the People and Culture Directorate's Local Delivery Plan.

ASSESSMENT

6. Progress to Date

CPD Access & Learning Hub: A fully featured Learner Management System is in place and well-received, offering a growing catalogue of CPD resources.

Profession Group Mapping: Directorate representatives are detailing job families, including role names, banding, qualifications, professional alignment, and progression ladders.

Professional Proficiencies: A suite of Trust-wide development offers has been scoped and implemented, including:

- Managers Essentials Toolkit
- Our WAST Way leadership programme
- Coaching & Mentoring qualifications
- Study Skills for Progression
- Health & Safety training
- Expanded Apprenticeship pathways
- Cross-cutting skills in business, change, digital, and cultural development.

7. Engagement Activities

Staff engagement has been central to shaping the PDP. Key activities include:

Call to Action – CEO Roadshow Spring 2025: Awareness raising and invitation to engage – see annex 1 ‘**Lattice, not Ladders**’ articulating enabled workforce mobility featuring horizontal and vertical progression.

Drafting the People Development Policy: 18 colleagues from across the Trust responded to the call to action to be part of the Task & Finish group working on this. Feedback from Subject Matter Experts in Welsh Language, Records Management and Equality, Diversity and Inclusion incorporated with an agreed EQIA in place.

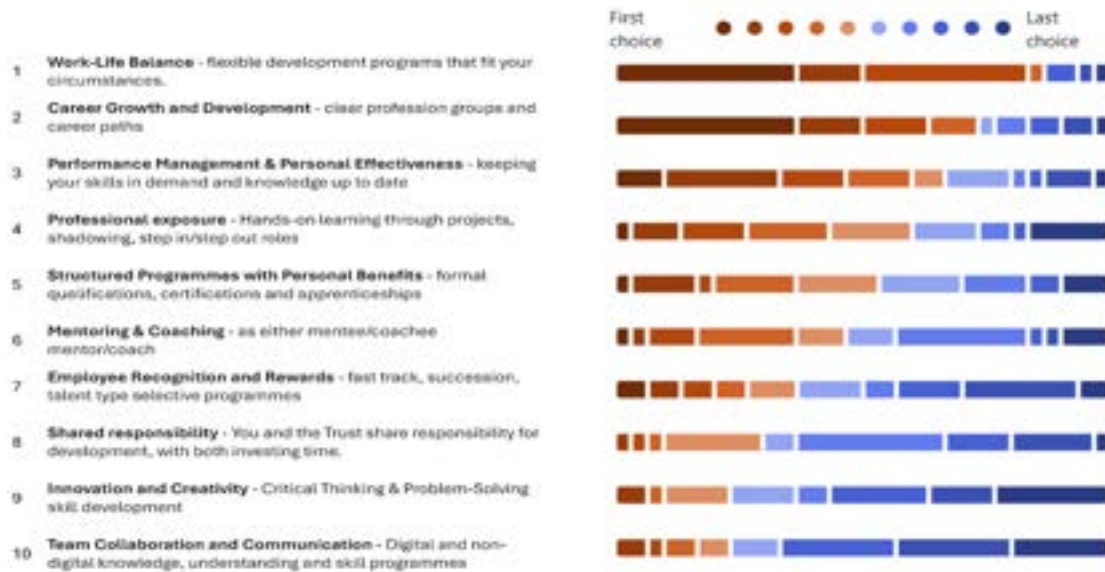
Drop-in Focus Groups: These sessions provided qualitative insights into staff expectations and barriers to development. Feedback highlighted the need for clearer progression pathways and more accessible CPD resources.

Precis of the Apprenticeships Focus Group – see annex 2

Emerging Themes from Feedback:

- Desire for individual learning and development plans (to be delivered via the PDP)
- Variability in CPD time access across roles

- Strong appetite for structured career progression and clarity on expectations

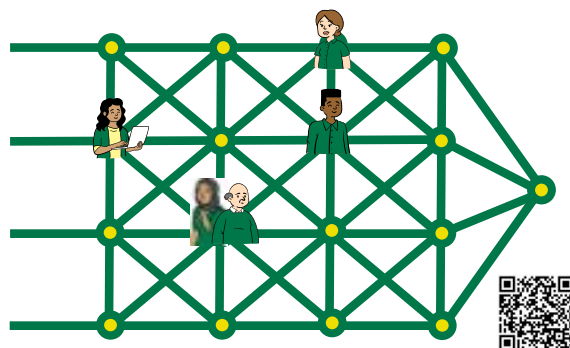
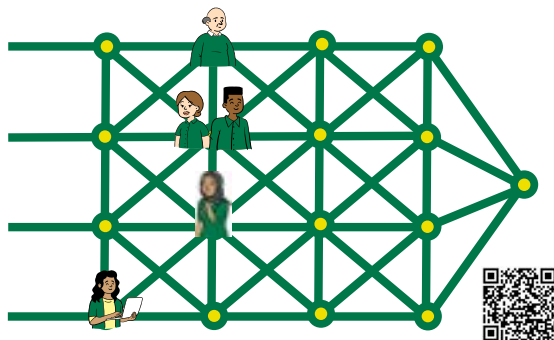
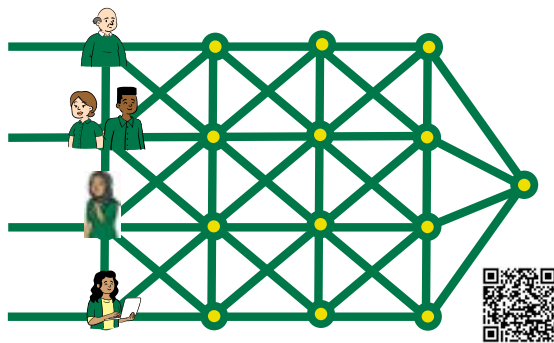
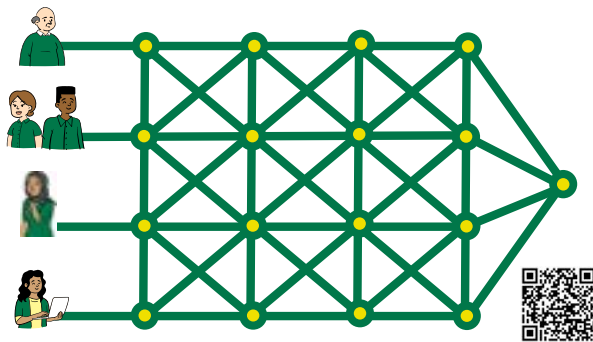


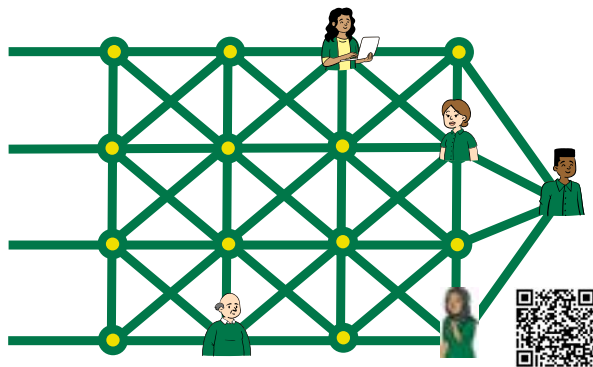
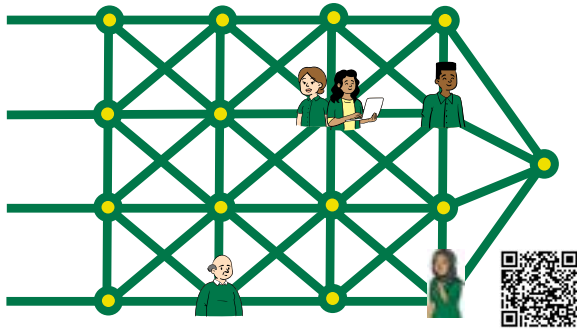
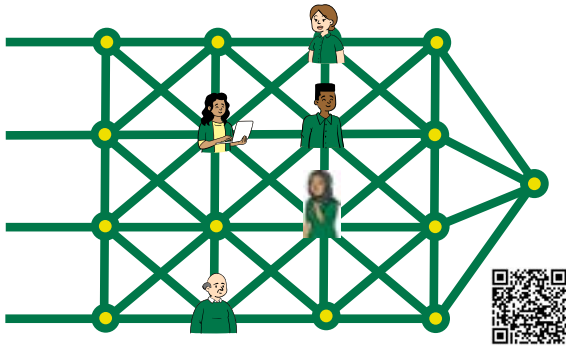
RECOMMENDED

8. That PCC:

- NOTE** the progress made to date in implementing the PDP & development of the associated Policy
- SUPPORT** continued development of profession group frameworks and professional proficiencies
- ENDORSE** the next phase of work: piloting individual development plans; identifying desirable transferable skills and finalising profession groups.

Annex 1: Lattice, not Ladders – CEO Roadshow Call to Action







**We don't want a
LADDER**





**We want a
LATTICE**



Annex 2: Engagement Headlines: Apprenticeships & People Development Plan

Policy by the People

Staff co-design of the People Development Policy to reflect lived experience and future sustainability.

Legislation-Driven Vision

Integration of Well-being of Future Generations and Social Partnership Acts.

Apprenticeships for All

Call for apprenticeships across all job families, including non-clinical roles.

Structured Support

Emphasis on mentoring, centralised coordination, and protected development time.

Shared & Rotational Models

Exploration of shared apprenticeships and flexible, rotating placements.

Entry-Level Pathways

Focus on internal talent pipelines and job progression from entry-level roles.

Hybrid Working Challenges

Recognition of remote work complexities in apprenticeship delivery.

Stigma-Free Culture

Push to rebrand apprenticeships as skilled, respected career routes.

Volunteer to Career

Development of pathways from volunteering into formal employment.

College Partnerships

Engagement with local providers to align qualifications with workforce needs.

Open Days & Tasters

Proposal for annual events to showcase specialist roles and attract talent.

Post-Apprenticeship Employment

Commitment to job opportunities following training completion.

Branding & Communication

Need for clear, positive messaging around apprenticeship value.

AGENDA ITEM No	12
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

End of Season Flu Report 2024-25

MEETING	People & Culture Committee
DATE	12 August 2025
EXECUTIVE	Andy Swinburn, Executive Director of Paramedicine
AUTHOR	Rhiannon Harries, Clinical Directorate Project Manager
CONTACT	Rhiannon.M.Harries@wales.nhs.uk

EXECUTIVE SUMMARY

The attached end of season Flu Report provides a summary including data, lessons learnt and recommendations for the 2025-26 campaign for the Trust's annual flu vaccination programme.

Data shows that WAST achieved a 28.9% vaccination rate for the 2024-25 Flu Campaign (lower than last year), and a 35.2% engagement rate (potentially attributable to flu voucher incentives), though it has been suggested that the vaccination rates across staff within the Health Boards was lower than that of the previous campaign.

Similarly to the previous campaign, the CEO Roadshows served as a great opportunity for staff to receive their flu vaccination. Enabling staff to have the vaccine at this event was well received by staff and colleagues and will be used as part of future campaigns.

Positive feedback and engagement was received from WAST Volunteers, indicating that it would be beneficial to again offer the flu vaccine to all WAST Volunteers during the next campaign.

KEY ISSUES/IMPLICATIONS

The following were raised as issues/key lessons learned for next year after their impact was recognised for this campaign:

- Attendance at the monthly flu campaign meetings (often diminished and underrepresented) and reliability/availability of regional flu leads
- Change of vaccine during the campaign
- Data input improvement
- Numbers of peer vaccinators and flu leads

REPORT APPROVAL ROUTE	
- Clinical Directorate Business Meeting - ELT	

REPORT APPENDICES
End of Season Flu Report 2024-25

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	NA	Financial Implications	NA
Environmental/Sustainability	NA	Legal Implications	NA
Estate	NA	Patient Safety/Safeguarding	NA
Ethical Matters	NA	Risks (Inc. Reputational)	Y
Health Improvement	Y	Socio Economic Duty	Y
Health and Safety	NA	TU Partner Consultation	NA



GIG
CYMRU
NHS
WALES

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

Welsh Ambulance Services University NHS Trust

End of Season Flu Report



Seasonal Influenza Campaign 2024-25
Clinical Directorate

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Executive Summary

This report has been designed to provide information surrounding the Seasonal Influenza Campaign 2024-25 and detail the uptake of the flu vaccine within the Welsh Ambulance Services University NHS Trust (WAST).

The final uptake of staff vaccinated was 28.9% which is a decrease of 7.6% from last years campaign. The number of patient facing staff that are recorded as receiving the flu vaccine also noticeably decreased by 8.4%, reporting 22.7% at the end of the campaign, in comparison to last years uptake of 31.1% of WAST's patient facing staff recorded as having the flu vaccine.

Following an ongoing review of this years campaign, recommendations have been devised that are based upon key areas of learning and improvement. They aim to streamline current processes and improve our engagement with the workforce.

Influencing Factors

There are several influencing factors that are believed to have affected the 2024-25 Flu Campaign, including:

1. **Peer Vaccinators**

Prior to 2023, Peer Vaccinators were only required to undertake two ESR modules (Flu One and Flu Two). However, during the 2023-24 campaign, the requirements were changed, and an additional module was introduced for any new Peer Vaccinators to undertake which has significantly increased the number of hours required to become competent.

For the 2024-25 Flu Campaign, a 'new' Peer Vaccinator was classed as any peer vaccinator who did not complete all competencies during the 2023-24 Flu Campaign. Due to this, several nominated Peer Vaccinators were unable to complete the module due to capacity and so did not become a competent Peer Vaccinator for the 2024-25 Flu Campaign.

At the end of the campaign, the number of competent Peer Vaccinators stood at 49, despite 117 staff originally volunteering to undertake the role of a peer vaccinator prior to the Flu Campaign commencing. This was unfortunately a decline in comparison to the previous two Flu Campaigns, where there were 60 competent peer vaccinators during the 2023-24 Flu Campaign and 80 during the 2022-23 Campaign. Fewer competent Peer Vaccinators within local sites / stations may have meant that staff had fewer opportunities to have their flu vaccine.

The reduced number of Peer Vaccinators during the season's campaign was noticeable with staff reporting through the flu structures that they were finding it difficult to locate a vaccinator whilst on duty. One example was in West Wales where there was only one vaccinator put forward to complete the required competencies and as the campaign progressed this vaccinator was not able to secure the time to complete the competencies so the area had to rely on another operational area sending Occupational Health Vaccinators in to support.

2. **Occupational Health Vaccinators**

Due to vacancies and a high number of abstractions within the Occupational Health team, there were fewer vaccinators available during this years Flu Campaign. The consequence of this was a reduced number of clinics being accommodated.

Additionally, some planned clinics had to be cancelled at the last minute and it was not always possible to communicate these changes in a timely manner. This understandably caused frustration for staff who may have travelled to attend specific clinics.

The reduced availability of Occupational Health Vaccinators also impacted the ability to sign off new peer vaccinators for their required supervised practice competency. This often led to delays and a lack of momentum in getting the peer vaccinator clinics started.

3. **Staff Working from Home**

The COVID-19 Pandemic had a direct impact on Flu Campaigns over the past several years and one lasting effect of the pandemic is that many have continued to work from home full-time or are hybrid working.

This has impacted the flu vaccine uptake in the workplace, as many staff would not choose to drive to the office solely to have the flu vaccine or perhaps a vaccinator was not available to them on the day(s) in which they were working from the office. This may have led to people choosing to have the flu vaccine in a more convenient place to them i.e. local Pharmacy as illustrated by the data found in the 'had elsewhere' Microsoft (MS) Form.

4. **Flu Campaign Engagement Incentive**

Similarly to previous Flu Campaigns, a Charitable Bid was again awarded for a prize draw of vouchers to be given to those who engage with the Flu Campaign – this includes those who have had the flu vaccine in a WAST setting, those who have filled in the MS Form to state they have had the flu vaccine elsewhere (i.e. GP Surgery / Pharmacy) and those who have completed the MS Form to state that they have chosen to opt-out from having the flu vaccine altogether.

This has had a positive effect on the engagement rate of staff completing the form, as 250 WAST staff chose to complete the MS Form to state they had the vaccine elsewhere and 277 WAST staff chose to complete the MS Form to state they wish to opt-out from having the flu vaccine.

5. **Change of Vaccines**

At the start of this year's campaign, procurement challenges arose, with the Quadrivalent egg-based vaccine (QIVe) initially being purchased due to the unavailability of the originally ordered QIVr vaccine. The All-Wales guidance subsequently issued by Public Health Wales (PHW) recommended the use of the cell-based Quadrivalent vaccine (QIVc) as the preferred option and not the one procured by WAST.

This recommendation was highlighted to WAST by Public Health Wales at the start of the campaign. In response, WAST made the decision to procure the recommended QIVc vaccine and discontinue the use of QIVe to ensure consistency and safety across flu delivery within both PHW and WAST. Peer vaccinators were given a specific timeframe to return their QIVe supply and replace it with QIVc.

The remaining QIVe stock was retained within Occupational Health departments, as advised by the manufacturer, Sanofi, to be held in reserve for use in the event of a major outbreak.

Following the vaccine switch, the advice issued after vaccination was updated to include the QIVc patient information leaflet to reflect the change. Public Health Wales also made the decision to inform staff who had been vaccinated with QIVe of the change, and staff were advised that QIVe was not the vaccine recommended for use in Wales. Those with underlying health conditions were

encouraged to seek further advice from their GP if they had any concerns. WAST also issued comms regarding this on Siren.

End of Campaign 2024-25

The Flu Campaign within WAST came to an end on 28th February 2025, when the collection of data ceased.

A summary of the flu data for the 2024-25 campaign can be found in the following table, including the Emergency Medical Services (EMS) and Ambulance Care (AC) patient facing data:

Flu Data as of 28 th February 2025				
Staff Group	Total Staff In Post	Received Vaccine (in WAST / elsewhere)	% Of Group	+/- On Last Year
Total WAST	4442	1285	28.9%	- 7.6%
Total AC and EMS Patient Facing	3150	714	22.7%	- 8.4%
AC Patient Facing	1022	217	21.2%	- 8.7%
EMS Patient Facing	2128	497	23.4%	- 8.2%

Table 1. Final flu data for the 2024-25 Flu Campaign.

The above figures and all total WAST figures included in this report do not contain Volunteers, as Volunteers do not have Payroll numbers and are therefore, are not recorded on ESR.

This is the fifth year that data has been captured digitally through Microsoft Forms which allowed for continual oversight of the vaccine uptake throughout the campaign. As the data has been reported via the Power BI Dashboard, it enabled all internal stakeholders of the project to view the weekly updated figures as and when required.

Flu Data as of 28 th February 2025				
Staff Group	% of Group Vaccinated	+/- On Last Year	% Engaged via MS Form	+/- On Last Year
<i>Directorates</i>				
Chief Executive	73.7%	+ 21.1%	73.7%	+ 21.1%
Clinical	58.6%	- 15.5%	71.3%	- 15.7%
Corporate Governance	50.0%	- 23.3%	62.5%	- 30.8%
Digital	37.1%	- 3.7%	54.3%	- 18.8%
Finance & Corporate Resources	33.0%	- 7.8%	61.9%	- 3.1%
Operations	26.8%	- 6.8%	32.0%	- 8.7%
Partnership & Engagement	58.3%	+ 19.8%	83.3%	+ 21.8%
People & Culture	36.3%	- 8.3%	40.7%	- 12.6%
Quality, Safety & Patient Experience	44.5%	- 24.7%	48.4%	- 24.1%
Strategy, Planning & Performance	57.1%	- 27.5%	71.4%	- 28.6%
<i>Operations Departments</i>				
Ambulance Care	25.3%	- 4.3%	29.6%	- 5.7%
Emergency Medical Services (EMS)	23.9%	- 11.9%	30.0%	- 14.4%
Integrated Care	38.4%	+ 4.5%	41.2%	+ 1.9%
National Operations & EMS Support	41.1%	+ 17.5%	44.9%	+ 17.8%
Resourcing & EMS Coordination	25.6%	- 11.6%	34.9%	- 6.4%

Table 2. Breakdown of the vaccine uptake for the 2024-25 Flu Campaign in comparison to the 2023-24 Flu Campaign.

Tabel 2 highlights that only two out of the total ten Directorates in WAST improved their staff vaccination and engagement rates in comparison to the previous Flu Campaign – the Chief Executive Directorate and the Partnership & Engagement Directorate. Similarly, only two out of the total five Departments within the Operations Directorate improved on their staff vaccination and engagement rates – Integrated Care and National Operations & EMS Support.

The below table shows how many vaccinations were given to other staff groups:

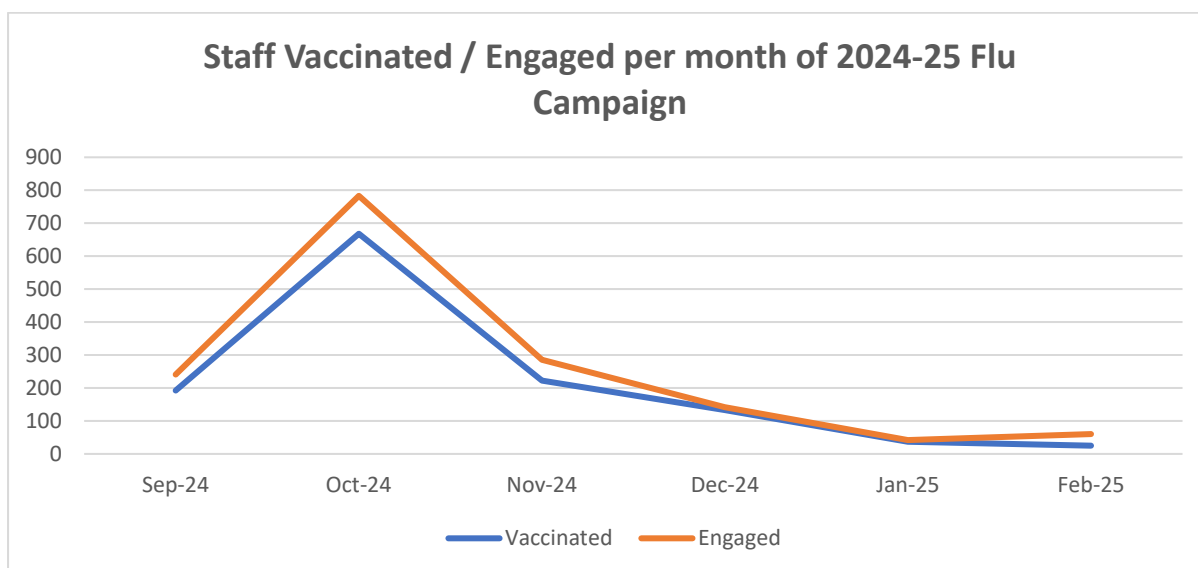
Flu Data as of 28 th February 2025		
Other Staff Group	Vaccines Administered in WAST Setting	MS Form – Had Vaccine Elsewhere
<i>Other Staff Groups</i>		
CFRs	17	16
PHW	204	0
St John	6	0
VCS	1	10

Table 3. Vaccine uptake of other staff groups.

Unlike previous Flu Campaigns, no EMRTS staff, FRS Responders or HCS staff had the flu vaccine in a WAST setting or completed the MS Form to state they had the flu vaccine elsewhere.

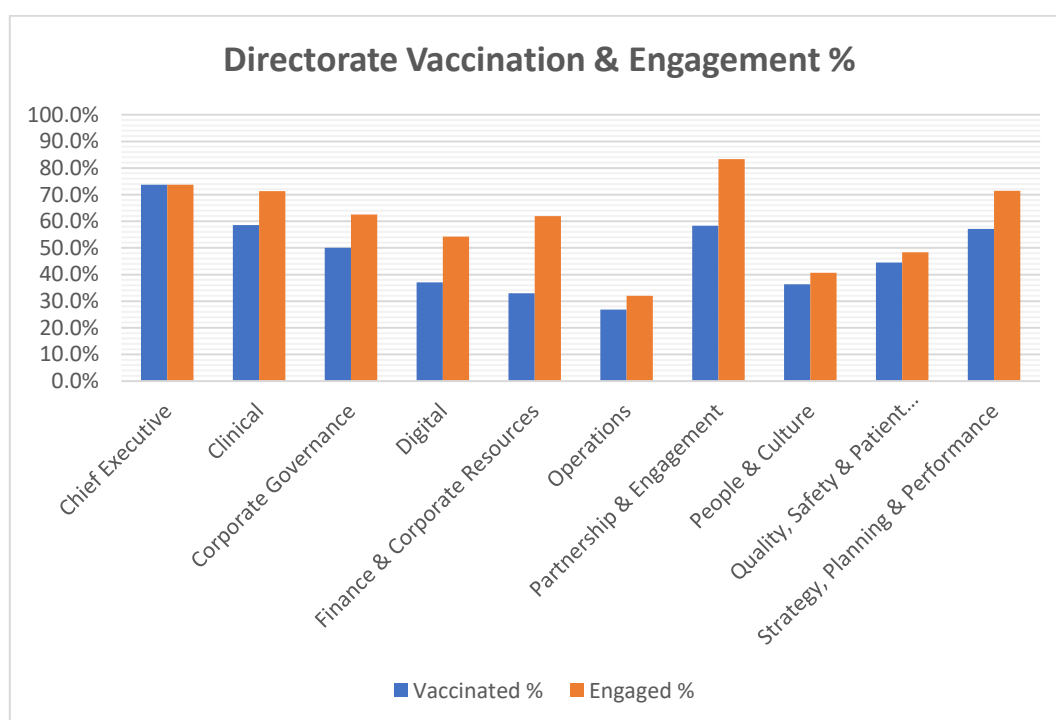
Graph 1 below illustrates the number of WAST staff who were either vaccinated or engaged with during each month of the Flu Campaign. WAST's Flu Campaign started with a soft launch at the end of September but fully launched during October 2024, which is evident from the high number of staff who had the flu vaccine (665) and the high number of staff who completed the MS Form to state they wished to opt-out (114) which equated to the highest number of staff engaged with (779) during any single month of the Flu Campaign.

The graph also shows an increase in the number of staff who engaged with the Flu Campaign in February, which was due to it being the final month of the Flu Campaign and utilising the Communications Strategy to increase engagement with staff by sharing additional emails and notices.



Graph 1. Number of WAST staff vaccinated and engaged with during each month of the Flu Campaign.

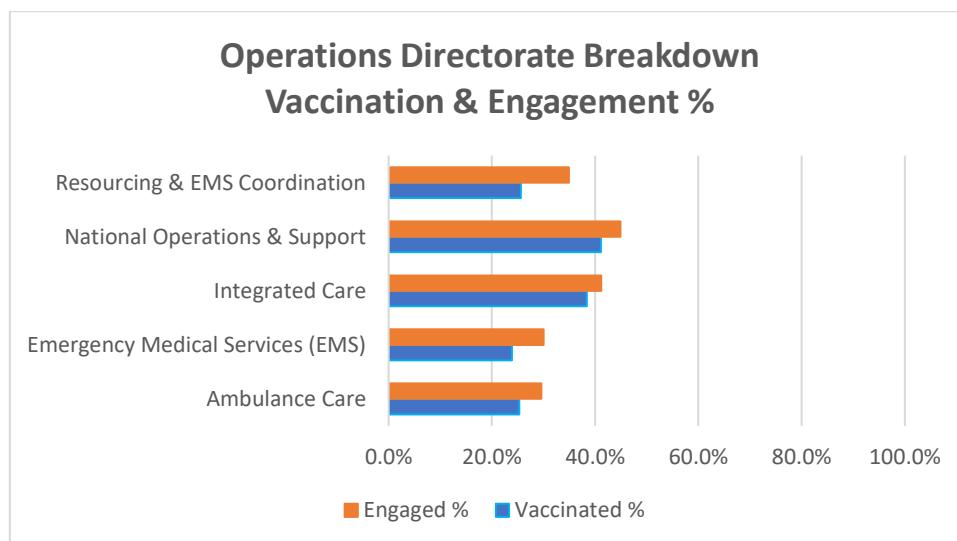
Similarly to the previous campaign, graph 2 highlights that many of the Directorates have a far higher engagement rate, in comparison to their vaccination rate, which shows that again more staff chose to opt-out from having the flu vaccine.



Graph 2. Vaccination and engagement rates for Directorates within WAST.

In previous years, some Directorate's have reported a 100% engagement rate, as well as many have reported engagement rates of over 80% and 90%, however, during the

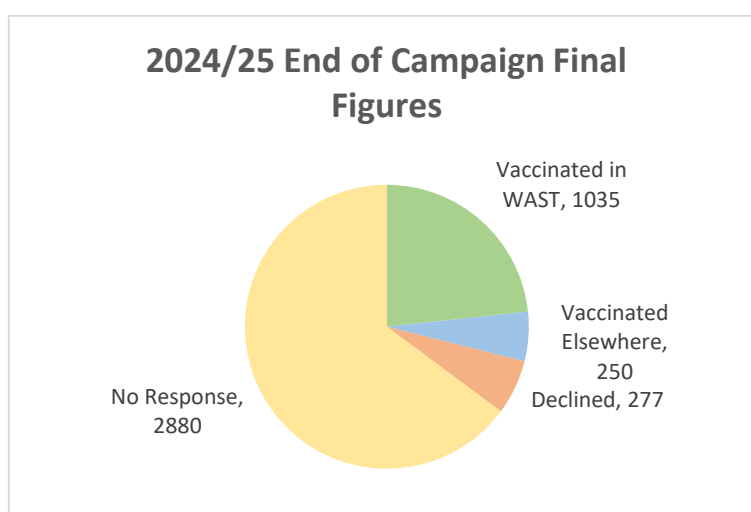
2024-25 Flu Campaign, only the Partnership & Engagement Directorate achieved a high engagement rate of 83.3%.



Graph 3. Vaccination and engagement rates for Departments within the Operations Directorate.

Graph 3 shows that the National Operations & Support Department was the highest vaccinated area within the Operations Directorate with 41.1% of staff receiving the flu vaccine and the Department also received the highest engagement rate within the Operations Directorate with 44.9% of their staff completing the MS Form.

The final graph, graph 5 below, clearly illustrates the final figures from the 2024-25 Flu Campaign, detailing that 1035 WAST staff were vaccinated in their place of work, 250 completed the MS Form to state they had the flu vaccine elsewhere and 277 completed the MS Form to opt-out from having the flu vaccine altogether. Consequently, meaning a total of 2880 staff did not engage with the campaign whatsoever.



'Had elsewhere' settings where staff stated they had the flu vaccine included:

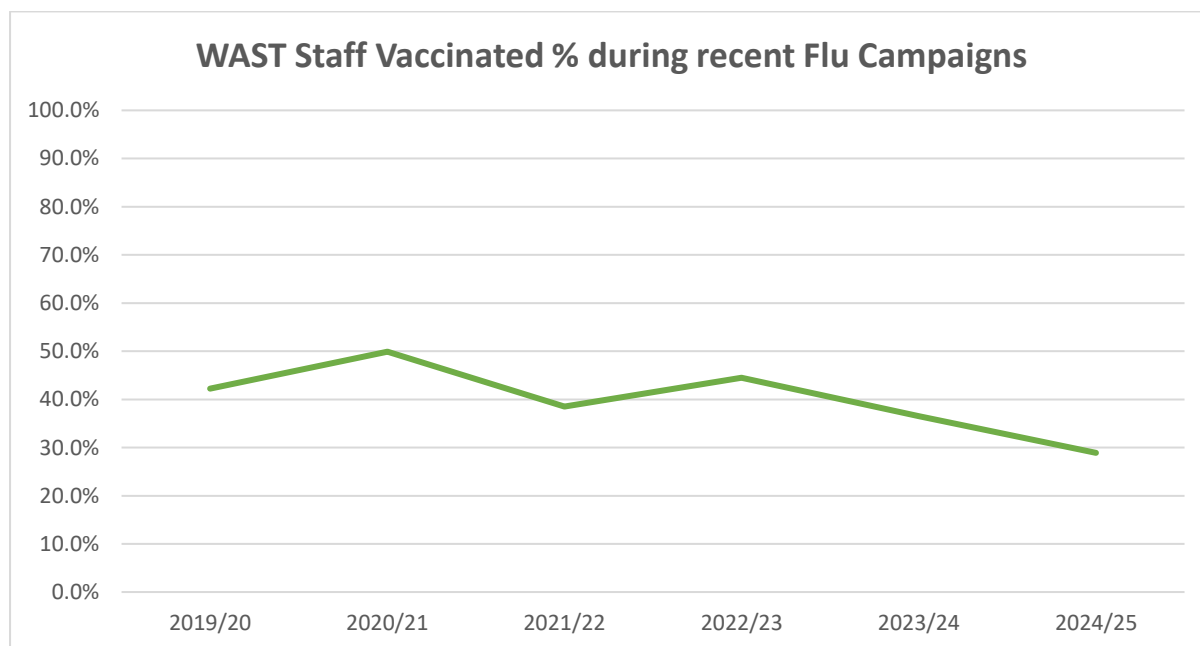
- COVID booster setting
- GP Surgery
- Heath Board site i.e. Hospital
- Pharmacy

Reasons for opting out of having the flu vaccine included:

- Allergies
- Disbelief in usage of vaccines
- Previous reaction to vaccine
- Never had flu previously
-

Data Summary

Data shows that WAST achieved a 28.9% vaccination rate for the 2024-25 Flu Campaign and a 35.2% engagement rate. Therefore, the vaccination rate for the campaign is lower than that of the previous five influenza seasons:



Patient-facing staff in WAST reported a 22.7% vaccination rate which was 6.2% lower than the average figures for the overall organisation and a 8.4% decrease from the patient-facing figures seen in the previous campaign.

Reporting

The Flu Power BI Reports Dashboard was introduced at the start of the 2024-25 Flu Campaign and was in conjunction with the data received from both the consent form (embedded into the Flu Power BI application and the MS Form for staff to use if they had the flu vaccine elsewhere or chose to opt-out from having the flu vaccine altogether).

Due to WAST not currently being able to gain a live ESR feed, the data provided by the ESR support team was cleansed monthly during the Flu Campaign, to separate out the staff leavers and to include any new joiners.

All WAST staff had access to the Flu Power BI Reports Dashboard, which automatically updated every Monday morning. This enabled Flu Leads and Managers to retrieve the relevant information for their respective areas with ease. In addition to this, Flu Leads and SOT were emailed regular updates throughout the Flu Campaign.

Campaign Summary

The attendance at the monthly flu campaign meetings were often diminished and underrepresented. Two flu teams channels were utilised and updated, as per the previous campaign; one for solely the Flu Project Team (OH staff, Comms Lead, Project Manager, Project Support, Project Lead) and another for all members of WAST's Flu Campaign, this included the Flu Project Team and all Flu Leads across all Directorates. Some Flu Leads had poor engagement with the Flu Campaign which consequently made it harder to engage with staff from some areas.

WAST's SharePoint platforms were used as the main mechanism for communicating with staff throughout the flu campaign. Regular communications were sent to staff advising them of clinical details and a specific Intranet page was utilised for the campaign which the Communications Lead maintained.

Similarly to the previous campaign, the CEO Roadshows served as a great opportunity for staff to receive their flu vaccination. Enabling staff to have the vaccine at this event was well received by staff and colleagues and will be used as part of future campaigns.

Positive feedback and engagement received from WAST Volunteers, indicating that it would be beneficial to again offer the flu vaccine to all WAST Volunteers during the next campaign.

Lessons Learnt

1. Choice of Vaccine

At the start of this year's campaign, procurement challenges arose, with the Quadrivalent egg-based vaccine (QIVe) initially being purchased due to the unavailability of the originally ordered QIVr vaccine. The All-Wales guidance subsequently issued by Public Health Wales (PHW) recommended the use of the cell-based Quadrivalent vaccine (QIVc) as the preferred option. This recommendation was highlighted at the start of the campaign. In response, WAST made the decision to procure the recommended QIVc vaccine and discontinue the use of QIVe to ensure consistency and safety across flu delivery within both PHW and WAST.

This change should have been identified by WAST Flu leads when PHW issued its recommended vaccine. A number of meetings with PHW have subsequently taken place and a number of lessons learnt on national procurement of vaccines have been reported back to Welsh Government. It has been advised that procurement is going to be centrally managed pan-Wales for all Health Boards and Trusts for the 2025/26 season.

2. Consistent Approach across HBs

Similarly to previous years, there was no appetite from Health Boards to develop a Service Level Agreement to encourage uptake of the flu vaccine in a hospital setting which was disappointing again given that the footfall of WAST staff through hospitals is high. Towards the end of the Flu Campaign, however, BCUHB offered WAST staff to attend local flu clinics, alongside their own staff. The Health Boards have well located clinic sites whereby staff could easily be able to access a clinic closer to home.

There is a disparity pan-Wales regarding the different documentation utilised when transporting and storing flu vaccines – some areas use the documentation that is in place at their nearby Health Boards. By reviewing the documentation that is used pan-Wales, a Trust-wide document could be created to provide a standardised approach.

3. **Technology**

As the Flu Power BI Reports Dashboard was introduced at the start of the 2024-25 Flu Campaign, several lessons have been learnt from creating a new reporting system, including that the information provided on a weekly basis may not always be 100% accurate due to the dashboard not being linked to a live ESR feed. This means that a new starter may have joined the Trust who is not included within the weekly update, or a staff member may have left the Trust who is still included in the overall reporting figures. However, the Digital team cleansed the data monthly utilising the latest ESR staff reports to separate out the staff leavers and to include any new joiners.

Several data input errors were undertaken throughout the Flu Campaign by vaccinators i.e. expiry date or date of vaccination being inputted into the wrong fields. Consequently, ensuring the consent form is as easy to use as possible will improve the accuracy of the information recorded.

4. **Peer Vaccinators and Flu Leads**

The 2024-25 Flu Campaign saw fewer competent peer vaccinators supporting the campaign than in previous years. Although the lengthy training modules may have impacted this there were still many previously competent peer vaccinators who chose to not become a peer vaccinator during this years campaign.

Some areas had just one or two competent peer vaccinators, one area had none, whereas others had upwards of 5 peer vaccinators signed-off and competent administering the flu vaccine across their local area. Many peer vaccinators who were originally nominated to undertake the role of a peer vaccinator decided to withdraw from doing so during the Flu Campaign, mainly due to the fact they were unaware of what the role entailed or the competencies that were required to be completed prior to undertaking the role.

Unfortunately, there was a lack of engagement from several Flu Leads throughout the Flu Campaign, including a lack of attendance at monthly meetings, little or no response to emails and requests. This hindered the vaccination efforts across some areas, as if a Flu Lead is not engaged with the Flu Campaign then it is very unlikely that their local peer vaccinators or colleagues within their teams / areas will be engaged with the campaign.

Recommendations

Following the lessons learnt from the 2024-25 Flu Campaign, the below table highlights the suggested recommendations for future Flu Campaigns:

Choice of Vaccine
Liaise with fellow Health Boards to ensure WAST procure the same vaccine.
Request support from Pharmacist within the Trust i.e. when adapting the Written Instruction.
Provide key messages for vaccinators to give to staff when delivering the flu vaccine.
Ensure aftercare information is thorough and clear.
Consistent Approach across HBs
Liaise with Health Boards to create SLAs to offer WAST staff flu vaccinations at Health Board sites.
Review documentation utilised across each area when transporting and storing flu vaccines in order to create a WAST document to provide a standardised approach.
Technology
Explore linking the Flu Power BI Reports Dashboard to a live ESR feed.
Review the Microsoft Forms (consent and had elsewhere/opt-out) to ensure they are user-friendly for both the vaccinator and the staff member.
Test out the consent form with Flu Leads / OH staff prior to the Flu Campaign commencing.
Consider whether governance training is in date for all vaccinators.
Provide further departmental breakdowns within the Flu Power BI Reports Dashboard i.e. Finance and Corporate Resources > Estates / Finance etc.
Staff on Short/Long-Term Sick
Signpost staff to their local Peer Vaccinator / OH flu clinics during sickness / return to work meetings.
Peer Vaccinators and Flu Leads
Encourage competent Peer Vaccinators from the 2024-25 Flu Campaign to undertake the role of again during the 2025-26 Flu Campaign.

Request for Flu Leads to have discussions with staff prior to nominating Peer Vaccinators.
Review the competencies that are required to be completed by Peer Vaccinators to ensure all are mandatory i.e. supervised practice when an IM injection is a core skill of a Paramedic and expected in their daily practice.
Suggest for all required competencies of a Peer Vaccinator to be completed by mid-November prior to Winter pressures commencing.
Explore offering incentives to staff who volunteer to undertake the role of a Peer Vaccinator and/or Flu Lead.
Explore different groups becoming peer vaccinators (e.g APP/SAPP)
Ensure flu leads receive directorate level support for engagement and promotion of the campaign and change the current structure of meetings to become more local and have more oversight.

Table 4. Suggested recommendations for future Flu Campaigns.

Conclusion

The Seasonal Influenza Campaign for Welsh Ambulance Services University NHS Trust saw a decrease in vaccination uptake for 2024-25.

The campaign ended with a 28.9% uptake of the flu vaccine and a 35.2% engagement rate. It is evident that lessons have been learnt from this campaign and consequently, there is an extensive list of areas that require continued development for future campaigns

It has been suggested that the vaccination rates across staff within the Health Boards have been lower than that of the previous campaign. Therefore, it may be a wider NHS and societal issue that is impacting on vaccination programmes both in the UK and internationally.

Version Control

Version Number	Change	Author/ Reviewer/ Approver	Date
v1	Initial draft report created	Rhiannon Harries	01/03/25
v1.1	Minor amendments made to influencing factors and recommendations	Greg Lloyd / Rhiannon Harries / Olanike Oguntimehin	03/03/25
v1.2	Updates made following feedback received	Flu Project Team & Flu Leads	10/03/25
v1.3	Full review of report and final approval	Greg Lloyd / Rhiannon Harries	17/03/25



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WELSH AMBULANCE SERVICE PARTNERSHIP TEAM (WASPT) HIGHLIGHT REPORT

This highlight report provides the reader with details of the key areas discussed at the last WASPT meeting. The report is intended to be used to communicate the work of this Board advisory group to the People and Culture Committee and the wider organisation. Areas that require the attention of the People and Culture Committee are set out in the Alert section.

WASPT Meeting Date All WASPT meetings are held in person	30 May 2025
People and Culture Committee Meeting Date	12 August 2025
Chair	Jason Killens

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the People and Culture Committee to areas of attention)

1. No alerts from this meeting.

ADVISE

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

2. The Trust recorded 11,344 hours of **Trade Union release time** in 2024/25 comprising an overtime cost of £424,252 in overtime and a standard cost of £321,009. Although not legally required in Wales, the Trust continues to report these figures voluntarily to uphold transparency and good governance under the Social Partnerships and Public Procurement (Wales) Act 2023 (SPPP Act). This was supported by the members. With approximately 113 Trade Union Partners from four unions, the Trust recognises their dual operational and representative roles as vital to supporting organisational transformation, staff engagement, and industrial relations stability. Members supported release time in line with the Trust's Facilities Agreement, and acknowledgement of the value delivered through partnership working. It was recognised that this time was a positive investment in partnership working. Following clarity that the overtime costs related to backfill it was agreed that the split should be reflected as direct and indirect costs instead going forward.
3. Some further work will take place on consistency of approach on the **EAP course expense claims** related to mileage and travel expenses following a recent EMS notice related to this. Likewise, an action was taken to come back to the meeting on **culturally appropriate uniforms**, particularly lightweight summer attire for individuals seeking to cover themselves for religious or cultural reasons.



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4. It was agreed that the **spotlight item in Siren** will be focused on the Social Partnership report and the positive WASPT annual report.
5. **Reflections** on the meeting included that this was the **last meeting of WASPT for Jason Killens** and he updated members on the recruitment process for the new Chief Executive Officer, confirming that the message from the board is that the direction we have set ourselves on continues through the transition and beyond. Mark Marsden, joint chair of WASPT thanked Jason for the support given to him personally as joint chair and the work he has done for all Trade Union colleagues and wished him the best for his future endeavours. Members recognised the good partnership working that developed under Jason's leadership, notwithstanding challenges along the way.
6. The **WASPT workshop** that followed the meeting was on feedback from the social partnership conference and emerging themes. Potential focus for the 2026 conference was also discussed.

ASSURE

(Detail here any areas of assurance)

7. Positive movement was reported on the issues being worked through with **111/CSD** including start and end of shift, education approach and meal breaks.
8. The first **Social Partnership Report** under the SPPP Act was received and endorsed. The report, which will be submitted to Welsh Government includes that:
 - The Trust has made significant strides in embedding the principles of the SPPP Act into its governance and operational frameworks.
 - WAST has worked collaboratively with recognised trade unions to co-develop and agree its wellbeing objectives, which were formally published in March 2025. These objectives, focused on being a socially responsible and inclusive employer, an innovative and sustainable organisation, and a proactive, accessible, and equitable care provider, were shaped through extensive engagement, including task and finish groups, digital consultations, and formal governance processes. The Trust has also committed to using these objectives as a decision-making lens and is beginning to assess its organisational maturity against the Wellbeing of Future Generations Act.
 - The Trust has invested heavily in strengthening its social partnership culture, with formal structures such as WASPT and associated local partnership forums ensuring regular and meaningful engagement.
 - Informal mechanisms, including monthly check-ins between senior leaders and Trade Union partners, complement this framework.
 - Training initiatives like the "Walking in Each Other's Shoes" programme have fostered mutual understanding and trust, with positive feedback and measurable improvements in partnership relations.



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- The inaugural Social Partnership Conference in March 2025, attended by over 150 delegates and supported by Welsh Government and TUC Cymru, marked a milestone in the Trust's journey.
 - Looking ahead, the Trust plans to build on this momentum by expanding training, embedding partnership practices at all levels, and sharing its learning across the Welsh public sector.
9. An update was provided on the move of colleagues from **Bryn Tirion to Ty Elwy** on 8 May that it went well and that the formal opening will take place on 12 June.
10. The **ACAS Action Plan** update was received and is progressing well with no escalations. Two Trade Union and two employer partners have been nominated as Social Partnership Champions for the Welsh Government Social Partnership Team who will hold their first meeting in June.

Local Partnership Forums

11. The **AAA from the Senior Leadership Team/Trade Union Partnership** (SLT/TUP) from 12 May was received. No escalations were raised; however, it was noted that the following issues were discussed:
- The April formal meeting was postponed due to CEO Roadshows; normal scheduling to resume in June.
 - Rostering:
 - NEPTS Roster discussions included the need for remodelling to reduce Saturday working, and a proposal for a "critical friend" role, potentially filled by a change champion. Members were updated that the respect and resolution claims had been considered and responded to on the basis that what was being sought for resolution was unfolding as part of the dialogue in the workshops. Feedback from Trade Union colleagues is that whilst initially challenging, there is a more positive momentum forward now. Further discussions await the ORH modelling.
 - Review of 111 rostering practices and capacity planning were discussed, noting that alignment of terms and conditions is a separate workstream.
 - OCPs in the Make Ready Departments and Integrated Care were discussed, with Trade Union partners raising concerns about the volume of change. Opportunities to bring the various changes in Integrated Care together will be considered.
 - The transition of 111 into GRS and temporary shift of ambulance care work to North was discussed, with a focus on balancing workloads across centres.
 - The internal audit updates for ECNS and shift procedure were provided and input into the Manchester Arena Inquiry internal audit scope welcomed.
 - The evaluation of the mental health response vehicle is due by the end of quarter 2. Further discussions will be held with Trade Union partners about an approach if the EMS budget is needed to support the roll out of this elsewhere in Wales.
 - TOIL Discussions: Continued dialogue needed to resolve differing positions between management and TU partners.



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- Festive Planning: Updates on rostering, leave, and third-party provider arrangements; early leave allocation welcomed.

12. The **Corporate Partnership Forum AAA** from 20 March was received. No escalations were raised; however, it was noted that the following issues were discussed:

- Attendance remains an issue and this will be addressed prior to the next meeting as an action
- The 2025-28 IMTP was presented and discussed ahead of its approval by the board.
- An update was provided on the Service Review, noting that 330 ideas were reviewed and a number being progressed.
- Call recording will be implemented once the DPIA is finalised. This will include a pre-recorded bilingual message that calls are recorded.
- At the time of this forum meeting the Social Partnership Conference had not taken place, therefore an update was provided on final preparations, logistics and keynote speakers.

13. The group held its **2024/25 effectiveness review** in March 2025 and at this May meeting it approved the final annual report (**at Annex 1**) and terms of reference (**Annex 2**). The People and Culture Committee is requested to approve the terms of reference. The annual report will be appended to the Social Partnership Report also.

RISKS

14. **Risk 163: Maintaining Effective and Strong Trade Union Partnerships**

A deep dive was held into risk 163 and particularly whether, from Trade Union colleagues' perspectives whether it was framed accurately and constructively. It was felt the risk highlighted the evolving nature of partnership working. Since March 2023, risk scoring trends (see below) have reflected challenges - some stemming from industrial action. However, current partnership working is on a much stronger footing, with clear articulation and demonstration of how social partnership should operate at WAST.

There is a shared desire to maintain the positive momentum in partnership working. Mitigations are in place, and relationships are robust, enabling significant progress across key activities. It was noted that this is key to draw on with upcoming national pay award developments and skills mix discussions. The group acknowledged the good work to date, with recognition that it reflects effective joint decision-making and a spirit of openness.

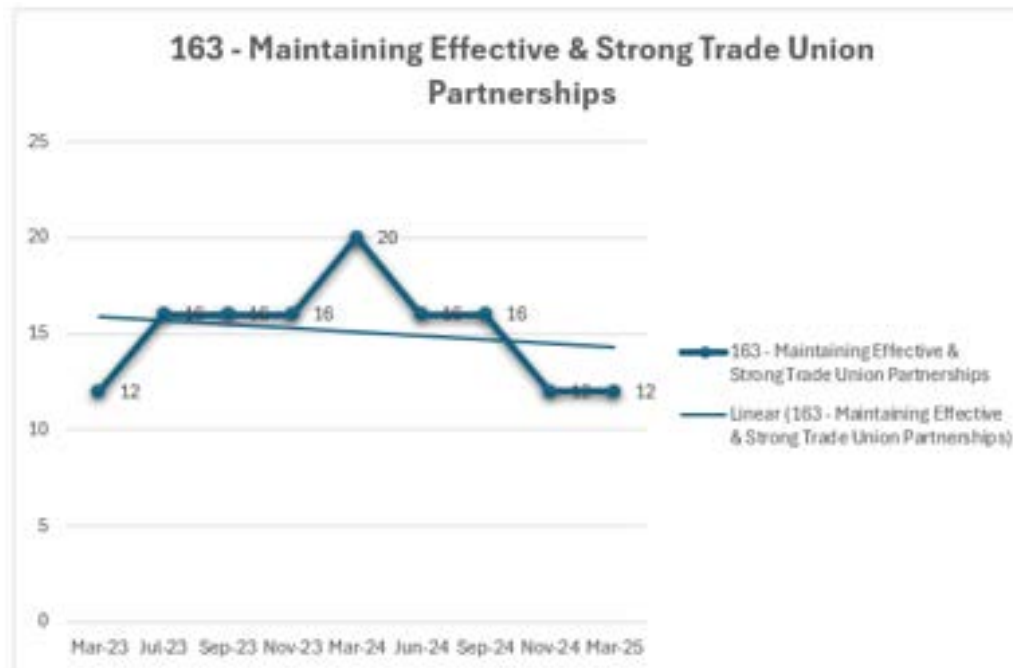
It was noted that the current 3.6% national pay award is unlikely to satisfy Trade Union members, based on early feedback. Regional and national discussions are expected, with the potential for balloting. If industrial action proceeds, WAST will aim to facilitate it as before - ensuring service delivery is protected through sensible derogation discussions and clear external messaging.



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It was agreed that continued commitment to partnership working will be essential as we navigate external pressures and maintain service resilience.



COMMITTEE AGENDA FOR MEETING		
Items raised by TUPs after pre-meet	Risk 163 deep dive: Maintaining effective and strong TU partnerships	The social partnership report for WG
TU Release Time spend costs	Bryn Tirion move (feedback following Ty Elwy)	ACAS actions update
STL/TU AAA report (12 May)	Corporate Forum AAA (20 March)	Siren spotlight comms
Final 2024/25 WASPT annual report and terms of reference		
WASPT WORKSHOP		
Feedback from the social partnership conference and emerging themes		

COMMITTEE ATTENDANCE						
Name	30 May 2025					
Jason Killens						
Mark Marsden (Unison)						
Carl Kneeshaw						
Lee Brooks						
Rachel Marsh						
Chris Turley						
Andy Swinburn						
Estelle Hitchon						
Trish Mills						



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COMMITTEE ATTENDANCE						
Name	30 May 2025					
Chair Corporate LPF	Liz Rogers					
Unite representative	Christian Fox					
Unite representative	Kevin Gamlin					
Unite representative	Alison Williams					
GMB representative	Marcus Viggers					
GMB representative	Jane Wellington-Rees					
GMB representative						
Unison representative	Mark Marsden					
Unison representative	Henry Garrard					
Unison representative						
RCN representative						
RCN representative						
RCN representative						

	Attended
	Deputy attended
	Apologies received/Not attended
	No longer member/Not member



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WELSH AMBULANCE SERVICE PARTNERSHIP TEAM (WASPT) HIGHLIGHT REPORT

This highlight report provides the reader with details of the key areas discussed at the last WASPT meeting. The report is intended to be used to communicate the work of this Board advisory group to the People and Culture Committee and the wider organisation. Areas that require the attention of the People and Culture Committee are set out in the Alert section.

WASPT Meeting Date All WASPT meetings are held in person	24 July 2025
People and Culture Committee Meeting Date	12 August 2025
Chair	Christian Fox (for Mark Marsden)

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the People and Culture Committee to areas of attention)

1. **CORRECTION:** At the May meeting a report on the Trade Union release time for 2024/25 was presented. The AAA for that meeting showed that *The Trust recorded 11,344 hours of Trade Union release time in 2024/25 at a total cost of £745,261, comprising £424,252 in overtime and £321,009 in standard costs.* This was corrected in the July meeting to reflect that these two figures should not have been added together for a total of £745,261 as they reflected the cost of the actual hours at overtime and standard rates.

ADVISE

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

2. Members were updated on the outturn of the **CEO recruitment** process, and whilst there was no further detail to share at this stage other than what was released to the organisation on Siren, it is anticipated that the details of the new CEO will be released soon.
3. The Welsh Government has accepted the 2025/26 NHS Pay Review Body recommendations, confirming a 3.6% consolidated **pay increase for Agenda for Change** staff. These awards, effective from 1 April 2025, will be paid with arrears in August. No decision has yet been made on pay for Executive and Senior Posts staff. Trade Unions (Unite, RCN, UNISON, GMB) have expressed dissatisfaction, viewing the award as imposed and insufficient to meet pay restoration commitments. Unite has formally rejected the deal, with a high number of members supporting further action. The formal positions of GMB, Unison and RCN are yet to be finalised, however



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indications from Trade Union Partners at the meeting was that industrial action with a focus on ambulance service members was likely.

4. It was agreed that the **spotlight item in Siren** will focus on UCS staff attending Purple calls (see below).
5. The **WASPT workshop** that followed the meeting was an update on the financial landscape and financial savings requirements for 2025/26.

ASSURE

(Detail here any areas of assurance)

6. An update was provided to WASPT on progress against the **ACAS Action Plan**, originally developed to strengthen working relationships between WAST leadership and trade union partners following the 2022 ACAS review. The plan has evolved to include new actions arising from the May 2025 WASPT development session and feedback from the Social Partnership Conference. Key developments include the nomination of Social Partnership Champions, the design and rollout of training modules for managers and Trade Union representatives, and the creation of resources such as case studies, consultation guidance, and e-learning packages. Several initiatives such as safeguarding, EDI, and sexual safety training for Trade Union Partners are scheduled for delivery through 2025–2026. While most actions are progressing, some items remain delayed due to resource constraints, including the publication of Welsh Government e-learning materials and development of case studies. Planning is underway for a WAST partnership conference later in the year.
7. The update on the Welsh Health Circular (WHC) implementation of **non-pay elements of the 2022-24 collective agreement** was received. Members noted that all original actions required by the WHC Non-Pay Elements of the 2022-24 Collective Agreement have been completed. Additional work arising from partnership discussions or concerns raised by Trade Union Partners were identified on the pro-forma presented and will be managed as part of business as usual. Future reports will be RAG rated and draw out highlights, lowlights and red flags.

Discussion ensued on flexible working requests data and the fact that some are being submitted on paper rather than in ESR. It was agreed that the requirement to submit these requests via ESR will be reiterated to managers. The connections between requests for reasonable adjustments and a more formal flexible working request were discussed, noting that the former should be part of a business as usual conversation with line management where needed, accepting it is difficult to prescribe process for every scenario.

Local Partnership Forums



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8. The **AAA from the Senior Leadership Team/Trade Union Partnership** (SLT/TUP) from 5 June 2025 was received. No escalations were raised; however, it was noted that the following issues were discussed:
- **UCS Purple Arrest Response:** UCS crews to begin co-responding to Purple Arrests from 1 July. Their role will be limited to Basic Life Support. Dispatch protocols and support mechanisms are being refined. Discussion ensued in the meeting that since 1 July, there have been approximately 30 UCS dispatches to Purple category calls, with UCS being first on scene in around half of these. Outcomes for patients have been positive, and a daily reporting mechanism is now in place, with management receiving incident updates. Initial concerns regarding the appropriateness of UCS deployment have diminished. Adjustments to dispatch codes such as the removal of hanging, RTC possible death, and RTC multiple patients, along with prompts for scene safety (e.g. overdose, stabbing, gunshot) have been well received. Staff have expressed confidence in returning to Purple calls under these safeguards. Discussions continue around the ACA1/2 roles and the potential for greater agility across ambulance care, though there is hesitancy about transitioning UCS to EMS due to structural limitations.
 - **Seatbelt Compliance:** Ongoing non-compliance in Ambulance Care prompted continued spot checks. A Partnership Notice will be issued to reinforce the message.
 - **NEPTS Dementia Transport:** Concerns raised about single crew transport for dementia patients. A review is underway to assess whether double crews are more appropriate.
 - **Audit Updates:**
 - *Manchester Arena Inquiry:* Audit underway, focusing on governance and action plan implementation. Due to report to Audit Committee in September
 - *ECNS Implementation:* Completed with a "reasonable assurance" rating. Two high-priority and seven medium-priority actions identified
 - *Start of Shift Procedures:* Received "limited assurance" due to lack of documentation. A task and finish group will explore improvements, including digital record-keeping
 - **TOIL Policy:** Ongoing discussions with a stakeholder meeting scheduled for 20 June. A working group will be formed to align proposals and meet audit deadlines.
 - **NEPTS Roster Review:** Modelling of 9- and 10-hour shift patterns is in progress. A Change Manager and Service Manager have been appointed to lead engagement.
 - **ROSC Data Clarification:** Questions raised about how ACA 2 crew actions affect ROSC metrics. Clarification to be sought from Greg Lloyd
 - **Hot Debrief Framework:** A framework and templates will be developed to support debriefing after difficult incidents. Training for first-line managers was requested
 - **Expenses Concern:** Issues raised regarding travel and accommodation for EAP course attendees. Already logged as an action at WASPT
 - **Next Agenda Items:** TOIL, Resource Policy, and Overruns will be discussed at the next meeting.
9. The **Corporate Partnership Forum** (CPF) met on 26 June 2025, with no alerts raised for WASPT. Key updates included a review of the CPF Terms of Reference to reflect recent role changes and the addition of a senior Trade Union Partner as Deputy Chair. The meeting frequency will shift from



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monthly to every six weeks to improve attendance and quorum. Digital/ICT updates will become a standing agenda item, and the Estates update will be broadened under the new 'Fincor' heading.

The CPF noted progress on several strategic initiatives: the Duty of Quality plan has been approved by the Board; the Staff Survey Action Plan is being aligned with Our WAST Way and PEGI; and the new 'Simply Do' platform will launch Trust-wide from 1 August. The IMTP has been submitted to Welsh Government, with a response expected soon, and planning is underway for a climate adaptation strategy. The Service Review report has been shared with Executives, with communications and engagement planning now in focus. Estates updates included progress on Dolgellau, Bangor Workshops, and Thanet House, while ISO14001 inspections are scheduled for July. The forum also welcomed the appointment of Bev Flood as the new Head of People Services, starting 15 September, and discussed plans to review workforce processes and support mechanisms for staff involved in employment cases.

RISKS

Risk 558 - Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences

A deep dive was held into risk 558 and particularly whether, from Trade Union colleagues' perspectives whether it was framed accurately and constructively.

Kim Crichton, Occupational Health Manager joined the meeting and reported that while the Occupational Health team has faced challenges due to sickness and absence, performance is improving and KPIs are being met. The Wellbeing Plan is progressing well, with the health diagnostics scheme now live and rolling out in the North over the next six weeks; staff across Wales are trained, with the South to follow.

Work-related stress remains a focus, particularly in light of recent HSE inspections in other ambulance trusts that highlighted the need for tailored risk assessments.

Discussions covered how stress is recorded in ESR (S10) and the challenges in distinguishing work-related from personal stress. Trade Unions Partners raised concerns about underreporting of industrial stress (I10) and the need to better capture the cumulative impact of trauma and operational pressures. Whilst a WAST counsellor/psychologist is not available 24/7, support mechanisms for such access are included in the employee assistance programme. The need for better signposting to this for staff and their managers in the immediate aftermath of trauma was recognised. The Trust will shortly be welcoming two high-intensity CBT therapists on a bank basis to reduce delays in access to support whilst the appropriate full time resource is ascertained.

It was recognised that the Industrial Injury process was being reviewed in partnership, and that it will also be discussed by the Executive Leadership Team.

The Risk Team have offered dates for sessions on the risk management process for Trade Union Partners for greater awareness and understanding of this important internal control.



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COMMITTEE AGENDA FOR MEETING

Update on CEO recruitment	Items raised by TUPs after pre-meet	Update on the 2025/26 pay award for NHS staff
Deep Dive: Well Being Risk (Risk 558 - Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences)	ACAS actions update	STL/TU AAA report 5 th June
Corporate Forum AAA report June 2025	Update on WHC implementation of non-pay elements of the 22-24 collective agreement	Siren spotlight comms
WASPT WORKSHOP		
Update on the financial savings requirements for 2025/26		

COMMITTEE ATTENDANCE

Name	30 May 2025	24 July 2025				
Jason Killens						
Mark Marsden (Unison)						
Carl Kneeshaw						
Lee Brooks						
Rachel Marsh		Interim CEO				
Chris Turley						
Andy Swinburn						
Estelle Hitchon						
Trish Mills						
Chair Corporate LPF	Liz Rogers					
Unite representative	Christian Fox	Christian Fox Chair				
Unite representative	Kevin Gamlin	Hugh Parry				
Unite representative	Alison Williams	Alison Williams				
GMB representative	Marcus Viggers	Marcus Viggers				
GMB representative	Jane Wellington-Rees	Mal Jones				
GMB representative						
Unison representative	Mark Marsden					
Unison representative	Henry Garrard	Henry Garrard				
Unison representative		Carol Roberts				
RCN representative		Vicky Rees				
RCN representative						
RCN representative						

	Attended
	Deputy attended
	Apologies received/Not attended
	No longer member/Not member



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WELSH AMBULANCE SERVICES PARTNERSHIP TEAM (ADVISORY GROUP)

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS 2025-26

1. INTRODUCTION

- 1.1. The Trust's Standing Orders provide that *"The Trust may and where directed by the Welsh Ministers must, appoint Advisory Groups to the Trust to provide advice to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others to advise it in the conduct of its business. The Board shall, wherever possible, require its Advisory Groups to hold meetings in public unless there are specific, valid reasons for not doing so"*.
- 1.2. In line with Standing Orders the Board shall nominate annually a committee to be known as the Local Partnership Forum, herein referred to as the **Welsh Ambulance Services Partnership Team (WASPT)**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

- 2.1. WASPT is the forum where the senior leaders, trade union partners and professional organisations work together to improve the Trust's services for the people of Wales. It is the principal partnership forum for the discussion of national priorities and strategies and where key stakeholders will engage with each other to inform, debate, and seek to agree priorities on workforce and health service issues.
- 2.2. WASPT will provide the formal mechanism for consultation, negotiation and communication between the staff organisations and management. The TUC principles of partnership will apply.



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- 2.3. Members will work in partnership, including:
- Showing joint commitment to the success of the organisation with a positive and constructive approach
 - Recognising the legitimacy of other partners and their interests and treat all parties with trust and mutual respect
 - Demonstrating commitment to employment security for workers and flexible ways of working
 - Sharing success – rewards must be felt to be fair
 - Practising open and transparent communication – sharing information widely with openness, honesty, and transparency
 - Bringing effective representation of the views and interests of the workforce
 - Demonstrating a commitment to work with and learn from each other
 - Take account of social partnership duties in the Social Partnership and Procurement (Wales) Act 2023
- 2.4. The committee shall, in carrying out its functions and responsibilities, consider how their decisions secure an improvement in the quality of health services (the duty of quality) as outlined in The Health and Social Care (Quality and Engagement) (Wales) Act 2020. This includes but is not limited to ensuring the provision of high-quality, safe, and effective healthcare services that meet the needs of patients, service users, and their families.
- 2.5. The committee shall demonstrate the duty of quality through its own operating arrangements, ensuring that its processes, procedures, and decision-making mechanisms uphold the highest standards of transparency, accountability, and governance. It shall regularly review and refine its operating procedures to align with best practices and legal requirements, fostering an environment of continuous improvement. Furthermore, the committee shall monitor, assess, and report on the implementation of Health and Care Quality Standards, outcomes, and performance indicators where relevant within their remit.
- 2.6. In alignment with the Wellbeing of Future Generations (Wales) Act 2015, this committee will adopt a long-term perspective in its deliberations and decisions. The committee will consider the broader implications of its actions,



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

3. DELEGATED RESPONSIBILITY

WASPT will:

- 3.1 Establish a regular and formal dialogue between WAST management and trade union partners on strategic issues affecting the workforce and provide opportunities to input into organisational strategy and service development plans at an early stage.
- 3.2 Consider the implications on staff of service reviews and identify and agree new ways of working where required to deliver the service effectively.
- 3.3 Consider the implications for staff of NHS organisational change at a national level and to work in partnership to achieve mutually successful implementation.
- 3.4 Consider and discuss the Trust's services, activity and financial performance and the role of WASPT in improving performance and value for money.
- 3.5 Take account of, consider and communicate key decisions taken by the Board and senior management.
- 3.6 Develop and maintain in partnership appropriate facilities arrangements using Agenda for Change Facilities Agreement as a minimum standard.
- 3.7 Discuss and resolve escalations from sub-groups

4. AUTHORITY

- 4.1. WASPT as an advisory group supports, advises and challenges on matters of partnership working at a strategic level. Whilst decisions on a range of issues will be made by WASPT relating to consultation, negotiation, next steps and communication, all decisions that have financial, performance, and workforce consequences must be made with reference to the authorities set out in the Standing Orders and its annexures, in particular the Scheme of Reservation and Delegation ('SoRD') which details where decisions are reserved to the Board and where they may be delegated to Executives. Table A of the SoRD details the non-financial delegations and Table B details the financial delegations to Directors and Officers. The SoRD can be found on the Trust [website](#).

Chair's Action

- 4.2. There may, occasionally, be circumstances where decisions which would normally be made by the group need to be taken between scheduled meetings, and it is not practicable to call a meeting of the group.
- 4.3. In these circumstances, the Co-Chairs may deal with the matter on behalf of the group after first providing, where possible, three clear days to for members to consider the decision by way of email circulation.
- 4.4. The Director of Corporate Governance/Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

Sub-Committees

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



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- 4.6. Sub-committees shall report regularly to WASPT by way of a highlight report clearly indicating areas of escalation.

5. MEMBERSHIP AND QUORUM

Members

Membership of WASPT is proposed to be kept as small as possible to ensure its focus on strategic issues. A clear sub-structure for resolving issues at a local level and escalations will be put in place to support this. Membership is proposed as follows:

- 5.1. Management membership will be as follows:
- Chief Executive (management Chair)
 - Director of People
 - Executive Director of Operations
 - Executive Director of Strategy, Planning and Performance
 - Executive Director of Finance and Corporate Resources
 - Executive Director of Paramedicine
 - Director of Partnerships and Engagement
 - Director of Corporate Governance/Board Secretary
- 5.2. Trade Union Partner membership shall consist of 12 members, representing the four recognised Trade Unions (GMB, RCN, Unison and Unite). Trade Union Partner membership will collectively represent all major work groups and professional bodies at WAST.
- 5.3. WASPT shall have joint Chairs who will work in partnership and rotate the role each meeting. Joint Chairs shall ensure that key and appropriate issues are discussed by members in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.
- 5.4. The joint Chairs may extend invitations to other staff representatives, Directors and/or Senior Managers, and to officials (including full time officers) from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

5.5. All members must:

- Engage with and fully contribute to WASPT's activities and in a manner that upholds the standards of good governance set for the NHS in Wales;
- Prepare fully for the meeting by reviewing any papers provided;
- Equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes;
- Promote the work of WASPT within the directorate, Trade Union and/or professional discipline they represent.

5.6. Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement members must notify the Director of Corporate Governance/Board Secretary before the day of the meeting that they are unable to attend and the name of the member who will attend as the substitute.

5.7. The arrangements under which staff are allowed time off to attend meetings of the group and reimbursed expenses incurred in attending such meetings are set out in the agreed Policy on Recognition of and Facilities for Trade Unions.

Quorum

5.8. At least 50% of the management members and 50% of the Trade Union Partner members must be present to achieve a quorum.

Member Appointments

5.9. WASPT membership shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the group's remit, and, subject to any specific requirements or directions made by the Welsh Government. Membership will be reviewed by the Trust Chair annually.

5.10. Trade Union Partner membership (including the Chair) will be drawn from the elected staff side.



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- 5.11. It is intended that the majority of membership will be consistent to allow for continuity of discussions and ease of communication, other than when a deputy is required under the provisions in paragraph 5.6. Where a member does not attend for three consecutive meetings the joint Chairs may seek an explanation from the member and where necessary the replacement of the member.

6. COMMITTEE MEETINGS

Secretariat and Support to WASPT

- 6.1. The Director of Corporate Governance/Board Secretary, on behalf of the joint Chairs, shall:
- (a) Arrange the provision of advice and support to members on any aspect related to the conduct of their role;
 - (b) Facilitate the effective conduct of Trust business through meetings
 - (c) Provide the secretariat function to WASPT;
 - (d) Ensure members have the right information to enable them to make informed decisions and fulfil their responsibilities;
 - (e) Ensure that in all its dealings, WASPT acts fairly, with integrity, and without prejudice or discrimination;
 - (f) Monitor the group's compliance with its terms of reference
- 6.2. The Director of Corporate Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub-committees established.

Frequency of Meetings

- 6.3. Meetings shall be held no less than bi-monthly or as the joint Chairs deem necessary.
- 6.4. Due to the sensitivity of the issues being discussed, meetings shall be held in private session with the public and press excluded.



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Withdrawal of individuals in attendance

- 6.5. The Chair may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of particular matters.

Conflicts of Interest

- 6.6. Members must disclose all conflicts of interest in line with the Standing Orders and the Trust's standards of business conduct policy. Members may be asked to recuse themselves from all or part of discussions where a conflict is deemed to exist.

7. OPERATING ARRANGEMENTS

Agenda Setting

- 7.1. The joint Chairs shall meet with the Director of Corporate Governance/Board Secretary at least 5 weeks before a meeting to set the agenda which will be circulated to members within 5 working days of that meeting.
- 7.2. Changes to agenda shall only be made with the agreement of both joint Chairs.
- 7.3. Any items of 'other business' must be notified to the joint Chairs ahead of each meeting so that appropriate time can be provided for in the meeting for discussion.

Papers and timetables

- 7.4. The presentation of items on the agenda should be accompanied by sufficient information for WASPT to make a determination on that item. Where an SBAR is not possible due to operational pressures, a shortened template will be developed.



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- 7.5. Every effort will be made to share the agenda and key papers in time for Trade Union Partners to consider them ahead of any pre-meeting discussions. The final agenda and papers will be issued at least seven calendar days before the meeting, unless otherwise agreed by the joint Chairs. Trade Union Partners will also make best efforts to hold their pre-meeting within that seven-day period where possible.

8. REPORTING AND COMMUNICATION

Reporting

- 8.1. WASPT shall report into the People and Culture Committee of the Board as that Committee has the responsibility to provide advice and assurance to the Board on all matters relating to partnerships and engagement relevant to the remit of the Committee, including but not limited to trade unions, external organisations and staff communications.
- 8.2. Notwithstanding that the Standing Orders provide that WASPT's main link with the Board is through the executive members of the group, the joint Chairs shall prepare a AAA (alert, advise, assure) highlight report to the People and Culture Committee within 14 days of each WASPT meeting setting out any areas of escalation and key issues discussed. In turn, the People and Culture Committee will report such work in their highlight report to the Board. A copy of the AAA report will be distributed to the WASPT membership once approved by the Joint Chairs.

Minutes

- 8.3. Minutes will be prepared of each meeting in addition to the AAA report and presented to the Joint Chairs within 14 days of a meeting for review and approval.

Annual Report

- 8.4. WASPT shall submit an annual report to the Board through the Chair of the People and Culture Committee within three months of the end of the reporting year setting out its activities during the year and detailing the

results of a review of its performance and that of any sub-Committee it has established.

Communication

- 8.5. The WASPT AAA highlight report will be used to communicate the work of the group to the organisation more widely. This is in keeping with the Standing Orders that requires advisory groups to report regularly on its activities to those whose interest they represent.
- 8.6. The Chair of the Trust Board shall meet with the Joint Chairs on a regular basis to discuss the WASPT activities and operation.

9. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum
- Meeting in private session
- Reporting to the People and Culture Committee

10. REVIEW

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

11. VERSION CONTROL TABLE

Version Number	Change	Author/ Reviewer/ Approver	Date
1.0	Terms of Reference and Operating Arrangements for Welsh Ambulance Partnership Forum (WASPF)	WASPF	TBD
1.1	Terms of Reference for	WASPT	15 November

	reconstituted Welsh Ambulance Services Partnership Team (WASPT). Revised format and wording review approved		2022
2.0	Terms of Reference for reconstituted Welsh Ambulance Services Partnership Team (WASPT) – amendment sought to para 3.4	People and Culture Committee –	29 November 2022
2.1	Terms of Reference amendment to par 3.4 approved	WASPT	20 January 2023
2.1	Terms of Reference for reconstituted Welsh Ambulance Services Partnership Team (WASPT)	Trust Board – Approval	30 March 2023
3.0	4.2 – removal of reference to review of trade union partner numbers in membership. However, trade union partner Chair will review membership to ensure that it is representative as far as possible of all major work groups and professional bodies at WAST as per the Terms of Reference. 5.2 – it had been anticipated that meetings might change to quarterly following the establishment of the local partnership forums, however following feedback from the survey it is agreed that meetings will be retained on a bi-monthly cycle.	WASPT	19 February 2024

	7.3 – codifies the position with respect to minute taking and aligns to the timetable for Board and Committee drafts.		
3.0	As above	Trust Board – Approval	30 May 2024
4.0	TBC changes as agreed at WASPT on 28/3/25 - Addition of duties related to the Wellbeing of Future Generations Act and the Social Partnership and Procurement Act. - Amended wording on publication of papers - Addition of the authority for Chair's Actoin	WASPT agreement	28 March 2025
4.0	Changes as above	Trust Board – Approval	31 July 2025

AGENDA ITEM No	14
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

Cultural Themes and Trends Report

MEETING	People and Culture Committee
DATE	12 August 2025
EXECUTIVE	Carl Kneeshaw, Director of People Angie Lewis, Director of Culture Change
AUTHOR	Liz Rogers, Deputy Director of People Catherine Goodwin, Assistant Director of Inclusion, Culture & Wellbeing
CONTACT	Liz.Rogers@wales.nhs.uk Catherine.Goodwin@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this report and supporting presentation is to:

- provide Committee members with a high-level overview of key employee relations data, turnover trends, disciplinary themes, and the impact of strategic initiatives such as Moving on Conversations and Speaking Up Safely.

The Committee is asked to:

- Accept and note the contents of this report and the supporting presentation.

KEY ISSUES/IMPLICATIONS

REPORT APPROVAL ROUTE

ELT 31.07.2025

PCC 12.08.2025

REPORT APPENDICES

Appendix 1: PCC Cultural Themes Trends Presentation August 2025

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	✓	Financial Implications	NA
Environmental/Sustainability	NA	Legal Implications	NA
Estate	NA	Patient Safety/Safeguarding	NA
Ethical Matters	✓	Risks (Inc. Reputational)	✓
Health Improvement	NA	Socio Economic Duty	NA
Health and Safety	NA	TU Partner Consultation	✓

SITUATION

- The purpose of this report and supporting presentation is to:
 - provide Committee members with a high-level overview of key employee relations data, turnover trends, disciplinary themes, and the impact of strategic initiatives such as Moving on Conversations and Speaking Up Safely.

BACKGROUND

- The People & Culture Plan envisions the Welsh Ambulance Services University NHS Trust as an exceptional place to work, with a strong emphasis on culture, capability, and compassionate leadership. Key initiatives supporting this vision include:
 - Trust-wide rollout of Moving on Conversations from January 2025.
 - Embedding Speaking Up Safely as a core mechanism for raising concerns.
 - Ongoing analysis of disciplinary cases, Requests for Resolution (R&Rs), and leaver feedback to inform cultural development and improvement.

ASSESSMENT

- Appendix 1** summarises progress across these initiatives.

Employee Relations

- Between January and June 2025, 59 new disciplinary cases were opened, a decrease from the previous reporting period. Of these, 56% were related to inappropriate behaviour, which remains the most common cause.

5. There were 26 new R&Rs during the same period, marking an increase from the previous six months. April saw an exceptional spike in cases, primarily linked to concerns raised during Roster Reviews.

Sexual Safety

6. Less than 1% of new cases during this period involved sexual safety concerns, all categorised under inappropriate behaviour. Of the 71 current disciplinary cases, 18% include a sexual safety element, down from 35% in the previous report.

Moving on Conversation

7. Sixty-four responses were received between January and June 2025, representing 33% of leavers recorded in ESR. Engagement improved following the introduction of electronic prompts in March 2025.

Speaking Up Safely

8. Forty-eight concerns were raised via Speaking Up Safely between January and June 2025, down from 60 in the previous six months. This reduction may be linked to ongoing promotional activities.
9. Key themes include Incivility (50%), Bullying and harassment (27%) and Inappropriate behaviour/attitude (40%).
10. Of the concerns raised, 26 have been closed. The most common closure reason was the colleague choosing not to pursue the concern further (27%), followed by resolution directly with a Guardian (23%). The remaining 22 concerns are still active, with ongoing dialogue led by Guardians. Learning from these cases is captured collaboratively with colleagues from the Culture Team, People Services, Safeguarding, and management.

RECOMMENDATION

11. The Committee is asked to:
 - a. Accept and note the contents of this report and the supporting presentation.

Welsh Ambulance Services University NHS Trust

Cultural Themes and Trends



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Cultural Themes and Trends
Version 4.0
Released: July 2025

by People Services

Purpose of this Report

- Provide insight into employee relations activity (reflecting the work on creating an environment where colleagues feel safe to speak up).
- Provide information on the link between disciplinary case and compassionate practices.
- Share progress on Moving on Interviews noting the rollout to the whole organisation with effect from January 2025 and provide an overview of the rich data we can now analyse from interviews and feedback from leavers to inform culture work.

Culture

'We will be recognised and renowned as being an exceptional place to work, volunteer, develop and grow'

2030 Strategy

We recognise that our journey to establish a new culture is ongoing, and our employee relations data reveals an honest reflection of our present standing. Together, we'll leverage these insights to shape a brighter future, fostering an environment where our shared aspirations align with daily realities

To understand the present employee experience, we will candidly delve into the insights derived from employee turnover, Moving on Conversations and Managing Attendance at Work data. These indicators shed light on our current workforce's engagement, satisfaction, and overall well-being. Together, we will proactively build upon the employee experience, attracting and retaining the finest talents, and nurturing a workforce ready to embrace the challenges of the future.

Capacity

'Our future workforce will be agile, highly skilled and capable'

2030 Strategy

Capability

'Our leaders will be compassionate, collaborative and courageous'

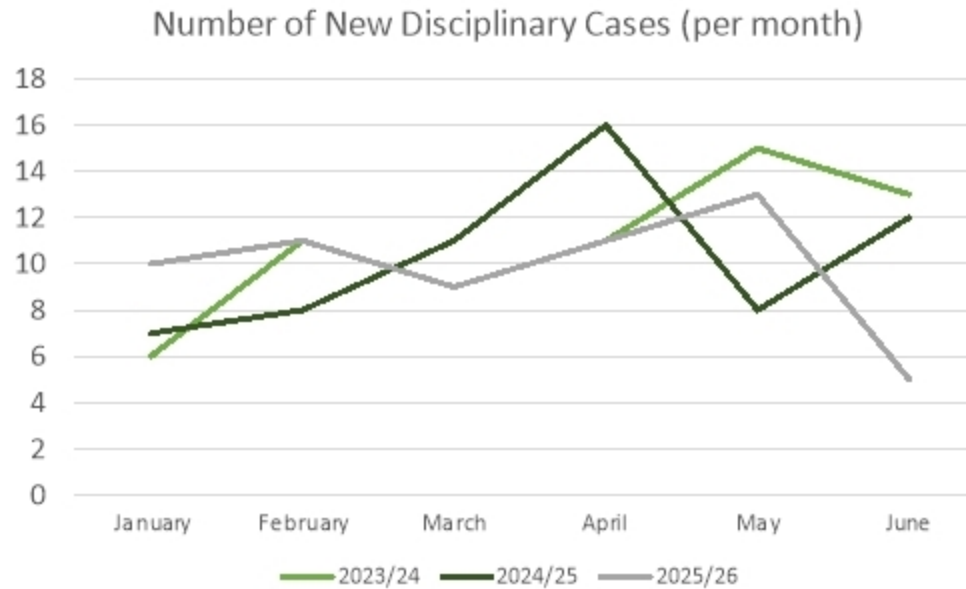
2030 Strategy

Our leaders and managers are a focal point in enhancing capability. We are committed to providing them with the necessary knowledge, skills, and adaptability to navigate complexities and respond effectively to the evolving needs and aspirations of our diverse workforce. We will continue to support our managers to develop their skills to be competent leaders. Together, we shape a successful future.

EMPLOYEE RELATIONS



EMPLOYEE RELATIONS

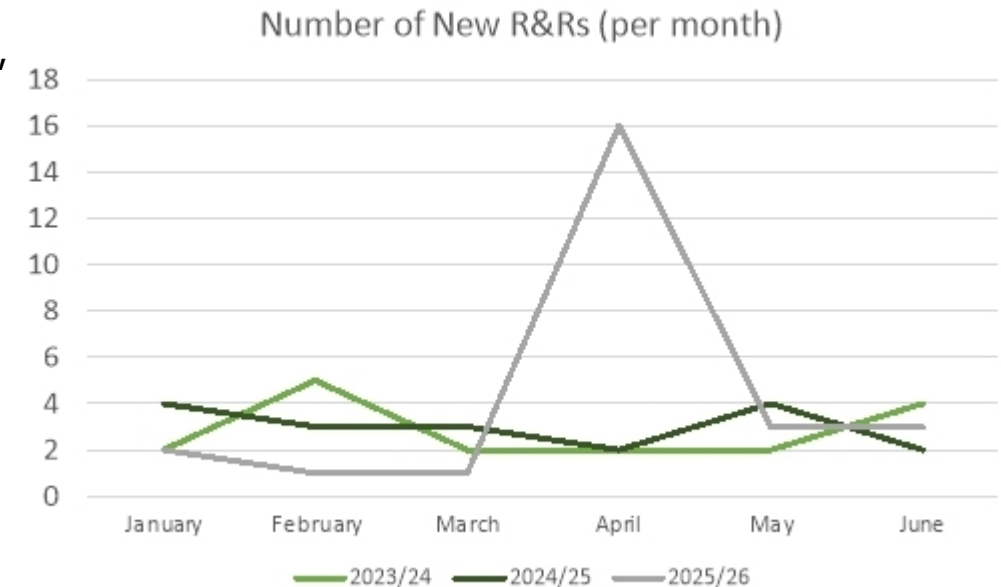


In the period January 2025 to June 2025, the total number of new disciplinary cases was 59.

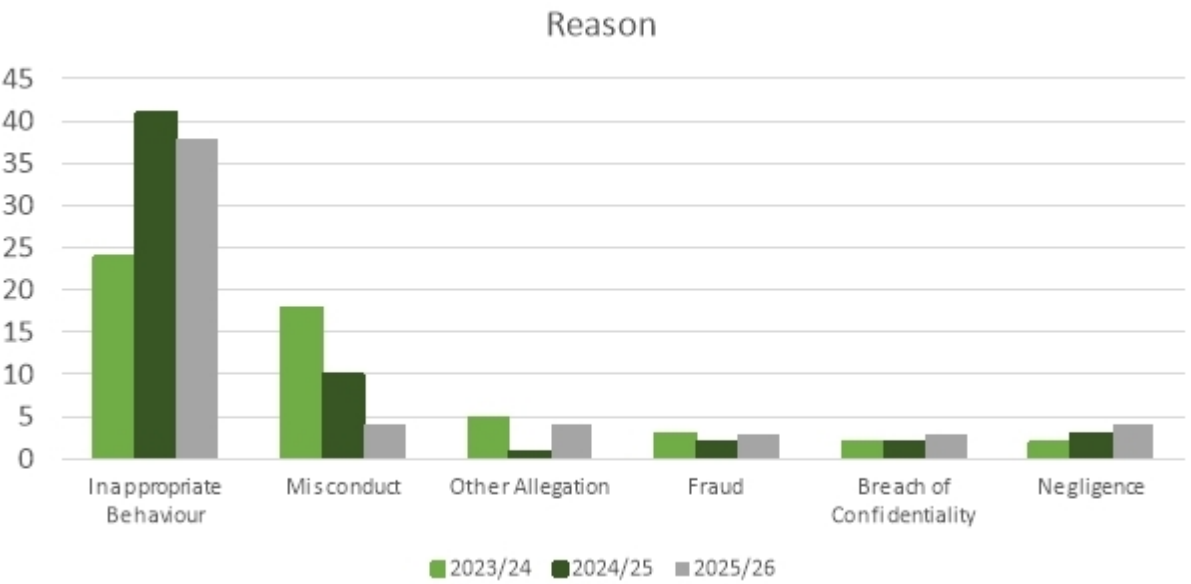
There has been a **decrease** in new cases in this reporting period compared to the period from July 2024 to December 2024.

In the period January 2025 to June 2025, the total number of new R&Rs was 26. This is an **increase** compared with July 2024 to December 2024, with a total of 18 new R&Rs.

April saw an unprecedented spike to 16-eight times the average of the same month in the prior two years. This was due to issues raised in relation to Roster Reviews.



EMPLOYEE RELATIONS: DISCIPLINARY CASES



Inappropriate behaviour persists as the predominant reason for disciplinary measures, accounting for **64%** of cases between January and June 2025.

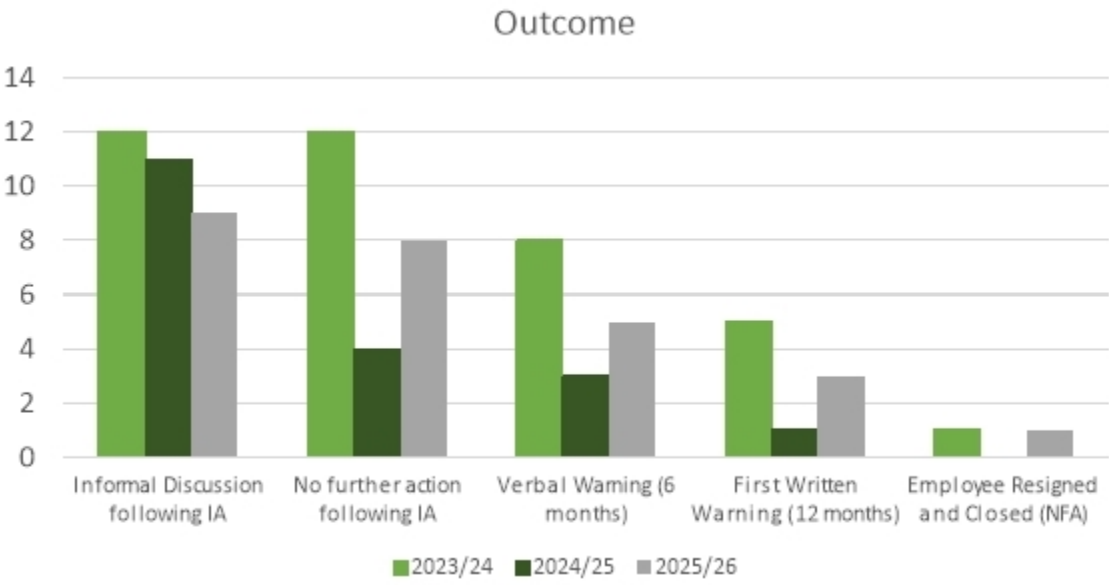
21 Days

The average duration of cases closed during the period January to June 2025 was 21 days, from start to completion (inclusive of formal investigation).

33 cases remain open.

Of the closed cases, **34%** concluded with **informal discussion following an initial assessment**.

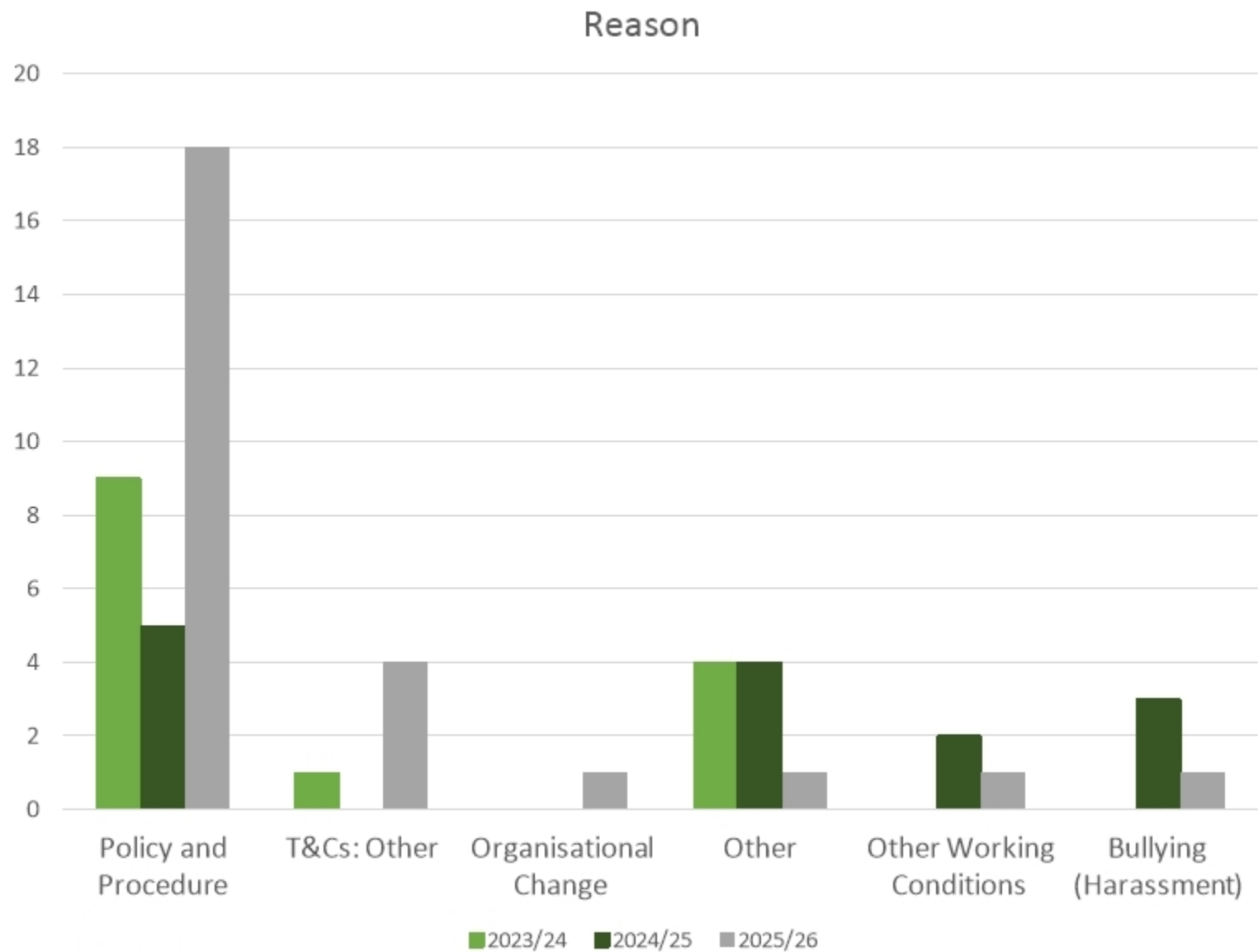
There were **six dismissals** in this period, a decrease from seven in the last reporting period.



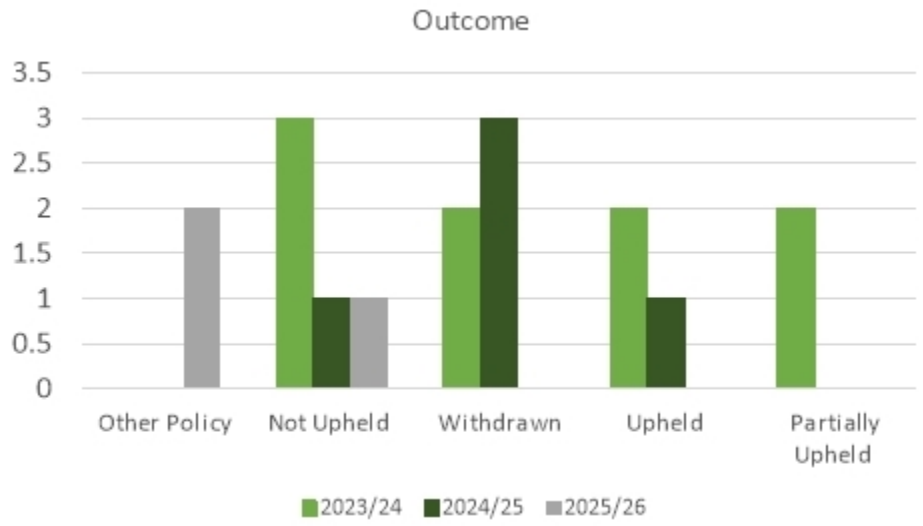
9 Cases were fast tracked between January and June 2025. This is consistent with the corresponding period in 2024.

9 Fast Track

EMPLOYEE RELATIONS: REQUEST FOR RESOLUTION



Of the new cases submitted between January and June 2025, 23 remain open. This equates to 88% of new cases submitted in this period.



SEXUAL SAFETY



1 %

Less than 1% of new cases between January 2025- Jun 2025 were in relation to a Sexual Safety concern and are categorised under inappropriate behaviour. **A reduction from 15% in last report.**

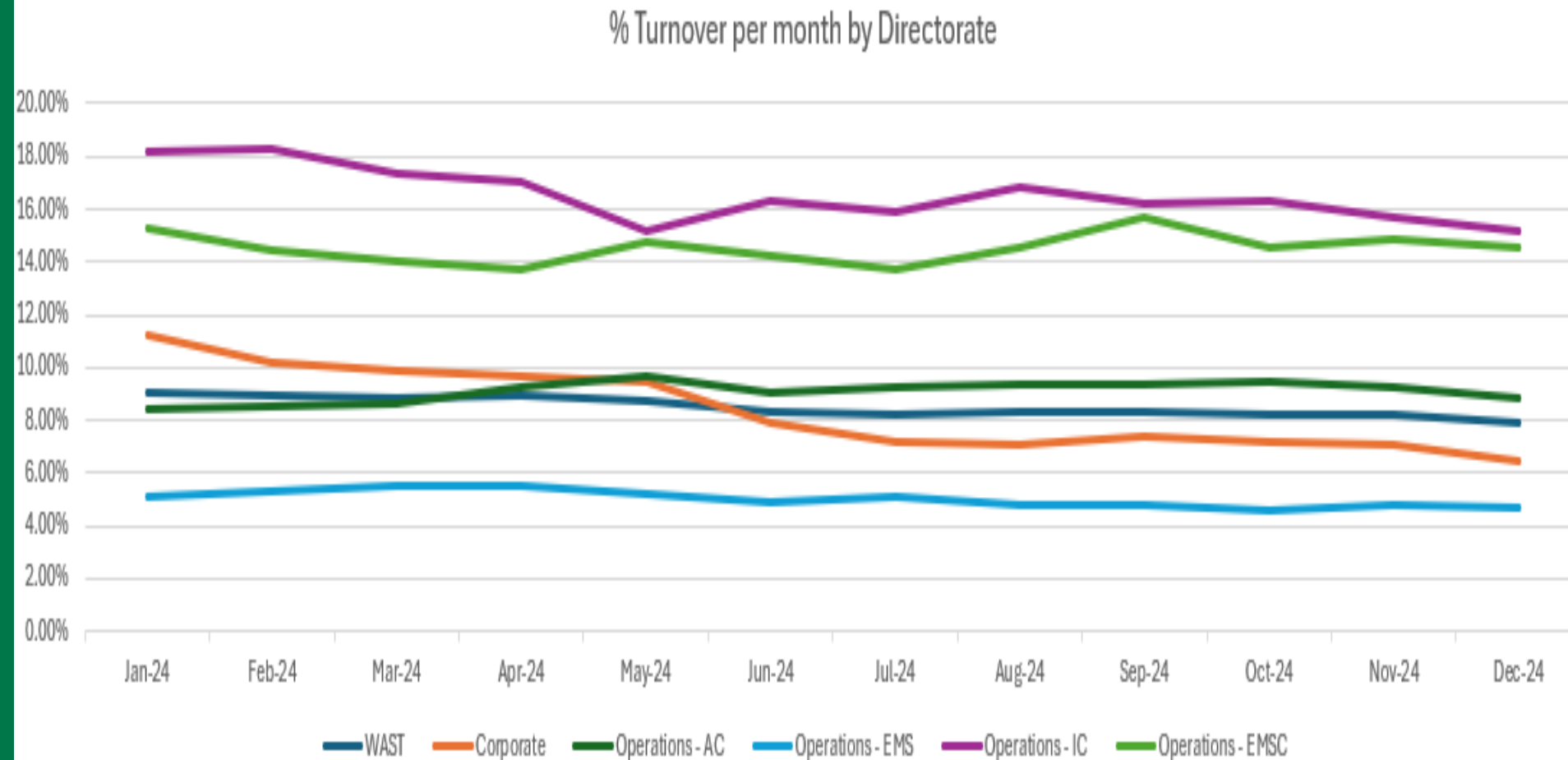


18 %

18% of the current 71 Disciplinary cases (including Initial Assessments) are reporting a sexual safety element. **A reduction from 35% in last report.**

In this period **5** cases with **Police** involvement were closed with an average duration of **106 days**.

STAFF TURNOVER



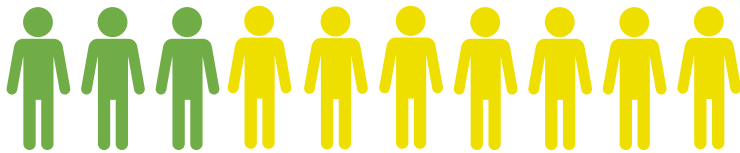
Key Themes...

Turnover rates across the Trust have fallen within the past 12 months, **from 9.03% in January 2024 to 7.88% in December 2024**

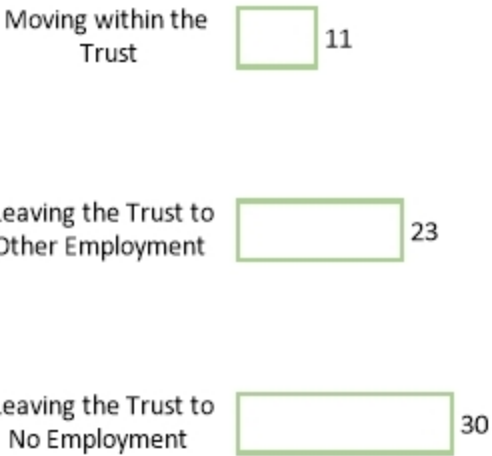
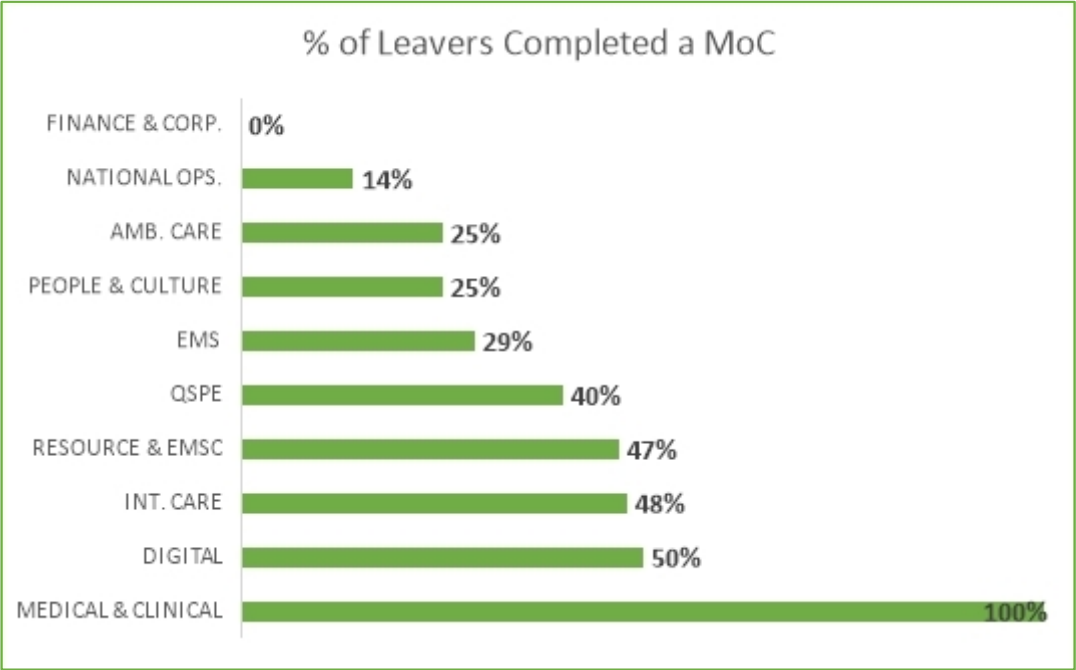
Turnover rates remain low within EMS and Corporate roles, **however EMSC and IC roles still showing high level of turnover**, all be it with a reduction over the past 12 months.
(IC includes 111)

MOVING ON CONVERSATIONS DATA

Between 1st January and 30th June 2025, **64 responses** have been received from across the Trust.

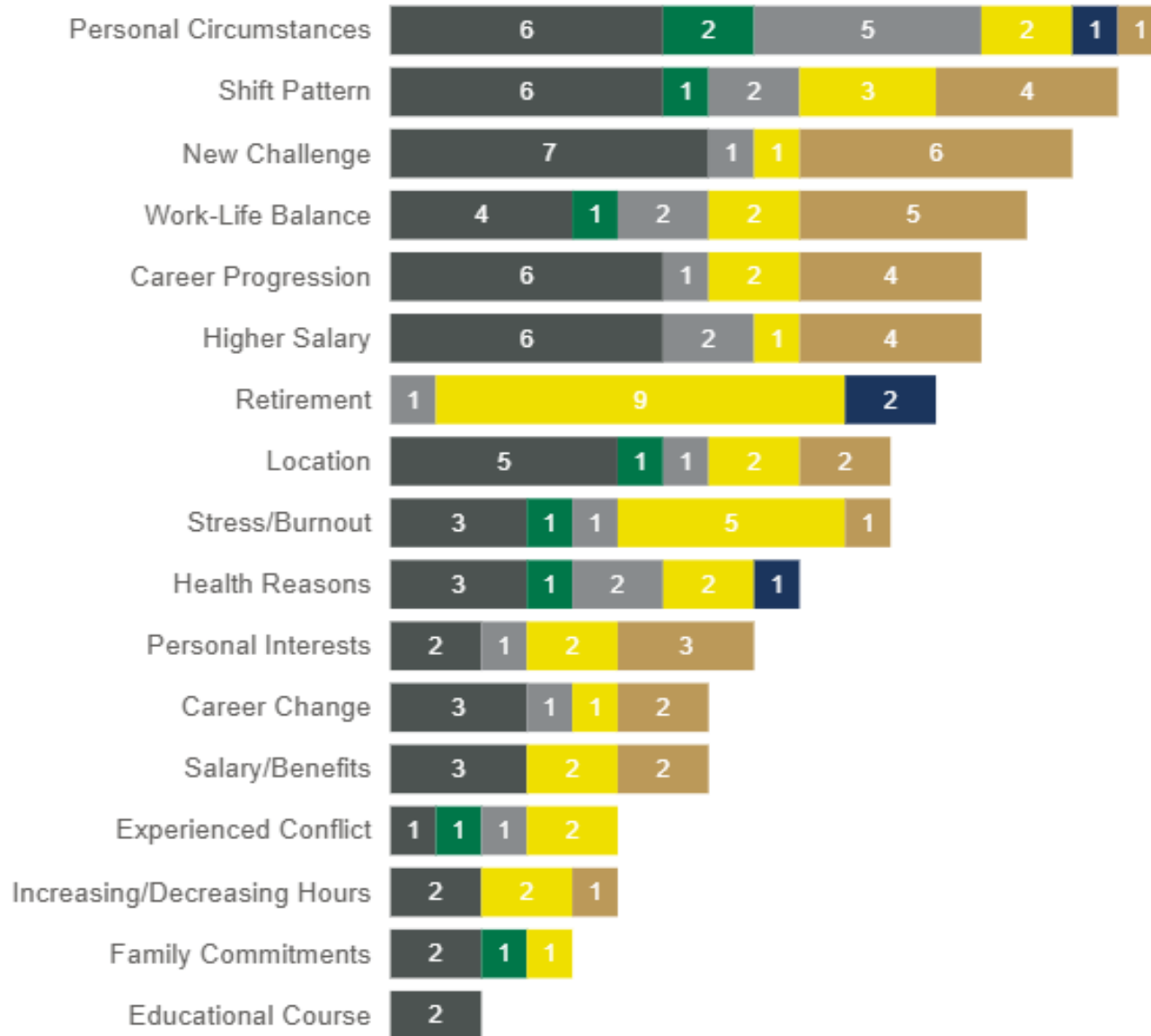


Of **Trust leavers** recorded in ESR for the same period have participated in the process.



Reasons for Leaving (All)

Age Range ● 25 - 34 ● 35 - 44 ● 45 - 54 ● 55 - 64 ● 65+ ● Under 24



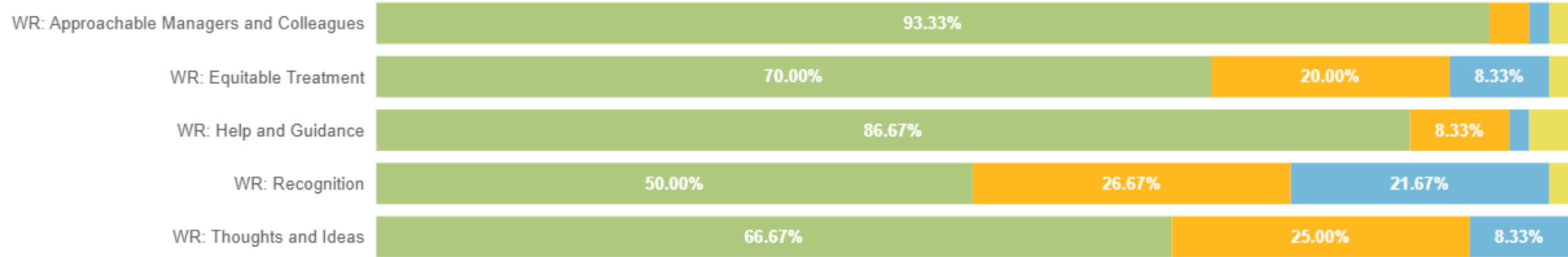
The highest turnover during the reporting period was observed in **EMS, Ambulance Care, and Integrated Care**.

- In **EMS**, the most frequently cited reason for leaving was **retirement**, accounting for **13% of employees**. This was followed by work-related stress (11%) and career development reasons.
- In **Ambulance Care**, **personal circumstances** were the leading reason, cited by **15% of employees**, followed by retirement (9%).
- In **Integrated Care**, the top reason was a desire for **better shift patterns** or rotas, cited by **13% of employees**, followed by better work-life balance (10%).

Employee Perspectives (Operations & Clinical Directorates)

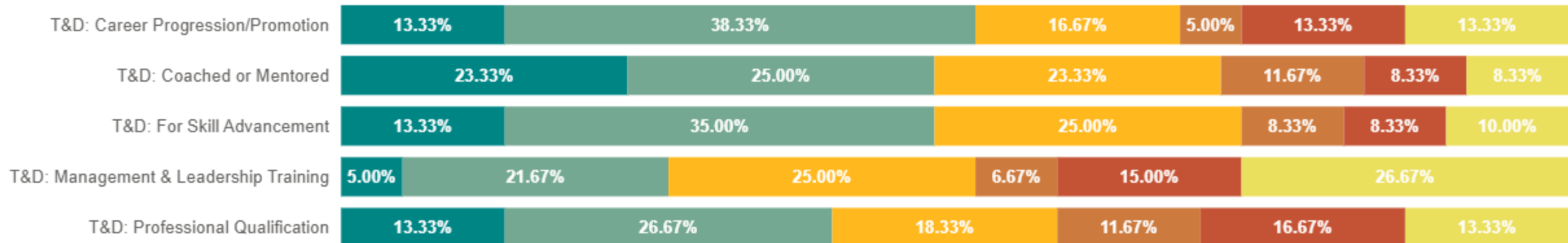
Workplace Relationships

● Satisfied ● Neutral ● Dissatisfied ● Not Applicable



Learning & Development Opportunities

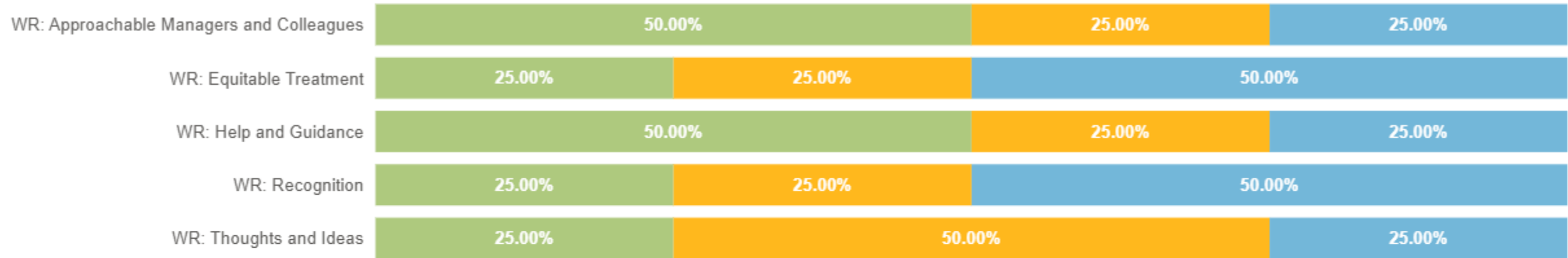
● Strongly Agree ● Agree ● Neutral ● Disagree ● Strongly disagree ● Not Applicable



Employee Perspectives (Corporate Directorates)

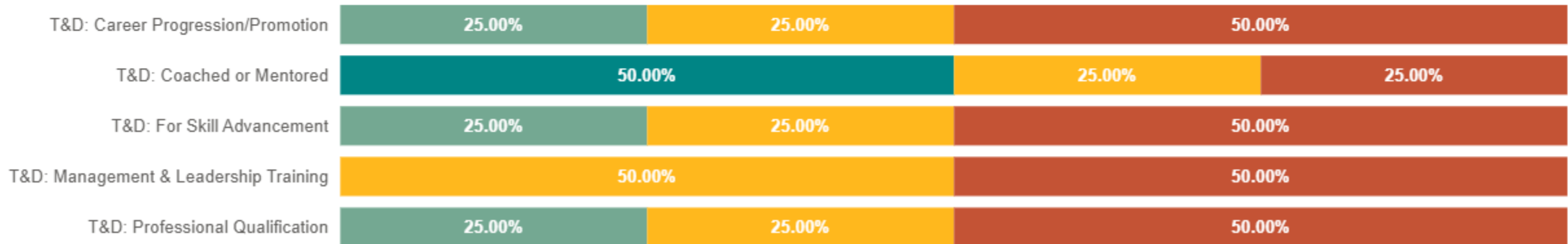
Workplace Relationships

● Satisfied ● Neutral ● Dissatisfied



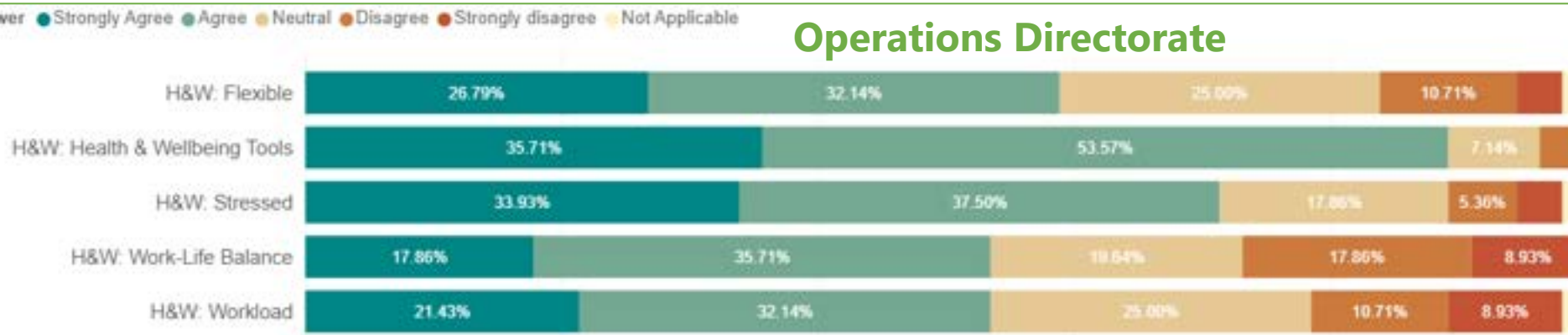
Learning & Development Opportunities

● Strongly Agree ● Agree ● Neutral ● Strongly disagree

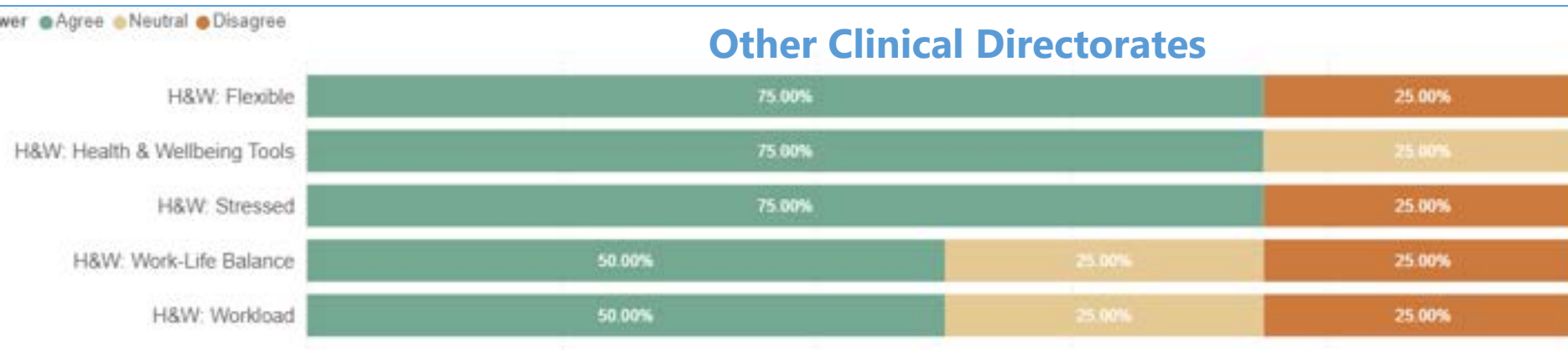


Health and Wellbeing

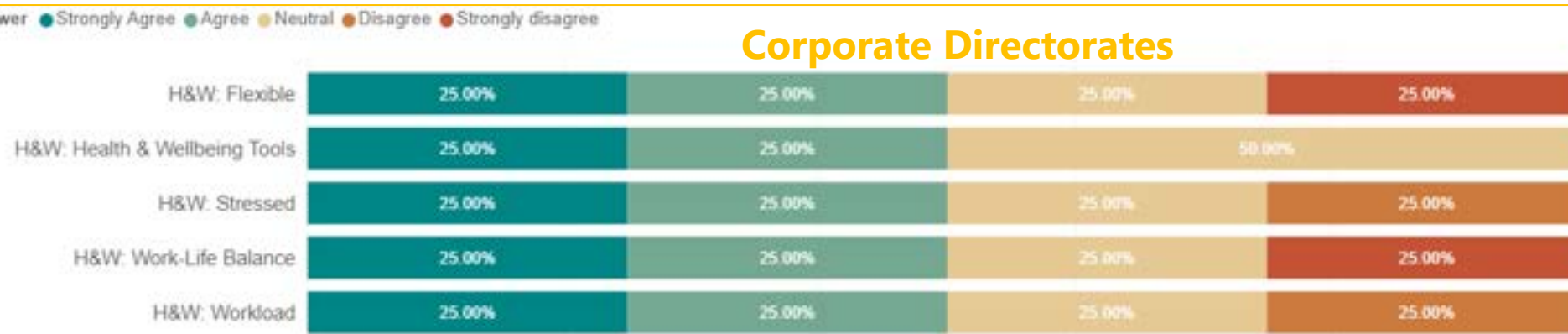
Operations Directorate



Other Clinical Directorates



Corporate Directorates



Employee feedback highlighted the following key areas for improving Health & Wellbeing practices across the Trust:

- The need for **more flexible arrangements**, better scheduling (e.g., shift gaps and relief weeks), and **increased opportunities for remote or hybrid working**.
- Many responses referenced **staffing shortages** and the resulting **impact on stress, wellbeing**, and the ability to take adequate breaks or deliver timely care.
- A need for more **open, transparent, and consistent communication from management**, especially during organisational changes or internal transitions.

Workplace Culture

We asked employees to describe our culture in three words...



Likelihood to Recommend WAST as a Workplace



Flexible Working: Key Themes

Across **EMS** and **Ambulance Care**, responses on flexible working were mixed. A recurring theme across both departments is the **offering of bank agreements** as a flexible working option.

Within **Integrated Care**, most respondents stated that they had the opportunity to discuss flexible working patterns. However, when compared to the reasons given for leaving, the **feedback suggests that either some of these discussions did not lead to mutually agreed arrangements** or that the arrangements in place were not sufficient to influence the decision to stay. Where flexible working plans were reported as being agreed, these often-involved **fixed rotas** or **self-rostering**.

WORKING TOWARDS IMPACT: Staff Turnover and Moving on Conversations



FINDINGS:

- Employees under 35 were the most engaged in moving on conversations, making up 48% of responses (representing 27% of leavers). They also made up the majority of those moving within the Trust, with career development cited as the top reason. For those leaving the organisation, key drivers included the search for new challenges and higher salaries.
- There is a call for greater flexibility in working arrangements, with 39% of respondents giving a neutral or negative response when asked about flexible working opportunities in their role. Feedback requesting improvements to flexible working was particularly strong among respondents who identify as women. For this group, shift patterns and the pursuit of a better work-life balance were among the most frequently cited reasons for leaving.



ACTIONS:

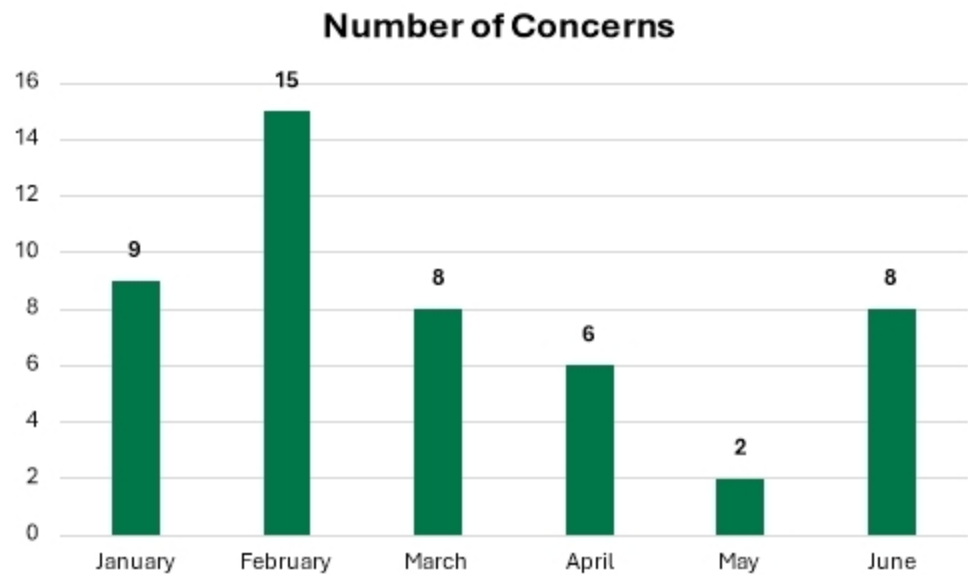
- The Moving On Conversation process has been live across the Trust since 1 January 2025, providing a consistent framework for capturing employee feedback at the point of moving on from their role.
- From 1 March 2025, electronic prompts have been embedded into the leaver process, reminding managers to invite employees leaving the Trust to participate in a Moving On Conversation.
- Flexible Working training has been delivered to 166 managers within the Operations Directorate, supporting more effective and informed conversations with staff.



IMPACT:

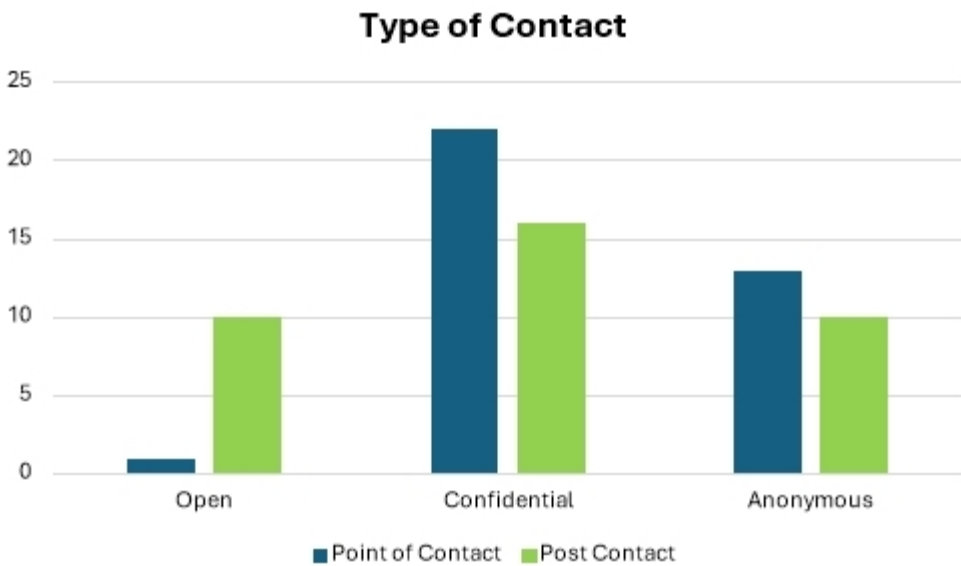
- Following the implementation of electronic prompts on 1 March 2025, the Trust saw an immediate improvement in engagement with the process. Responses more than doubled, increasing from 9 responses in February to 19 in March 2025 — a 111% increase in participation.
- Feedback gathered through the Moving On Conversation process will enable more informed and localised interventions by providing directorate-specific insights into areas such as learning and development, wellbeing, workplace culture, and flexible working practices.

Speaking Up Safely: *Concerns*



- In the first 6 months of 2025, there were 48 concerns raised through Speaking Up Safely.
- The average number of concerns per month would be 8, compared to 10 per month over the previous 6 months.
- The highest month for concerns was February with a total of 15 concerns via SUS.

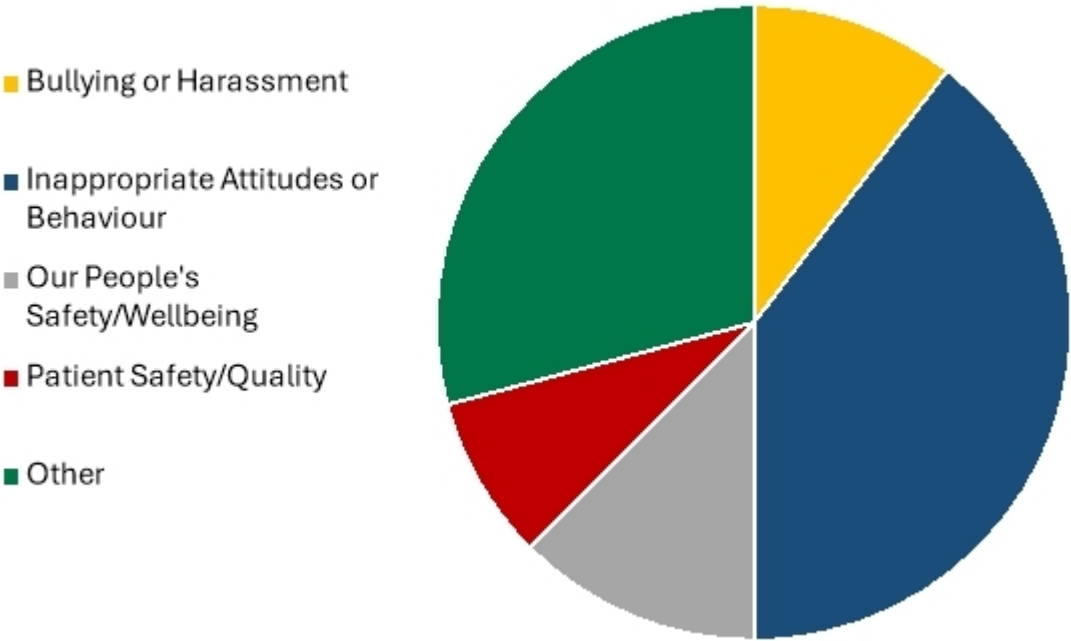
Majority of concerns come to Speaking Up Safely in an anonymous or confidential format. At the point of contact 3% of concerns were 'Open' but at closure 28% of concerns had reached this level, showing the change once rapport had been built with a Guardian.



Speaking Up Safely: *Themes*



NGO Reason for Concern



50% of concerns had an element of **incivility between our people**

- 👮 **40%** with Inappropriate Attitudes or Behaviours
- 👮 **10%** with an element of Bullying or Harassment

In the last 6 months, 29% of concerns were raised due to ‘Other’ reasons that do not fall into NGO categories. This is an increase from July-December 2024.

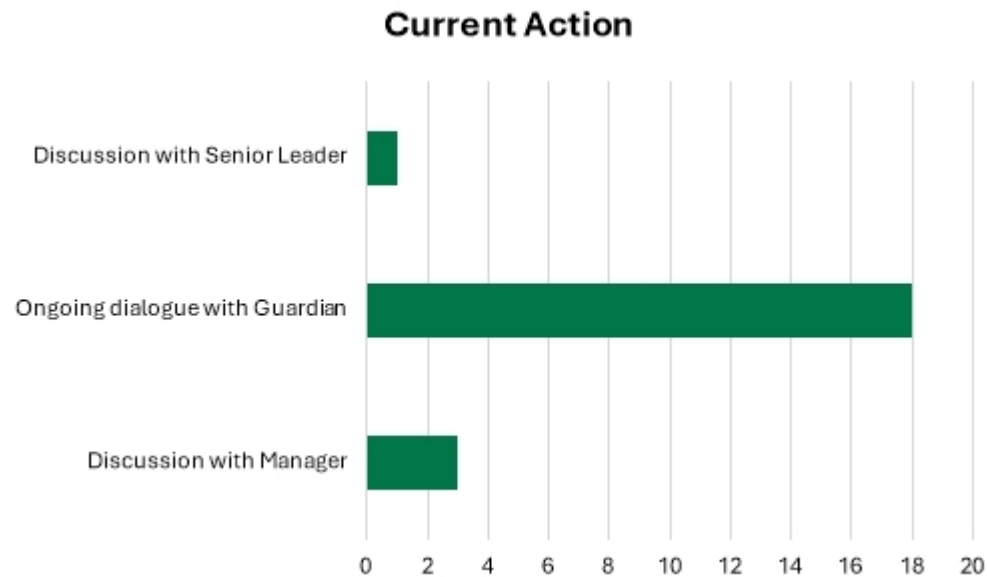
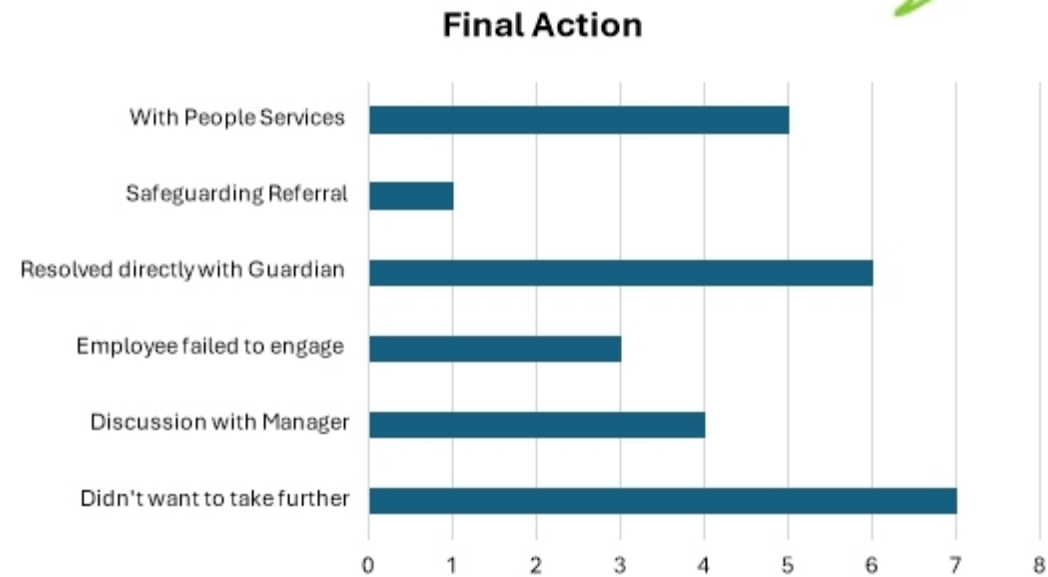
There were no Sexual Safety concerns reported to Speaking Up Safely in the past 6 months.

Speaking Up Safely: *Action Taken*



For the cases that were raised between January and June 2025 there are **26 that are marked as closed** with a final action.

The most common closure is the colleague *not wanting to take the concern further* (27%), closely followed by being *resolved directly with a Guardian* (23%).



The **remaining 22 concerns** do not have a closure but do have current actions taking place.

Most are in *ongoing dialogue with a Guardian* while the remaining few are having *a discussion with a manager or senior leader*.

Speaking Up Safely: *Updated Resources*



'it reinforced for me how important this resource is to our organisation'



Team Growth

February 2025 saw the addition of a

Project Support Manager to the team. An additional Guardian in the process of being recruiting once it has completed the JE consistency checking panel.

Our WAST Way

May 2025 saw the release of 'Our WAST Way' built around three principles, We **CARE**, We **CONNECT**, We **VALUE EVERYONE**. This support for leaders in the organisation will help to assist them to lead and manage including how they communicate, speak up and listen.

As part of this initiative, '**Management Essentials**' provides tools and guidance, including resources signposting to Speaking Up Safely, and also how managers can have effective conversations with their teams.

Work in Confidence

The Work in Confidence (WiC) system continues to grow. During the past 6 months 80 new users were registered, and **28 new accounts were activated** by colleagues for use.



Speaking Up Safely



How do we learn from SUS cases?

January 2025 saw the first ever **Lessons Learned Case Review** and the launch of the **Lessons Learned Forum**.

- 👮 The **Lessons Learned** forum allows ideas for improvement to be discussed and actioned where appropriate, giving us chance to develop our service.
- 👮 Use the case reviews, forum and feedback forms to inform **best practice** for Speaking Up Safely.
- 👮 The team are looking into the addition of a **Support Scheme** for those who have suffered detriment from Speaking Up.

'The environment felt completely safe, and I appreciated the genuine care and compassion shown by the Guardian.'

Speaking Up Safely



How can you help?

- 👮 Talk about Speaking Up Safely with colleagues
- 👮 Complete the training available on ESR
- 👮 Signpost people to Speaking Up Safely where appropriate
- 👮 Always model the behaviours that support Speaking Up
- 👮 Show your allyship, wear the Speaking Up Safely pin badge
- 👮 Be an active bystander

AGENDA ITEM No	15
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

Speaking Up Safely Annual Report 2024-2025

MEETING	People and Culture Committee
DATE	12 August 2025
EXECUTIVE	Angela Lewis - Director for Culture Change
AUTHOR	Dr. Catherine Goodwin – Asst. Director, Culture, Inclusion and Wellbeing
CONTACT	catherine.goodwin@wales.nhs.uk

EXECUTIVE SUMMARY

This executive summary provides an overview of the key activities, outcomes, and future directions outlined in the Speaking Up Safely (SUS) Annual Report for the period 1st July 2024 to 30th June 2025. The report reflects the Welsh Ambulance Services University NHS Trust's (WAST) commitment to a culture where staff feel empowered to raise concerns safely and confidently.

Key Highlights

- Appointment of a full-time Lead Guardian in June 2024, supported by a growing team.
- Strong national collaboration with other NHS Wales Guardians.
- Extensive awareness campaigns including CEO roadshows and National Speak Up Month.
- 113 concerns raised, with 56% directly to the Guardian and 44% via Work in Confidence.
- Reasonable assurance rating from NWSSP audit.
- Increased engagement with People Networks and Culture Champions.

Themes and Trends

- Most concerns related to inappropriate behaviours, bullying, and wellbeing.
- Concerns raised by a diverse range of staff groups, with operations colleagues most represented.
- Increased openness post-contact with the Guardian, indicating growing trust.
- Key barriers include fear of retribution, perceived bias, and confidentiality concerns.
- Lessons Learned forum held to share insights and improve processes.

Future Priorities

- Expand the Guardian team and enhance leadership development through Our WAST Way.
- Improve feedback mechanisms and develop detriment risk assessments.
- Strengthen confidentiality practices and support for protected groups.

- Continue collaboration with internal teams to embed a culture of continuous improvement.

RECOMMENDATION:

- 1) The Committee is asked to take **ASSURANCE** from the preparation of the Speaking Up Safely Annual Report for 2024-25 in relation to the Speaking Up Safely arrangements in the Trust and;
- 2) **ENDORSE** the Trust-wide integration of the Speaking Up Safely (SUS) principles into leadership development, confidentiality practices, and equity and inclusion strategies. This unified approach will help normalise speaking up and listening as a leadership behaviour, reduce barriers to raising concerns, and ensure that all staff feel safe, respected, and heard.

KEY ISSUES/IMPLICATIONS

The first year of the Speaking Up Safely initiative has laid a strong foundation for cultural transformation within WAST. Continued investment in awareness, leadership, and trust-building will be essential to sustain momentum and ensure that all staff feel safe and supported in raising concerns.

REPORT APPROVAL ROUTE

ELT - PCC

REPORT APPENDICES

Appendix A: Speaking Up Safely Annual Report 2024-2025

REPORT CHECKLIST

Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	N/A	Financial Implications	YES
Environmental/Sustainability	N/A	Legal Implications	YES
Estate	N/A	Patient Safety/Safeguarding	YES
Ethical Matters	N/A	Risks (Inc. Reputational)	YES
Health Improvement	YES	Socio Economic Duty	N/A
Health and Safety	YES	TU Partner Consultation	N/A

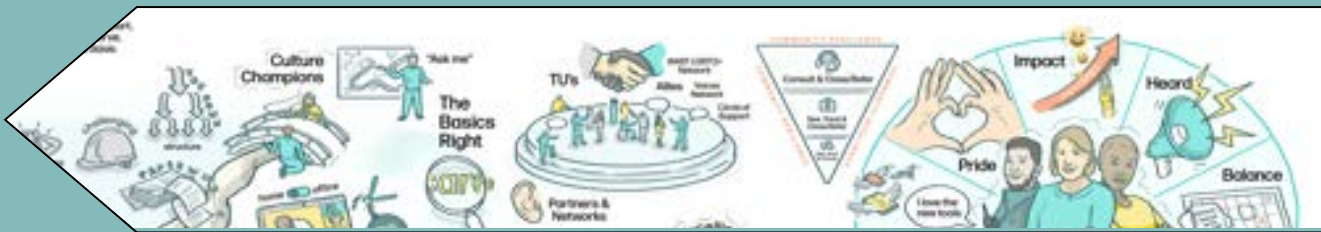


GIG
CYMRU
NHS
WALES

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

SPEAKING UP SAFELY

ANNUAL REPORT:
1ST JULY 2024 - 30TH JUNE 2025



DR CATHERINE GOODWIN
CATHERINE.GOODWIN@WALES.NHS.UK

EXECUTIVE SUMMARY

Speaking Up Safely (SUS) was formally introduced to WAST with the appointment of our lead Guardian a year ago – the first in Wales. Since that time, the team has expanded, reflecting our commitment to ensuring a speaking up safely culture to promote the development of high-performing teams and exemplary patient care. As our first SUS Annual Report, this document provides us with an opportunity to reflect on key activities, impacts and outcomes of this work.

It is important to consider this report in the context of the wider public service cultural landscape, and recommendations from enquiries like the Thirlwall Inquiry and Welsh Fire Service reports for example. All of which emphasise the importance of a speaking up safely culture throughout an organisation to not only enhance employee experience but also ensure exemplary patient experience and care. At Welsh Ambulance Services University NHS Trust, we are committed to creating this culture as outlined in our People and Culture Plan.

During the last year we were audited by NWSSP. The Speaking Up Safely audit was to review the implementation of the Speaking Up Safely framework, outlined in the Welsh Health Circular in 2023, and assess its impact in promoting a culture that enables staff to raise concerns. This is the framework that organisations, departments and teams are required to follow in order to establish and sustain a culture where no individual will suffer victimisation or detrimental treatment as a result of speaking up, and where organisations learn and improve as result of listening and responding to concerns raised.

We are also pleased that this first audit resulted in reasonable assurance and we plan to continue to build awareness of Speaking Up. Another key driver will be increasing confidence in addressing potential issues early through leadership development with the introduction of our Leadership and Management framework 'Our WAST Way'.

MESSAGE FROM OUR BOARD CHAMPIONS

"Creating an environment where individuals feel empowered to voice their concerns without fear of retribution is not only crucial for the wellbeing of our staff but also for maintaining the highest standards of patient care. By encouraging open communication and addressing issues proactively, we build trust and integrity within our organisation. Such a culture is foundational to our People and Culture Plan, reflecting our commitment to a supportive and transparent workplace."

Angie Lewis, Director of Culture Change



"Speaking up safely within WAST remains a key priority for us, it is imperative that every member of staff and every volunteer feels confident and supported in voicing their concerns. Thank you to everyone who has contributed to transforming our speaking up safely culture, we have made progress, but we know we have some way to go across our widely dispersed workforce. Speaking up safely not only safeguards the wellbeing of our workforce but it also directly contributes to the delivery of exceptional patient care and service. By actively listening and addressing concerns, we create an environment of trust, respect and continuous improvement."

Ceri Jackson, Non-Executive Director & Vice Chair

SPEAKING UP SAFELY

In June 2024, the Trust employed a full-time Lead Guardian, who has been instrumental in leading the implementation of the Speaking Up Safely process across the organisation. This individual brought a wealth of experience from NHS England, which has significantly benefited the Trust. The team has continued to grow with a Project Support Manager and additional Guardian joining the team later this year.

Nationally, the Trust has forged strong connections across NHS Wales, establishing robust relationships with other Guardians working in Wales. Monthly meetings have expanded to include most NHS Wales organisations. These discussions have highlighted that WAST is at the forefront of the Speaking Up Safely space, having secured a dedicated Guardian on a permanent basis and expanded the team.

Throughout the year, the team have taken significant steps to raise awareness and encourage a culture of openness. In October 2024, the Guardian shared information about the Speaking Up Safely (SUS) initiative during the CEO roadshows, engaging with numerous colleagues. The Guardian also spent meaningful time with colleagues from EMSC and NHS111 and dedicated a day at The Grange Hospital to provide space for open and transparent conversations where people are located.



CEO Roadshows - October 2024

SPEAKING UP SAFELY

November saw the Guardian working closely with first-year university students, providing confidential time for them to share their experiences and understand WAST's goals for a speaking up culture. This engagement reinforced the Trust's commitment to supporting all staff and volunteers, including those at the beginning of their careers.

In 2025 the Speaking Up Safely process was audited by NWSSP, and received a rating of reasonable assurance, reinforcing the sound foundations that have been built by the team over the last year.

Efforts to raise awareness of the Speaking Up Safely process have been extensive throughout the year. This includes promoting National 'Speak Up Month' in October, which centred on the theme 'The Power of Listening'. To implement this theme, virtual drop-in sessions were organised throughout the month to complement the sessions provided at the CEO roadshows. Additionally, a campaign on our SharePoint page featured videos, surveys, testimonials, and pledges. Although the ESR eLearning modules are not mandatory, they are available for everyone to complete. There are mixed views about mandating training, with some believing that raising awareness through other routes may be more beneficial.

A Speaking Up Safely culture is more than the Guardian team and in May 2025, the Trust launched 'Our WAST Way', aimed at defining how the organisation leads and manages by creating a shared approach to developing confident and capable leaders at every level. This initiative is based on three key principles: Care, Connect, and Value Everyone. The launch of 'Our WAST Way' aligns seamlessly with Speaking Up Safely awareness, ensuring our leaders feel confident eliciting, receiving and providing feedback and addressing concerns effectively when they are raised. WAST has also developed a workforce standards process to further boost rapid access to expertise for managers when faced with concerns.



SPEAKING UP SAFELY

A system has been developed to record themes, trends, and critical data for each case submitted to SUS. However, as the ultimate goal remains for everyone to feel confident in raising concerns within their local teams and for managers to feel empowered to listen to feedback and act on concerns, not all concerns will be or should be captured by the Guardian. One example of this is the number of Sexual Safety concerns reported across the organisation has increased, but this is not the most common reason for concerns being raised with the Guardian. This may be an indication that confidence has increased in responding to concerns like this along other routes, such as with line managers, people services, TU partners and our safeguarding colleagues.

A Lessons Learned forum has been established and regular meetings take place with people services, safeguarding, and patient safety teams to ensure that learning is appropriately shared.

Recognising that individuals with protected characteristics are more likely to have workplace concerns, the Guardian has actively engaged with our People Networks to dismantle barriers for those in vulnerable minorities. Stronger links have been forged with Culture Champions and Network Leads, ensuring that all Culture Champions have received training on SUS and know how to guide those they support. Spotlights were created for network members and Non-Executive Directors, and the Guardian continues to participate in these network meetings to provide ongoing awareness and support.

OVERVIEW OF CONCERNS

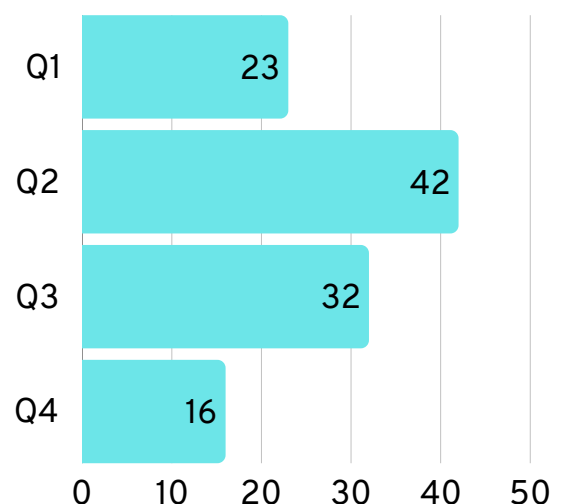
After the introduction of our Lead Guardian in June 2024, the following data looks at the 12 month period that followed July 2024 to June 2025. It is essential to create a baseline of reporting that can be accurately measured on an ongoing basis and the information below provides the first annual look at the data of the Speaking Up Safely process. The aim is to provide an overview of the concerns for the past year, to highlight the volume and nature of the concerns, whilst maintaining confidentiality.

There were 113 concerns raised through Speak Up Safely in the last 12 months. The concerns came in through a variety of channels available to our staff. Of the concerns raised 63 (56%) were raised to a Guardian directly whether that be through the Guardian email address, a personal email address, phone call or a face to face conversation. The remaining 50 (44%) came through Work in Confidence (WIC) system.

From the numbers provided in the graph to the right, it can be seen that Q2 running from October to December had the highest number of concerns raised. This notable rise came in the month of **October** with 23 concerns raised in the month alone, the highest of the year. This was to be expected with the promotional activity in October for '**Speak Up**' month. Alongside the time dedicated at the CEO Roadshows in the same month.

The decline experienced in Q4 is thought to be an effect of a temporary decrease in dedicated resource. This resulted in a delayed response experienced by those raising a concern for a short period of time. Which highlights the importance of raising awareness, accessibility and maintaining a consistent service.

Q1 - July, August, September
Q2 - October, November, December
Q3 - January, February, March
Q4 - April, May, June



STAFF GROUPS

As expected, where the concernee has disclosed the information, given they are the largest staff group, most concerns are either raised from within the operations staff group about operational staff. The Guardian is now also recording in which directorate the concern is located, as concerns are being raised where the concernee is not in the same directorate.

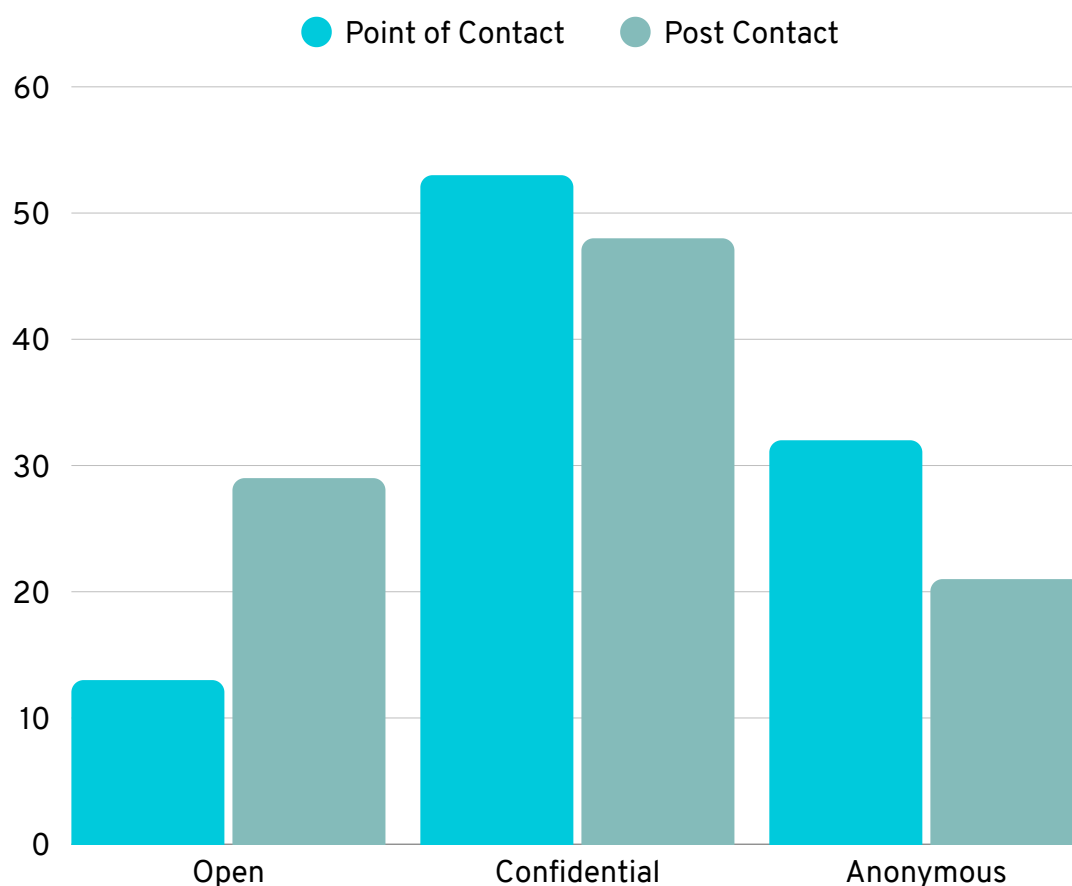
Of the professional groups that have been identified during the process of colleagues Speaking Up, the weighting is split quite evenly between Additional Clinical Services and Allied Health Professionals. There have also been concerns raised by Admin and Clerical staff over this annual period.

There are 28 cases where the professional group of the the person speaking up has not been identified as this information is voluntarily given by those who wish to disclose.

CONFIDENTIALITY

Ensuring an open Speaking Up Safely culture is a key aspiration of the Trust and implementing the Speaking Up process a crucial objective to achieve this. Building trust and ensuring confidentiality when concerns are raised is at the forefront of the Guardian's mind.

As the graph below shows, both confidential and anonymous cases reduced after first point of contact with a noticeable increase in open cases post contact; meaning once the Guardian had built a rapport and explained the process, people felt more confident being open about their identity.

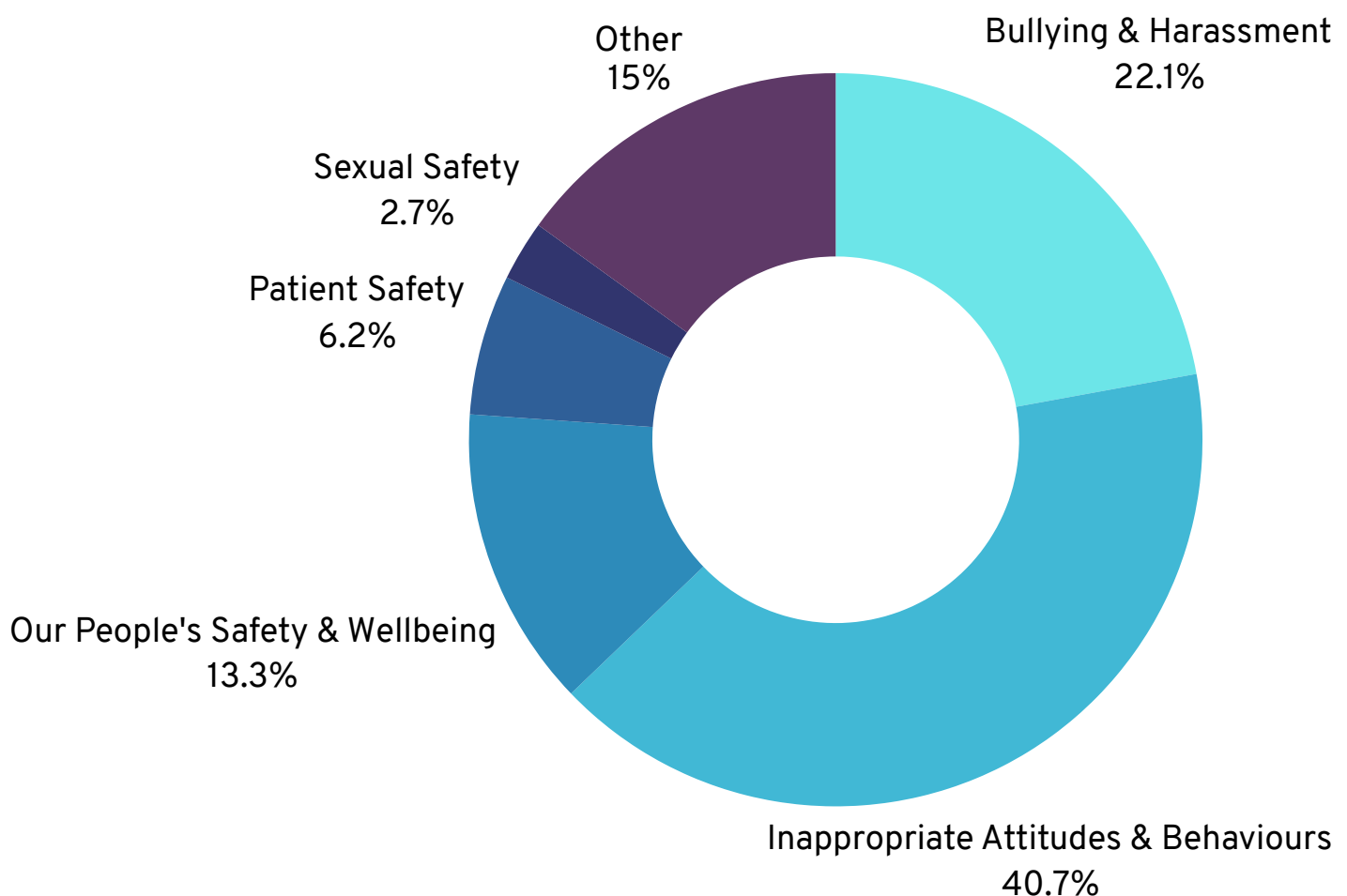


Confidentiality is an area of improvement for the Trust, patient confidentiality is seen as non negotiable and we need to move to a culture where colleague confidentiality is known to be respected by continuing to build trust in our teams.

REASONS

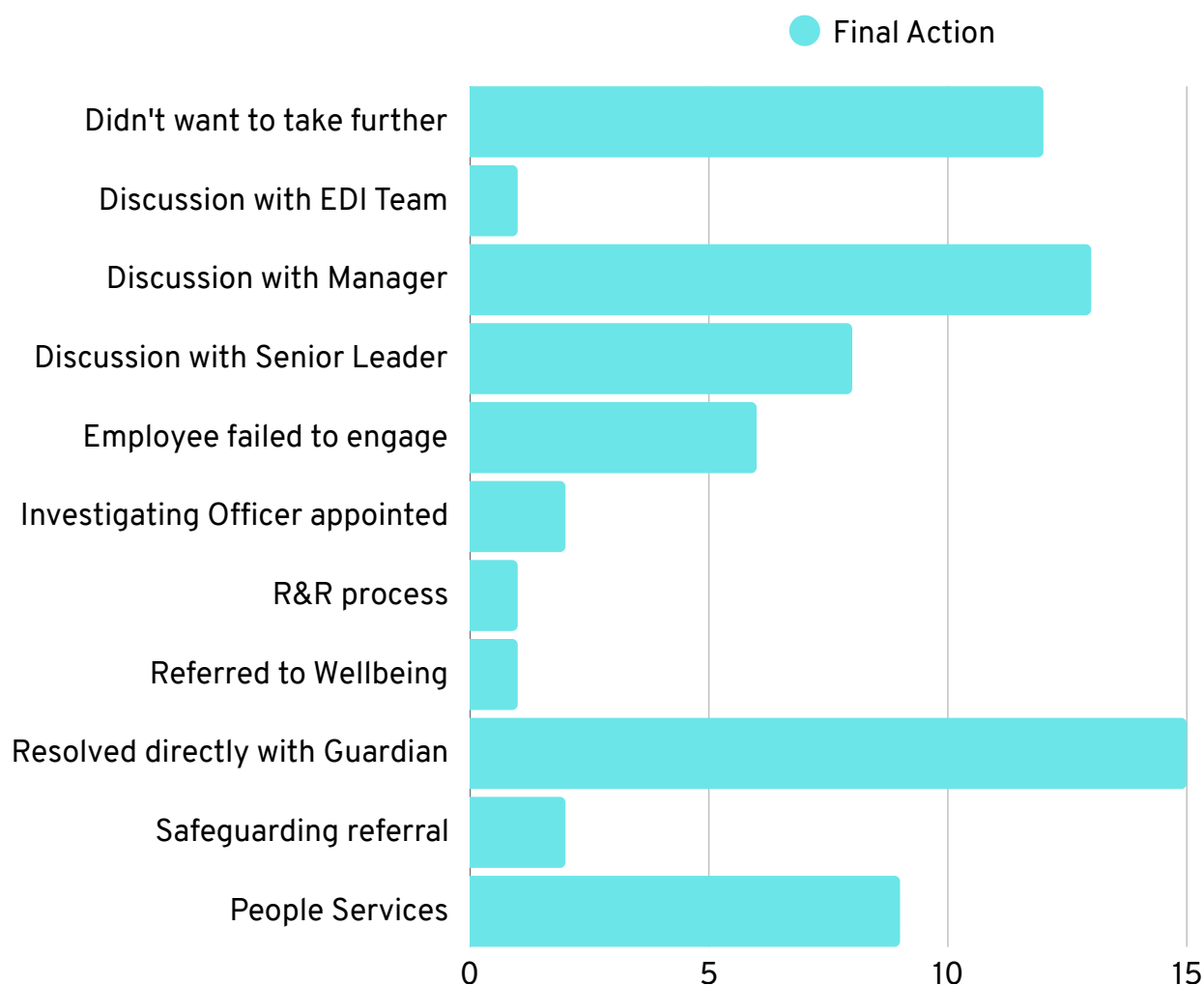
The National Guardians Office report on the type of concern that is raised and the reason it has been brought to the Speaking Up process.

The following diagram demonstrates that the main type of concern reported to Speaking up Safely continues to be incivility between colleagues, shown with high levels of bullying & harassment and inappropriate attitudes and behaviours. Cases with an element of sexual safety are less prevalent. There has however been an increase in concerns associated with our people's safety and wellbeing.



CASES

Over the course of the 12 month reporting period, 70 cases brought through Speaking Up Safely during these 12 months are now closed.



The graph above shows the final action advised on the closure of these cases, with the most common closures being that the concern has been resolved directly with our Guardian, alongside a discussion taking place with an appropriate manager, both accounting for 19% each.

However, people not wanting to take it forward at 18% and the member of staff failing to engage after raising the concern at 9%, when treated collectively it would suggest lack of engagement at 27% being the biggest reason for closure potentially related to trust in the process.

KEY THEMES

Key themes that have been experienced over the past 12 months include:

- An assumption that **no action** will take place after Speaking Up.
 - The Guardian is drawing up a set of KPIs to ensure clear feed back loops and updates are in place even if there has been no change. Once a concern closes, a questionnaire is sent to establish what works well and what we could do better. The Lessons Learned forum also builds on improving employee experience
- Perceived **bias** in disciplinary hearings.
 - The introduction of a formal Workplace Standards process will help ensure consistency and transparency in these matters. Our WAST Way includes modules on understanding unconscious bias.
- A **fear of retribution** from peers and managers, leading to them not feeling comfortable to speak out
 - We have drafted a detriment risk assessment and will begin to pilot it in the coming months.
- Leaders and TUs not always knowing **how to escalate concerns and therefore directing people to SUS** inappropriately.
 - SUS was developed in partnership and we recognise that we need to spend more time raising awareness with our leaders and TU partners that may have not been involved at an early stage.
- **Delays** in disciplinary investigations related to concerns that have been raised through SUS.
 - We have enhanced our focus and employed additional resource.
- **Breaches in confidentiality** that lead to potential detriment.
 - We realise we need to work on increasing colleague confidentiality to the same level as patient confidentiality.
- **Incivility** in our organisation.
 - Our WAST Way has now launched with core sessions on essential conversations.

LOOKING AHEAD

As we look towards the future, we are determined to further embed Speaking Up Safely (SUS) culture throughout WAST. Our journey over the past year has laid a strong foundation, and the year ahead promises to be one of growth, resilience and commitment.

Our first priority is to ensure the seamless integration of a speaking up safely culture into all facets of the organisation. This means that every team member, regardless of their role or position, feels empowered to voice their concerns and confident that they will be heard and addressed.

In the year to come, we are putting a spotlight on improving the feedback received from our staff, particularly from those who have raised concerns. This initiative will be closely linked with our ongoing efforts to understand and mitigate any potential detriment that staff members may experience when speaking up.

To bolster our efforts, we are expanding the Speaking Up Safely team. This expansion is not just about increasing numbers; it is about building a resilient team that can support our broader objectives of leadership development and psychological safety.

We recognise that confidentiality is paramount. Just as patient confidentiality is non-negotiable, so too must be the confidentiality of our colleagues.

We are also dedicated to dismantling barriers for individuals with protected characteristics. By forging stronger links with our Culture Champions, Network Leads, and engaging actively with our People Networks, we aim to ensure that every voice, especially those from vulnerable minorities, is heard and valued.

Our commitment to a speaking up safely culture is collaborative. We will continue to work closely with people services, safeguarding, and patient safety teams, sharing lessons learned and creating an environment of continuous improvement.

CONCLUSION

In conclusion, there has been significant improvement in the Speaking Up Safely process over the past 12 months, following the appointment of the Lead Guardian, with an increased promotion of the service that is being offered to all colleagues in the organisation.

Overall, the service has been positively received by colleagues and managers have been increasingly receptive and respectful to conversations with the Guardian, after initial hesitancy. Recognising that most concerns are in relation to how we are to each other, the launch of Our WAST Way should help to improve the quality of conversations as we move to more collective and collaborative leadership.

‘I felt safe, respected , heard and validated’.

‘I appreciated the genuine care and compassion shown
by the Guardian’.

AGENDA ITEM No	16
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	3

**2024/25: Strategic Equality Plan Annual Report,
Gender Pay Gap Report and Workforce Diversity Report**

MEETING	People & Culture Committee
DATE	12 August 2025
EXECUTIVE	Angela Lewis, Director of Culture Change
AUTHOR	Kat Cobley
CONTACT	Kat.cobley@wales.nhs.uk

EXECUTIVE SUMMARY

1. These reports provide an annual update on the progress made to achieve the Trust's Strategic Equality Plan (SEP) Objectives during 2024-2025. It also provides data on the Trust's gender pay gap and workforce diversity for 2024-2025.
2. These reports must be published on the Trust's website by 31st March 2026 in line with the requirements of the Public Sector Equality Duty.
3. Overall, significant progress has been made to achieve the SEP Objectives. Data shows an increase in workforce diversity in relation to our ethnic minority staff, staff with a disability, those who are LGBTQ+ and Welsh speakers. Our gender pay gap has improved too. Early data analysis of our WRES Report for 2025 also shows improvements in ethnic minority staff experiences.
4. Work is ongoing to build upon the momentum of the achievements throughout the year with initiatives focusing on leadership and culture, inclusive recruitment practices and accessing interpretation and translation services (including BSL).
5. The committee is asked to discuss and endorse the SEP Annual Report, Gender Pay Gap Report and Workforce Diversity Report for 2024-2025 prior to receiving endorsement from the Board.

KEY ISSUES/IMPLICATIONS

6. Progress continues to be made across the Trust to achieve the SEP 2020-2024 actions.

7. Notable achievements include:

- People Network growth and engagement activity, such as Ramadan, Eid, Halal Expo Event, Pride events, etc.
- Employer Carer Confident Level 1 Award achieved.
- Stonewall Bronze Award and an increase of over 100 spaces on the Workplace Equality Index.
- Initial development phase of Our WAST Way and Management Essentials training programme.
- Multi-level sexual safety training programme developed and launched.
- HPMA Award recognising the effectiveness and significance of our Active Bystander and Allyship training.
- Flexible working and reasonable adjustments training for line managers to promote compassionate leadership.
- Increased engagement with people with a protected characteristic including ethnic minority communities, BSL service users and people with a learning disability.
- Improved patient systems to flag communication needs to help people with a learning disability.
- Multilingual Welcome Pack for 111 services launched for ethnic minority communities.
- Successful inclusive recruitment initiative within the Digital Team which was shortlisted as a finalist in this year's HSJ Awards.
- EQIA data reflects the improvements made to internal governance procedures.

8. Our data also reflects improvements across all areas of workforce diversity and fairness. Our Gender Pay Gap has reduced to 5.3%. The Trust has seen an increase in the number of staff from ethnic minority backgrounds, LGBTQ+ communities and people with a disability. The ratio of men and women remains equal with an increase in the number of women (50.5%).

9. There are still some key challenges for the Trust which are mainly due to competing priorities and resourcing which can make it difficult for staff to engage with the SEP. Our current workforce diversity also has an impact upon our ability to affect change and realise our ambition to be a truly inclusive employer and service provider.

10. Further information on the achievements made throughout the year and the actions we are taking to address challenges are included in the main body of this report.

RECOMMENDATION:

The Committee is asked to discuss and endorse the Strategic Equality Plan Annual Report for 2024/25, Gender Pay Gap Report 2024/25 and Workforce Diversity Report for 2024/2025 for their onward submission to the Trust Board, for approval.

REPORT APPROVAL ROUTE

EDISG – ELT – People & Culture Committee – Board

REPORT APPENDICES

Appendix 1: SEP Annual Report 2024-2025
Appendix 2: Gender Pay Gap Report 2024-2025
Appendix 3: Workforce Equality Monitoring Report 2024-2025

REPORT CHECKLIST

Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	NA	Financial Implications	NA
Environmental/Sustainability	NA	Legal Implications	Yes
Estate	NA	Patient Safety/Safeguarding	NA
Ethical Matters	Yes	Risks (Inc. Reputational)	Yes
Health Improvement	Yes	Socio Economic Duty	NA
Health and Safety	NA	TU Partner Consultation	NA

SITUATION

1. The purpose of these reports is to provide the committee with an annual update on the progress made to achieve the Trust's Strategic Equality Plan (SEP) Objectives during 2024-2025. It also provides data on the Trust's gender pay gap and workforce diversity for 2024-2025.

BACKGROUND

2. In line with the requirements of the Public Sector Equality Duty, the Trust must publish an annual report which outlines the steps it has taken to achieve the SEP objectives throughout the year. It is also required to publish its gender pay gap and workforce equality monitoring data at the end of each financial year.
3. In line with advice from Welsh Government, it has been agreed that NHS Wales organisations can include a progress update on the Anti-Racist Wales Action Plan and the LGBTQ+ Action Plan within the SEP annual report.
4. The information in this report covers the period between 1st April 2024 – 31st March 2025.
5. There have been notable improvements this year to embed the SEP objectives across all areas of the Trust with a number of successful and impactful actions being implemented. However, there is more work to be done to realise our ambition to be a truly inclusive organisation for our service users, staff and stakeholders and further actions have been identified and outlined in the annual report. The Trust's Equity, Diversity and Inclusion Steering Group have agreed an annual workplan and progress will be monitored at its quarterly meetings.

ASSESSMENT

Key achievements in 2024-2025

6. Good progress has been made across all four of the SEP Objectives. Notable achievements in the past year include:
 - People Network growth and engagement activity, such as Ramadan, Eid, Halal Expo Event, Pride events, etc.
 - Employer Carer Confident Level 1 Award achieved.
 - Workplace Carer Champion received an award recognising her efforts to promote financial wellbeing initiatives to staff.
 - Stonewall Bronze Award and an increase of over 100 spaces on the Workplace Equality Index.

- Initial development phase of Our WAST Way and Management Essentials training programme.
- Leadership symposiums and conferences to drive cultural change.
- 3 x awards for WAST staff at ALF 2024 to recognise their exceptional contribution to inclusion, culture, and wellbeing.
- Health diagnostic tool and health checks for staff aged 45+ to support health and wellbeing.
- Multi-level sexual safety training programme developed and launched.
- HPMA Award recognising the effectiveness and significance of our Active Bystander and Allyship training.
- Flexible working and reasonable adjustments training for line managers to promote compassionate leadership.
- Increased engagement with people with a protected characteristic including ethnic minority communities, BSL service users and people with a learning disability.
- Improved patient systems to flag communication needs to help people with a learning disability.
- Multilingual Welcome Pack for 111 services launched for ethnic minority communities.
- Successful inclusive recruitment initiative within the Digital Team which was shortlisted as a finalist in this year's HSJ Awards.
- EQIA data reflects the improvements made to internal governance procedures with our approach to the CMT assessment being recognised as an exemplary EQIA.
- New Welsh Language People Network established and an increase in the number of Welsh speaking staff.

Gender Pay Gap

7. Our gender pay gap has reduced from 5.6% to 5.3%. The split between men and women within the Trust remains fairly equal, with a slight increase in the number of female staff over the past year who now account for 50.5% of the workforce. Our gender pay gap still stems from our senior management roles in bands 8a and above with the split between men and women widening to 67%-43% in the upper quartile. To address this, we are supporting our female operational managers to participate in a national scheme for aspiring operational leaders. We are also introducing a number of senior professional roles within our clinical teams which we hope will attract more female clinical leaders into the Trust.
8. It is also worth noting that the national ESR systems still does not have the capacity to record transgender status of our workforce. This will have a minimal effect upon the accuracy of the Trust's gender pay gap data due to the extremely small numbers of trans staff.

Workforce Diversity

9. We have seen improvements in our workforce diversity with an increase in the number of staff who are LGBTQ+, Black, Asian and Minority Ethnic, and those who have a disability.
10. Efforts to improve our collation of data on our Electronic Staff Records system (ESR) means that we have seen an increase in the number of staff who have updated their equality monitoring data. We need to investigate the increase in 'unspecified' (blank data fields) as this suggests that there is a fault in the system when transferring data over from recruitment applications and updating data fields.

WRES Report 2025

11. The Trust's Workforce Race Equality Standard Report for 2024-2025 has recently been received which is mostly positive in relation to the improvements made by the Trust over the past year. Our Anti-Racist Wales Action Plan Sub-group met in July to undertake early analysis of the report and feedback meetings have been scheduled with Welsh Government in early September. The Trust is in the process of reviewing its local action plan to take account of the recommendations in the report. An update report will be presented to the People and Culture Committee in November 2025.

The Impact of our Actions upon our Staff, Service Users and Stakeholders

12. There are many examples of the impact of implementing our SEP objectives across the Trust. The following examples demonstrates the value of our efforts to our staff and service users.
13. One of our newest ethnic minority members of staff within our NEPTS Ambulance Care Team was only on her second day in WAST when she accidentally stumbled upon our Ramadan event in Vantage Point House, Newport. She was pleasantly surprised and commented on how wonderful it was to see the Trust celebrating Ramadan with its staff. This made her feel more welcomed into the Trust and she has since joined our BEAM People Network.
14. Another member of our Muslim staff who was on maternity leave was pleased to see the Trust at the Big Halal Expo event in Cardiff. Following conversations with staff at the event, she has agreed the support the BEAM Network upon her return to work and help the Trust to progress its plans to make women's uniform more inclusive of Muslim women. A steering group has already been established to look at inclusive uniforms and a female operational colleague has been appointed as a Trust representative on the national uniform users group.

15. The workshops which were delivered to Black, Asian and Minority Ethnic people as part of our inclusive recruitment initiative within our Digital Team have opened up the door to other recruitment opportunities which resulted in one workshop attendee successfully applying and being appointed to a role within our Estates Team. The inclusive recruitment initiative also had a wider positive impact in the appointment of candidates with other protected characteristics which we believe may have been the result of our unconscious bias in recruitment training which was rolled out to recruiting managers within the Digital Team.
16. We are seeing evidence of the impact of our Allyship and Active Bystander Training with more staff feeling confident to challenge negative and discriminatory behaviour. Staff have respectfully challenged comments on our social media posts concerning our Ramadan event, highlighting the purpose of the event and reinforcing the need for creating inclusive cultures within the Trust.
17. Our women's health series has also led to an increase in requests for training to support colleagues who are impacted by menopause and other conditions such as endometriosis. As a result, Unison has also funded a campaign to provide free period products which has been well received by colleagues.
18. Engagement with our service users has increased too. Patient stories have been presented to the Executive Team focussing on how we can improve our services to best meet their needs.
19. Listening to Deaf/deaf services users, who use British Sign Language, and people who do not speak English or Welsh, has prompted us to establish a task and finish group to review how staff access interpretation and translation services and explore new technology options to help us improve our methods of communication.
20. Our Patient Experience and Community Involvement Team have also enabled changes to the way in which we flag and record patient learning disability status and communication needs on our ePCR system which has led to significant improvements for our service users and their carers who have a learning disability or neurological condition which can hinder communication.
21. We have also heard from members of our ethnic minority communities who have reached out to express their thanks and appreciation for how we have dealt with family members who have needed to access emergency services. One service user told us that there was no judgement from our staff and the family did not feel 'different'. On the contrary, they said that there were conversations with our staff around understanding and recognition of similarity rather than difference.

Challenges and Mitigating Actions

22. Poor investment into EDI can lead to the following:

- Continued incidents of work-based discrimination.
- Reputational damage and negative organisational culture.
- Staff absence due to stress-related sickness.
- Increase in internal investigations, employment tribunals and financial compensation.

23. To help address the above, the Inclusion, Culture and Wellbeing Team are supporting teams and individuals across the Trust to resolve issues and improve workplace culture. This support is in the form of advice on reasonable adjustments, facilitated conversations, support with health and wellbeing (physical and mental), training programmes, people networks, policy development, and awareness raising.

Key challenges for the Trust

24. Competing priorities across the Trust, especially those for our operational teams make it difficult for staff to attend training in relation to the SEP objectives. To combat this, we are working with Heads of Service to arrange training sessions during team development days and offering more training on our virtual platforms. For example, we have delivered sexual safety workshops and training at EMS South East Development Days, the TU Social Partnership event, and we have reviewed the anti-racism e-learning module to make it more relevant to ambulance staff and uploaded this to LMS365.

25. Competing priorities also make it difficult for teams to engage and implement actions relating to the SEP objectives. We are using the influence of our Executive Team and encouraging leaders to embed the SEP objectives to drive forward the culture changes which are needed to improve employee experience, which in turn, will improve overall service delivery and service user experience. The appointment of our Director of Culture Change has helped to raise the profile of the SEP at an executive level and has helped to influence, cascade and engage senior leaders across the Trust. The Director of Culture Change is also the new Chair of the Trust's Equity, Diversity, and Inclusion Steering Group. A review of this group has been undertaken by the Head of Inclusion and Engagement and the Board Secretary, and the group is now a formal sub-group and a robust governance structure is in place.

26. Financial constraints placed upon public healthcare sector bodies may make it difficult to appropriately resource the Inclusion, Culture and Wellbeing Team and fund initiatives which will help us implement the SEP objectives, for example, external training, membership with key 3rd sector organisations, partnership working, conferences and networking opportunities. We continue to source best value training and development, and we are prioritising our workloads to best meet the requirements of statutory requirements.
27. Lack of workforce diversity which could result in systemic discrimination and may encourage groupthink where limited perspectives can result in poor-decision making for both service users and staff. It also means that we are not reflective of the communities we serve, both at a national and community level. This can impact our ability to fully understand the challenges facing minority groups and can also affect our service users' trust and confidence in accessing our healthcare services. We continue to roll out inclusive recruitment initiatives and training to teams to minimise unconscious bias in our recruitment activity. We also continue to reach out to diverse communities to promote the Trust as an inclusive employer and encourage more applications from diverse candidates. We have seen some success recently within our Digital Team and plans are in place to support recruitment activity in our call centres and our NEPTS Teams.

Next Steps

28. To build upon the work already undertaken we have developed our Equity, Diversity and Inclusion Steering Group will oversee action plans across the Trust which include a number of actions to help us achieve our Strategic Equality Plan Objectives. Next year we will focus upon the following areas:
 - Our sponsors will support our Aspiring Board Member to learn and flourish within the health sector to encourage more representation on our Board from minority ethnic backgrounds.
 - Review our current procedures for accessing timely and quality interpretation and translation services for service users who do not speak English. This will be conducted in line with the All Wales Accessible Information and Communication Standards.
 - Monitor the implementation of the Clinical Model Transformation Programme to ensure that any changes to service delivery are accessible and improve the health and wellbeing of our service users.
 - Provide staff with access to a suite of sexual safety training with a focus on specific topics such as sexism within social media to educate staff and prevent sexual harassment.
 - Host the Health Zone at the Mastering Diversity Conference in Cardiff to showcase exemplary practice and leadership culture and to learn from best practice across Wales.

- Undertake a workshop with staff who have completed the Allyship and Active Bystander training programme to assess the impact it has made upon their confidence to increase allyship to help eliminate discrimination and disadvantage.
- Adopt and roll out the Anti-racist Wales mandatory e-learning training module to help make it more meaningful for ambulance colleagues.
- Ensure that all line managers undertake the basic elements of Our WAST Way management and leadership training by completing the Check-ins and Crucial Conversations training.
- Support and encourage diversity in the recruitment activity for large scale graduate paramedics and senior appointments and continue to offer supportive professional development opportunities to those in post.
- Work towards achieving Employer Carer Confident Level 2 and support unpaid carers by implementing developing a Carers Policy and flexible working solutions.
- Introduce a disability passport scheme for staff within a disability to help implement appropriate reasonable adjustments in the workplace.

RECOMMENDATION

- 29. The Committee is asked to discuss and endorse the Strategic Equality Plan Annual Report for 2024/25, Gender Pay Gap Report 2024/25 and Workforce Diversity Report for 2024/2025 for their onward submission to the Trust Board, for approval.**

Welsh Ambulance Services University NHS Trust

Strategic Equality Plan Annual Report 2024-2025



GIG
CYMRU
NHS
WALES

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

AMB_Inclusion@wales.nhs.uk



Introduction

Welcome to Welsh Ambulance Services University NHS Trust Annual Report on our Strategic Equality Plan for 2024-2025.

This report outlines the progress we have made over the past year to achieve the Trust's Strategic Equality Objectives and the steps taken to address the inequity experienced by our staff and service users to help us be more inclusive of all who come into contact with the Trust.

Our Strategic Equality Objectives

- Design Equitable Services
- Lead by Example
- Be an Employer of Choice
- Create Allyship

Growing our People Networks



We have continued to develop our People Networks to offer support to our colleagues with a protected characteristic. Our People Networks are open to all colleagues, including allies. They offer a safe space for colleagues to share their experiences without judgement. Our members also help to attend and promote key events within the workplace and out in our communities to help raise awareness of the challenges that people with a protected characteristic may face in their everyday life.

A snapshot of each of our People Networks can be found on the following pages.

LGBTQ+ People Network

96

Members

This number has remained relatively static, and more work can be done to try and increase membership. The Network is primarily led by the Network Chair.

**Bronze
Award**

With the support of the Network, the Trust was awarded a Bronze Employer Stonewall Award in May 2024 and has climbed over 100 spaces in the UK Workplace Equality Index to rank 118th out of 246 organisations. The Trust will continue to seek partnerships with organisations who can help us to drive improvements for our LGBTQ+ communities.



Celebrating Pride

During 2024 the Network supported the Trust to attend multiple Pride events across Wales, including Aberystwyth, Swansea, Cardiff and Wrexham. These events provided an opportunity for LGBTQ+ staff and volunteers to celebrate their diversity with pride whilst also engaging with the community to seek feedback about LGBTQ+ experiences and expectations of using our services.

The Network continues to be an active member of the National Ambulance LGBT+ Network which meets quarterly.

Chairs of LGBTQ+ Networks across NHS Wales also met this year to discuss more collaboration on joint initiatives to improve the experiences of LGBTQ+ people.



Rhwydwaith
LGBTQ+
Network



BEAM People Network

Established in July 2024

6 Members

- ❖ Participated in Race Equality Week Five Day Challenge in February 2025.
- ❖ Attended Big Halal Expo in Cardiff in February 2025 which attracted over 3000 attendees.
- ❖ Held first Iftar event in WAST in March 2025 to raise awareness and celebrate Ramadan with Muslim and non-Muslim colleagues.
- ❖ Trust membership established with Race Equality Matters.
- ❖ Regular monthly network meetings.
- ❖ Network members on the interview panel at the Trust's annual graduate paramedic recruitment event to help bring more diversity to the recruitment process.
- ❖ Networking with the National Ambulance Black Minority Ethnic Forum.



Carer Peer Support Network

NETWORK MEMBERSHIP

Network membership grew by **137%** during 2024

Rhwydwaith Gofalwyr

Carers Network

2023

2024



2024 CELEBRATION EVENTS

April 2024 Raising awareness of the Carers Leave Act 2023

June 2024 Carers Network celebrated its 1st anniversary

November 2024 Carer Confident Level 1 Award

NETWORK ACTIVITY

March

WEBINAR

Promoting Carers Rights and the Carers Leave Act 2023

April

CELEBRATION EVENT

Carers Wales, Carers Leave Act celebration in the Senedd

September

PEOPLE NETWORKS

New look page developed on Siren

November

CARERS RIGHTS DAY

Learning session with Carers Wales

BITEZISE LEARNING VIDEOS

- Support at Home
- Introduction to Caring
- Carers Active April Campaign
- Personal Independence Payment (PIP)
- Carers Needs Assessment
- Carers Passport

NETWORK INVITED TO FEEDBACK ON

- Draft EQIA Policy
- Track the Act
- Uniform Survey
- Refusal to treat

Purple Space Disability Network



Nothing About Us
Without Us

Network Growth
200%



Network Collaboration

Disability History Month
Events

Raising Awareness of
Neurodiversity

Listening Circle Launch

- Support from Purple Space to explore network identity, objectives and inclusion
- Members agreed branding of the network to promote unity and visibility across the Trust
- Created safe spaces for colleagues to share experiences and concerns
- Focused sessions on neurodiversity lived experiences of colleagues
- Partnership working with Wales Council for Deaf to host Deaf awareness sessions

Women's People Network



105 Members

New Sub-group established to focus on matters affecting women in the workplace:



**Imposter Syndrome
Career Progression
Baby Loss Awareness**

Series of Women's Health Information Sessions delivered throughout the year focussing on:



**Menopause
Endometriosis
Vaginal Health**

Network Member appointed as the Trust Rep on the **National Uniform User Steering Group** to help drive forward improvements to women's uniforms



WAST Voices Network



2024 –2025

99 WAST VOICES ADVOCATES



WAST VOICES IS AN INCLUSIVE COMMUNITY THAT EMBRACES SURVIVOR LEADERSHIP, INCLUSION AND CULTURAL GROWTH

EVERYONE HAS A VOICE!

THE NETWORK PROVIDES ACCESS TO SAFE LISTENING SPACES, DEVELOPMENT OPPORTUNITIES, MENTORING AND GUEST SPEAKER SESSIONS.

BOOK COMPETITION

Increasing understanding of equity, diversity and inclusion

CAMPAIGNS AND CO-PRODUCTION

Raise awareness, engage and drive action

EVENTS

Explore challenging topics, build connections and foster engagement

INFORMATION SHARING

Enhance knowledge to improve decision-making

4

BOOK COMPETITIONS
Engaging over 100 colleagues

8

CAMPAIGNS
Love-bombing, Domestic Violence, Sexual Safety, Ramadan, LGBTQ+

4

EVENTS
International Men's Day, Emotional Health, A&E Staff Engagement Roadshows



ENHANCING KNOWLEDGE

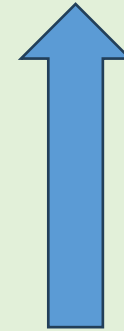
EDI Spotlight, Black History Month, Race Equality, Islamophobia, BSL, Older People, LGBTQ+ History Month, Allyship, Being an Active Bystander

Welsh Language and Culture



753 (17%)

Welsh Speaking Staff
(Level 3 and above)



Up **1%**
since the
previous
year



New Welsh Language Network

- Established in January 2025
- 18 Members
- Promote Welsh language and culture across the Trust
- Working in partnership with other NHS Wales Welsh Language Networks to represent the Trust at the National Eisteddfod in Wrexham 2025

Welsh Language Advisory group

- Increased links with EDI Steering Group to ensure that Welsh Language is treated the same as other protected characteristics within Wales
- Joint working with the Head of Inclusion and Engagement on inclusive initiatives
- Oversees the Welsh Language Standards Statutory Report

Growing our Culture Champions Network

The **Culture Champions Network** continues to lead by example, creating a **more inclusive workplace** where allyship and positive behaviours are part of everyday interactions. The network is helping to shape a workplace where equality, diversity, and inclusion are valued and actively promoted.

Culture Champions play a hands-on role in **driving cultural change** by encouraging open conversations about workplace culture, challenging negative behaviours, and supporting colleagues in creating a more respectful and welcoming environment. To strengthen their impact, champions are taking part in allyship training and other development opportunities, including the **Demystifying Culture workshop**. These sessions provide a space for important discussions what needs to change within our workplace culture and how champions can influence that change in their roles.

A **regular newsletter** for Culture Champions also focuses on key cultural issues, with recent editions providing a **spotlight on Civility in Healthcare, Equity, Diversity and Inclusion and Speaking Up Safely**. These newsletters have been well received and are now shared with senior leaders and non-executive directors. By learning and developing together, our Culture Champions build confidence to have important conversations and act as a positive, supportive network.

Leadership and Culture

Developing Inclusive Leadership and Management

We have been developing a new Leadership and Management Behaviours and Development Framework (Our WAST Way) to improve workplace culture at WAST. Launching in Spring 2025, this framework defines the leadership behaviours needed to create a more compassionate, inclusive, and collaborative workplace. It is based on evidence from the NHS and other sectors, demonstrating that this type of leadership leads to better outcomes for staff, teams, and patients.

The framework reflects the changing expectations of leaders in public service, including ethical and legislative responsibilities to promote a positive and inclusive culture. Engagement in the development of this framework included input from over 350 leaders and managers, to ensure it aligns with staff needs.

Management Essentials

Work has been underway on the development of Management Essentials. This programme provides managers with the skills, knowledge, and behaviours needed to lead effectively and inclusively. It offers:

- Clear expectations of a manager's role, focusing on both what they do and how they do it.
- Access to policies and guidance to ensure fair and consistent people management.
- On-demand resources to support managers in handling sensitive conversations, addressing inappropriate behaviour, and encouraging staff to speak up.
- Workshops and training to build confidence in leadership, allyship, and building an inclusive culture.

This programme will help to improve employee experience, engagement, and inclusion, supporting managers in creating a workplace where all staff feel valued and empowered.

Leadership and Culture

Leadership Symposiums – Driving Cultural Change

Twice yearly, we bring around 150 senior leaders together to discuss key leadership and cultural issues. Recent symposiums have focused on compassionate leadership, psychological safety, and speaking truth to power.

These discussions help leaders shape a culture where staff feel safe, supported, and heard. These symposiums are vital in embedding inclusive leadership and allyship, ensuring that our senior leaders are actively role-modelling the behaviours we need to improve our workplace culture.

Executive Leadership Team (ELT) 360-Degree Feedback

In 2024, our Executive Leadership Team (ELT) undertook a 360-degree feedback process, gathering insights from senior leaders, trade union partners, and external stakeholders. This has increased awareness of the impact of leadership and the importance of role-modelling a compassionate, inclusive, and collaborative approach.

The process is also helping to strengthen relationships across leadership levels and with Trade Union Partners (TUPs). Feedback and development sessions have been held jointly, building trust, collaboration, and shared decision-making. A key outcome has been closer engagement with TUPs, reinforcing more inclusive and effective leadership across the organisation.

Leadership and Culture

Strengthening Social Partnership

Over the past year, we have strengthened our partnership with TUPs, working together to improve staff engagement and workplace culture. Progress includes:

- Early engagement with TUPs on policy development and service design, ensuring staff voices shape key decisions.
- Reflective practice in meetings, improving trust, respect, and collaboration.
- The 'Walking in Each Other's Shoes' development programme, enhancing understanding between managers and Trade Unions.
- Proactive partnership working, ensuring managers engage with TUPs before major changes.

There is now more focus on open dialogue and TUPs and leaders, and this is helping to build a more inclusive and accountable leadership culture. While differences remain, there is now a greater focus on shared purpose, improving outcomes for staff, patients, and communities.



Ambulance Leadership Forum 2025

In March 2025 the prestigious Ambulance Leadership Forum (ALF) took place, hosted by the Association of Ambulance Chief Executives (AACE). As a highly respected annual conference, ALF brings together key stakeholders—including managers, leaders, policymakers, academics, and partners—who are committed to advancing the UK ambulance sector.

As Chair of AACE, our CEO, Jason Killens, had the honour of hosting this esteemed event, which included presenting the Outstanding Service Awards. These awards recognise exceptional contributions within the sector, and we were proud to celebrate three colleagues from Team WAST who received this prestigious recognition:

Jonathan Davies, Locality Manager – Outstanding Welfare and Wellbeing Champion

Tamara Williams, Health Board Clinical Lead – Outstanding Contribution to Cultural Improvement

Kayleigh Wheeler, Operations Manager Ambulance Care – Excellence in the field of Diversity

In addition to these accolades, several of our colleagues were invited to present on key topics throughout the event, further showcasing the Trust's leadership and expertise.



Supporting and Developing our Workforce

Supporting our Workforce's Health and Wellbeing

Our Occupational Health and Wellbeing Team have developed a new Health and Wellbeing Plan for our workforce alongside a revised Occupational Health Policy and an Occupational Immunisation and Screening Policy.

Part of this work has seen the introduction of a Health Surveillance Programme, and a new digital tool to increase accessibility for our staff and line managers to support services. We have also launched a new health diagnostic tool to provide health checks for staff aged 45 and over.

Improving the Personal Appraisal and Development Review (PADR) Process

We are reviewing the PADR process to ensure it reflects our commitment to a compassionate, inclusive, and collaborative workplace. Rather than being a tick-box exercise, PADRs will focus more on meaningful development conversations. This year, we have been gathering feedback from staff, managers, and best practices across the sector, with further insights being collected from our Culture Champions network. Changes will be implemented in Autumn 2025, ensuring the process is fair, engaging, and supportive for all staff.

Team Cultural Reviews

In 2024, we conducted cultural reviews in three services. These reviews ensure staff voices are heard and help to drive meaningful change by:

- Giving staff a voice in shaping workplace culture.
- Addressing concerns raised by staff and trade unions to create a fairer work environment.
- Embedding transparency and continuous improvement into leadership decisions.
- Encouraging allyship and collaboration, strengthening relationships between teams.

Sexual Safety

Building on our campaign to promote sexual safety within the Trust we have developed a multi-level training plan designed to target different staff groups to raise awareness and eliminate sexual harassment within the Trust.

Level 1	The first level of training targets staff of all levels. The EDI Team have worked with our WAST Voices Network, TUs, and our People Services Team to co-design a bespoke sexual safety awareness session which will be rolled out to all staff from April 2025 onwards.
Level 2	Building upon the general awareness training, a more detailed session targeted at line managers has been developed and will be targeted to managers within key operational areas where sexual safety concerns have been raised from April 2025 onwards.
Level 3	Specialist training for People Services Team, TUPs, Safeguarding and other key members of staff whose role may involve investigation of sexual safety concerns in the workplace. This session will be delivered by NWSSP's Legal and Risk Team who developed the training in partnership with the AACE Sexual Safety Lead.
Level 4	Specialist training delivered by external experts in the sexual harassment field at internal development days.
Level 5	Sharing and learning from best practice at national conferences and events. Within the past six months, the Trust's Sexual Safety Lead has worked alongside the UK Ambulance Sector Sexual Safety Lead to develop and deliver a series of workshops and webinars to staff across the UK.

Sexual Safety

Examples of the specialist training provided to our workforce in 2024-2025:

- ✓ London Metropolitan University Session on 'The Impact of Pornography', Dr Fiona Vera-Gray
- ✓ Julie Stone, Ethics Consultant, 'Professional Boundaries' session delivered at the Operational Development Day
- ✓ Support for those involved with complex cases (Catherine Goodwin, WAST)
- ✓ Sexual Safety & Safeguarding (Raynor Griffiths, NMC)
- ✓ The Rise of Extreme Misogyny & Incel Activity (Gemma Howlett, University of Cumbria)
- ✓ Preparing for the Worker Protection Act (Helen Badger, Browne Jacobson)
- ✓ The Role of the Regulator (Hugh Tregoning, HCPC)
- ✓ We need to talk about AI (Karen Chummun, NHS England)
- ✓ Sexual Safety & Neurodiversity (Hannah Bragg, SWAST)
- ✓ Empowering Voices: The experiences of Muslim Women (NHS Muslim Women's Network)

Sharing Best Practice

Dr Catherine Goodwin, Assistant Director of Inclusion, Culture and Wellbeing and Clinical Psychologist at WAST has worked with the AACE National Sexual Safety Lead to deliver the following sessions in 2024-2025:

- Workshop at the National Public Sector Leaders Sexual Safety Conference
- HPMA Webinar on Navigating the Complexities of Workplace Sexual Safety Cases and understanding the impact upon people professionals



Allyship and Active Bystander Training

Allyship and Active Bystander Training

The Trust continues to roll out its Allyship and Active Bystander Training to staff. This award-winning training intervention was developed in-house specifically to relate to staff working within the healthcare sector. The full-day programme aims to provide an in-depth awareness and learning to understand the challenges faced by people within minority and protected groups, and those who are vulnerable or are disadvantaged. Practical approaches to bystander intervention are promoted to staff to encourage more people to eliminate discriminatory behaviours and promote equity for all.



Colleagues rate this training
4.67 out of 5 stars

90% of
attendees
**learned a great
deal** or a lot

92% of
attendees **will use
what they have
learnt** in the
workplace **every
day** or often

100% of
attendees said
that the training
**met their
expectations**

100% of attendees
would **recommend the
training** to others

Allyship and Active Bystander Training

HPMA Cymru Award

The Trust won a HPMA Cymru Award 2024 for its Bystander to Upstander initiative, which was designed not only to raise awareness among staff of equality, diversity, and inclusion but give them practical tools to challenge discrimination and inappropriate behaviours.

"Creating a diverse and culturally aware workforce that demonstrates respect, empathy and understanding for others is a priority. And when everyone can bring their whole self to work, it helps us to deliver the best possible service to the people of Wales"

Angela Lewis,
Director of Culture Change

"By equipping staff not only with knowledge but the practical skills to safely intervene in a problematic situation, we're transforming from passive bystanders to pro-active upstanders."

Paola Spiteri, Retention Lead

It is one of many initiatives and programmatic changes introduced by the organisation in the last couple of years to promote a culture of inclusion.

More than 200 staff across the Trust have completed the Allyship and Active Bystander training since May 2023.



Advancing Equality, Eliminating Discrimination and Creating Allyship

Reasonable Adjustments Training

Our People Services Team continue to develop and roll out bitesize training for line managers and one of these focuses on reasonable adjustments in the workplace. This year, this session was digitalised and incorporated into the Our WAST Way programme to help us deliver this training to more line managers.



Listening to our BSL Service Users

The experience of a patient whose first language, BSL was captured through collaboration with their Llais advocate. The story highlighted communication barriers which continue to affect access to NHS services by those whose first language is not English. This story was presented to the All-Wales Digital Stories Network and at QuEST Committee. Work to improve our communication with BSL service users is underway and will form part of our plans to implement the All Wales Accessible Information and Communication Standards.



Advancing Equality, Eliminating Discrimination and Creating Allyship

International Women's Day

The Trust celebrated International Women's Day 2024, celebrating the social, economic, cultural, and political achievements of women. The day also marks a call to action for accelerating women's equality.

"International Women's Day is a fantastic opportunity to celebrate the contribution of women across our organisation, whether as employees or volunteers. "So many women juggle more than one role, as workers, breadwinners, partners, parents, caregivers, and much more besides. "This is our opportunity to thank them for everything they do, in and outside of work and to wish all women a very happy, safe and peaceful International Women's Day."

Estelle Hitchon, Director of Partnerships and Engagement

Supporting People with IBD

As part of our commitment to supporting colleagues with disabilities and long-term health conditions, the Trust's Purple Space Disability Network is collaborating with Crohn's and Colitis UK to deliver awareness sessions on inflammatory bowel disease (IBD). This will provide valuable insights into living and working with conditions such as Crohn's disease and ulcerative colitis. By raising awareness, we aim to improve workplace support, promote open conversations, and ensure that staff affected by IBD feel heard and supported in their roles. Additionally, this awareness is crucial for our frontline staff, as it enhances understanding of the challenges faced by patients with IBD. Many individuals with Crohn's or colitis may experience urgent medical needs, and hidden symptoms.

Citizen Voice - People & Community Network

103 Network members

This is a multi-stakeholder network to support the collective development, awareness and promotion of positive service user experience, accessibility and inclusion within our services.

Plans have been made to grow the Network with a focus on:

- **age**
- **geographic location**
- **diversity, equity and inclusion**
- **Welsh language**

An action plan has been drafted to include engaging with young people in formal and informal education and using population health data to highlight key geographic areas across Wales.

People & Community Voice Group

In recent months the group undertook an annual effectiveness review to ensure a clear vision of reflection, learning and improvement to capture the Trust's aim of meaningful engagement as set out by the Trust's strategic goals.

Feedback from one of our Network members:

"If the Service really wants volunteer 'advisers', it has to be a two-way relationship and not just a title."

After an open, discussion with the group, it became clear that more needs to be done for these meetings to provide the most value for Network members and the Trust.

The Principles of Co-production

We will grow the Network and develop the People & Community Voice Group in accordance with the **five principles of co-production**, as defined by the Co-Production Network for Wales.



Community Involvement & Co-production

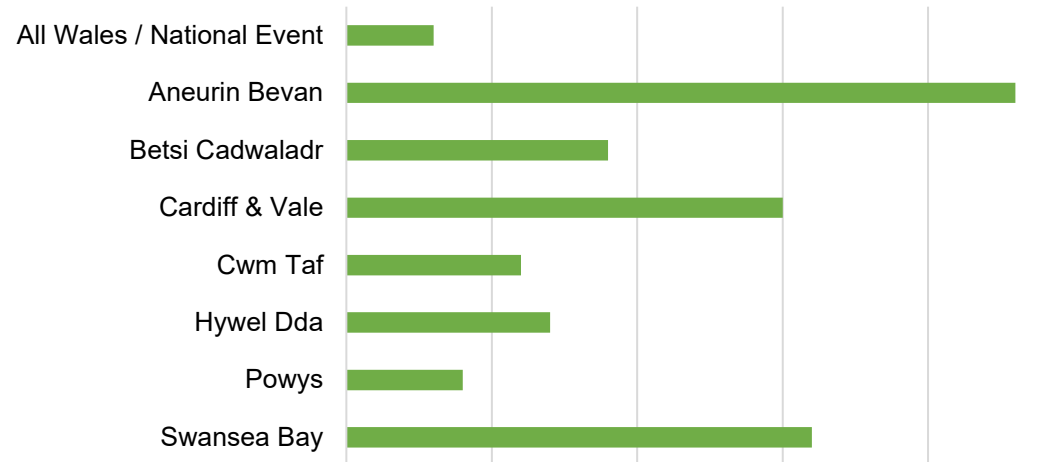
96

Face-to-face
engagement
opportunities
attended

5,641

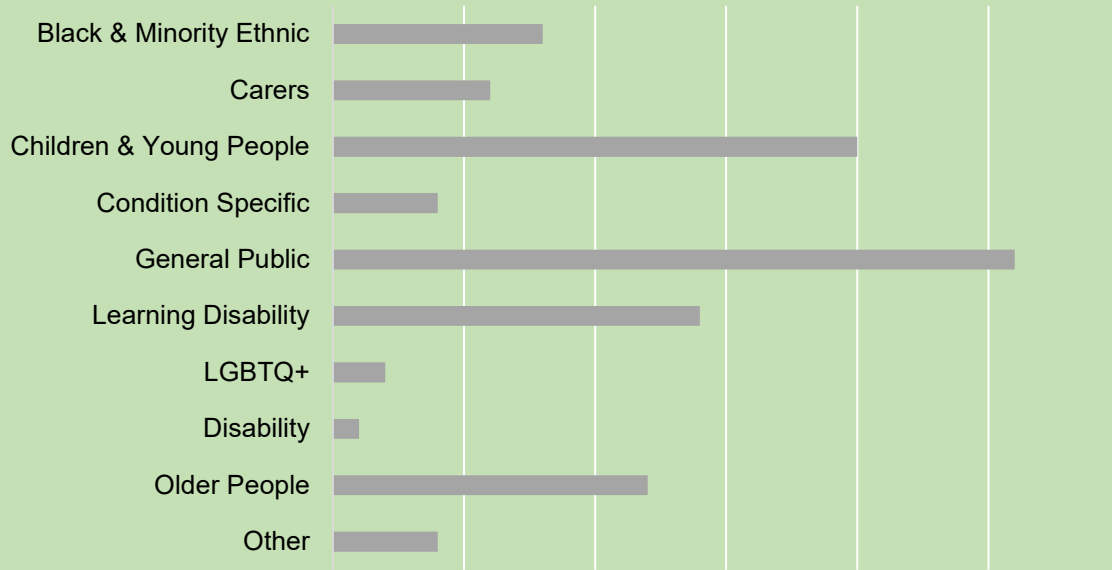
People engaged
with across Wales

The Patient Experience and Community Involvement (PECI) Team attended 96 face-to-face engagement opportunities across Wales, engaging with 5,641 people. They listened to people's experiences of using Trust services, captured public sentiment and asked people to tell us what matters most to them if they should ever need to use our services in the future.



We covered all Health Board areas across Wales, with an increased number in Betsi Cadwaladr and Hywel Dda, which have been areas where we needed to increase our reach. This was also highlighted as an action in the recent PECI Internal audit.

Community Involvement & Co-production



Experiences and feedback, captured through our engagement with communities continued to cover a large cross section of the population.

Targeted engagement with groups known to experience health inequalities, barriers to accessing health care and those who have poorer health outcomes continued. This ensure that the voices of the most vulnerable in society had an opportunity to share their views and experiences.



Support for Autistic, Learning Disability and Neurodiverse patients across Wales

Pain assessment for patients who are autistic and/or have a learning disability is a consistent theme from experience feedback. Patients have told the Trust that it is vitally important for staff to understand their individual needs when on-scene, and this year we have introduced a new function on our electronic patient clinical record (ePCR) system. The new 'Needs' tab prompts responders and clinicians to ask if a patient has a learning disability, is autistic, or is neurodiverse. These options then reconfigure ePCR pages with further prompts around accommodations and adjustments when taking observations. These new prompts focus on communication difficulties TEACH mnemonic, (Time, Environment, Attitude, Communication, Help) reminding responders of the adjustments and accommodations that communities have told us that we need to make. Responders can access additional supporting information relating to a patient, such as the Improvement Cymru Health Profile, and reveals additional prompts and tools for assessing pain.

We have continued to talk and work with people with a learning disability, carers, family and professionals, listening to experiences and how we can best support people. We have co-produced resources to help improve people's access and a Learning Disability 'Celebration Day' for the public, patients, carers and families in the Aneurin Bevan region was held in October 2024.

"This exciting development not only puts the themes of 15 years of patient experience data at the heart of front-line service delivery improvement but also enters WAST into a new era of data collection around communities, which can help begin to address the health inequalities they experience when accessing health services."

Matt James, PEGI Coordinator

NHS Wales Performance Framework

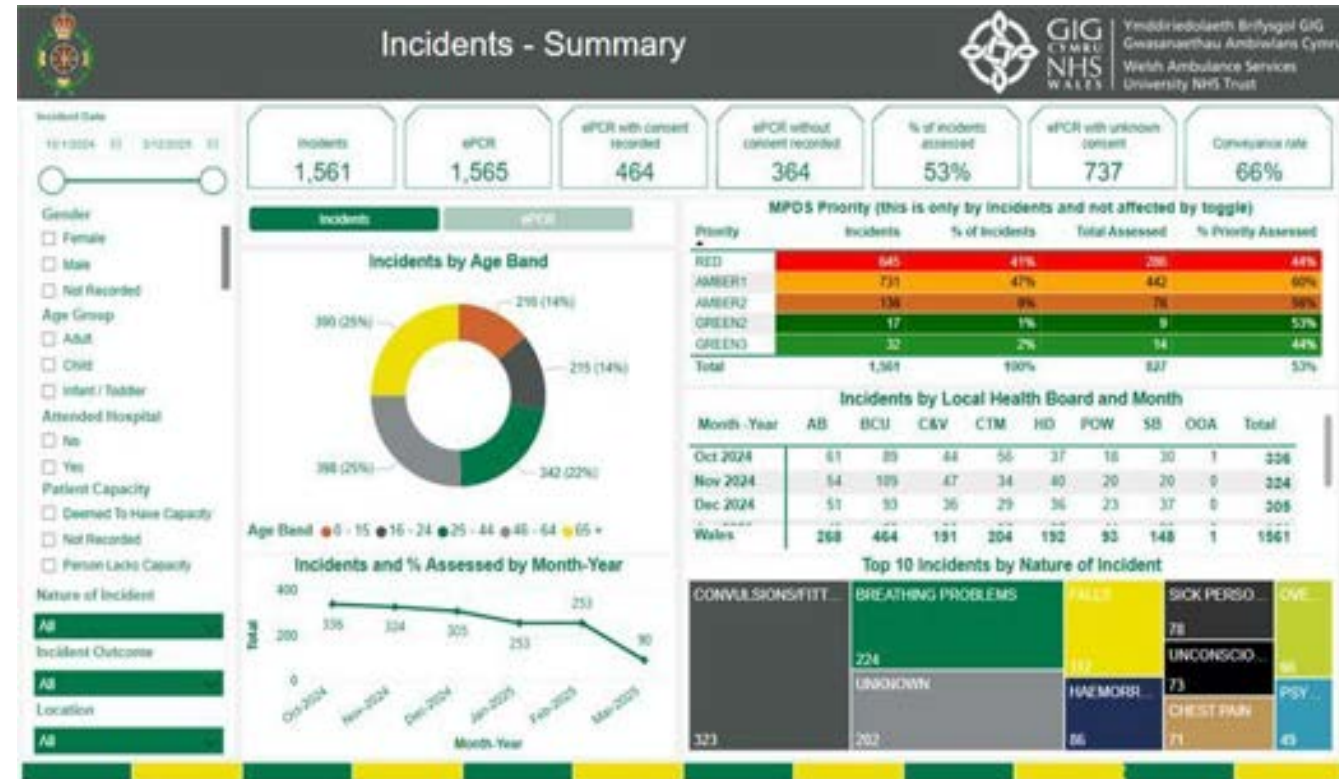
Performance Measure Learning Disabilities

Learning Disabilities Dashboard

The dashboard went live on 1st October 2024, and reports on data of a patients' additional need. The dashboard sorts data according to demographics (age range, gender) and other categories such as incident closure type and call prioritisation.

Between 1 October '24 – 31 March '25, there have been 1,696 ePCR records where an additional need has been recorded. Convulsions/fitting and breathing problems have been the top two nature of incidents recorded. This data is valuable in understanding the wider national picture of health amongst the learning disability population and the impact on patient experience.

Experience data has informed agreement from Welsh Government to reshape some resourcing to appoint an Advanced Clinical Practitioner for Learning Disability to inform and improve our service model for people with learning disabilities and complex needs.



Engaging with our Dementia Community

The Trust engaged with different dementia groups and communities across Wales, helping us to educate people about our dementia work. We offer familiarisation opportunities so people can come inside our vehicles and look around. This helps us to identify issues which people affected by dementia have when inside our environments. Feedback from dementia communities has led to the introduction of many improvements, including:

- A project in Ceredigion, co-designed by the local dementia community which has introduced pictures of areas of local beauty inside the vehicles, as well as genre specific music and activity booklets to support patients on ambulance transport.
- Using reminiscence therapy with people living with dementia to demonstrate a positive impact on patient experiences especially with patients who are distressed or agitated when in our care. There is evidence of improved transfers of care and opportunities to create meaningful relationships and moments using music and distraction for an improved patient experience.
- The development of a Patient Activity Toolkit, available to all staff, which will benefit anyone requiring distraction or occupation when in our care.

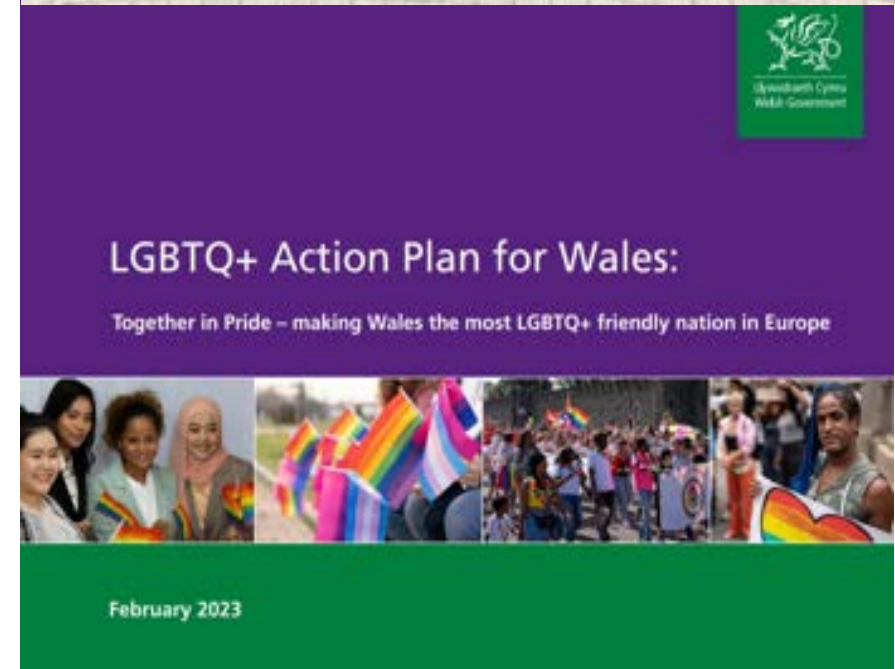


Engaging with our LGBTQ+ Communities

Over the past six months we have engaged with LGBTQ+ communities at various Pride events across Wales to seek feedback about LGBTQ+ experiences and expectations of using our services. This engagement supports Welsh Government's **LGBTQ+ Action Plan for Wales** vision to improve health outcomes for all LGBTQ+ people, specifically Action 5: *Involve LGBTQ+ communities in designing public services* and Action 18: *Understand and Improve experience of LGBTQ+ people in the health and social care sectors*.

As a result of this engagement, the Network Chair will work with the AACE National LGBT+ Network to update existing CPD resource around HIV & AIDS and develop a new Mental Health CPD resource to educate and help ambulance service staff provide better care to people living with HIV. To help with this, our LGBTQ+ Network Co-Chair has linked with Fast Track Cymru to run a workshop for WAST staff around HIV awareness, the ambition to end HIV transmission in Wales by 2030, and preventative medication such as PrEP and PEP and the U=U campaign.

In addition, LGBTQ+ History Month was celebrated within the Trust again this February with a series of local events across Wales promoted to staff alongside national online webinar events.



Engaging with our Ethnic Minority Communities



A central goal of the Welsh Government's [Anti-Racist Wales Action Plan](#) is reducing health inequalities experienced by Black, Asian and Minority Ethnic people and ensuring their voices are heard in shaping decisions about services. The PEGI Team continue to work closely with the Trust's Equity, Diversity and Inclusion Team to embed the actions of this plan across the Trust. Research data tells us that people from minority ethnic backgrounds and deprived

areas continue to face challenges such as accessing care late, experiencing longer waits and have worse health outcomes. The Trust has participated in the HEAR 1 and 2 research studies which focused on the use of interpretation services by asylum seekers and refugees in primary and emergency healthcare in Wales and now forms part of the British Medical Association (BMA) Refugee and asylum seeker patient health toolkit.

WAST Welcome Pack

We implemented an improvement project to reduce the number of steps to access the WAST welcome pack. The welcome pack has been promoted to communities at all relevant engagement events attended. We have also produced a new instruction leaflet to help people better understand how to access this new resource.



Helping to create an Anti-Racist Wales

Ramadan and Iftar Event

In March, the BEAM People Network hosted the Trust's first Iftar event at our headquarters in Newport. This event was well attended with representation from our Trust Board, including Non-Executive Directors, and provided an opportunity to learn about Ramadan and the breaking of the fast. Staff and volunteers were invited to share traditional food with our Muslim colleagues and watch prayers. The Secretary General for the Muslim Council of Wales also attended and delivered a talk about Ramadan. Attendees were appreciative of the event and commented on how much they learned about Muslim culture which will help us create allyship and a better understand the needs of our Muslim colleagues and service users.

Mela Event

We have continued to engage with minority ethnic communities across Wales by attending several events, including Cardiff Mela, Wales's biggest multicultural celebration. We spoke to people about what matters most to them when using ambulance services. People told us that having information available in their own language is vital, especially in a healthcare emergency. People also said that NHS services understanding the different cultural needs of communities is central to improving overall experiences.

Big Halal Expo

In February, the Trust attended the Big Halal Expo event in Cardiff to engage with Muslim communities. This event saw approximately 3000 visitors throughout the day where staff worked with children to practice CPR skills, listened to service user experiences, and promoted volunteering and recruitment opportunities within the Trust.



Helping to create an Anti-Racist Wales

NHS Muslim Women's Network

The Trust has welcomed members of the NHS Muslim Women's Network into WAST to share their experiences of bias and discrimination. Two of these network members work within other Ambulance Trusts and were able to connect with our workforce to help them understand the impact of institutional racism. To build upon this work and to help us attract a more ethnic diverse workforce and support existing Black, Asian and Minority Ethnic staff in the workplace, we have made links with the NHS Shuri Network, an NHS and care network of women from minority ethnic groups in digital health who are challenging the system to take action and supporting women from ethnic minorities to succeed in their careers.



Maternity Skin Tone Initiative



Our Midwife Local Safety Champion has arranged black skin tone simulation mannequins to enhance training for childbirth. This includes a birth simulator mannequin, neonatal mannequins, adult CPR mannequins, a suture kit and IV arm. Our Public Health Registrar has analysed population data to identify areas with high numbers of ethnic minority emergency care births and as a result, these mannequins will be added to our training suites in Swansea, Cardiff and Newport. The training resources will also be loaned out to other areas to ensure that all staff have an opportunity to train with black skin tone simulation mannequins.

Workforce Diversity Report 2024-2025

We are pleased to see some improvements to our overall workforce diversity with small increases the number of ethnic minority staff, staff with a disability and those who are LGBTQ+.

This year, we have reviewed our Recruitment and Selection Policy which includes detailed guidance on eliminating unconscious bias throughout the recruitment process to help us improve our workforce diversity. The policy also encourages diverse interview panels and positive action.

We have also accepted the recommendations outlined in the Workforce Race Equality Standard Report for 2024 which has helped us to focus our efforts on increasing support for our Black, Asian and Minority Ethnic colleagues and those who wish to join the Trust.

A full copy of our workforce diversity report can be found in the appendices.

“ Staff from Black Asian and Minority Ethnic backgrounds increased from 1.36% to 1.63% ”

“ Staff with a disability increased from 6.75% to 7.94% ”

“ Staff who identify as LGB+ increased from 5.6% to 5.72% ”

“ Women increased from 50% to 50.5% ”

Workforce Race Equality Standard Report 2024

In June 2024, NHS Wales published its first Workforce Race Equality Standard (WRES) Report which analysed data from the NHS Staff Survey, the Electronic Staff Record System, and disciplinary cases.

The data highlights areas within the Trust which require attention. The following recommendations ask us to focus on three key areas where Black, Asian and Minority Ethnic colleagues are being disproportionately impacted in comparison to White colleagues

- 1. Low levels of Black, Asian and Minority Ethnic Staff recruitment into WAST**
- 2. Likelihood of staff being appointed after shortlisting**
- 3. Likelihood of staff being put through disciplinary process**

In response to the report findings, we have implemented the following actions:

- Undertaken a review of a number of workforce policies through an anti-racist lens. These have included:
 - Recruitment and Selection Policy
 - All Wales Disciplinary Policy
 - Flexible Working Policy
- Implemented an Inclusive Recruitment initiative within our Digital Team.
- Appointed three Investigating Officers who will assess the need for disciplinary action involving Black, Asian and Minority Ethnic colleagues.
- Developed and delivered people development initiatives to raise awareness of the discrimination and to encourage more inclusive workplace cultures.

Workforce Diversity

Digital Team Inclusive Recruitment

To address the lack of ethnic diversity within our workforce following the findings of the WRES Report, we have implemented an initiative within our Digital Team. We reached out to ethnically diverse communities to help target our recruitment promotion. The wording on job advertisements was amended and we strategically promoted the vacancies on various platforms to reach more diverse applicants. For the purposes of the data below, we have used the acronym BAME to denote Black, Asian and Minority Ethnic applicants.

3 x Unconscious Bias Training Sessions delivered to 6 Recruiting Managers covering the following:

- Setting the scene – a summary of WAST workforce diversity
- Unconscious bias and how it affects recruitment
- Group discussion – identifying personal unconscious bias and recognising the challenges and barriers that applicants may face
- Diverse interview panels
- Further advice and support

2 x workshops for BAME applicants

- Meet the Team
- TRAC Recruitment Process
- Q&A

19
Vacancies

131
Interviews
held
57 (43.5%)
BAME
applicants

1 Workshop **attendee** successfully **appointed** to a vacancy within our **Estates Team**

1270
Applications
received

1005 (79%) from
BAME applicants

19 Offers
made
5 (26%) to
BAME
applicants

Workforce Diversity

Our efforts to improve ethnic workforce diversity in the Digital Team Inclusive Recruitment Initiative also had a positive impact upon applicants with other protected characteristics:

Disability

89 (7%) Applicants with a disability

9 (7%) Interviewed

4 (21%) Positions offered

Welsh Speakers

44 (3.5%) Welsh speaking applicants

8 (6%) Interviewed

2 (10.5%) Positions offered

LGBTQ+

40 (3%) LGBTQ+ applicants

7 (5%) Interviewed

1 (5%) Positions offered

Next Steps

- Continue to encourage compassionate leadership principles and introduce cultural interventions to encourage a more inclusive workplace
- Roll out unconscious bias training to recruitment managers and offer support to diverse applicants who may be disadvantaged
- Work with Swansea University to offer support to graduate paramedic students with a protected characteristic at our annual recruitment event
- Explore options to introduce an internal gateway review of disciplinary cases
- Provide support for women and other minority groups to progress into senior management roles

Gender Pay Gap 2024-2025

We are pleased to see our gender pay gap decrease slightly over the past year to **5.3%**.

In comparison to other UK Ambulance Trusts, the Welsh Ambulance Service is performing well. However, we recognise that our gender pay gap is still mainly caused by a disproportionate number of men within our most senior roles, and a disproportionate ratio of female-male employees working part-time contracted hours.

We will continue to support our female colleagues in the workplace to seek career progression opportunities. In the coming months, we will support our female operational leaders to participate in a national scheme for aspiring operational directors to encourage a more equal representation of female directors in the future. We are also introducing a number of senior professional roles within our clinical teams which we hope will attract more female applicants.

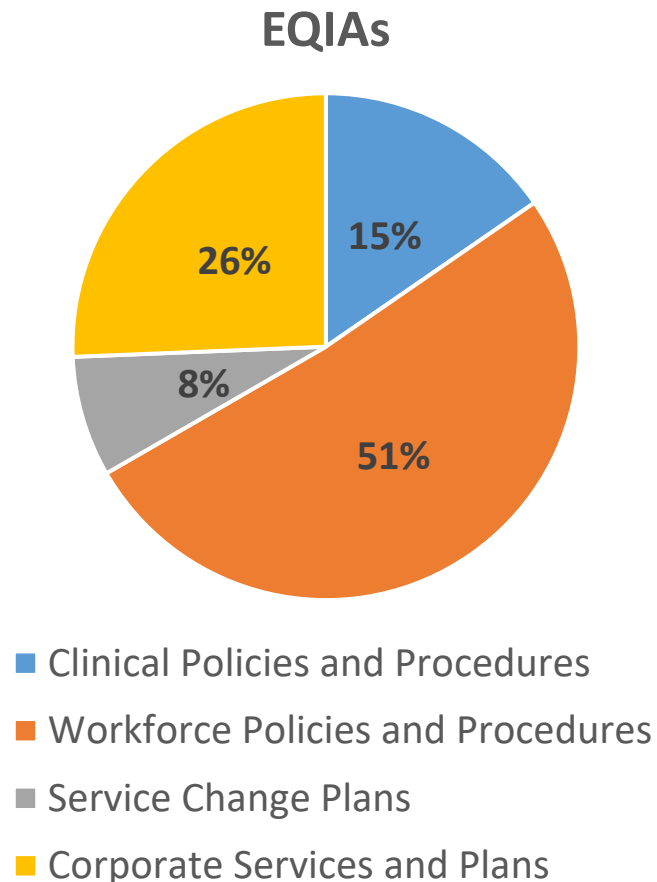


Down
from 5.6 to
5.3%



Equality Impact Assessments EQIA

Within 2024-2025 the Trust has completed 39 equality impact assessments



EQIAs which were of particular relevance to our SEP objectives included:

- **Integrated Medium Term Plan** – ensures that EDI is embedded in everything that we do and we will attempt to increase equity and fairness for all and eliminate discrimination.
- **Clinical Model Transformation Plan** – helps us to plan future services which meet the needs of individuals and supports the Wellbeing of Future Generations Goals.
- **Digital Plan** – focus on digital poverty and digital literacy, particularly amongst our ageing population.
- **Welsh Language Policy** – ensures that we continue to increase our capacity to deliver services through the medium of Welsh and that we treat Welsh no less favourably than English.
- **Violence Against Women, Domestic Abuse and Sexual Violence Policy** – aims to support women who are vulnerable and eliminate discrimination.
- **Recruitment and Selection Policy** – encourages an inclusive approach to fair and unbiased approach to recruitment to improve workforce diversity.

Governance and Scrutiny

New Director of Culture Change

We have increased capacity in the leadership of our People and Culture Directorate by splitting our Director of People and Culture role into two separate posts – A Director of People Service and a Director of Culture Change. Angela Lewis, who held the former combined director role has been appointed as our new Director of Culture Change. This change in role allows for more prioritisation on equity, diversity and inclusion and we now have additional focus and resource at executive level which ensures that equity, diversity and inclusion is threaded through all of our committee meetings and at Trust Board.

Raising the profile of initiatives at an executive level has enabled the Board members to fully embrace their key responsibilities and achieve their personal equity, diversity and inclusion objectives and we are seeing an increase in the involvement of all Board members in supporting events, such as our Iftar event and Pride parades. Promoting our channels for speaking up safely and creating psychological safety remains a priority for the Trust and as a result, themes around equity, diversity and inclusion have been identified and reported to the Non-Executive Directors and the Chief Executive Officer regularly via the Director of Culture feedback reports. Spotlights on culture are also being held during our Executive Leadership Team meetings which have a focus on the equity, diversity and inclusion themes identified.

Equity, Diversity and Inclusion Steering Group

We have strengthened our Equity, Diversity and Inclusion Steering Group throughout the year with the appointment of a new Chair, Angela Lewis, Director of Culture Change and Executive Equity, Diversity and Inclusion Champion. This group has been formalised to improve scrutiny and provide assurance by reporting routes into the Executive Leadership Team and People and Culture Committee. The group consists of stakeholders to represent each directorate and the Board.

The Chair has taken an active role in motivating our networks and encouraging their development. After meeting with each of the networks, the Chair has been instrumental in raising the profile of our people networks at Board level which has seen an increase in attendance at network events and recognition for the awareness raising and support that they provide to staff.



Looking Ahead to 2025-2026

To build upon the work already undertaken we have developed our Equity, Diversity and Inclusion Steering Group which will oversee action plans across the Trust which include many actions to help us achieve our Strategic Equality Plan Objectives. Next year we will focus upon the following areas:

- Our sponsors will support our Aspiring Board Member to learn and flourish within the health sector to encourage more representation on our Board from minority ethnic backgrounds.
- Review our current procedures for accessing timely and quality interpretation and translation services for service users who do not speak English. This will be conducted in line with the All Wales Accessible Information and Communication Standards.
- Monitor the implementation of the Clinical Model Transformation Programme to ensure that any changes to service delivery are accessible and improve the health and wellbeing of our service users.
- Provide staff with access to a suite of sexual safety training with a focus on specific topics such as sexism within social media to educate staff and prevent sexual harassment.
- Host the Health Zone at the Mastering Diversity Conference in Cardiff to showcase exemplary practice and leadership culture and to learn from best practice across Wales.



A copy of our Strategic Equality Plan 2024-2028 can be found here:

<https://ambulance.nhs.wales/about-us/treating-people-fairly-our-strategic-equality-plan-2020-2024/>

Looking Ahead to 2025-2026

- Undertake a workshop with staff who have completed the Allyship and Active Bystander training programme to assess the impact it has made upon their confidence to increase allyship to help eliminate discrimination and disadvantage.
- Adopt and roll out the Anti-racist Wales mandatory e-learning training module to help make it more meaningful for ambulance colleagues.
- Ensure that all line managers undertake the basic elements of Our WAST Way management and leadership training by completing the Regular Check-ins and Crucial Conversations training.
- Support and encourage diversity in the recruitment activity for large scale graduate paramedics and executive appointments and continue to offer supportive professional development opportunities to those in post.
- Work towards achieving Employer Carer Confident Level 2 and support unpaid carers by implementing developing a Carer's Policy and flexible working solutions.
- Introduce a disability passport scheme for staff within a disability to help implement appropriate reasonable adjustments in the workplace.



Please contact a member of the team to learn more about our Equity, Diversity and Inclusion Action Plan for 2025-2026:

AMB_Inclusion@wales.nhs.uk

Our Reflections

Reflecting on the progress made over the past year, we are confident that our Strategic Equality Plan Objectives are relevant to the challenges we face in providing emergency healthcare services to the population in Wales.

Building upon our People and Culture Plan objectives which focus on improving our workplace culture, capacity and capabilities, our Strategic Equality Objectives continue to be threaded through the Trust's strategic plans, including our IMTP, Quality Plan, Clinical Model Transformation Programme and our Wellbeing of Future Generation Wellbeing Objectives.

We will continue to ensure that equity, diversity and inclusion are at the heart of our plans to ensure that our services meet the needs of individual service users and are focused upon person-centred healthcare. We are pleased to see how far we have come as an organisation to create a fair and inclusive service for our service users, staff and stakeholders over the past year.



Contact Us

For further information on our Strategic Equality Plan and how we are meeting our objectives, please contact the Team by emailing

AMB_Inclusion@wales.nhs.uk



GIG
CYMRU
NHS
WALES

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

Strategic Equality Plan Annual Report
2024-2025



GIG
CYMRU
NHS
WALES

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

Gender Pay Gap Report 2024–2025



Take
ownership



Broaden our
understanding



Respect
others



Show belief
in each other



Practice
ethically



Continually
improve
our service



Be inclusive
of the
whole team

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Introduction

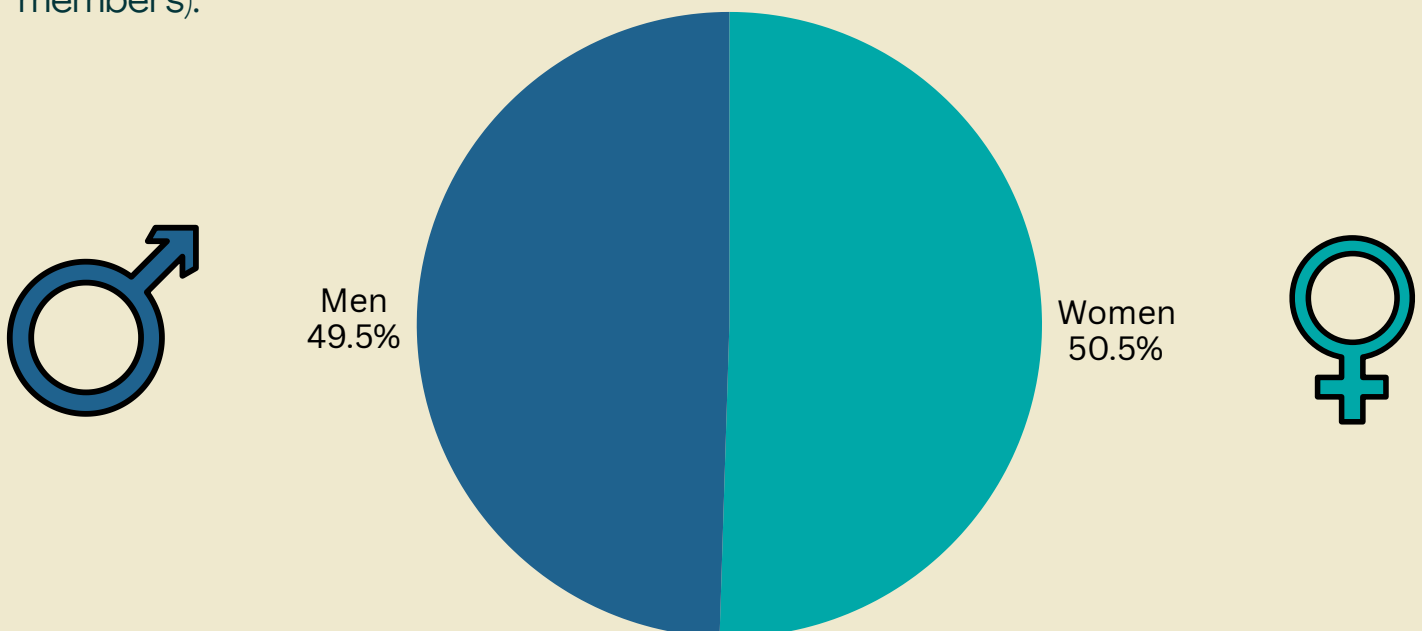
The gender pay gap reporting requirements are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. As an organisation that employs more than 250 people the Welsh Ambulance Services University NHS Trust must publish and report specific information about our gender pay gap both on our own website and the Government's website.

It is important to recognise and understand that the gender pay gap differs from equal pay. Equal pay means that men and women in the same employment performing 'equal work' must receive 'equal pay', as set out in the Equality Act 2010. It is unlawful to pay people unequally because of their gender. The NHS Agenda for Change job evaluation process evaluates the job and not the post holder. This job evaluation process looks at the job without any reference to gender or any other protected characteristic so equal pay is assured.

The gender pay gap is the difference between the average earnings of men and women across an organisation.

This data is provided as an annual snapshot of the gender pay gap between 1st April 2024 and 31st March 2025.

On the 31st March 2025, the Welsh Ambulance Service employed 2417 women and 2372 men, therefore approximately 50.5% of the workforce were female and 49.5% were male. (This figure is inclusive of our substantive and bank staff members).



Snapshot data as of 31 March 2025

Women's mean hourly rate is 5.3% lower than men's. On average, women are paid an hourly rate of £19.92 in comparison to men who are paid £21.04.

In other words when comparing mean hourly rates, women get paid 94.7p for every £1 that men get paid.

Women's median hourly rate is 3.9% lower than men's. The median hourly rate of pay for women is £18.63 in comparison to men which is £19.38

In other words when comparing median hourly rates, women get paid 96.10p for every £1 that men get paid.

No bonus payments were made therefore there is no mean or median bonus gender pay gap to report on bonus payments.



About mean and median

The mean hourly rate is the average hourly wage across the entire organisation, so the mean gender pay gap is a measure of the difference between women's mean hourly wage and men's mean hourly wage.

The median hourly rate is calculated by ranking all employees from the highest paid to the lowest paid, and taking the hourly wage of the person in the middle; so, the median gender pay gap is the difference between women's median hourly wage and men's median hourly wage.

Quartile Data

Pay quartiles are calculated by splitting all employees in the organisation into four even groups according to their level of pay. Looking at the proportion of women in each quartile gives an indication of women's representation at different levels of the organisation.

Quartile 1:
Lower Quartile

52.21%	
47.79%	

52% of the Lower Quartile are Women

Quartile 2:
Lower Middle Quartile

55.34%	
44.66%	

55% of the Lower Middle Quartile are Women

Quartile 3:
Upper Middle Quartile

49.82%	
50.18%	

50% of the Upper Middle Quartile are Women

Quartile 4:
Upper Quartile

43.09%	
56.91%	

43% of the Upper Quartile are Women

Working Patterns

This table shows the ratios of male to female employees split between those working part time and full time. There is an important difference in the part time/full time split for males and females supporting the hypothesis that more women choose part time roles, and this is likely to be a reflection of caregiving responsibilities.

Gender	Female	Male
Part time	756 (16%)	520 (11%)
Full Time	1654 (35%)	1835 (38%)

This table demonstrates the ratio of male to female across the different pay bands in the organisation. In general, our differences across the pay bands are relatively small in terms of percentage. With the exception of bands 3, 4, 6 and 8B, we have more men in each other pay band which is indicative of the gender pay gap across the Trust, particularly within our higher paid bands.

Pay Band	Female	Male
Other	0.23%	0.29%
Band 2	0.90%	1.22%
Band 3	15.25%	11.93%
Band 4	4.17%	1.99%
Band 5	11.17%	12.38%
Band 6	12.75%	12.32%
Band 7	4.29%	5.68%
Band 8a	1.35%	1.85%
Band 8b	0.59%	0.56%
Band 8c	0.32%	0.38%
Band 8d	0.18%	0.20%

Trend over time

When comparing the annual data over time, there is little fluctuation amongst the gender pay gap. We continue to work smarter to understand what is causing this gap and consider what we can do to reduce and eventually eliminate this gap in the future.

	Womens mean hourly rate as % lower than men's.	Women's mean hourly rate for every £1 that men get paid.	Women's median hourly rate as % lower than men's.	Women's median hourly rate for every £1 men get paid.
2017-2018	5.3%	95p	11.2%	89p
2018-2019	4.7%	95p	8.9%	91p
2019-2020	5.5%	94p	9.9%	90p
2020-2021	5.2%	95p	7.94%	92p
2021-2022	6.7%	93p	7.29%	93p
2022-2023	5.4%	95p	6.3%	94p
2023-2024	5.6%	95p	6.0%	93p
2024-2025	5.3%	95p	3.9%	96p

Conclusion

When developing initiatives, it is essential to remember that we are many things and have different individual experiences. For example, women from ethnic minorities, women with a disability, and gay or trans women will have very different experiences. We need to be conscious of these unique experiences and intersectionality.

We continue the journey of improvement. We need to continue to embed our actions to improve the gender pay gap, promoting culture change and encouraging better employee experience across the Trust. Objectives have been set within our Strategic Equality Plan for 2024-2028 to ensure that we continue to work towards closing the gender pay gap.

**Only together may we begin to peel
back the layers of inequalities**



Make WAST a truly inclusive organisation



GIG
CYMRU
NHS
WALES

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

WORKFORCE EQUALITY MONITORING REPORT 2024-2025



Take
ownership



Broaden our
understanding



Respect
others



Show belief
in each other



Practice
ethically



Continually
improve
our service



Be inclusive
of the
whole team

Table of Contents



Introduction



Background



Equality data of current
workforce



Equality data of people who
have joined and left the Trust



Introduction

We are pleased to present the Welsh Ambulance University NHS Services Trust's Workforce Equality Monitoring Report for 2024-2025

This report provides equality monitoring data in line with the requirements of the Equality Act 2010 and the Public Sector Equality Duty.



Background

The Equality Act 2010 and Public Sector Equality Duty require all public bodies to produce an annual report by 31st March each year. Public bodies should demonstrate in their annual reports to what extent they have been able to meet the three main objectives of the Duty. These are:

- To eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- To advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- To foster good relations between people who share a protected characteristic and people who do not share it.

The annual report also provides public bodies with the opportunity to:

- Monitor and review progress;
- Monitor and review the effectiveness and appropriateness of arrangements;
- Review objectives and processes in light of new legislation and other new developments;
- Engage with stakeholders around these issues, providing partners and the public with transparency.

Welsh Ambulance Service University NHS Trust has published its Strategic Equality Plan Annual Report which outlines our achievements and the progress made towards meeting the objectives of the Public Sector Equality Duty. This report can be found on our website.

This report provides information on our workforce data. This allows us to look at the diversity of our workforce which can be used to identify gaps and areas for improvement. We recognise that in order to fully understand and meet the needs of our service users, our workforce needs to be reflective of the population we serve.



EQUALITY DATA



The information in this report provides a breakdown of our workforce equality data in the following areas:

- Staff in post and their protected characteristics
- Working pattern broken down by sex
- Staff who have joined the Trust with a protected characteristic
- Staff who have left the Trust with a protected characteristic

It is important to note that the data included in this report uses the data stored in our electronic staff record system. It is entirely voluntary for individual members of staff to choose whether they wish to upload this data to their personal records. Upon analysis of the data held on our system, we know that there are many members of staff who have not provided personal data on the equality monitoring section of their staff records.

Data capture is an area that has been identified for improvement. The Trust acknowledges that it must do more to increase employee confidence in sharing this data, in providing assurance to staff on how the data will be used and ensuring confidentiality.

The data provided in this report is based on the total headcount of staff as at 31st March 2024 which was 4434. Please note that this figure does not include our bank members of staff.

EQUALITY DATA

“

Staff from Black Asian and Minority
Ethnic backgrounds increased from
1.36% to 1.63%

”

“

Women increased
from 50% to 50.5%

”

“

Staff with a disability
increased from
6.75% to 7.94%

”

“

Staff who identify as LGB+
increased from
5.6% to 5.72%

”

Please note: The ESR system currently does not have the data fields to allow for the collection of data on gender reassignment or gender identity. The Trust has requested that any new systems allow the collation of gender identity status. Plans are already underway nationally to replace the current ESR system

Banding and Contracts by Gender

Further information on gender can be found in our Gender Pay Gap report 2023–2024

Pay band	Female %	Male %
Band 2	0.90%	1.22%
Band 3	15.25%	11.93%
Band 4	4.17%	1.99%
Band 5	11.17%	12.38%
Band 6	12.75%	12.32%
Band 7	4.29%	5.68%
Band 8A	1.35%	1.85%
Band 8B	0.59%	0.56%
Band 8C	0.32%	0.38%
Band 8D	0.18%	0.20%
Other	0.23%	0.29%

Contact Type	Female %	Male %
Unspecified	0.00%	0.00%
Part Time	16%	11%
Full Time	35%	38%

Age

Age Band	Headcount	%	FTE
<=20 Years	45	1.01%	42.87
21-25	292	6.59%	283.54
26-30	480	10.83%	466.56
31-35	550	12.4%	513.38
36-40	530	11.95%	497.49
41-45	418	9.43%	392.43
46-50	526	11.86%	503.98
51-55	625	14.1%	592.92
56-60	546	12.31%	493.07
61-65	347	7.83%	277.22
66-70	62	1.4%	46.09
>=71 Years	13	0.29%	9.11
Grand Total	4434	100.00%	4118.7

Marital Status

Marital Status	Headcount	%	FTE
Civil Partnership	113	2.55	106.64
Divorced	279	6.29	251.2
Legally Separated	59	1.33	54.38
Married	2,042	46.05	1866.6
Single	1,588	35.81	1511.1
Unknown	276	6.22	257.9
Unspecified	46	1.04	44.01
Widowed	31	0.7	26.81
Grand Total	4434	100.00	4118.7

Religion and Belief

Religion and Belief	Headcount	%	FTE
Atheism	1120	25.26	1066.3
Buddhism	13	0.29	12.14
Christianity	1856	41.86	1706.7
Hinduism	0	0	0
Islam	12	0.27	12
Judaism	1	0.02	1.00
Sikhism	0	0	0
Not Disclosed	728	16.42	682.24
Other	509	11.48	478.63
Unspecified	195	4.4	159.63
Grand Total	4434	100.00	4118.7

Sexual Orientation

Sexual Orientation	Headcount	%	FTE
Bisexual	80	1.8	77.63
Gay or Lesbian	165	3.72	159.04
Heterosexual or Straight	3,623	81.71	3377.22
Not Disclosed	361	8.14	335.96
Other sexual orientation not listed	9	0.2	9
Undecided	8	0.18	7.3
Unspecified	188	4.24	152.52
Grand Total	4434	100.00	4118.7

Ethnicity

Ethnic Group	Headcount	%	FTE
A White – British	3,355	75.67%	3148.8
B White – Irish	27	0.61%	23.78
C White – Any other White background	64	1.44%	61.36
C2 White Northern Irish	2	0.05%	2
C3 White Unspecified	40	0.90%	35.12
CA White English	35	0.79%	31.08
CB White Scottish	1	0.02%	1
CC White Welsh	388	8.75%	347.09
CX White Mixed	1	0.02%	1
CY White Other European	4	0.09%	3.8
D Mixed – White & Black Caribbean	4	0.09%	4
E Mixed – White & Black African	3	0.07%	2.4
F Mixed – White & Asian	12	0.27%	11.64
G Mixed – Any other mixed background	11	0.25%	9.88
GC Mixed – Black & White	1	0.02%	1
GD Mixed – Chinese & White	1	0.02%	0.61
GF Mixed – Other/Unspecified	1	0.02%	1
H Asian or Asian British – Indian	4	0.09%	4
J Asian or Asian British – Pakistani	4	0.09%	4
K Asian or Asian British – Bangladeshi	1	0.02%	1
L Asian or Asian British – Any other Asian background	2	0.05%	2
LH Asian British	1	0.02%	1
M Black or Black British – Caribbean	3	0.07%	2.84
N Black or Black British – African	12	0.27%	11.2
R Chinese	3	0.07%	2.1
S Any Other Ethnic Group	6	0.14%	6
SE Other Specified	2	0.05%	1.45
Unspecified	215	4.85%	179.64
Z Not Stated	230	5.19%	216.87
Grand Total	4434	100.00%	4118.7

Disability

Disability Flag	Headcount	%	FTE
No	3,473	78.33	3248.78
Not Declared	325	7.33	297.81
Prefer Not To Answer	21	0.47	19.45
Unspecified	263	5.93	223.36
Yes	352	7.94	329.27
Grand Total	4434	100.00	4118.7

People who have joined the Trust

Between 1st April 2024 – 31st March 2025, 49 staff were appointed to positions within the Trust.

37% were Female
63% were Male

6.1% identified as
LGB+

4.1% were from
Black, Asian
Minority Ethnic
background

12.2% had a
disability.



People who have left the Trust

Between 1st April 2024 – 31st March 2025, 391 people left the Trust.

46.5% were
female

6.9% identified
as LGB+

3.6% were from
Black, Asian
Minority Ethnic
background

7.4% had a
disability.



Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwylans Cymru

Cynllun Cydraddoldeb Strategol Adroddiad Blynyddol 2024- 2025



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NHS
WALES

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

AMB_Inclusion@wales.nhs.uk



Cyflwyniad

Croeso i Adroddiad Blynyddol
Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru ar ein
Cynllun Cydraddoldeb Strategol ar gyfer
2024-2025.

Mae'r adroddiad hwn yn amlinellu'r cynnydd
a wnaethom dros y flwyddyn ddiwethaf i
gyflawni Amcanion Cydraddoldeb Strategol
yr Ymddiriedolaeth a'r camau a gymerwyd i
fynd i'r afael â'r anghydraddoldeb a brofir
gan ein staff a defnyddwyr gwasanaeth i'n
helpu i fod yn fwy cynhwysol o bawb sy'n
dod i gysylltiad â'r Ymddiriedolaeth.

Ein Hamcanion Cydraddoldeb Strategol

- Dylunio Gwasanaethau
Teg
- Arwain trwy Esiampl
- Bod yn Gyflogwr o Ddewis
- Creu Cynghreiriaeth

Tyfu ein Rhwydweithiau Pobl



Rydym wedi parhau i ddatblygu ein Rhwydweithiau Pobl i gynnig cefnogaeth i'n cydweithwyr sydd â nodwedd warchodedig. Mae ein Rhwydweithiau Pobl ar agor i bob cydweithiwr, gan gynnwys cynghreiriaid. Maent yn cynnig lle diogel i gydweithwyr rannu eu profiadau heb farn. Mae ein haelodau hefyd yn helpu i fynychu a hyrwyddo digwyddiadau allweddol yn y gweithle ac allan yn ein cymunedau i helpu i godi ymwybyddiaeth o'r heriau y gall pobl â nodwedd warchodedig eu hwynebu yn eu bywydau bob dydd.

Mae cipolwg ar bob un o'n Rhwydweithiau Pobl i'w weld ar y tudalennau canlynol.

Rhwydwaith Pobl

96

Aelodau

Mae'r nifer hwn wedi aros yn gymharol sefydlog, a gellir gwneud mwy o waith i geisio cynyddu aelodaeth. Cadeirydd y Rhwydwaith sy'n arwain y Rhwydwaith yn bennaf.

Gwobr
Efydd

Gyda chefnogaeth y Rhwydwaith, dyfarnwyd Gwobr Efydd Cyflogwr

Stonewall i'r Ymddiriedolaeth ym mis Mai 2024 ac mae wedi dringo dros 100 o leoedd ym Mynegai Cydraddoldeb yn y Gweithle'r DU i safle 118 allan o 246 o sefydliadau. Bydd yr Ymddiriedolaeth yn parhau i chwilio am bartneriaethau â sefydliadau a all ein helpu i sbarduno gwelliannau ar gyfer ein cymunedau LHDTTC+.



Dathlu Balchder

Yn ystod 2024, cefnogwyd yr Ymddiriedolaeth gan y Rhwydwaith i fynychu nifer o ddigwyddiadau Pride ledled Cymru, gan gynnwys Aberystwyth, Abertawe, Caerdydd a Wrecsam. Roedd y digwyddiadau hyn yn gyfle i staff a gwirfoddolwyr LHDTTC+ ddathlu eu hamrywiaeth gyda balchder tra hefyd yn ymgysylltu â'r gymuned i geisio adborth am brofiadau a disgwyliadau LHDTTC+ o ddefnyddio ein gwasanaethau.

Mae'r Rhwydwaith yn parhau i fod yn aelod gweithredol o'r Rhwydwaith Ambiwylans LHDTTC+ Cenedlaethol sy'n cyfarfod yn chwarterol.

Cyfarfu Cadeiryddion Rhwydweithiau LHDTTC+ ar draws GIG Cymru eleni hefyd i drafod mwy o gydweithio ar fentrau ar y cyd i wella profiadau pobl LHDTTC+.



Rhwydwaith
LGBTQ+
Network



Rhwydwaith Pobl BEAM

Sefydlwyd ym mis Gorffennaf 2024

6 Aelod

- ❖ Cymerodd ran yn Her Pum Diwrnod Wythnos Cydraddoldeb Hiliol ym mis Chwefror 2025.
- ❖ Mynychodd yr Expo Halal Mawr yng Nghaerdydd ym mis Chwefror 2025 a ddenodd dros 3000 o fynychwyr.
- ❖ Cynhaliodd y ddigwyddiad Iftar cyntaf yn WAST ym mis Mawrth 2025 i godi ymwybyddiaeth a dathlu Ramadan gyda chydweithwyr Mwslimaidd a rhai nad ydynt yn Fwslimiaid.
- ❖ Sefydlodd aelodaeth yr Ymddiriedolaeth gyda Race Equality Matters ym mis Mai 2025.
- ❖ Cyfarfodydd rhwydwaith misol rheolaidd.
- ❖ Aelodau'r rhwydwaith ar y panel cyfweld yn nigwyddiad recriwtio parafeddygon graddedig blynyddol yr Ymddiriedolaeth i helpu i ddod â mwy o amrywiaeth i'r broses recriwtio.
- ❖ Rhwydweithio gyda Fforwm Du ac Ethnig Leiafrifol yr Ambiwlans Cenedlaethol.



Rhwydwaith Cymorth Cyfoedion i Ofalwyr

AELODAETH RHWYDWAITH

Tyfodd aelodaeth y rhwydwaith **137%** yn ystod 2024

Rhwydwaith Gofalwyr

Carers Network

2023

2024



DIGWYDDIADAU DATHLU 2024

Ebrill 2024 Codi ymwybyddiaeth o Ddeddf Absenoldeb Gofalwyr 2023

Mehefin 2024 Dathlodd Rhwydwaith Gofalwyr ei ben-blwydd cyntaf

Tachwedd 2024 Gwobr Lefel 1 Hyderus o ran Gofalwyr

GWEITHGAREDD Y RHWYDWAITH

Mawrth

Ebrill

Medi.

Tachwedd

GWEMINAR

Hyrwyddo Hawliau Gofalwyr a Deddf Absenoldeb Gofalwyr 2023

DIGWYDDIAD DATHLU

Gofalwyr Cymru, dathliad Deddf Absenoldeb Gofalwyr yn y Senedd

RHWYDWEITHIAU POBL

Tudalen ar ei newydd wedd wedi'i ddatblygu ar Siren

DIWRNOD HAWLIAU GOFALWYR

Sesiwn ddysgu gyda Gofalwyr Cymru

FIDEOS DYSGU BYR

- Cymorth yn y Gartref
- Cyflwyniad i Ofalu
- Ymgyrch Gofalwyr Ebrill Egniöl
- Y Taliad Annibyniaeth Bersonol
- Asesiad Anghenion Gofalwyr
- Pasbort Gofalwyr

GWAHODDIR Y RHWYDWAITH I ROI ADRODDIAD AR

- Polisi Drafft Asesiad o'r Effaith ar Gydraddoldeb
- Tracio'r Ddeddf
- Arolwg Gwisg
- Gwrthod rhoi triniaeth

Rhwydwaith Anabledd Purple Space



Dim byd Amdanom Ni
Hebdon Ni

Twf y Rhwydwaith
200%



Cydweithredu rhwng
Rhwydweithiau

Digwyddiadau Mis Hanes
Anabledd

Codi Ymwybyddiaeth o
Niwroamrywiaeth

Lansio Cylch Gwranddo

- Cymorth gan Purple Space i archwilio hunaniaeth, amcanion a chynhwysiant y rhwydwaith
- Cytunodd yr aelodau ar frandio'r rhwydwaith i hyrwyddo undod a gwelededd ar draws yr Ymddiriedolaeth
- Creu mannau diogel i gydweithwyr rannu profiadau a phryderon
- Sesiynau wedi'u ffocysu ar brofiadau byw niwroamrywiaeth cydweithwyr
- Gweithio mewn partneriaeth â Chyngor Cymru i Bobl Fyddar i gynnal sesiynau ymwybyddiaeth o fod yn fyddar

Rhwydwaith Pobl Menywod

Women's
NETWORK

RHWYDWAITH
Menywod

105 o Aelodau

Is-grŵp newydd wedi'i sefydlu i ganolbwyntio
ar faterion sy'n effeithio ar fenywod yn y
gweithle:



Syndrom y ffugiwr
Camu ymlaen yn eich gyrfa
Wythnos Ymwybyddiaeth Colli Babanod

Cyfres o Sesiynau Gwybodaeth lechyd Menywod
a gyflwynir drwy gydol y flwyddyn yn
canolbwyntio ar:



Menopos
Endometriosis
lechyd y wain

Aelod o'r Rhwydwaith wedi'i benodi'n
Gynrychiolydd yr Ymddiriedolaeth ar y
Grŵp Llywio Defnyddwyr Gwisgoedd
Cenedlaethol

i helpu i yrru gwelliannau ymlaen i
wisgoedd menywod



Rhwydwaith Lleisiau WAST



2024 –2025

99 o EIRIOLWYR LLEISIAU WAST



**CYSTADLEUAETH
LLYFRAU**

Cynyddu dealltwriaeth o degwch, amrywiaeth a chynhwysiant

**YMGYRCHOEDD A
CYDGYNHYRCHU**

Codi ymwybyddiaeth, ymgysylltu a gyrru gweithredu

DIGWYDDIADAU

Archwilio pynciau heriol, adeiladu cysylltiadau a meithrin ymgysylltiad

**RHANNU
GWYBODAETH**

Gwella gwybodaeth i wella gwneud penderfyniadau

MAE LLEISIAU WAST YN GYMUNED GYNHWYSOL SY'N COFLEIDIO ARWEINYDDIAETH GOROESWYR, CYNHWYSIANT A THWF DIWYLLIANNOL.

MAE GAN BAWB LAIS!

MAE'R RHWYDWAITH YN DARPARU MYNEDIAD AT FANNAU GWRANDO DIOGEL, CYFLEOEDD DATBLYGU, MENTORA A SESIYNAU SIARADWYR GWADD.

4

**CYSTADLEUAETH
LLYFRAU**

Gan ymgysylltu â dros 100 o gydweithwyr

8

YMGYRCH

Bomio â chariad, trais domestig, diogelwch rhywiol, Ramadan, LHDTC+

4

DIGWYDDIAD

Diwrnod Rhyngwladol y Dynion, Iechyd Emosiynol, Sioeau Teithiol Ymgysylltu Staff A&E



GWELLA GWYBODAETH

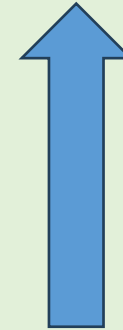
Goleuni ar Gydraddoldeb, Amrywiaeth a Chynhwysiant, Mis Hanes Pobl Dduon, Cydraddoldeb Hiliol, Islamoffobia, Iaith Arwyddion Prydain, Pobl Hŷn, Mis Hanes LHDTC+, Cynghreiriaeth, Bod yn Wylwyr Gweithredol

Y Gymraeg a Diwylliant



753 (17%)

Staff sy'n siarad
Cymraeg
(Lefel 3 ac uwch)



I fyny **1%**
ers y llynedd



Rhwydwaith Cymraeg

- Sefydlwyd ym mis Ionawr 2025
- 18 Aelod
- Hyrwyddo'r iaith a'r diwylliant Cymraeg ar draws yr Ymddiriedolaeth
- Gweithio mewn partneriaeth â Rhwydweithiau Cymraeg eraill GIG Cymru i gynrychioli'r Ymddiriedolaeth yn yr Eisteddfod Genedlaethol yn Wrecsam 2025

Grŵp Cynghori'r Gymraeg

- Cysylltiadau cynyddol â Grŵp Llywio Cydraddoldeb, Amrywiaeth a Chynhwysiant i sicrhau bod y Gymraeg yn cael ei thrin yr un fath â nodweddion gwarchodedig eraill yng Nghymru
- Gweithio ar y cyd â Phennaeth Cynhwysiant ac Ymgysylltu ar fentrau cynhwysol
- Yn goruchwyllo Adroddiad Statudol Safonau'r Gymraeg

Tyfu ein Rhwydwaith Hyrwyddwyr Diwylliant

Mae'r **Rhwydwaith Hyrwyddwyr Diwylliant** yn parhau i arwain trwy esiampl, gan greu gweithle mwy cynhwysol lle mae cynghreiriad ac ymddygiadau cadarnhaol yn rhan o ryngweithiadau bob dydd. Mae'r rhwydwaith yn helpu i lunio gweithle lle mae cydraddoldeb, amrywiaeth a chynhwysiant yn cael eu gwerthfawrogi a'u hyrwyddo'n weithredol.

Mae Hyrwyddwyr Diwylliant yn chwarae rhan ymarferol wrth **yrru newid diwylliannol** drwy annog sgysiau agored am ddiwylliant y gweithle, herio ymddygiadau negyddol, a chefnogi cydweithwyr i greu amgylchedd mwy parchus a chroesawgar. Er mwyn cryfhau eu heffaith, mae hyrwyddwyr yn cymryd rhan mewn hyfforddiant cynghreiriad a chyfleoedd datblygu eraill, gan gynnwys y **gweithdy Chwalu Hud Diwylliant**. Mae'r sesiynau hyn yn darparu lle ar gyfer trafodaethau pwysig ynghylch beth sydd angen newid o fewn diwylliant ein gweithle a sut y gall hyrwyddwyr ddylanwadu ar y newid hwnnw yn eu rolau.

Mae **cylchlythyr rheolaidd** ar gyfer Hyrwyddwyr Diwylliant hefyd yn canolbwyntio ar faterion diwylliannol allweddol, gyda rhifynnau diweddar yn rhoi **sylw ar Gwrteisi mewn Gofal Iechyd, Tegwch, Amrywiaeth a Chynhwysiant a Chodi Llais heb Ofn**. Mae'r cylchlythyrau hyn wedi cael derbyniad da ac maent bellach yn cael eu rhannu ag uwch arweinwyr a chyfarwyddwyr anweithredol. Drwy ddysgu a datblygu gyda'n gilydd, mae ein Hyrwyddwyr Diwylliant yn meithrin hyder i gael sgysiau pwysig a gweithredu fel rhwydwaith cadarnhaol a chefnogol.

Arweinyddiaeth a Diwylliant

Datblygu Arweinyddiaeth a Rheolaeth Gynhwysol

Rydym wedi bod yn datblygu Fframwaith Ymddygiadau a Datblygu Arweinyddiaeth a Rheolaeth newydd (Ein Ffordd WAST) i wella diwylliant y gweithle yn WAST. Gan lansio yng ngwanwyn 2025, mae'r fframwaith hwn yn diffinio'r ymddygiadau arweinyddiaeth sydd eu hangen i greu gweithle mwy tosturiol, cynhwysol a chydweithredol. Mae'n seiliedig ar dystiolaeth o'r GIG a sectorau eraill, gan ddangos bod y math hwn o arweinyddiaeth yn arwain at ganlyniadau gwell i staff, timau a chleifion.

Mae'r fframwaith yn adlewyrchu disgwyliadau newidiol arweinwyr mewn gwasanaeth cyhoeddus, gan gynnwys cyfrifoldebau moesegol a deddfwriaethol i hyrwyddo diwylliant cadarnhaol a chynhwysol. Roedd ymgysylltu â datblygiad y fframwaith hwn yn cynnwys mewnbwn gan dros 350 o arweinwyr a rheolwyr, er mwyn sicrhau ei fod yn cyd-fynd ag anghenion staff.

Hanfodion Rheoli

Mae gwaith wedi bod ar y gweill ar ddatblygu Hanfodion Rheoli. Mae'r rhaglen hon yn rhoi'r sgiliau, yr wybodaeth a'r ymddygiadau sydd eu hangen ar reolwyr i arwain yn effeithiol ac yn gynhwysol. Mae'n cynnig:

- Disgwyliadau clir o rôl rheolwr, gan ganolbwyntio ar yr hyn maen nhw'n ei wneud a sut maen nhw'n ei wneud.
- Mynediad at bolisiau a chanllawiau i sicrhau rheoli pobl yn deg ac yn gyson.
- Adnoddau ar gais i gefnogi rheolwyr i ymdrin â sgysiau sensitif, mynd i'r afael ag ymddygiad amhriodol, ac annog staff i siarad i fyny.
- Gweithdai a hyfforddiant i feithrin hyder mewn arweinyddiaeth, cynghreiriaeth, ac adeiladu diwylliant cynhwysol.

Bydd y rhaglen hon yn helpu i wella profiad, ymgysylltiad a chynhwysiant gweithwyr, gan gefnogi rheolwyr i greu gweithle lle mae'r holl staff yn teimlo eu bod yn cael eu gwerthfawrogi a'u grymuso.

Arweinyddiaeth a Diwylliant

Symposiwm Arweinyddiaeth – Gyrru Newid Diwylliannol

Ddwywaith y flwyddyn, rydym yn dod â thua 150 o uwch arweinwyr ynghyd i drafod materion allweddol arweinyddiaeth a diwylliannol. Mae symposia diweddar wedi canolbwyntio ar arweinyddiaeth dosturiol, diogelwch seicolegol, a dweud y gwir wrth bobl mewn grym.

Mae'r trafodaethau hyn yn helpu arweinwyr i lunio diwylliant lle mae staff yn teimlo'n ddiogel, yn cael eu cefnogi, a'u clywed. Mae'r symposia hyn yn hanfodol wrth ymgorffori arweinyddiaeth gynhwysol a chynghreiriaeth, gan sicrhau bod ein huwch arweinwyr yn weithredol yn modelu'r ymddygiadau sydd eu hangen arnom i wella ein diwylliant gweithle.

Adborth 360 Gradd y Tîm Arwain Gweithredol

Yn 2024, cynhaliodd ein Tîm Arwain Gweithredol broses adborth 360 gradd, gan gasglu mewnwelediadau gan uwch arweinwyr, partneriaid undebau llafur, a rhanddeiliaid allanol. Mae hyn wedi cynyddu ymwybyddiaeth o effaith arweinyddiaeth a phwysigrwydd dangos dull tosturiol, cynhwysol a chydweithredol.

Mae'r broses hefyd yn helpu i gryfhau perthnasoedd ar draws lefelau arweinyddiaeth a chyda Phartneriaid Undebau Llafur. Cynhaliwyd sesiynau adborth a datblygu ar y cyd, gan feithrin ymddiriedaeth, cydweithio a gwneud penderfyniadau ar y cyd. Un canlyniad allweddol fu ymgysylltu'n agosach â Phartneriaid Undebau Llafur, gan atgyfnerthu arweinyddiaeth fwy cynhwysol ac effeithiol ar draws y sefydliad.

Arweinyddiaeth a Diwylliant

Cryfhau Partneriaeth Gymdeithasol

Dros y flwyddyn ddiwethaf, rydym wedi cryfhau ein partneriaeth â Phartneriaid Undebau Llafur, gan gydweithio i wella ymgysylltiad staff a diwylliant y gweithle. Mae cynnydd yn cynnwys:

- Ymgysylltu cynnar â Phartneriaid Undebau Llafur ar ddatblygu polisiau a dylunio gwasanaethau, gan sicrhau bod lleisiau staff yn llywio penderfyniadau allweddol.
- Ymarfer myfyriol mewn cyfarfodydd, gwella ymddiriedaeth, parch a chydweithio.
- Y rhaglen ddatblygu 'Cerdded yn Esgidiau Ein Gilydd', gan wella dealltwriaeth rhwng rheolwyr ac Undebau Llafur.
- Gweithio mewn partneriaeth yn rhagweithiol, gan sicrhau bod rheolwyr yn ymgysylltu â Phartneriaid Undebau Llafur cyn newidiadau mawr.

Bellach mae mwy o ffocws ar ddeialog agored a Phartneriaid Undebau Llafur ac arweinwyr, ac mae hyn yn helpu i adeiladu diwylliant arweinyddiaeth mwy cynhwysol ac atebol. Er bod gwahaniaethau'n parhau, mae mwy o ffocws bellach ar bwrpas cyffredin, gan wella canlyniadau i staff, cleifion a chymunedau.



Fforwm Arweinyddiaeth Ambiwylans 2025

Ym mis Mawrth 2025 cynhaliwyd Fforwm Arweinyddiaeth Ambiwylansys mawreddog, a gynhaliwyd gan Gymdeithas Prif Weithredwyr Ambiwylansys (AACE). Fel cynhadledd flynyddol uchel ei pharch, mae Fforwm Arweinyddiaeth Ambiwylansys yn dwyn ynghyd randdeiliaid allweddol—gan gynnwys rheolwyr, arweinwyr, llunwyr polisi, academyddion a phartneriaid—sydd wedi ymrwymo i ddatblygu sector ambiwlans y DU.

Fel Cadeirydd AACE, cafodd ein Prif Swyddog Gweithredol, Jason Killens, yr anrhydedd o gynnal y digwyddiad uchel ei barch hwn, a oedd yn cynnwys cyflwyno'r Gwobrau Gwasanaeth Rhagorol. Mae'r gwobrau hyn yn cydnabod cyfraniadau eithriadol o fewn y sector, ac roeddem yn falch o ddathlu tri chydweithiwr o Dîm WAST a dderbyniodd y gydnabyddiaeth fawreddog hon:

Jonathan Davies, Rheolwr Ardal – Hyrwyddwr Llesiant Rhagorol

Tamara Williams, Arweinydd Clinigol y Bwrdd Iechyd – Cyfraniad Rhagorol at Welliant Diwylliannol

Kayleigh Wheeler, Rheolwr Gweithrediadau Gofal Ambiwylans – Rhagoriaeth ym maes Amrywiaeth

Yn ogystal â'r anrhydeddau hyn, gwahoddwyd nifer o'n cydweithwyr i gyflwyno ar bynciau allweddol drwy gydol y digwyddiad, gan arddangos ymhellach arweinyddiaeth ac arbenigedd yr Ymddiriedolaeth.



Cefnogi a Datblygu ein Gweithlu

Cefnogi Iechyd a Llesiant ein Gweithlu

Mae ein Tîm Iechyd a Llesiant Galwedigaethol wedi datblygu Cynllun Iechyd a Llesiant newydd ar gyfer ein gweithlu ochr yn ochr â Pholisi Iechyd Galwedigaethol diwygiedig a Pholisi Imiwneiddio a Sgrinio Galwedigaethol.

Rhan o'r gwaith hwn yw cyflwyno Rhaglen Gwyliaidwriaeth Iechyd, ac offeryn digidol newydd sy'n cynyddu hygyrchedd i'n staff a'n rheolwyr llinell i wasanaethau cymorth. Rydym hefyd wedi lansio teclyn diagnostig iechyd newydd i ddarparu archwiliadau iechyd i staff 45 oed a hŷn.

Gwella'r Broses Adolygiad Gwerthuso a Datblygu Personol (AGDP)

Rydym yn adolygu'r broses AGDP i sicrhau ei bod yn adlewyrchu ein hymrwymiad i weithle tosturiol, cynhwysol a chydweithredol. Yn hytrach na bod yn ymarfer ticio blychau, bydd adolygiadau AGDP yn canolbwyntio mwy ar sgysiau datblygu ystyrlon. Eleni, rydym wedi bod yn casglu adborth gan staff, rheolwyr, ac arferion gorau ar draws y sector, gyda mewnwelediadau pellach yn cael eu casglu gan ein rhwydwaith Hyrwyddwyr Diwylliant. Bydd newidiadau'n cael eu gweithredu yn hydref 2025, gan sicrhau bod y broses yn deg, yn ddiddorol, ac yn gefnogol i'r holl staff.

Adolygiadau Diwylliannol Tîm

Yn 2024, cynhaliom adolygiadau diwylliannol mewn tri gwasanaeth. Mae'r adolygiadau hyn yn sicrhau bod lleisiau staff yn cael eu clywed ac yn helpu i ysgogi newid ystyrlon drwy:

- Rhoi llais i staff wrth lunio diwylliant y gweithle.
- Mynd i'r afael â phryderon a godwyd gan staff ac undebau llafur er mwyn creu amgylchedd gwaith tecach.
- Ymgorffori tryloywder a gwelliant parhaus mewn penderfyniadau arweinyddiaeth.
- Annog cynghreiriaeth a chydweithio, gan gryfhau perthnasoedd rhwng timau.

Diogelwch Rhywiol

Gan adeiladu ar ein hymgyrch i hyrwyddo diogelwch rhywiol o fewn yr Ymddiriedolaeth, rydym wedi datblygu cynllun hyfforddi aml-lefel a gynlluniwyd i dargedu gwahanol grwpiau staff i godi ymwybyddiaeth a dileu aflonyddu rhywiol o fewn yr Ymddiriedolaeth.

Lefel 1

Mae'r lefel gyntaf o hyfforddiant yn targedu staff o bob lefel. Mae'r Tîm Cydraddoldeb, Amrywiaeth a Chynhwysiant wedi gweithio gyda'n Rhwydwaith Lleisiau WAST, Undebau Llafur, a'n Tîm Gwasanaethau Pobl i gyd-ddylunio sesiwn ymwybyddiaeth diogelwch rhywiol bwrpasol a fydd yn cael ei chyflwyno i'r holl staff o fis Ebrill 2025 ymlaen.

Lefel 2

Gan adeiladu ar yr hyfforddiant ymwybyddiaeth cyffredinol, mae sesiwn fanylach wedi'i thargedu at reolwyr llinell wedi'i datblygu a bydd yn cael ei thargedu at reolwyr o fewn meysydd gweithredol allweddol lle mae pryderon diogelwch rhywiol wedi'u codi o fis Ebrill 2025 ymlaen.

Lefel 3

Hyfforddiant arbenigol ar gyfer y Tîm Gwasanaethau Pobl, Partneriaethau Undebau Llafur, Diogelu ac aelodau allweddol eraill o staff y gallai eu rôl gynnwys ymchwilio i bryderon diogelwch rhywiol yn y gweithle. Bydd y sesiwn hon yn cael ei chyflwyno gan Dîm Cyfreithiol a Risg PCGC a ddatblygodd yr hyfforddiant mewn partneriaeth ag Arweinydd Diogelwch Rhywiol AACE.

Lefel 4

Hyfforddiant arbenigol a ddarperir gan arbenigwyr allanol ym maes aflonyddu rhywiol mewn diwrnodau datblygu mewnol.

Lefel 5

Rhannu a dysgu o arfer gorau mewn cynadleddau a digwyddiadau cenedlaethol. O fewn y chwe mis diwethaf, mae Arweinydd Diogelwch Rhywiol yr Ymddiriedolaeth wedi gweithio ochr yn ochr ag Arweinydd Diogelwch Rhywiol Sector Ambiwlans y DU i ddatblygu a chyflwyno cyfres o weithdai a gweminarau i staff ledled y DU.

Diogelwch Rhywiol

Enghreifftiau o'r hyfforddiant arbenigol a ddarparwyd i'n gweithlu yn 2024-2025:

- ✓ Sesiwn Prifysgol Fetropolitan Llundain ar 'Effaith Pornograffi', Dr Fiona Vera-Gray
- ✓ Julie Stone, Ymgynghorydd Moeseg, sesiwn 'Ffiniau Proffesiynol' a gyflwynwyd yn y Diwrnod Datblygu Gweithredol
- ✓ Cymorth i'r rhai sy'n ymwneud ag achosion cymhleth (Catherine Goodwin, WAST)
- ✓ Diogelwch a Diogelu Rhywiol (Raynor Griffiths, y Cyngor Nyrsio a Bydwreigiaeth)
- ✓ Cynnydd Casineb at Fenywod Eithafol a Gweithgaredd Incel (Gemma Howlett, Prifysgol Cumbria)
- ✓ Paratoi ar gyfer y Ddeddf Diogelu Gweithwyr (Helen Badger, Browne Jacobson)
- ✓ Rôl y Rheoleiddiwr (Hugh Tregoning, Y Cyngor Proffesiynau Gofal ac Iechyd)
- ✓ Mae angen i ni siarad am ddeallusrwydd artiffisial (Karen Chummun, GIG Lloegr)
- ✓ Diogelwch Rhywiol a Niwroamrywiaeth (Hannah Bragg, SWAST)
- ✓ Grymuso Lleisiau: Profiadau Menywod Mwslimaidd (Rhwydwaith Menywod Mwslimaidd y GIG)

Rhannu arfer gorau

Mae Dr Catherine Goodwin, Cyfarwyddwr Cynorthwyol Cynhwysiant, Diwylliant a Llesiant a Seicolegydd Clinigol yn WAST wedi gweithio gydag Arweinydd Diogelwch Rhywiol Cenedlaethol AACE i gyflwyno'r sesiynau canlynol yn 2024-2025:

- Gweithdy yng Nghynhadledd Diogelwch Rhywiol Arweinwyr y Sector Cyhoeddus Cenedlaethol
- Gweminar HPMa ar Lywio Cymhlethdodau Achosion Diogelwch Rhywiol yn y Gweithle a deall yr effaith ar weithwyr proffesiynol pobl



Hyfforddiant Cynghreiriad a Hyfforddiant Gwylwyr Gweithredol

Hyfforddiant Cynghreiriad a Hyfforddiant Gwylwyr Gweithredol

Mae'r Ymddiriedolaeth yn parhau i gyflwyno ei Hyfforddiant Cynghreiriad a Gwylwyr Gweithredol i staff. Datblygwyd yr ymyrraeth hyfforddi arobryn hon yn fewnol yn benodol i ymwneud â staff sy'n gweithio yn y sector gofal iechyd. Nod y rhaglen undydd yw darparu ymwybyddiaeth a dysgu manwl i ddeall yr heriau y mae pobl o fewn grwpiau lleiafrifol a gwarchodedig, a'r rhai sy'n agored i niwed neu dan anfantais, yn eu hwynebu. Mae dulliau ymarferol o ymyrryd gan bobl sy'n sefyll o gwmpas yn cael eu hyrwyddo i staff i annog mwy o bobl i ddileu ymddygiadau gwahaniaethol a hyrwyddo cydraddoldeb i bawb.



Mae cydweithwyr yn rhoi sgôr o **4.67** allan o 5 seren i'r hyfforddiant hwn

Dysgodd 90%
o'r mynychwyr
gryn dipyn
neu lawer iawn

Bydd **92%** o'r
mynychwyr **yn**
defnyddio'r hyn
maen nhw wedi'i
ddysgu yn y
gweithle **bob**
dydd neu'n aml

Dywedodd
100% o'r
mynychwyr fod
yr hyfforddiant
wedi **bodloni eu**
disgwyliadau

Byddai **100%** o'r
mynychwyr yn
argymhell yr
hyfforddiant i eraill

Hyfforddiant Cynghreiriad a Hyfforddiant Gwylwyr Gweithredol

Gwobr HPMA Cymru

Enillodd yr Ymddiriedolaeth Wobr HPMA Cymru 2024 am ei menter Gwylwr i Ymyrrwr, a luniwyd nid yn unig i godi ymwybyddiaeth ymhlith staff o gydraddoldeb, amrywiaeth a chynhwysiant ond hefyd i roi arfau ymarferol iddynt herio gwahaniaethu ac ymddygiad amhriodol.

“Mae creu gweithlu amrywiol a diwylliannol ymwybodol sy’n dangos parch, empathi a dealltwriaeth at eraill yn flaenoriaeth. A phan all pawb ddod â’u hunan i gyd i’r gwaith, mae’n ein helpu ni i ddarparu’r gwasanaeth gorau posib i bobl Cymru”

Angela Lewis,
Cyfarwyddwr Newid Diwylliant

Trwy ddarparu staff nid yn unig â’r wybodaeth ond y sgiliau ymarferol i ymyrryd yn ddiogel mewn sefyllfa broblemus, rydym yn trawsnewid o wylwyr goddefol i ymyrwyr rhagweithiol.”

Paola Spiteri, Arweinydd Cadw

Mae'n un o nifer o fentrau a newidiadau rhaglennol a gyflwynwyd gan y sefydliad yn ystod y ddwy flynedd ddiwethaf i hyrwyddo diwylliant o gynhwysiant.

Mae mwy na 200 o staff ar draws yr Ymddiriedolaeth wedi cwblhau'r hyfforddiant Cynghreiriaeth a Gwylwyr Gweithredol ers mis Mai 2023.



Hyrwyddo Cydraddoldeb, Dileu Gwahaniaethu a Chreu Cynghreiriaeth

Hyfforddiant Addasiadau Rhesymol

Mae ein Tîm Gwasanaethau Pobl yn parhau i ddatblygu a chyflwyno hyfforddiant byr i reolwyr llinell ac mae un o'r rhain yn canolbwyntio ar addasiadau rhesymol yn y gweithle. Eleni, cafodd y sesiwn hon ei digideiddio a'i hymgorffori yn rhaglen Ein Ffordd WAST i'n helpu i gyflwyno'r hyfforddiant hwn i fwy o reolwyr llinell.



Gwrando ar ein Defnyddwyr Gwasanaeth Iaith Arwyddion Prydain

Profiad claf y cafodd ei iaith gyntaf, Iaith Arwyddion Prydain, ei gofnodi trwy gydweithio â'u heiriolwr Llais. Tynnodd y stori sylw at rwystrau cyfathrebu sy'n parhau i effeithio ar fynediad at wasanaethau'r GIG gan y rhai nad Saesneg yw eu hiaith gyntaf. Cyflwynwyd y stori hon i Rwydwaith Straeon Digidol Cymru Gyfan ac ym Mhwyllgor Ansawdd, Profiad a Diogelwch. Mae gwaith i wella ein cyfathrebu â defnyddwyr gwasanaeth iaith Arwyddion Prydain ar y gweill a bydd yn rhan o'n cynlluniau i weithredu Safonau Gwybodaeth a Chyfathrebu Hygyrch Cymru Gyfan.



Hyrwyddo Cydraddoldeb, Dileu Gwahaniaethu a Chreu Cynghreiriaeth



Dathlodd yr Ymddiriedolaeth Diwrnod Rhyngwladol y Menywod 2024, sy'n dathlu cyflawniadau cymdeithasol, economaidd, diwylliannol a gwleidyddol menywod. Mae'r diwrnod hefyd yn nodi galwad i weithredu ar gyflymu cydraddoldeb menywod.

"Mae Diwrnod Rhyngwladol y Menywod yn gyfle gwych i ddathlu cyfraniad menywod ar draws ein sefydliad, boed fel gweithwyr neu wirfoddolwyr. "Mae cynifer o fenywod yn jyglo mwy nag un rôl, fel gweithwyr, enillwyr bara, partneriaid, rhieni, gofawyr, a llawer mwy ar ben hynny. "Dyma ein cyfle i ddiolch iddyn nhw am bopeth maen nhw'n ei wneud, yn y gwaith a thu allan iddo, ac i ddymuno Diwrnod Rhyngwladol y Menywod hapus, diogel a heddychlon iawn i bob menyw."

Estelle Hitchon, Cyfarwyddwr Partneriaethau ac Ymgysylltu

Cefnogi Pobl â Chlefyd Llid y Coluddyn

Fel rhan o'n hymrwymiad i gefnogi cydweithwyr ag anableddau a chyflyrau iechyd hirdymor, mae Rhwydwaith Anabledd Gofod Porffor yr Ymddiriedolaeth yn cydweithio â Chlefyd Crohn a Cholitis y DU i gyflwyno sesiynau ymwybyddiaeth ar glefyd llid y coluddyn (IBD). Bydd hyn yn rhoi cipolwg gwerthfawr ar fyw a gweithio gyda chyflyrau fel clefyd Crohn a cholitis briwiol. Drwy godi ymwybyddiaeth, ein nod yw gwella cefnogaeth yn y gweithle, hyrwyddo sgysiau agored, a sicrhau bod staff yr effeithir arnynt gan IBD yn teimlo eu bod yn cael eu clywed a'u cefnogi yn eu rolau. Yn ogystal, mae'r ymwybyddiaeth hon yn hanfodol i'n staff rheng flaen, gan ei bod yn gwella dealltwriaeth o'r heriau y mae cleifion ag IBD yn eu hwynebu. Gall llawer o unigolion â chlefyd Crohn neu colitis brofi anghenion meddygol brys, a symptomau cudd.

Llais y Dinesydd - Rhwydwaith Pobl a'r Gymuned

103 o Aelodau Rhwydwaith

Rhwydwaith aml-randdeiliaid yw hwn i gefnogi datblygiad, ymwybyddiaeth a hyrwyddo ar y cyd o brofiad cadarnhaol defnyddwyr gwasanaeth, hygyrchedd a chynhwysiant o fewn ein gwasanaethau.

Mae cynlluniau wedi'u gwneud i ehangu'r Rhwydwaith gyda ffocws ar:

- **oedran**
- **lleoliad daearyddol**
- **amrywiaeth, tegwch a chynhwysiant**
- **Y Gymraeg**

Mae cynllun gweithredu wedi'i ddrafftio i gynnwys ymgysylltu â phobl ifanc mewn addysg ffurfiol ac anffurfiol a defnyddio data iechyd y boblogaeth i amlygu ardaloedd daearyddol allweddol ledled Cymru.

Grŵp Llais y Bobl a'r Gymuned

Yn ystod y misoedd diwethaf, cynhaliodd y grŵp adolygiad effeithiolrwydd blynyddol i sicrhau gweledigaeth glir o fyfyrrio, dysgu a gwella er mwyn cyflawni nod yr Ymddiriedolaeth o ymgysylltu ystyrllon fel y'i nodir gan nodau strategol yr Ymddiriedolaeth.

Adborth gan un o aelodau ein Rhwydwaith:

"Os yw'r Gwasanaeth wir eisiau 'cynghorwyr' gwirfoddol, mae'n rhaid iddi fod yn berthynas ddwyffordd ac nid dim ond teitl."

Ar ôl trafodaeth agored gyda'r grŵp, daeth yn amlwg bod angen gwneud mwy er mwyn i'r cyfarfodydd hyn ddarparu'r gwerth mwyaf i aelodau'r Rhwydwaith a'r Ymddiriedolaeth.

Egwyddorion Cyd-gynhyrchu

Byddwn yn tyfu'r Rhwydwaith ac yn datblygu'r Grŵp Llais y Bobl a'r Gymuned yn unol â **phum egwyddor cyd-gynhyrchu**, fel y'u diffinnir gan Rhwydwaith Cyd-gynhyrchu Cymru.



Ymglymiad Cymunedol a Chyd-gynhyrchu

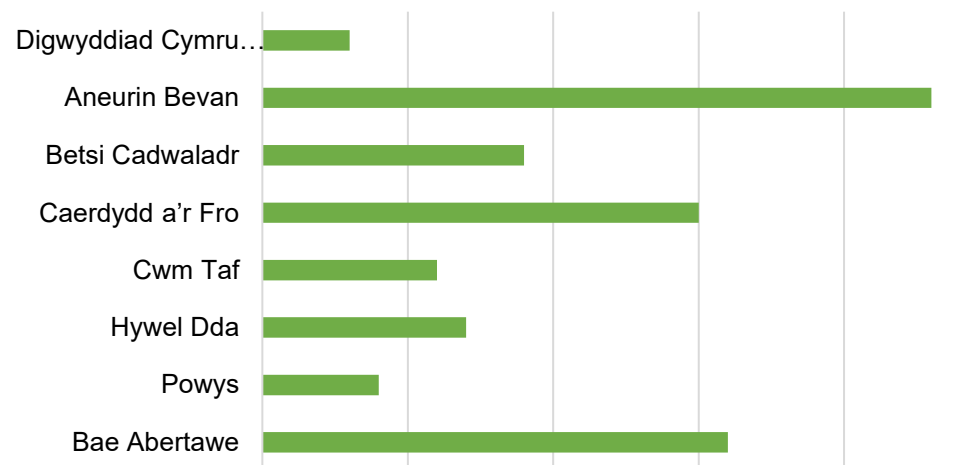
96

O gyfleoedd
ymgysylltu
wyneb yn
wyneb a
fynychwyd

5,641

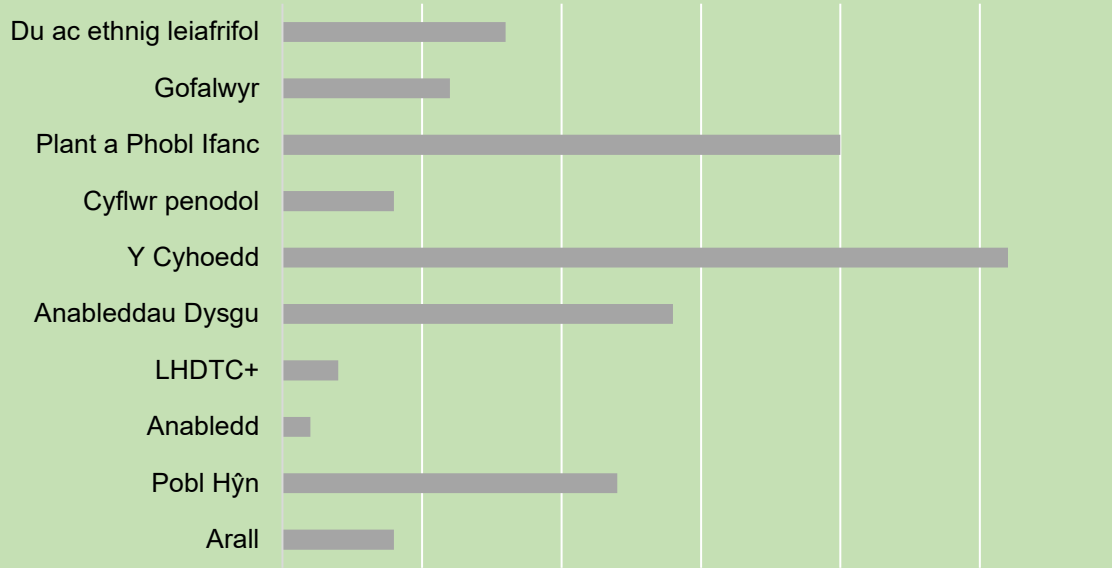
O bobl wedi'u
hymgysylltu
ledled Cymru

Mynychodd y Tîm Profiad y Claf a Chynnwys y Gymuned (PECI) 96 o gyfleoedd ymgysylltu wyneb yn wyneb ledled Cymru, gan ymgysylltu â 5,641 o bobl. Fe wnaethon nhw wrando ar brofiadau pobl o ddefnyddio gwasanaethau'r Ymddiriedolaeth, casglu teimladau'r cyhoedd a gofyn i bobl ddweud wrthym beth sydd bwysicaf iddyn nhw pe bydden nhw byth angen defnyddio ein gwasanaethau yn y dyfodol.



Fe wnaethon ni wasanaethu pob ardal Bwrdd Iechyd ledled Cymru, gyda nifer cynyddol yn Betsi Cadwaladr a Hywel Dda, sef ardaloedd lle roedd angen i ni gynyddu ein cyrhaeddiad. Tynnwyd sylw at hyn hefyd fel cam gweithredu yn archwiliad mewnol PEGI diweddar.

Ymglymiad Cymunedol a Chyd-gynhyrchu



Parhaodd profiadau ac adborth, a gasglwyd trwy ein hymgysylltiad â chymunedau, i gwmpasu trawsdoriad mawr o'r boblogaeth.

Parhaodd yr ymgysylltiad wedi'i dargedu â grwpiau y gwyddys eu bod yn profi anghydraddoldebau iechyd, rhwystrau i gael mynediad at ofal iechyd a'r rhai sydd â chanlyniadau iechyd gwaeth. Mae hyn yn sicrhau bod lleisiau'r rhai mwyaf agored i niwed yn y gymdeithas yn cael cyfle i rannu eu barn a'u profiadau.



Cymorth i gleifion Awtistig, ag Anabledd Dysgu a Niwroamrywiol ledled Cymru

Mae asesu poen ar gyfer cleifion sy'n awtistig a/neu sydd ag anabledd dysgu yn thema gyson o adborth o brofiad. Mae cleifion wedi dweud wrth yr Ymddiriedolaeth ei bod yn hanfodol bwysig i staff ddeall eu hanghenion unigol pan fyddant ar y safle, ac eleni rydym wedi cyflwyno swyddogaeth newydd ar ein system cofnod clinigol cleifion electronig (ePCR). Mae'r tab 'Anghenion' newydd yn annog ymatebwyr a chlinigwyr i ofyn a oes gan glaf anabledd dysgu, a yw'n awtistig, neu a yw'n niwroamrywiol. Yna mae'r opsiynau hyn yn ail-gyflunio tudalennau ePCR gyda chyfarwyddiadau pellach ynghylch cymwysiadau ac addasiadau wrth gymryd arsylwadau. Mae'r awgrymiadau newydd hyn yn canolbwyntio ar anawsterau cyfathrebu, gyda'r cofair TEACH (yn Saesneg yn sefyll am Amser, Amgylchedd, Agwedd, Cyfathrebu, Cymorth) gan atgoffa ymatebwyr am yr addasiadau a'r newidiadau y mae cymunedau wedi dweud wrthym fod angen i ni eu gwneud. Gall ymatebwyr gael mynediad at wybodaeth ategol ychwanegol sy'n ymwneud â chlaf, fel Proffil Iechyd Gwelliant Cymru, ac mae'n datgelu awgrymiadau ac offer ychwanegol ar gyfer asesu poen.

Rydym wedi parhau i siarad a gweithio gyda phobl ag anabledd dysgu, gofalwyr, teulu a gweithwyr proffesiynol, gan wrando ar brofiadau a sut y gallwn ni gefnogi pobl orau. Rydym wedi cyd-gynhyrchu adnoddau i helpu i wella mynediad pobl, a chynhaliwyd 'Diwrnod Dathlu' Anabledd Dysgu i'r cyhoedd, cleifion, gofalwyr a theuluoedd yn rhanbarth Aneurin Bevan ym mis Hydref 2024.

"Mae'r datblygiad cyffrous hwn nid yn unig yn rhoi themâu 15 mlynedd o ddata profiad cleifion wrth wraidd gwella darpariaeth gwasanaethau rheng flaen ond mae hefyd yn mynd â WAST i gyfnod newydd o gasglu data o amgylch cymunedau, a all helpu i ddechrau mynd i'r afael â'r anghydraddoldebau iechyd y maent yn eu profi wrth gael mynediad at wasanaethau iechyd."

Matt James, Cydlynnydd PECI

Fframwaith Perfformiad GIG Cymru

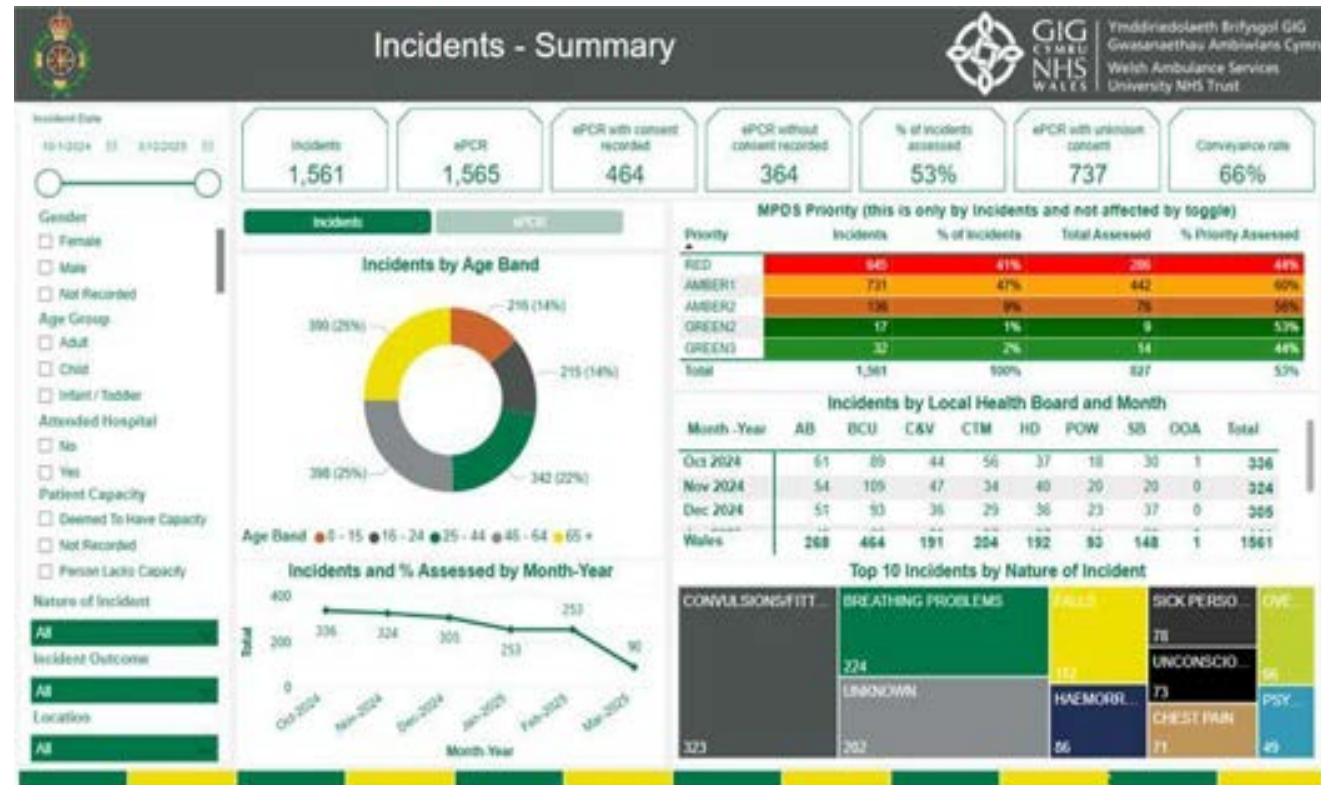
Mesur Perfformiad Anableddau Dysgu

Dangosfwrdd Anableddau Dysgu

Aeth y dangosfwrdd yn fyw ar 1 Hydref 2024, ac mae'n adrodd ar ddata am anghenion ychwanegol cleifion. Mae'r dangosfwrdd yn trefnu data yn ôl demograffeg (ystod oedran, rhyw) a chategoriâu eraill megis math o gau digwyddiad a blaenoriaethu galwadau.

Rhwng 1 Hydref 2024 a 31 Mawrth 2025, bu 1,696 o gofnodion ePCR lle cofnodwyd angen ychwanegol. Confylsiynau/ffitio a phroblemau anadlu fu'r ddau brif ddigwyddiad a gofnodwyd. Mae'r data hwn yn werthfawr wrth ddeall y darlun cenedlaethol ehangach o iechyd ymhlith y boblogaeth ag anabledd dysgu a'r effaith ar brofiad cleifion.

Mae data o brofiadauwedi llywio cytundeb gan Lywodraeth Cymru i ail-lunio rhai adnoddau i benodi Uwch Ymarferydd Clinigol ar gyfer Anabledd Dysgu i lywio a gwella ein model gwasanaeth ar gyfer y bobl ag anableddau dysgu ac anghenion cymhleth.



Ymgysylltu â'n Cymuned Dementia

Mae'r Ymddiriedolaeth yn ymgysylltu gyda gwahanol grwpiau a chymunedau dementia ledled Cymru, gan ein helpu i addysgu pobl am ein gwaith dementia. Rydym yn cynnig cyfleoedd ymgyfarwyddo fel bod pobl yn gallu dod i mewn i'n cerbydau ac edrych o gwmpas. Mae hyn yn ein helpu i nodi problemau sydd gan y bobl sy'n cael eu heffeithio gan ddementia yn ein hamgylcheddau. Mae adborth gan gymunedau dementia wedi arwain at gyflwyno llawer o welliannau, gan gynnwys:

- Prosiect yng Ngheredigion, a gyd-ddyluniwyd gan y gymuned dementia leol, sydd wedi cyflwyno lluniau o ardaloedd o harddwch lleol y tu mewn i'r cerbydau, yn ogystal â llyfrynau cerddoriaeth a gweithgareddau penodol i genres i gefnogi cleifion ar gludiant ambiwlans.
- Defnyddio therapi hel atgofion gyda phobl sy'n byw gyda dementia i ddangos effaith gadarnhaol ar brofiadau cleifion, yn enwedig gyda chleifion sy'n ofidus neu'n gynhyrfus pan fyddant yn ein gofal. Mae tystiolaeth o welliant mewn trosglwyddiadau gofal a chyfleoedd i greu perthnasoedd a momentau ystyrlon gan ddefnyddio cerddoriaeth a thynnu sylw er mwyn gwella profiad y claf.
- Datblygu Pecyn Cymorth Gweithgareddau Cleifion, sydd ar gael i'r holl staff, a fydd o fudd i unrhyw un sydd angen gwrthdyniad neu weithgaredd pan fyddant yn ein gofal.

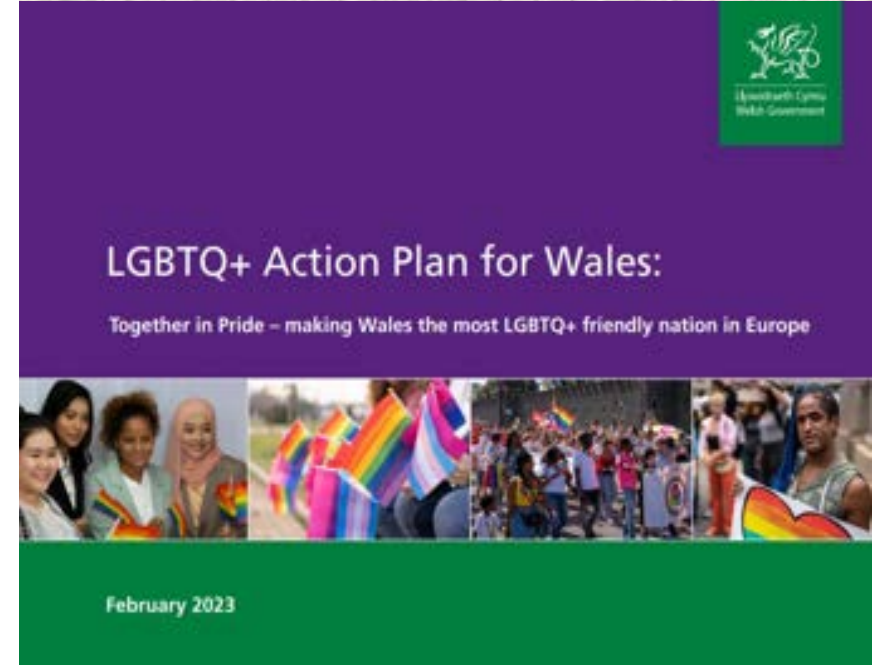


Ymgysylltu â'n Cymunedau LHDTDC+

Dros y chwe mis diwethaf rydym wedi ymgysylltu â chymunedau LHDTDC+ mewn amrywiol ddigwyddiadau Pride ledled Cymru i geisio adborth am brofiadau a disgwyliadau LHDTDC+ o ddefnyddio ein gwasanaethau. Mae'r ymgysylltiad hwn yn cefnogi gweledigaeth **Cynllun Gweithredu LHDTDC+ ar gyfer Cymru** Llywodraeth Cymru i wella canlyniadau iechyd i bob person LHDTDC+, yn benodol Cam Gweithredu 5: *Cynnwys cymunedau LHDTDC+ wrth ddylunio gwasanaethau cyhoeddus* a Cham Gweithredu 18: *Deall a gwella profiad pobl LHDTDC+ yn y sectorau iechyd a gofal cymdeithasol*.

O ganlyniad i'r ymgysylltiad hwn, bydd Cadeirydd y Rhwydwaith yn gweithio gyda Rhwydwaith Cenedlaethol LHDT+ AACE i ddiweddarau'r adnodd DPP presennol o amgylch HIV ac AIDS a datblygu adnodd DPP Iechyd Meddwl newydd i addysgu a helpu staff y gwasanaeth ambiwlans i ddarparu gofal gwell i bobl sy'n byw gyda HIV. I helpu gyda hyn, mae Cyd-gadeirydd ein Rhwydwaith LHDTDC+ wedi cysylltu â Fast Track Cymru i gynnal gweithdy i staff WAST ynghylch ymwybyddiaeth o HIV, yr uchelgais i ddod â throsglwyddo HIV i ben yng Nghymru erbyn 2030, a meddyginiaeth ataliol fel PrEP a PEP a'r ymgyrch U=U.

Yn ogystal, dathlwyd Mis Hanes LHDTDC+ o fewn yr Ymddiriedolaeth eto ym mis Chwefror gyda chyfres o ddigwyddiadau lleol ledled Cymru a hyrwyddwyd i staff ochr yn ochr â digwyddiadau gweminar cenedlaethol ar-lein.



Ymgysylltu â'n Cymunedau Ethnig Leiafrifol



Nod canolog [Cynllun Gweithredu Cymru Wrth-hiliol](#) Llywodraeth Cymru yw lleihau anghydraddoldebau iechyd a brofir gan bobl Dduon, Asiaidd a Ethnig Leiafrifol ac yn sicrhau bod eu lleisiau'n cael eu clywed wrth lunio penderfyniadau ynglŷn â gwasanaethau. Mae'r Tîm PEGI yn parhau i weithio'n agos gyda Thîm Cydraddoldeb a Chynhwysiant yr Ymddiriedolaeth i ymgorffori camau gweithredu y cynllun hwn ar draws yr Ymddiriedolaeth. Mae data ymchwil yn dweud wrthym fod pobl o gefndiroedd ethnig leiafrifol

ac ardaloedd o amddifadedd yn parhau i wynebu heriau fel cael mynediad at ofal yn hwyr, profi arosiadau hwy a chael canlyniadau iechyd gwaeth. Mae'r Ymddiriedolaeth wedi cymryd rhan yn astudiaethau ymchwil HEAR 1 a 2 a oedd yn canolbwyntio ar y defnydd o wasanaethau cyfieithu gan geiswyr lloches a ffoaduriaid mewn gofal iechyd sylfaenol ac argyfwng yng Nghymru ac mae bellach yn rhan o becyn cymorth iechyd cleifion ffoaduriaid a cheiswyr lloches Cymdeithas Feddygol Prydain (BMA).

Pecyn Croeso WAST

Fe wnaethon ni weithredu prosiect gwella i leihaunifer y camau i gael mynediad at becyn croeso WAST. Mae'r pecyn croeso wedi cael ei hyrwyddo i gymunedau ym mhob digwyddiad ymgysylltu perthnasol a fynychwyd. Rydym hefyd wedi cynhyrchu taflen gyfarwyddiadau newydd i helpu pobl i ddeall yn well sut i gael mynediad at yr adnodd newydd hwn.



Helpu i greu Cymru Wrth-Hiliol

Digwyddiad Ramadan ac Iftar

Ym mis Mawrth, cynhaliodd Rhwydwaith Pobl BEAM ddigwyddiad Iftar cyntaf yr Ymddiriedolaeth yn ein pencadlys yng Nghasnewydd. Daeth nifer dda i'r digwyddiad hwn gyda chynrychiolaeth o'n Bwrdd Ymddiriedolaeth, gan gynnwys Cyfarwyddwyr Anweithredol, a rhoddodd gyfle i ddysgu am Ramadan a thorri'r ympryd. Gwahoddwyd staff a gwirfoddolwyr i rannu bwyd traddodiadol gyda'n cydweithwyr Mwslimaidd a gwylio gweddïau. Roedd Ysgrifennydd Cyffredinol Cyngor Mwslimiaid Cymru hefyd yn bresennol a rhoddodd anerchiad am Ramadan. Roedd y mynychwyr yn gwerthfawrogi'r digwyddiad a gwnaethant sylwadau ar faint a ddysgon nhw am ddiwylliant Mwslimaidd a fydd yn ein helpu i greu cynghreiriaeth a deall anghenion ein cydweithwyr Mwslimaidd a defnyddwyr gwasanaeth yn well.

Digwyddiad Mela

Rydym wedi parhau i ymgysylltu â chymunedau ethnig leiafrifol ledled Cymru drwy fynychu sawl digwyddiad, gan gynnwys Mela Caerdydd, dathliad amlddiwylliannol mwyaf Cymru. Fe siaradon ni â phobl am yr hyn sydd bwysicaf iddyn nhw wrth ddefnyddio gwasanaethau ambiwlans. Dywedodd pobl wrthym fod cael gwybodaeth ar gael yn eu hiaith eu hunain yn hanfodol, yn enwedig mewn argyfwng gofal iechyd. Dywedodd pobl hefyd fod gwasanaethau'r GIG yn deall anghenion diwylliannol gwahanol cymunedau yn ganolog i wella profiadau cyffredinol.

Expo Mawr Halal

Ym mis Chwefror, mynychodd yr Ymddiriedolaeth y digwyddiad Expo Halal Mawr yng Nghaerdydd i ymgysylltu â chymunedau Mwslimaidd. Gwelodd y digwyddiad hwn tua 3000 o ymwelwyr drwy gydol y dydd lle bu staff yn gweithio gyda phlant i ymarfer sgiliau CPR, yn gwrando ar brofiadau defnyddwyr gwasanaeth, ac yn hyrwyddo cyfleoedd gwirfoddoli a recriwtio o fewn yr Ymddiriedolaeth.



Helpu i greu Cymru Wrth-Hiliol

Rhwydwaith Menywod Mwslimaidd y GIG

Mae'r Ymddiriedolaeth wedi croesawu aelodau o Rwydwaith Menywod Mwslimaidd y GIG i WAST i rannu eu profiadau o ragfarn a gwahaniaethu. Mae dau o'r aelodau rhwydwaith hyn yn gweithio o fewn Ymddiriedolaethau Ambiwlans eraill ac roeddent yn gallu cysylltu â'n gweithlu i'w helpu i ddeall effaith hiliaeth sefydliadol. Er mwyn adeiladu ar y gwaith hwn ac i'n helpu i ddenu gweithlu mwy amrywiol o ran ethnigrwydd a chefnogi staff Du, Asiaidd ac ethnig leiafrifol presennol yn y gweithle, rydym wedi gwneud cysylltiadau â Rhwydwaith Shuri'r GIG, rhwydwaith GIG a gofal o fenywod o grwpiau ethnig leiafrifol mewn iechyd digidol sy'n herio'r system i gymryd camau gweithredu a chefnogi menywod o leiafrifoedd ethnig i lwyddo yn eu gyrfaedd.



Menter Tôn Croen Mamolaeth



Mae ein Hyrwyddwr Diogelwch Lleol Bydwagedd wedi trefnu i gaffael modelau efelychu tôn croen du i wella hyfforddiant ar gyfer genedigaeth. Mae hyn yn cynnwys model efelychu genedigaeth, modelau newyddenedigol, modelau CPR oedolion, pecyn gwnïo a braich fewnwythiennol. Mae ein Cofrestrydd Iechyd Cyhoeddus wedi dadansoddi data poblogaeth i nodi'r ardaloedd â'r nifer uchel o enedigaethau gofal brys ethnig leiafrifol ac o ganlyniad, bydd y modelau hyn yn cael eu hychwanegu at ein hystafelloedd hyfforddi yn Abertawe, Caerdydd a Chasnewydd. Bydd yr adnoddau hyfforddi hefyd yn cael eu benthyg i feysydd eraill i sicrhau bod cyfle i bob aelod o staff hyfforddi gyda modelau efelychu tôn croen du.

Adroddiad Amrywiaeth y Gweithlu 2024-2025

Rydym yn falch o weld rhai gwelliannau i amrywiaeth gyffredinol ein gweithlu gyda chynnydd bach yn nifer y staff o leiafrifoedd ethnig, staff ag anabledd a staff LHDTC+.

Eleni, rydym wedi adolygu ein Polisi Recriwtio a Dethol sy'n cynnwys canllawiau manwl ar ddileu rhagfarn ddjarwybod drwy gydol y broses recriwtio i'n helpu i wella amrywiaeth ein gweithlu. Mae'r polisi hefyd yn annog paneli cyfweld amrywiol a chamau cadarnhaol.

Rydym hefyd wedi derbyn yr argymhellion a amlinellwyd yn Adroddiad Safon Cydraddoldeb Hiliol y Gweithlu ar gyfer 2024 sydd wedi ein helpu i ganolbwyntio ein hymdrechion ar gynyddu cefnogaeth i'n cydweithwyr Du, Asiaidd ac ethnig leiafrifol a'r rhai sy'n dymuno ymuno â'r Ymddiriedolaeth.

Mae copi llawn o'n hadroddiad amrywiaeth y gweithlu i'w weld yn yr atodiadau.

“

Cynyddodd nifer y staff Du, Asiaidd
ac ethnig leiafrifol o 1.36% i 1.63%

”

i

Cynyddodd nifer y
menywod o 50% i
50.5%

“

Cynyddodd nifer y
staff ag anabledd o
6.75% i 7.94%

”

“

Cynyddodd nifer y staff
sy'n nodi eu bod yn
LHD+ o 5.6% i 5.72%

”

Adroddiad Safon Cydraddoldeb Hiliol y Gweithlu 2024

Ym mis Mehefin 2024, cyhoeddodd GIG Cymru ei Adroddiad Safon Cydraddoldeb Hiliol y Gweithlu (WRES) cyntaf a oedd yn dadansoddi data o Arolwg Staff y GIG, y System Cofnodion Staff Electronig, ac achosion disgyblu.

Mae'r data'n tynnu sylw at feysydd o fewn yr Ymddiriedolaeth sydd angen sylw. Mae'r argymhellion canlynol yn gofyn inni ganolbwyntio ar dri maes allweddol lle mae cydweithwyr Du, Asiaidd ac ethnig leiafrifol yn cael eu heffeithio'n anghymesur o'i gymharu â chydweithwyr Gwyn

- Lefelau isel o recriwtio staff Du, Asiaidd ac ethnig leiafrifol i WAST**
- Tebygolrwydd penodi staff ar ôl llunio rhestr fer**
- Tebygolrwydd y bydd staff yn cael eu rhoi drwy broses ddisgyblu**

Mewn ymateb i ganfyddiadau'r adroddiad, rydym wedi rhoi'r camau canlynol ar waith:

- Wedi cynnal adolygiad o nifer o bolisiâu gweithlu drwy lens gwrth-hiliol. Mae'r rhain wedi cynnwys:
 - Polisi Recriwtio a Dethol
 - Polisi Disgyblu Cymru Gyfan
 - Polisi Gweithio Hyblyg
- Wedi gweithredu menter Recriwtio Cynhwysol o fewn ein Tîm Digidol.
- Wedi penodi tri Swyddog Ymchwilio a fydd yn asesu'r angen am gamau disgyblu yn erbyn cydweithwyr Duon, Asiaidd ac ethnig leiafrifol.
- Datblygu a chyflwyno mentrau datblygu pobl i godi ymwybyddiaeth o'r gwahaniaethu ac i annog diwylliannau gweithle mwy cynhwysol.

Amrywiaeth y Gweithlu

Recriwtio Cynhwysol y Tîm Digidol

Er mwyn mynd i'r afael â'r diffyg amrywiaeth ethnig o fewn ein gweithlu yn dilyn canfyddiadau Adroddiad WRES, rydym wedi gweithredu menter o fewn ein Tîm Digidol. Fe wnaethon ni estyn allan at gymunedau ethnig amrywiol i helpu i wella ein hymgyrch recriwtio. Diwygiwyd y geiriad ar hysbysebion swyddi ac fe wnaethom hyrwyddo'r swyddi gwag yn strategol ar wahanol lwyfannau i gyrraedd ymgeiswyr mwy amrywiol. At ddibenion y data isod, rydym wedi defnyddio'r acronym BAME i ddynodi ymgeiswyr Du, Asiaidd ac ethnig leiafrifol.

3 Sesiwn Hyfforddi Rhagfarn Ddiarwybod a gyflwynwyd i 6 Rheolwr Recriwtio yn cwmpasu'r canlynol:

- Cyflwyno'r cefndir – crynodeb o amrywiaeth y gweithlu WAST
- Rhagfarn ddiaarwybod a sut mae'n effeithio ar recriwtio
- Trafodaeth grŵp – nodi rhagfarn ddiaarwybod bersonol a chydabod yr heriau a'r rhwystrau y gall ymgeiswyr eu hwynebu
- Paneli cyfweld amrywiol
- Cyngor a chymorth bellach

2 weithdy ar gyfer ymgeiswyr BAME

- Cwrdd â'r Tîm
- Proses Recriwtio TRAC
- Sesiwn Holi ac Ateb

19 o Swyddi Gwag

Cynhaliwyd **131 o gyfweiliadau 57 (43.5%) o ymgeiswyr BAME**

Derbyniwyd **1270 o geisiadau**

1005 (79%) gan ymgeiswyr **BAME**

1 mynychwr gweithdy wedi'i **benodi'n** llwyddiannus i swydd wag o fewn ein **Tîm Ystadau**

19 o gynigion wedi'u gwneud **5 (26%)** i ymgeiswyr **BAME**

Amrywiaeth y Gweithlu

Cafodd ein hymdrechion i wella amrywiaeth y gweithlu ethnig ym Menter Recriwtio Cynhwysol y Tîm Digidol effaith gadarnhaol hefyd ar ymgeiswyr â nodweddion gwarchodedig eraill:

Anabledd

89 (7%) o ymgeiswyr ag anabledd
9 (7%) wedi cael cyfweiliad
4 (21%) swydd wedi'u cynnig

Siaradwyr Cymraeg

44 (3.5%) o ymgeiswyr sy'n siarad Cymraeg
8 (6%) wedi cael cyfweiliad
2 (10.5%) swydd wedi'u cynnig

LHDTC+

40 (3%) o ymgeiswyr LHDTC+
7 (5%) wedi cael cyfweiliad
1 (5%) swyddi wedi'i chynnig

Y Camau Nesaf

- Parhau i annog egwyddorion arweinyddiaeth dosturiol a chyflwyno ymyriadau diwylliannol i annog gweithle mwy cynhwysol
- Cyflwyno hyfforddiant rhagfarn ddjarwybod i reolwyr recriwtio a chynnig cefnogaeth i ymgeiswyr amrywiol a allai fod dan anfantais
- Gweithio gyda Phrifysgol Abertawe i gynnig cefnogaeth i fyfyrwyr parafeddygol graddedig â nodwedd warchodedig yn ein digwyddiad recriwtio blynyddol
- Archwilio opsiynau i gyflwyno adolygiad porth mewnol o achosion disgyblu
- Darparu cefnogaeth i fenywod a grwpiau lleiafrifol eraill i symud ymlaen i rolau uwch reoli

Adroddiad Bwlch Cyflog Rhwng y Rhywiau 2024-2025

Rydym yn falch o weld ein bwlch cyflog rhwng y rhywiau wedi lleihau ychydig dros y flwyddyn ddiwethaf i **5.3%**.

O'i gymharu ag Ymddiriedolaethau Ambiwylans eraill y DU, mae Gwasanaeth Ambiwylans Cymru yn perfformio'n dda. Fodd bynnag, rydym yn cydnabod bod ein bwlch cyflog rhwng y rhywiau yn parhau i gael ei achosi'n bennaf gan nifer anghymesur o ddynion yn ein rolau uchaf, a chymhareb anghymesur o weithwyr benywaidd-gwrywaidd sy'n gweithio oriau contract rhan-amser.

Byddwn yn parhau i gefnogi ein cydweithwyr benywaidd yn y gweithle i chwilio am gyfleoedd i ddatblygu gyrfa. Yn ystod y misoedd nesaf, byddwn yn cefnogi ein harweinwyr gweithredol benywaidd i gymryd rhan mewn cynllun cenedlaethol ar gyfer cyfarwyddwyr gweithredol uchelgeisiol er mwyn annog cynrychiolaeth fwy cyfartal o gyfarwyddwyr benywaidd yn y dyfodol. Rydym hefyd yn cyflwyno nifer o rolau proffesiynol uwch o fewn ein timau clinigol a gobeithiwn y byddant yn denu mwy o ymgeiswyr benywaidd.



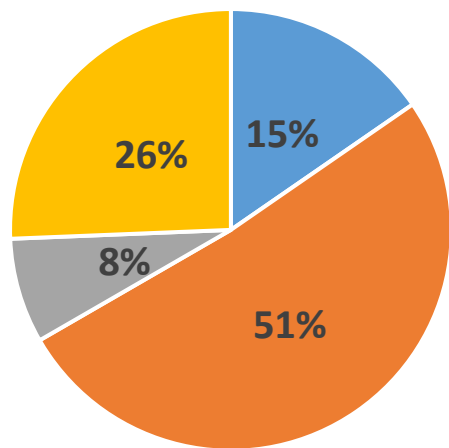
**I lawr o 5.6
i 5.3%**



Asesiadau o'r Effaith ar Gydraddoldeb

O fewn 2024-2025 mae'r Ymddiriedolaeth wedi cwblhau 39 asesiad o'r effaith ar gydraddoldeb

Asesiadau o'r Effaith ar Gydraddoldeb



- Polisiâu a Gweithdrefnau Clinigol
- Polisiâu a Gweithdrefnau Gweithlu
- Cynlluniau Newid Gwasanaeth
- Gwasanaethau a Chynlluniau Corfforaethol

Roedd yr Asesiadau o'r Effaith ar Gydraddoldeb a oedd o berthnasedd arbennig i amcanion ein Cynllun Cydraddoldeb Strategol yn cynnwys:

- **Cynllun Tymor Canolig Integredig** – yn sicrhau bod Cydraddoldeb, Amrywiaeth a Chynhwysiant wedi'i wreiddio ym mhopeth a wnawn a byddwn yn ceisio cynyddu cydraddoldeb a thegwch i bawb a dileu gwahaniaethu.
- **Cynllun Trawsnewid y Model Clinigol** – yn ein helpu i gynllunio gwasanaethau yn y dyfodol sy'n diwallu anghenion unigolion ac yn cefnogi Nodau Llesiant Cenedlaethau'r Dyfodol.
- **Cynllun Digidol** – canolwynt ar dlodi digidol a llythrennedd digidol, yn enwedig ymhlith ein poblogaeth sy'n heneiddio.
- **Polisi y Gymraeg** – yn sicrhau ein bod yn parhau i gynyddu ein gallu i ddarparu gwasanaethau drwy gyfrwng y Gymraeg ac nad ydym yn trin y Gymraeg yn llai ffafriol na'r Saesneg.
- **Polisi Trais yn Erbyn Menywod, Cam-drin Domestig a Thrais Rhywiol** – y nod yw cefnogi menywod sy'n agored i niwed a dileu gwahaniaethu.
- **Polisi Recriwtio a Dethol** – yn annog dull cynhwysol o recriwtio'n deg ac yn ddiduedd er mwyn gwella amrywiaeth y gweithlu.

Llywodraethu a Chraffu

Cyfarwyddwr Newid Diwylliant Newydd

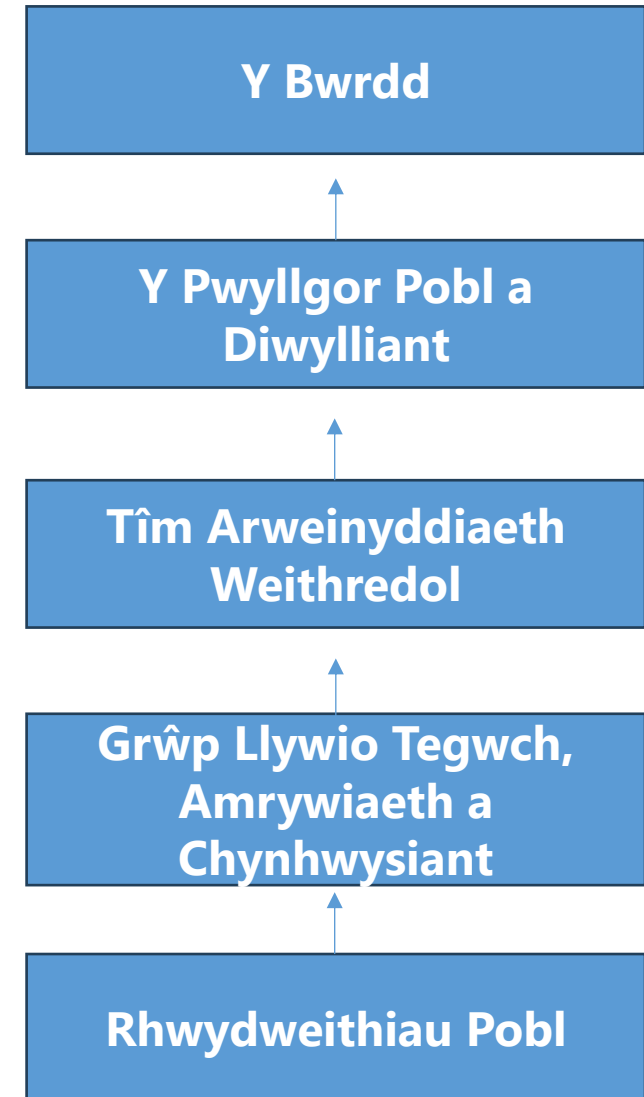
Rydym wedi cynyddu capasiti arweinyddiaeth ein Cyfarwyddiaeth Pobl a Diwylliant drwy rannu ein rôl Cyfarwyddwr Pobl a Diwylliant yn ddwy swydd ar wahân – Cyfarwyddwr Gwasanaeth Pobl a Chyfarwyddwr Newid Diwylliant. Mae Angela Lewis, a oedd yn dal y rôl gyfarwyddwr cyfunol flaenorol, wedi cael ei phenodi fel y Cyfarwyddwr Newid Diwylliant newydd. Mae'r newid rôl hwn yn caniatáu i roi mwy o flaenoriaeth i degwch, amrywiaeth a chynhwysiant ac mae gennym bellach ffocws ac adnoddau ychwanegol ar lefel weithredol sy'n sicrhau bod tegwch, amrywiaeth a chynhwysiant yn cael eu plethu drwy ein holl gyfarfodydd pwyllgor ac ar Fwrdd yr Ymddiriedolaeth.

Mae codi proffil mentrau ar lefel weithredol wedi galluogi aelodau'r Bwrdd i gofleidio eu cyfrifoldebau allweddol yn llawn a chyflawni eu hamcanion tegwch, amrywiaeth a chynhwysiant personol ac rydym yn gweld cynnydd yng nghyfranogiad holl aelodau'r Bwrdd wrth gefnogi digwyddiadau, fel ein digwyddiad Iftar a gorymdeithiau Pride. Mae hyrwyddo ein sianeli ar gyfer codi llais heb ofn a chreu diogelwch seicolegol yn parhau i fod yn flaenoriaeth i'r Ymddiriedolaeth ac o ganlyniad, mae themâu ynghylch tegwch, amrywiaeth a chynhwysiant wedi'u nodi a'u hadrodd i'r Cyfarwyddwyr Anweithredol a'r Prif Swyddog Gweithredol yn rheolaidd trwy adroddiadau adborth y Cyfarwyddwr Diwylliant. Cynhelir sbotolau ar ddiwylliant hefyd yn ystod cyfarfodydd ein Tîm Arwain Gweithredol sy'n canolbwyntio ar y themâu tegwch, amrywiaeth a chynhwysiant a nodwyd.

Grŵp Llywio Tegwch, Amrywiaeth a Chynhwysiant;

Rydym wedi cryfhau ein Grŵp Llywio Tegwch, Amrywiaeth a Chynhwysiant drwy gydol y flwyddyn gyda phenodiad Cadeirydd newydd, Angela Lewis, Cyfarwyddwr Newid Diwylliant a Hyrwyddwr Gweithredol Tegwch, Amrywiaeth a Chynhwysiant. Mae'r grŵp hwn wedi'i ffurfioli i wella craffu a rhoi sicrwydd drwy adrodd ar lwybrau i'r Tîm Arwain Gweithredol a'r Pwyllgor Pobl a Diwylliant. Mae'r grŵp yn cynnwys rhanddeiliaid i gynrychioli pob cyfarwyddiaeth a'r Bwrdd.

Mae'r Cadeirydd wedi cymryd rhan weithredol wrth ysgogi ein rhwydweithiau ac annog eu datblygiad. Ar ôl cyfarfod â phob un o'r rhwydweithiau, mae'r Cadeirydd wedi bod yn allweddol wrth godi proffil ein rhwydweithiau pobl ar lefel y Bwrdd, sydd wedi gweld cynnydd yn nifer y bobl sy'n mynychu digwyddiadau rhwydwaith a chydabyddiaeth am y gwaith codi ymwybyddiaeth a'r gefnogaeth y maent yn ei darparu i staff..



Edrych i'r dyfodol yn 2025-2026

Er mwyn adeiladu ar y gwaith sydd eisoes wedi'i wneud, rydym wedi datblygu ein Grŵp Llywio Tegwch, Amrywiaeth a Chynhwysiant a fydd yn goruchwyllo cynlluniau gweithredu ar draws yr Ymddiriedolaeth sy'n cynnwys llawer o gamau gweithredu i'n helpu i gyflawni Amcanion ein Cynllun Cydraddoldeb Strategol. Y flwyddyn nesaf byddwn yn canolbwyntio ar y meysydd canlynol:

- Bydd ein noddwyr yn cefnogi ein Darpar Aelod Bwrdd i ddysgu a ffynnu o fewn y sector iechyd er mwyn annog mwy o gynrychiolaeth ar ein Bwrdd o gefndiroedd ethnig leiafrifol.
- Adolygu ein gweithdrefnau presennol ar gyfer cael mynediad at wasanaethau dehongli a chyfieithu amserol ac o ansawdd uchel i ddefnyddwyr gwasanaeth nad ydynt yn siarad Saesneg. Bydd hyn yn cael ei gynnal yn unol â Safonau Cymru Gyfan ar gyfer Darparu Gwybodaeth a Chyfathrebu Hygyrch.
- Monitro gweithrediad y Rhaglen Trawsnewid y Model Clinigol i sicrhau bod unrhyw newidiadau i'r ddarpariaeth o wasanaethau yn hygyrch ac yn gwella iechyd a lles ein defnyddwyr gwasanaeth.
- Darparu mynediad i staff at gyfres o hyfforddiant diogelwch rhywiol gyda ffocws ar bynciau penodol fel rhywiaeth o fewn cyfryngau cymdeithasol i addysgu staff ac atal aflonyddu rhywiol.
- Cynnal y Parth Iechyd yng Nghynhadledd Meistroli Amrywiaeth yng Nghaerdydd i arddangos arfer a diwylliant arweinyddiaeth enghreifftiol ac i ddysgu o arfer gorau ledled Cymru.



Mae copi o'n Cynllun Cydraddoldeb Strategol 2024-2028 ar gael yma:

<https://ambiwlans.gig.cymru/gwybodaeth/trin-pobl-yn-deg/>

Edrych i'r dyfodol yn 2025-2026

- Cynnal gweithdy gyda staff sydd wedi cwblhau'r rhaglen hyfforddi Cynghreiriaeth a Gwylwyr Gweithredol i asesu'r effaith y mae wedi'i chael ar eu hyder i gynyddu cynghreiriaeth i helpu i ddileu gwahaniaethu ac anfantais.
- Mabwysiadu a chyflwyno modiwl hyfforddi e-ddysgu gorfodol Cymru Wrth-hiliol i helpu i'w wneud yn fwy ystyrlon i gydweithwyr ambiwlans.
- Sicrhau bod pob rheolwr llinell yn ymgymryd ag elfennau sylfaenol hyfforddiant rheoli ac arweinyddiaeth Ein Ffordd WAST drwy gwblhau'r hyfforddiant un i un a Sgyrsiau Hanfodol.
- Cefnogi ac annog amrywiaeth yn y gweithgaredd recriwtio ar gyfer parafeddygon graddedig ar raddfa fawr a phenodiadau gweithredol a pharhau i gynnig cyfleoedd datblygiad proffesiynol cefnogol i'r rhai mewn swydd.
- Gweithio tuag at gyflawni Cyflogwr Hyderus o ran Gofalwyr Lefel 2 a chefnogi gofalwyr di-dâl drwy weithredu Polisi Gofalwyr a datrysiadau gweithio hyblyg.
- Cyflwyno cynllun pasbort anabledd ar gyfer staff o fewn maes anabledd i helpu i weithredu addasiadau rhesymol priodol yn y gweithle.



Cysylltwch ag aelod o'r tîm i ddysgu mwy am ein Cynllun Gweithredu Tegwch, Amrywiaeth a Chynhwysiant ar gyfer 2025-2026:

AMB_Inclusion@wales.nhs.uk

Ein Casgliadau

Wrth fyfyrio ar y cynnydd a wnaed dros y flwyddyn ddiwethaf, rydym yn hyderus bod Amcanion ein Cynllun Cydraddoldeb Strategol yn berthnasol i'r heriau sy'n ein hwynebu wrth ddarparu gwasanaethau gofal iechyd brys i'r boblogaeth yng Nghymru.

Gan adeiladu ar amcanion ein Cynllun Pobl a Diwylliant sy'n canolbwyntio ar wella diwylliant, capasiti a galluoedd ein gweithle, mae ein Hamcanion Cydraddoldeb Strategol yn parhau i gael eu hymgorffori yng nghynlluniau strategol yr Ymddiriedolaethau, gan gynnwys ein Cynllun Tymor Canolig Integredig, Cynllun Ansawdd, Rhaglen Trawsnewid y Model Clinigol a'n Hamcanion Llesiant Cenedlaethau'r Dyfodol.

Byddwn yn parhau i sicrhau bod tegwch, amrywiaeth a chynhwysiant wrth wraidd ein cynlluniau i sicrhau bod ein gwasanaethau'n diwallu anghenion defnyddwyr gwasanaeth unigol ac yn canolbwyntio ar ofal iechyd sy'n canolbwyntio ar yr unigolyn. Rydym yn falch o weld pa mor bell yr ydym wedi dod fel sefydliad i greu gwasanaeth teg a chynhwysol ar gyfer ein defnyddwyr gwasanaeth, staff a rhanddeiliaid yn ystod y flwyddyn ddiwethaf.



Cysylltwch â Ni

Am ragor o wybodaeth am ein Cynllun Cydraddoldeb Strategol a sut rydym yn cyflawni ein hamcanion, cysylltwch â'r Tîm drwy anfon neges e-bost at

AMB_Inclusion@wales.nhs.uk



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Adroddiad Blynyddol y Cynllun
Cydraddoldeb Strategol 2024-2025



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Welsh Ambulance Services
University NHS Trust

Adroddiad Bwlch Cyflog Rhwng y Rhywiau

2024-2025



Cymryd
perchnogaeth



Ehangu ein
dealltwriaeth



Parchu
eraill



Dangos Cred yn
ein gilydd



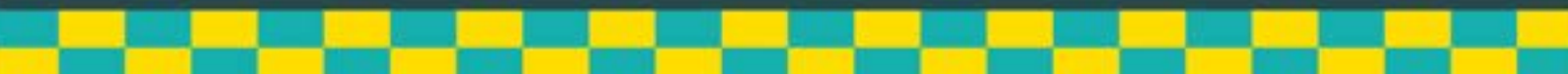
Ymarfer bod
yn Foesegol



Gwella ein
gwasanaeth yn
barhaus



Bod yn gynhwysol
o'r tîm cyfan



Tabl Cynnwys

_____	Cyflwyniad
_____	Ciplun o ddata
_____	Ynghylch cymedr a chanolrif
_____	Data chwartel
_____	Tuedd dros amser
_____	Casgliad

Cyflwyniad

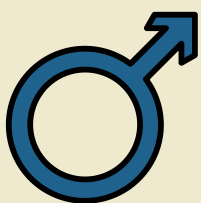
Amlinellir y gofynion adrodd ar y bwlch cyflog rhwng y rhywiau yn Rheoliadau Deddf Cydraddoldeb 2010 (Gwybodaeth Bwlch Cyflog Rhwng y Rhywiau) 2017. Fel sefydliad sy'n cyflogi mwy na 250 o bobl mae'n rhaid i Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwylans Cymru gyhoeddi ac adrodd ar wybodaeth benodol am ein bwlch cyflog rhwng y rhywiau ar ein gwefan ein hunain ac ar wefan y Llywodraeth.

Mae'n bwysig cydnabod a deall bod y bwlch cyflog rhwng y rhywiau yn wahanol i gyflog cyfartal. Mae cyflog cyfartal yn golygu bod yn rhaid i ddynion a menywod yn yr un gyflogaeth sy'n cyflawni 'gwaith cyfartal' gael 'cyflog cyfartal', fel y nodir yn y Ddeddf Cydraddoldeb 2010. Mae'n anghyfreithlon rhoi cyflog anghyfartal i bobl oherwydd eu rhyw. Mae proses gwerthuso swyddi Agenda ar gyfer Newid y GIG yn gwerthuso'r swydd ac nid deiliad y swydd. Mae'r broses gwerthuso swydd hon yn edrych ar y swydd heb unrhyw gyfeiriad at ryw nac unrhyw nodwedd warchodedig arall felly mae cyflog cyfartal yn cael ei sicrhau.

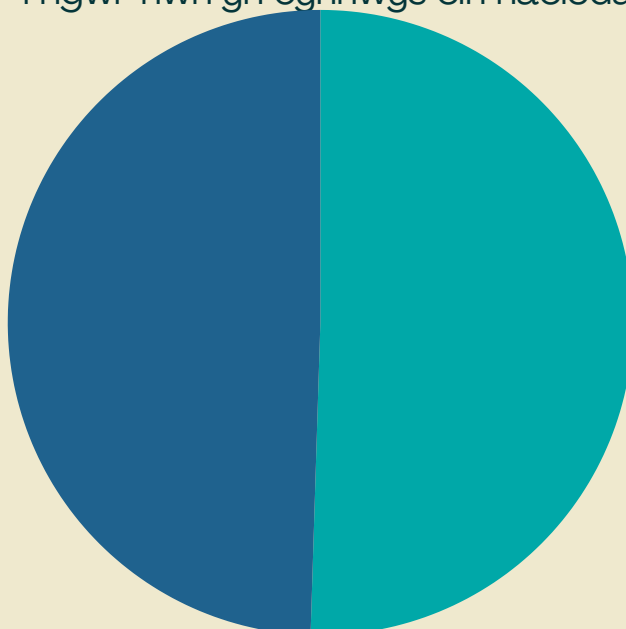
Y bwlch cyflog rhwng y rhywiau yw'r gwahaniaeth rhwng enillion cyfartalog dynion a menywod ar draws sefydliad.

Darperir y data hwn fel ciplun blynyddol o'r bwlch cyflog rhwng y rhywiau rhwng 1 Ebrill 2024 a 31 Mawrth 2025.

Ar 31 Mawrth 2025, roedd Gwasanaeth Ambiwylans Cymru yn cyflogi 2417 o fenywod a 2372 o ddynion, felly roedd tua 50.5% o'r gweithlu yn fenywod a 49.5% yn ddynion. (Mae'r ffigwr hwn yn cynnwys ein haelodau staff parhaol a staff banc).



Dynion
49.5%



Menywod
50.5%



Ciplun o ddata ar 31 Mawrth 2025

Mae cyfradd gymedrig fesul awr menywod 5.3% yn is na chyfradd dynion. Ar gyfartaledd, telir cyfradd fesul awr o £19.92 i fenywod o gymharu â dynion sy'n cael eu talu £21.04.

Mewn geiriau eraill, wrth gymharu cyfraddau cymedrig fesul awr, mae menywod yn cael eu talu 94.7c am bob £1 y mae dynion yn cael eu talu.

Mae cyfradd canolrifol fesul awr menywod 3.9% yn is na chyfradd dynion. Y gyfradd canolrifol fesul awr ar gyfer menywod yw £18.63 o gymharu â dynion, sef £19.38.

Mewn geiriau eraill, wrth gymharu cyfraddau canolrifol fesul awr, mae menywod yn cael eu talu 96.10c am bob £1 y mae dynion yn cael eu talu.

Ni wnaed unrhyw daliadau bonws felly nid oes unrhyw fwllch cyflog bonws cymedrig na chanolrif rhwng y rhywiau i'w adrodd ar daliadau bonws.



Ynghylch cymedr a chanolrif

Y gyfradd gymedrig fesul awr yw'r cyflog fesul awr ar gyfartaledd ar draws y sefydliad cyfan, felly mae'r bwlch cyflog cymedrig rhwng y rhywiau yn fesur o'r gwahaniaeth rhwng cyflog cymedrig fesul awrmenywod a chyflog cymedrig fesul awr dynion.

Cyfrifir y gyfradd ganolrifol fesul awr trwy restru pob gweithiwr yn nhrefn y cyflog uchaf i'r cyflog isaf, a chymryd cyflog fesul awr y person yn y canol; felly y bwlch cyflog canolrifol rhwng y rhywiau yw'r gwahaniaeth rhwng cyflog canolrifol fesul awr menywod a chyflog canolrifol fesul awr dynion.

Data Chwartzel

Cyfrifir chwartzeli cyflog drwy rannu holl weithwyr y sefydliad yn bedwar grŵp cyfartal yn ôl lefel eu cyflog. Mae edrych ar y gyfran o fenywod ym mhob chwartzel yn rhoi syniad o gynrychiolaeth menywod ar wahanol lefelau o'r sefydliad.

Chwartzel 1:
Chwartzel isaf

52.21%	
47.79%	

Mae 52% o'r chwartzel isaf yn fenywod

Chwartzel 2:
Chwartzel canol isaf

55.34%	
44.66%	

Mae 55% o'r chwartzel canol isaf yn fenywod

Quartile 3:
Chwartzel canol uchaf

49.82%	
50.18%	

Mae 50% o'r chwartzel uchaf yn fenywod

Chwartzel 4:
Chwartzel uchaf

43.09%	
56.91%	

Mae 43% o'r chwartzel isaf yn fenywod

Patrymau gwaith

Mae'r tabl hwn yn dangos cymarebau gweithwyr gwrywaidd i fenywaidd wedi'u rhannu rhwng y rhai sy'n gweithio'n rhan amser ac yn llawn amser. Mae gwahaniaeth pwysig yn y rhaniad rhan amser/llawn amser ar gyfer gwrywod a benywod sy'n cefnogi'r ddamcaniaeth bod mwy o fenywod yn dewis rolau rhan amser, ac mae hyn yn debygol o fod yn adlewyrchiad o gyfrifoldebau gofalu.

Rhywedd	Benyw	Gwryw
Rhan amser	756 (16%)	520 (11%)
Llawn amser	1654 (35%)	1835 (38%)

Mae'r tabl hwn yn dangos y gymhareb o wrywod i fenywod ar draws y gwahanol fandiau cyflog yn y sefydliad. Yn gyffredinol, mae ein gwahaniaethau ar draws y bandiau cyflog yn gymharol fach o ran canran. Ac eithrio bandiau 3, 4, 6 ac 8B, mae gennym fwy o ddynion ym mhob band cyflog arall sy'n arwydd o'r bwlch cyflog rhwng y rhywiau ar draws yr Ymddiriedolaeth, yn enwedig o fewn ein bandiau cyflog uwch.

Band Cyflog	Benyw	Gwryw
Arall	0.23%	0.29%
Band 2	0.90%	1.22%
Band 3	15.25%	11.93%
Band 4	4.17%	1.99%
Band 5	11.17%	12.38%
Band 6	12.75%	12.32%
Band 7	4.29%	5.68%
Band 8a	1.35%	1.85%
Band 8b	0.59%	0.56%
Band 8c	0.32%	0.38%
Band 8d	0.18%	0.20%

Tuedd dros amser

Wrth gymharu'r data blynyddol dros amser, mae ychydig o amrywiad ymhlith y bwlch cyflog rhwng y rhywiau. Rydym yn parhau i weithio'n gallach i ddeall beth sy'n achosi'r bwlch hwn ac ystyried beth y gallwn ei wneud i leihau'r bwlch hwn ac yn y pen draw ei ddileu yn y dyfodol.

	Cyfradd gymedrig fesul awr menywod fel % yn is na chyfradd dynion.	Cyfradd gymedrig fesul awr menywod ar gyfer pob £1 y mae dynion yn cael eu talu.	Cyfradd ganolrifol fesul awr menywod fel % yn is na chyfradd dynion.	Cyfradd ganolrifolfesul awr menywod ar gyfer pob £1 y mae dynion yn cael eu talu.
2017-2018	5.3%	95c	11.2%	89c
2018-2019	4.7%	95c	8.9%	91c
2019-2020	5.5%	94c	9.9%	90c
2020-2021	5.2%	95c	7.94%	92c
2021-2022	6.7%	93c	7.29%	93c
2022-2023	5.4%	95c	6.3%	94c
2023-2024	5.6%	95c	6.0%	93c
2024-2025	5.3%	95c	3.9%	96c

Casgliad

Wrth ddatblygu mentrau, mae'n hanfodol cofio ein bod yn llawer o bethau a bod gennym brofiadau unigol gwahanol. Er enghraifft, bydd menywod o leiafrifoedd ethnig, menywod ag anabledd, a menywod hoyw neu drawsrywiol yn cael profiadau gwahanol iawn. Mae angen inni fod yn ymwybodol o'r profiadau unigryw hyn a'r croestoriadedd.

Rydym yn parhau gyda'r daith o welliant. Mae angen i ni barhau i ymgorffori ein camau gweithredu i wella'r bwlch cyflog rhwng y rhywiau, hyrwyddo newid diwylliannol ac annog gwell profiad i weithwyr ar draws yr Ymddiriedolaeth. Mae amcanion wedi'u pennu yn ein Cynllun Cydraddoldeb Strategol ar gyfer 2024-2028 i sicrhau ein bod yn parhau i weithio tuag at gau'r bwlch cyflog rhwng y rhywiau.

**Dim ond gyda'n gilydd y gallwn
ddechrau pilio'r haenau o
anghydraddoldebau yn ôl**



Gwneud WAST yn sefydliad gwirioneddol
gynhwysol



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Gwasanaethau Ambiwylans Cymru
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University NHS Trust

ADRODDIAD MONITRO CYDRADDOLDEB Y GWEITHLU 2024-2025



Cymryd
perchnogaeth



Ehangu ein
dealltwriaeth



Parchu
eraill



Dangos Cred yn
ein gilydd



Ymarfer bod
yn Foesegol



Gwella ein
gwasanaeth yn
barhaus



Bod yn gynhwysol
o'r tîm cyfan

Tabl Cynnwys



Cyflwyniad



Cefndir



Data cydraddoldeb y gweithlu
presennol



Data cydraddoldeb y bobl sydd wedi ymuno
â'r Ymddiriedolaeth ac sydd wedi gadael



Cyflwyniad

Mae'n bleser gennym gyflwyno Adroddiad Monitro Cydraddoldeb y Gweithlu Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru ar gyfer 2024-2025.

Mae'r adroddiad hwn yn darparu data monitro cydraddoldeb yn unol â gofynion Deddf Cydraddoldeb 2010 a Dyletswydd Cydraddoldeb y Sector Cyhoeddus.



Mae'r Ddeddf Cydraddoldeb 2010 a Dyletswydd Cydraddoldeb y Sector Cyhoeddus yn ei gwneud yn ofynnol i bob corff cyhoeddus gynhyrchu adroddiad blynyddol erbyn 31 Mawrth bob blwyddyn. Dylai cyrff cyhoeddus ddangos yn eu hadroddiadau blynyddol i ba raddau y maent wedi gallu bodloni tri phrif amcan y Ddyletswydd. Mae'r rhain fel a ganlyn:

- Cael gwared ar wahaniaethu anghyfreithlon, aflonyddu, erledigaeth ac unrhyw ymddygiad arall a waherddir gan y Ddeddf;
- Hyrwyddo cydraddoldeb cyfle rhwng y bobl sy'n rhannu nodwedd warchodedig a'r rhai nad ydynt; a
- Meithrin perthnasoedd da rhwng y bobl sy'n rhannu nodwedd warchodedig a'r rhai nad ydynt.

Mae'r adroddiad blynyddol hefyd yn rhoi cyfle i gyrff cyhoeddus:

- Monitro ac adolygu cynnydd;
- Monitro ac adolygu effeithiolrwydd a phriodoldeb trefniadau;
- Adolygu amcanion a phrosesau yng ngoleuni deddfwriaeth newydd a datblygiadau newydd eraill;
- Ymgysylltu â rhanddeiliaid ynghylch y materion hyn, gan ddarparu tryloywder i bartneriaid a'r cyhoedd.

Mae Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru wedi cyhoeddi Adroddiad Blynyddol ei Chynllun Cydraddoldeb Strategol sy'n amlinellu ein cyflawniadau a'r cynnydd a wnaed tuag at gyflawni amcanion Dyletswydd Cydraddoldeb y Sector Cyhoeddus. Gellir dod o hyd i'r adroddiad hwn ar ein gwefan.

Mae'r adroddiad hwn yn rhoi gwybodaeth am ein data gweithlu. Mae hyn yn ein galluogi i edrych ar amrywiaeth ein gweithlu y gellir ei ddefnyddio i nodi bylchau a meysydd i'w gwella. Rydym yn cydnabod bod angen i'n gweithlu adlewyrchu'r boblogaeth yr ydym yn ei gwasanaethu er mwyn deall a diwallu anghenion ein defnyddwyr gwasanaeth yn llawn.



DATA CYDRADDOLDEB



Mae'r wybodaeth yn yr adroddiad hwn yn rhoi dadansoddiad o'n data cydraddoldeb gweithlu yn y meysydd canlynol:

- Staff mewn swydd a'u nodweddion gwarchodedig
- Patrwm gwaith wedi'i ddadansoddi yn ôl rhyw
- Staff sydd wedi ymuno â'r Ymddiriedolaeth gyda nodwedd warchodedig
- Staff sydd wedi gadael yr Ymddiriedolaeth gyda nodwedd gwarchodedig

Mae'n bwysig nodi bod y data a gynhwysir yn yr adroddiad hwn yn defnyddio'r data sydd wedi'i storio yn ein system cofnodion staff electronig. Mae'n gwbl wirfoddol i aelodau unigol o staff ddewis a ydynt am lanlwytho'r data hwn i'w cofnodion personol. Ar ôl dadansoddi'r data a gedwir ar ein system, rydym yn gwybod bod llawer o aelodau staff nad ydynt wedi darparu data personol yn yr adran monitro cydraddoldeb yn eu cofnodion staff.

Mae casglu data yn faes sydd wedi'i nodi ar gyfer gwella. Mae'r Ymddiriedolaeth yn cydnabod y dylai wneud mwy i gynyddu hyder gweithwyr wrth rannu'r data hwn a darparu sicrwydd i'r staff ar sut y bydd y data yn cael ei ddefnyddio a sicrhau preifatrwydd.

Mae'r data a ddarperir yn yr adroddiad hwn yn seiliedig ar gyfanswm nifer y staff ar 31 Mawrth 2024 sef 4434. Sylwer nad yw'r ffigur hwn yn cynnwys ein haelodau staff banc.

DATA CYDRADDOLDEB

“

Cynyddodd nifer y staff Du, Asiaidd
ac ethnig leiafrifol o 1.36% i 1.63%

”

;

Cynyddodd nifer y
menywod o 50% i
50.5%

“

Cynyddodd nifer y
staff ag anabledd o
6.75% i 7.94%

”

“

Cynyddodd nifer y staff
sy'n nodi eu bod yn
LHD+ o 5.6% i 5.72%

”

Noder: Ar hyn o bryd nid oes gan y system ESR y meysydd data i ganiatáu ar gyfer casglu data ar ailbennu rhywedd neu hunaniaeth rhywedd. Mae'r Ymddiriedolaeth wedi gofyn i unrhyw systemau newydd ganiatáu casglu statws hunaniaeth rhywedd. Mae cynlluniau eisoes ar y gweill yn genedlaethol i ddisodli'r system ESR bresennol.

Bandiau cyflog a Chontractau yn ôl Rhyw

Ceir rhagor o wybodaeth am ryw yn ein hadroddiad Bwlch Cyflog rhwng y Rhywiau 2023–2024

Pay band	% Benyw	% Gwryw
Band 2	0.90%	1.22%
Band 3	15.25%	11.93%
Band 4	4.17%	1.99%
Band 5	11.17%	12.38%
Band 6	12.75%	12.32%
Band 7	4.29%	5.68%
Band 8A	1.35%	1.85%
Band 8B	0.59%	0.56%
Band 8C	0.32%	0.38%
Band 8D	0.18%	0.20%
Arall	0.23%	0.29%

Math o gontract	% Benyw	% Gwryw
Amhenodol	0.00%	0.00%
Rhan amser	16%	11%
Amser llawn	35%	38%

Oedran

Band oedran	Nifer o bobl	%	CALI
<=20 oed	45	1.01%	42.87
21-25	292	6.59%	283.54
26-30	480	10.83%	466.56
31-35	550	12.4%	513.38
36-40	530	11.95%	497.49
41-45	418	9.43%	392.43
46-50	526	11.86%	503.98
51-55	625	14.1%	592.92
56-60	546	12.31%	493.07
61-65	347	7.83%	277.22
66-70	62	1.4%	46.09
>=71 oed	13	0.29%	9.11
Cyfanswm terfynol	4434	100.00%	4118.7

Statws priodasol

Statws priodasol	Nifer o bobl	%	CALI
Partneriaeth sifil	113	2.55	106.64
Wedi ysgaru	279	6.29	251.2
Wedi gwahanu'n gyfreithiol	59	1.33	54.38
Priod	2,042	46.05	1866.6
Sengl	1,588	35.81	1511.1
Anhysbys	276	6.22	257.9
Amhenodol	46	1.04	44.01
Gweddw	31	0.7	26.81
Cyfanswm terfynol	4434	100.00	4118.7

Crefydd a Chred

Crefydd a Chred	Nifer o bobl	%	CALI
Anffyddiaeth	1120	25.26	1066.3
Bwdhaeth	13	0.29	12.14
Cristnogaeth	1856	41.86	1706.7
Hindŵaeth	0	0	0
Islam	12	0.27	12
Iddewiaeth	1	0.02	1.00
Siciaeth	0	0	0
Heb ddatgan	728	16.42	682.24
Arall	509	11.48	478.63
Amhenodol	195	4.4	159.63
Cyfanswm terfynol	4434	100.00	4118.7

Cyfeiriadedd Rhywiol

Cyfeiriadedd Rhywiol	Nifer o bobl	%	CALI
Deurywiol	80	1.8	77.63
Hoyw neu Lesbiaidd	165	3.72	159.04
Heterorywiol neu Syth	3,623	81.71	3377.22
Heb ddatgan	361	8.14	335.96
Cyfeiriadedd rhywiol arall nad yw wedi'i restru	9	0.2	9
Heb benderfynu	8	0.18	7.3
Amhenodol	188	4.24	152.52
Cyfanswm terfynol	4434	100.00	4118.7

Ethnigrwydd

Grŵp Ethnig	Nifer o bobl	%	CALI
A Gwyn – Prydeinig	3,355	75.67%	3148.8
B Gwyn – Gwyddelig	27	0.61%	23.78
C Gwyn – unrhyw gefndir Gwyn arall	64	1.44%	61.36
C2 Gwyn Gwyddel/Gwyddeles o Ogledd Iwerddon	2	0.05%	2
C3 Gwyn Amhenodol	40	0.90%	35.12
CA Gwyn Seisnig	35	0.79%	31.08
CB Gwyn Albanaidd	1	0.02%	1
CC Gwyn Cymreig	388	8.75%	347.09
CX Gwyn Cymysg	1	0.02%	1
CY Gwyn Ewropeaidd Arall	4	0.09%	3.8
D Cymysg – Gwyn a Du Caribïaidd	4	0.09%	4
E Cymysg – Gwyn a Du Affricanaidd	3	0.07%	2.4
F Cymysg – Gwyn ac Asiaidd	12	0.27%	11.64
G Cymysg – Unrhyw gefndir cymysg arall	11	0.25%	9.88
GC Cymysg – Du a Gwyn	1	0.02%	1
GD Cymysg – Tsieineaidd a Gwyn	1	0.02%	0.61
GF Cymysg – Arall/Amhenodol	1	0.02%	1
H Asiaidd neu Asiaidd Prydeinig – Indiaidd	4	0.09%	4
J Asiaidd neu Asiaidd Prydeinig – Pacistanaidd	4	0.09%	4
K Asiaidd neu Asiaidd Prydeinig – Bangladeshaidd	1	0.02%	1
L Asiaidd neu Asiaidd Prydeinig – unrhyw gefndir Asiaidd arall	2	0.05%	2
LH Asiaidd Prydeinig	1	0.02%	1
M Du neu Ddu Prydeinig – Caribïaidd	3	0.07%	2.84
N Du neu Ddu Prydeinig – Affricanaidd	12	0.27%	11.2
R Tsieineaidd	3	0.07%	2.1
S Unrhyw grŵp ethnig arall	6	0.14%	6
SE Arall Penodedig	2	0.05%	1.45
Amhenodol	215	4.85%	179.64
Z Heb ei nodi	230	5.19%	216.87
Cyfanswm terfynol	4434	100.00%	4118.7

Anabledd

Baner anabledd	Nifer o bobl	%	CALI
Dim anabledd	3,473	78.33	3248.78
Heb ddatgan	325	7.33	297.81
Mae'n well gen i beidio ag ateb	21	0.47	19.45
Amhenodol	263	5.93	223.36
Oed	352	7.94	329.27
Cyfanswm terfynol	4434	100.00	4118.7

Pobl sydd wedi ymuno â'r Ymddiriedolaeth

Rhwng 1 Ebrill 2024 a 31 Mawrth 2025, penodwyd 49 o staff i swyddi o fewn yr Ymddiriedolaeth.

Roedd 37% yn fenywod
Roedd 63% yn ddynion

Dywedodd 6.1%
eu bod yn LHD+

Roedd 4.1% o
gefndir Du, Asiaidd
ac ethnig leiafrifol

Roedd gan 12.2%
anabledd.



Pobl sydd wedi gadael yr Ymddiriedolaeth



Rhwng 1 Ebrill 2024 a 31 Mawrth 2025, gadawodd 391 o bobl yr Ymddiriedolaeth.



Roedd 46.5% yn fenywod

Dywedodd 6.9% eu bod yn LHD+



Roedd 3.6% o gefndir Du, Asiaidd ac ethnig leiafrifol

Roedd gan 7.4% anabledd.





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AGENDA ITEM No	17
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	2

WELSH LANGUAGE STANDARDS ANNUAL REPORT 2024-25

MEETING	People and Culture Committee
DATE	12 August 2025
EXECUTIVE	Trish Mills, Director of Corporate Governance/Board Secretary
AUTHOR	Melfyn Hughes, Welsh Language Services Manager
CONTACT	Melfyn Hughes Melfyn.Hughes@wales.nhs.uk

EXECUTIVE SUMMARY

1. WAST presents its sixth annual report on compliance with the Welsh Language Standards. This year's report reflects continued progress in embedding the Welsh language across services, governance, and culture. The People and Culture Committee is asked to note key developments, challenges, and improvement plans, particularly in relation to call handling performance, governance alignment, and digital service provision.
2. Key issues to draw out from the annual report include:
 - There was a significant performance increase in **111 Welsh language call handling** 2023/24, with Welsh language call answering rising from 18% to 45%. In 2024/25, performance remained stable at 45.7%, with a slight increase in total Welsh calls answered (8,444 vs. 8,099). However, Welsh language demand remains low (just over 1% of total 111 calls). An improvement plan is in place, including targeted recruitment, weekend call handler profiling, and opt-out flexibility for callers.
 - **NEPTS call handling** performance declined from 89% in 2023/24 to 77% in 2024/25. This is attributed to a reduction in Welsh-speaking call takers. A plan is in place to prioritise recruitment of Welsh speakers and align with the broader workforce strategy for 2026/27.
 - There have been improvements to **governance and strategic alignment**, with the Welsh Language Advisory Group now reporting to the EDI Steering Group, which in turn reports to the Executive Leadership Team. The People and Culture Committee approved the Trust's first Welsh Language Policy in 2024/25. The revised governance structure ensures alignment with the Strategic Equality Plan

and the Welsh Government More than Just Words Action Plan. Additionally, the Welsh Language Services Manager participates in an NHS Wales group that primarily focuses on compliance but also discusses topics relevant to More Than Just Words.

- Since its launch in September 2023 the **in-house translation service** has translated over 948,000 words. It has enabled compliance across correspondence, signage, forms, and digital content. The service uses NHS Wales Shared Services Partnership's translation memory software, improving consistency and turnaround times
 - The **111 Wales website** continues to face challenges. While a virtual assistant now supports Welsh, the symptom checker content was not updated in Welsh during 2024/25 due to lack of funding. A business case has been submitted to Welsh Government for long-term funding and medical-grade Welsh translations
3. In 2024/25, the Trust implemented a **Welsh Language Standards Compliance Baseline** focused on four key areas: correspondence, document publication, signage, and reception services. Compliance was assessed through a combination of translation service audits and a Trust-wide self-assessment survey conducted in April 2025. Areas of good compliance include the standards related to correspondence, publishing documents and signage, with areas for improvement being reception services. The compliance baseline will continue with the same standards in 2025/26 to build on the work already started and will be promoted across the Trust, with a focus on celebrating good practice and supporting continuous improvement.
 4. A Trust-wide **self-assessment** was conducted in April 2025 to evaluate compliance with the Welsh Language Service Delivery Standards, building on the 2023/24 compliance baseline. Whilst there was a relatively modest take up, there was good compliance linked to bilingual staffing, proactive planning, awareness of the Standards, and use of the in-house translation service. This self-assessment will become an annual exercise, enabling year-on-year comparison, evidence-based improvement, and cross-directorate learning.
 5. **Looking ahead**, the Trust has a number of IMTP deliverables for 2025/26 including a focus on Welsh language competencies on ESR to inform a gap analysis across all service areas. This will guide targeted engagement with frontline teams to assess and improve Welsh language service provision. In line with Standard 110, a Welsh Language Clinical Consultation Plan will be developed to enhance the Trust's capacity to deliver clinical consultations in Welsh.

RECOMMENDATION

6. The People and Culture Committee are asked to:

- i) Endorse the annual report and recommend for approval by the Board and for publishing the report on the Trust's website.
- ii) Receive the year 3 'More Than Just Words' Action Plan progress report for assurance.

KEY ISSUES/IMPLICATIONS

See above

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Welsh Language Advisory Group	9 July 2025	For comments and feedback
Executive Leadership Team	1 August 2025	For comments and feedback
People and Culture Committee	12 August 2025	For endorsement

REPORT CHECKLIST

Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	Yes	Financial Implications	N/A
Environmental/Sustainability	N/A	Legal Implications	Yes
Estate	N/A	Patient Safety/Safeguarding	Yes
Ethical Matters	N/A	Risks (Inc. Reputational)	Yes
Health Improvement	N/A	Socio Economic Duty	N/A
Health and Safety	N/A	TU Partner Consultation	N/A

REPORT APPENDICES & ANNEXES

Annex 1: Welsh Language Standards Annual Report 2024-2025

Annex 2: More than just words Action Plan 2022-27 Year 3 Progress Report



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**YMDDIRIEDOLAETH
BRIFYSGOL GIG GWASANAETHAU
AMBIWLANS CYMRU**

**ADRODDIAD BLYNYDDOL
SAFONAU'R GYMRAEG
2024-2025**

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Rhagair

Croeso!

Fel Cadeirydd a Phrif Weithredwr Dros dro Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwylans Cymru ('WAST' / 'yr Ymddiriedolaeth'), rydym yn falch o gyflwyno ein chweched adroddiad blynyddol ar weithredu Safonau'r Gymraeg.

Mae Mesur y Gymraeg (Cymru) 2011 yn darparu fframwaith cyfreithiol clir sy'n ei gwneud yn ofynnol i WAST, ynghyd â chyrff eraill yn y sector cyhoeddus, gydymffurfio â Safonau penodol sy'n ymwneud â'r Gymraeg. Yn fwy na rhwymedigaeth statudol, mae'n cynnig cyfle gwerthfawr i gryfhau a gwella ansawdd ac argaeledd ein gwasanaethau drwy gyfrwng y Gymraeg.

Mae'r adroddiad hwn yn dathlu'r cynnydd sylweddol a wnaethom yn ystod blwyddyn drawsnewidiol. Yn 2024/25, fe wnaethom lansio ein Polisi Iaith Gymraeg cyntaf, ymgorffori gwasanaeth cyfieithu, a chynyddu gwelededd a chlywadwyedd y Gymraeg ar draws y sefydliad. Mae'r datblygiadau hyn yn adlewyrchu ein hymrwymiad cynyddol i wneud y Gymraeg yn rhan naturiol a gweladwy o fywyd beunyddiol yn WAST, i'n staff a'r cymunedau rydym yn eu gwasanaethu.

Rydym yn parhau i adeiladu ar egwyddorion 'Mwy na geiriau' a'r 'Cynnig Rhagweithiol' hy. sicrhau y gall pobl gael mynediad at wasanaethau Cymraeg heb orfod gofyn. Mae'r egwyddorion hyn bellach wedi'u plethu drwy ein dull gweithredu, gan ddylanwadu ar gyflawniad gweithredol a chynllunio strategol.

Gan edrych ymlaen, mae ein Cynllun Tymor Canolig Integredig ar gyfer 2025/26 yn nodi cyflawniadau clir ar gyfer y Gymraeg, gan gynnwys ymrwymiad i gryfhau ein llinell sylfaen ddwyieithog a datblygu Cynllun Ymgynghori Clinigol pum mlynedd ar gyfer y Gymraeg. Bydd y newid diwylliannol rydym yn ei feithrin, lle mae defnyddio'r Gymraeg yn cael ei annog a'i ddisgwyl, yn sbarduno gwelliannau pellach yn y ffordd yr ydym yn bodloni'r Safonau ac yn gwasanaethu ein poblogaeth. Mae ein Hamcanion Llesiant yn cynnig cyfle pwerus i gymryd golwg hirdymor ar sut rydym yn amddiffyn ac yn hyrwyddo ein hiaith a'n diwylliant cenedlaethol a byddant yn arwain ac yn ysbrydoli ein cynnydd yn y blynyddoedd i ddod.

Rydym wedi gwerthfawrogi ein cydweithrediad parhaus â Chomisiynydd y Gymraeg wrth nodi datrysiadau sy'n ymarferol ac yn uchelgeisiol, gan gefnogi hawliau siaradwyr a dysgwyr y Gymraeg fel ei gilydd. Moment allweddol yn y daith hon oedd

y sesiwn datblygu'r iaith Gymraeg a gyflwynwyd i'r Bwrdd ym mis Rhagfyr 2024, a gadarnhaodd bwysigrwydd gofal iaith gyntaf, yn enwedig ar adegau o boen, straen, neu fregusrwydd. O ganlyniad, mae newidiadau bach ond pwerus fel dechrau a gorffen cyfarfodydd yn y Gymraeg a defnyddio'r Gymraeg mewn cyfathrebu bob dydd yn dod yn fwy cyffredin ar draws y sefydliad.

Edrychwn ymlaen at adeiladu ar y momentwm hwn wrth i ni barhau i greu gweithle a gwasanaeth sy'n adlewyrchu natur ddwyieithog ein cenedl yn wirioneddol.



Colin Dennis
Cadeirydd



Rachel Marsh
Prif Swyddog Gweithredol Dros dro

1. Cyflwyniad

Dyma'r chweched Adroddiad Blynyddol sy'n dangos sut mae Safonau'r Gymraeg wedi cael eu gweithredu.

Ar 30 Mai 2019, symudodd yr Ymddiriedolaeth o weithredu ei Chynllun Iaith Gymraeg o dan Ddeddf yr Iaith Gymraeg 1993 i weithredu Safonau'r Gymraeg fel rhan o Fesur y Gymraeg (Cymru) 2011.

Mae'r Ymddiriedolaeth wedi parhau i ymateb yn gadarnhaol i Safonau'r Gymraeg gan ei bod yn rhoi cyfle i atgyfnerthu a gwella ansawdd ac argaeledd ei gwasanaethau trwy gyfrwng y Gymraeg.

2. Amdanom ni

Mae'r Ymddiriedolaeth yn darparu gwasanaethau gofal iechyd i bobl ledled Cymru, gan ddarparu gofal clinigol o ansawdd uchel sy'n cael ei arwain gan gleifion lle bynnag a phryd bynnag y bo angen.

Mae'r gwasanaethau'n cynnwys y canlynol:

- Y gwasanaethau ambiwlans brys golau glas: gan gynnwys cymryd galwadau, ymgynghori clinigol o bell, gweld a thrin ac, os oes angen, cludo i ysbyty priodol neu gyfleuster trin priodol.
- Gofal Ambiwllans: gan gynnwys cymryd galwadau, cynllunio teithiau, comisiynu gwasanaethau, mynd â chleifion i apwyntiadau ysbyty ac oddi yno, a'u trosglwyddo rhwng ysbytai a chyfleusterau trin.
- Y gwasanaeth 111: gwefan a gwasanaeth ffôn rhad ac am ddim, sy'n borth llinell gyntaf i daith glaf o fewn y system iechyd a gofal, gan roi'r cyngor neu'r atgyfeiriad iawn i'r claf.
- Mae'r Ymddiriedolaeth hefyd yn cefnogi gwirfoddolwyr: Ymatebwr Cyntaf yn y Gymuned, Ymatebwyr Lles Cymunedol ac Ymatebwyr mewn Lifrai i ddarparu

adnoddau ymateb ychwanegol ar gyfer galwadau brys a gwasanaeth ceir gwirfoddol i gynorthwyo â chludo cleifion i apwyntiadau wedi'u trefnu.

3. Cefndir Safonau'r Gymraeg

O dan Fesur y Gymraeg (Cymru) 2011, mae'n ofynnol i bob sefydliad gwasanaeth cyhoeddus yng Nghymru gydymffurfio â dyletswyddau iaith, sy'n sicrhau nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg. Mae'r dyletswyddau'n annog hybu'r Gymraeg, y defnydd o'r Gymraeg o fewn gweinyddiaeth fewnol ac yn ei gwneud yn ofynnol bod darpariaeth yn cael ei gwneud ar gyfer hygyrchedd y Gymraeg i'r cyhoedd.

Mae adran 44 o fesur 2011 yn caniatáu i Gomisiynydd y Gymraeg ddyroddi hysbysiad cydymffurfio sy'n ei gwneud yn ofynnol i gorff gydymffurfio ag un neu ragor o safonau sy'n benodol gymwys iddo. Yna cyflwynwyd Rheoliadau Safonau'r Gymraeg (Rhif 7) 2018 i sefydliadau'r sector iechyd yng Nghymru.

4. Cynllun Gweithredu Mwy na geiriau 2022-27



Ers lansio **Cynllun Gweithredu Mwy na Geiriau 2022-27** Llywodraeth Cymru yn 2022, mae'r Ymddiriedolaeth wedi ymrwymo i gyflawni'r camau hynny fel bod y 'cynnig rhagweithiol' yn rhan annatod o ansawdd gwasanaethau a chyflawni gwasanaethau ar draws yr Ymddiriedolaeth lle mae gwasanaethau'n cael eu darparu yn Gymraeg heb i rywun orfod gofyn amdano. Mae'n gyfrifoldeb ar bawb sy'n darparu gwasanaethau gofal i bobl a'u teuluoedd ledled Cymru i ddarparu'r cynnig rhagweithiol. Mae hyn yn cynnwys gwasanaethau iechyd, gwasanaethau gofal cymdeithasol a gwasanaethau cymdeithasol. Yn ystod cyfnod adrodd yr adroddiad hwn mae ein

Hamcanion Cydraddoldeb Strategol newydd ar gyfer 2024-2028 wedi cael eu datblygu fel nodau trosfwaol ar gyfer yr Ymddiriedolaeth mewn perthynas â chydraddoldeb, amrywiaeth a chynhwysiant. O fewn yr Ymddiriedolaeth, mae'r

cysylltiad â'n gofynion y Gymraeg yn allweddol, ac mae ein strwythurau llywodraethu diwygiedig yn cyd-fynd â hyn. Rydym wedi datblygu cynllun gweithredu sy'n cefnogi'r Cynllun Cydraddoldeb Strategol ac sy'n cyd-fynd â chynllun gweithredu Mwy na geiriau ac yn ychwanegol ato.

5. Atebolrwydd a Chymorth

5.1 Arweinwyr a Hyrwyddwyr y Gymraeg

Ochr yn ochr â Rheolwr Gwasanaethau'r Gymraeg yr Ymddiriedolaeth, y Cyfarwyddwr Llywodraethu Corfforaethol/Ysgrifennydd y Bwrdd yr Ymddiriedolaeth, Trish Mills yw'r arweinydd gweithredol dros y Gymraeg, ac mae hi wedi bod yn allweddol wrth hyrwyddo datblygu Fframwaith y Gymraeg sy'n sicrhau bod strwythur, trylwyredd, llywodraethu a chysondeb er mwyn datblygu'r Gymraeg ledled yr Ymddiriedolaeth sy'n cwmpasu cydymffurfedd â gofynion statudol Safonau'r Gymraeg a chyflawni'r camau gweithredu o fewn Cynllun Gweithredu Mwy na geiriau 2022-27.

Mae Trish hefyd wedi bod yn arwain y gwaith o agor sgysiaid mewn cyfarfodydd a gohebiaeth gan ddefnyddio Cymraeg sylfaenol. Yn ogystal, mae gan Fwrdd yr Ymddiriedolaeth Gyfarwyddwr Anweithredol, sef Bethan Evans sy'n gweithredu fel Cyfarwyddwr Anweithredol Hyrwyddwr Iaith Gymraeg y Bwrdd ac sydd wedi bod yn ymwneud â hyrwyddo'r Gymraeg o fewn yr Ymddiriedolaeth i'n staff ac yn allanol i'n defnyddwyr gwasanaeth trwy lwyfannau cyfryngau cymdeithasol yr Ymddiriedolaeth. Mae Bethan yn siaradwr Cymraeg rhugl ac mae ei chefnogaeth a'i her yn y maes hwn wedi bod yn amhrisiadwy.



Trish Mills

Cyfarwyddwr Llywodraethu Corfforaethol/
Ysgrifennydd y Bwrdd



Bethan Evans

Cyfarwyddwr Anweithredol

5.2 Grŵp Cyngori'r Gymraeg

Mae WAST wedi sefydlu Grŵp Cyngori'r Gymraeg sy'n adrodd i'r Grŵp Llywio Cydraddoldeb, Amrywiaeth a Chynhwysiant i gryfhau'r aliniad â'r Cynllun Cydraddoldeb Strategol. Mae'r Grŵp Llywio hwnnw'n adrodd yn uniongyrchol i'r Tîm Arwain Gweithredol ac mae'n cael ei gadeirio gan Gyfarwyddwr Newid Diwylliant, Angie Lewis. Roedd hwn yn gam pwysig i ymgorffori cydymffurfedd drwy newid y diwylliant a'r agweddau tuag at y Gymraeg. Mae ein polisi a'n fframwaith wedi'u strwythuro fel hyn yn gyffredinol.

Mae'r Grŵp Cyngori'r Gymraeg hwn yn darparu mecanwaith ar gyfer adolygu agweddau ar Safonau'r Gymraeg ac i sicrhau bod gwasanaeth boddhaol yn cael ei gynnal i bob claf ac aelod o'r cyhoedd sy'n defnyddio gwasanaethau'r Ymddiriedolaeth.

Yn ystod y cyfnod adrodd, mae'r Grŵp wedi cynyddu ei gysylltiadau â Grŵp Llywio Cydraddoldeb, Amrywiaeth a Chynhwysiant yr Ymddiriedolaeth i sicrhau bod y Gymraeg yn cael ei thrin yr un fath â nodweddion gwarchodedig eraill yng Nghymru, ynghyd â gweithio ar y cyd â'r Pennaeth Cynhwysiant ac Ymgysylltu ar fentrau cynhwysol.

5.3 Y Pwyllgor Pobl a Diwylliant

Mae Pwyllgor Pobl a Diwylliant yr Ymddiriedolaeth yn rhoi sicrwydd i'r Bwrdd o'i drefniadau arwain o ran y Gymraeg, ac yn monitro cynnydd ac yn ceisio sicrwydd bod yr Ymddiriedolaeth yn cyflawni ei chyfrifoldebau statudol mewn perthynas â Safonau'r Gymraeg.

Mae'r Pwyllgor yn adolygu ac yn cymeradwyo'r adroddiad blynyddol i'w gymeradwyo gan y Bwrdd ac mae ganddo oruchwyliaeth o Ddangosyddion Perfformiad Allweddol y Gymraeg sy'n gysylltiedig â'r Adroddiad Ansawdd a Pherfformiad Integredig Misol (MIQPR) (Gwasanaeth 111 a NEPTS sy'n dod o dan bortffolio Gofal Ambiwlans), ac o dan gynllun gweithredu'r Cynllun Cydraddoldeb Strategol. Mae hefyd yn hyrwyddo ac yn cefnogi'r newid diwylliannol sy'n cyd-fynd â'r cynnig rhagweithiol fel ffordd o gryfhau cydymffurfedd â Safonau. Yn 2024/25 cymeradwyodd y pwyllgor Bolisi'r Gymraeg cyntaf yr Ymddiriedolaeth.

5.4 Bwrdd yr Ymddiriedolaeth

Cyfrifoldeb pennaf y Bwrdd dros y Gymraeg yw adolygu a chymeradwyo'r adroddiad blynyddol a goruchwyllo dangosyddion perfformiad allweddol y Gymraeg sy'n gysylltiedig â'r MIQPR (111 a NEPTS) ac o dan y Cynllun Cydraddoldeb Strategol trwy'r Pwyllgor Pobl a Diwylliant.

5.5 Trefn Gwyno

Derbynnir pryderon ynghylch cydymffurfio â Safonau'r Gymraeg mewn nifer o ffyrdd, gan gynnwys yn uniongyrchol i'r Prif Swyddog Gweithredol neu Reolwr Gwasanaethau'r Gymraeg. Ymchwilir i bob cwyn a dderbynnir a darperir ymateb yn nodi unrhyw gamau unioni gofynnol. Rhoddir sylw i faterion sy'n ymwneud â diogelwch cleifion o dan y Rheoliadau Gweithio i Wella.

Os oes gan aelod o'r cyhoedd bryder ynghylch profiad diweddar o ddefnyddio gwasanaethau Cymraeg yr Ymddiriedolaeth, gallant gofrestru eu pryder drwy'r Tîm Gweithio i Wella, fodd bynnag, bydd dolen benodol ar gyfer pryderon ynghylch y Gymraeg yn cael ei datblygu yn 2025/26.

Gellir gweld manylion y cwynion a dderbyniwyd gan yr Ymddiriedolaeth mewn perthynas â'r Gymraeg yn Adran 9.

Y SAFONAU

Caiff cydymffurfedd â safonau'r Gymraeg ei chategoreiddio i'r meysydd cydymffurfio a ganlyn:

- Cyflenwi Gwasanaethau
- Llunio Polisi
- Gweithrediadau
- Cadw Cofnodion

Yn ystod 2024/25, defnyddiwyd arolwg hunanasesu cydymffurfedd â safonau'r Gymraeg i gasglu data ar gydymffurfedd â'r Safonau Cyflenwi Gwasanaethau, gan gynnwys y safonau penodol hynny a amlygwyd yn adroddiad 2023/24 i gael sylw arbennig wrth ddatblygu ein gwaelodlin cydymffurfedd yn ymwneud â Gohebiaeth, Cyhoeddi Dogfennau a Ffurflenni, Arwyddion a Gwasanaethau Derbynfa.

6. Safonau Cyflenwi Gwasanaethau (Safonau 1 – 77)

Mae'r set hon o safonau yn nodi sut y mae'n ofynnol i'r Ymddiriedolaeth ddefnyddio'r Gymraeg mewn gwahanol sefyllfaoedd fel y gall siaradwyr Cymraeg gael mynediad dirwysr at wasanaethau Cymraeg; er enghraifft, wrth anfon gohebiaeth, delio â galwadau ffôn, darparu gwasanaethau ar-lein neu wyneb yn wyneb.

6.1 Gohebiaeth (Safonau 1 – 7)

Yn 2023/24 fe wnaethom ymrwymo i ddiweddarau'r canllawiau cyfredol ar ohebiaeth a'u cyfathrebu i'n staff; Cynhyrchu canllawiau ar reoli ceisiadau cyfieithu a sicrhau bod hyn ar gael ar dudalen SharePoint Safonau'r Gymraeg; A sicrhau bod Canllawiau Brand Corfforaethol yr Ymddiriedolaeth yn adlewyrchu gofynion Safonau'r Gymraeg i gefnogi a galluogi cydymffurfedd.

Nodwyd y meini prawf ar gyfer cydymffurfio yn y maes hwn fel a ganlyn:

- Bydd gohebiaeth a dderbynnir yn y Gymraeg gan aelod o'r cyhoedd yn derbyn ymateb yn y Gymraeg, oni bai bod y gohebydd wedi nodi fel arall.
- Bydd penawdau llythyrau, llofnodion e-bost, negeseuon allan o'r swyddfa ac unrhyw hunaniaeth gorfforaethol yn ddwyieithog.
- Dylai pob e-bost gynnwys y datganiad canlynol:

Rydym yn croesawu gohebiaeth yn y Gymraeg a'r Saesneg - byddwn yn ymateb yn gyfartal i'r ddwy ac yn ateb yn eich dewis iaith heb oedi.

We welcome correspondence in Welsh and English - we will respond equally to both and will reply in your language of choice without delay.

Defnyddiodd yr Ymddiriedolaeth ddull cyson o ran cydymffurfio â'r safonau hyn. Diweddarwyd Canllawiau Brand yr Ymddiriedolaeth i adlewyrchu'r fformat cywir ar gyfer papur pennawd dwyieithog a llofnodion e-bost, gan nodi bod yr unigolyn yn 'croesawu gohebiaeth yn y Gymraeg neu'r Saesneg'. - Yna postiwyd y canllawiau hyn ar fewnwyd yr Ymddiriedolaeth (Siren) a'u cysylltu â thudalen SharePoint Safonau'r Gymraeg. Roedd staff hefyd yn gallu cael mynediad at dempled pennawd llythyr a thempled llofnod e-bost o dudalen SharePoint bwrpasol.

Dangosodd canlyniadau o adolygid o gydymffurfedd lefel uchel o gydymffurfedd mewn perthynas â'r safonau gohebiaeth pan dderbyniwyd gohebiaeth yn y Gymraeg drwy ymholiadau'r Cyfryngau, Pryderon, ceisiadau Deddf Rhyddid Gwybodaeth, llythyrau a anfonwyd yn uniongyrchol at y Prif Swyddog Gweithredol, ac ymholiadau

a dderbyniwyd gan swyddfa Comisiynydd y Gymraeg - darparwyd ymateb yn y Gymraeg ym mhob un o'r sefyllfaoedd hyn.

Er mwyn rhoi sicrwydd ychwanegol o ran cydymffurfedd â'r safonau gohebiaeth, bydd fideo byr yn amlinellu'r gofynion cydymffurfio yn cael ei greu a'i wneud ar gael i'n staff yn ystod 2025/26.

6.2 Galwadau Ffôn (Safonau 8 – 20)

Nid yw Safonau'r Gymraeg yn gosod unrhyw ofyniad cyfreithiol i ateb galwadau 999 yn Gymraeg. O dan [Reoliadau Safonau'r Gymraeg \(Rhif 7\) 2018](#), Paragraff 35: Nid yw safonau 8 i 10 a 13 i 16 yn gymwys i alwadau a wneir i'r rhif ffôn 999.

Mae galwyr i'r Gwasanaeth 111 a Gofal Ambiwylans yn derbyn cyfarchiad dwyieithog wedi'i recordio ac yna dewis iaith o'r Gymraeg neu'r Saesneg. Mae dewis iaith y Gymraeg ar gyfer NEPTS yn cael ei gofnodi ar y system Cleric a dewis iaith ar gyfer y Gwasanaeth 111 yn cael ei gofnodi ar y system C3/CAD (Dosbarthu â Chymorth Clinigol).

Mae ateb galwadau yn y Gymraeg ar gyfer y Gwasanaeth 111 wedi'u cynnwys yn yr Adroddiad Ansawdd a Pherfformiad Integredig Misol (MIQPR) a adroddir i'r Bwrdd. Mae'r rhain ac ateb galwadau Gofal Ambiwylans yn cael eu hamlygu'n fwy penodol yn y paragraffau canlynol.

6.2.1 Adolygiad Gwasanaeth GIG 111 Cymru

Yn ystod 2023/24, adroddwyd am gynnydd sylweddol mewn perfformiad yng nghanran y galwadau GIG 111 Cymru a atebwyd yn y Gymraeg o 18% yn 2022/23 i 45%. Yn ystod 2024/25, arhosodd nifer y galwadau a oedd yn gofyn am y gwasanaeth Cymraeg hwn yn isel fel yr adroddwyd yn 2023/24 (llai nag 1% o'r holl alwadau 111); fodd bynnag, mae tîm arweinyddiaeth y Gwasanaeth 111 yn cydnabod pwysigrwydd y gwasanaeth y mae'n ei ddarparu.

O ganlyniad, mae'r Cynllun Gwella Iaith sy'n parhau (a nodir isod) yn cael ei adolygu a'i addasu'n gyson i gynnal lefelau perfformiad presennol a gwella ymhellach nifer y cleifion sy'n gallu derbyn gwasanaeth yn y Gymraeg os mai dyma eu dewis.

Cyfradd galw ac ateb galwadau Cymraeg Gwasanaeth GIG 111 Cymru 2024-2025

Galw am y Gymraeg	Cyfanswm y galwadau a atebwyd ar gyfer 111	Galwadau Cymraeg a Gynigiwyd	Cyfanswm y galwadau a atebwyd yn Gymraeg	% y galwadau a atebwyd yn Gymraeg
01/04/24 – 31/03/25	815,562	18,462	8,444	45.7%
01/04/23 – 31/03/24	843,464	17,792	8,099	45.5%

Dros y flwyddyn ddiwethaf, cyflwynwyd sawl menter newydd sydd wedi arwain at gynnydd bach ond amlwg yn nifer y galwadau a atebwyd yn y Gymraeg o'i gymharu â'r flwyddyn flaenorol. Un newid arwyddocaol, a weithredwyd ym mis Mehefin 2025, oedd cyflwyno opsiwn newydd i alwyr dewis peidio ag aros am alwad sy'n siarad Cymraeg ar ôl amser trothwy o 15 munud. Mae hyn yn caniatáu i alwyr ddewis ailymuno â'r ciw Saesneg os yw'n well ganddynt, gan roi'r hyblygrwydd iddynt benderfynu a ydynt am aros am driniwr galwadau sy'n siarad Cymraeg ai peidio.

Ar ben hynny, yn dilyn dadansoddiad manwl o weithgarwch galwadau Cymraeg, rydym wedi mabwysiadu proses newydd ar gyfer dydd Sadwrn, dydd Sul, a Gwyliau Banc rhwng 8:00am a 2:00pm. Yn ystod yr amseroedd brig hyn, rydym wedi addasu proffiliau dau driniwr galwadau sy'n siarad Cymraeg fel eu bod nhw'n rheoli galwadau sy'n cyflwyno'r Gymraeg yn unig. Mae'r addasiad hwn wedi ein galluogi i ymdrin yn effeithlon â'r nifer uwch o alwadau Cymraeg yn ystod y cyfnodau prysur hyn, gan arwain at gynnydd nodedig yn y gyfradd ateb yn y Gymraeg.

Mae recriwtio wedi'i dargedu ar gyfer trinwyr galwadau sy'n siarad Cymraeg hefyd wedi bod yn gymharol lwyddiannus, gan helpu i gynnal y gyfradd ateb galwadau Cymraeg. Yn ogystal, mae cefnogaeth barhaus i staff drwy sesiynau ymwybyddiaeth o'r Gymraeg a hyfforddiant sy'n gysylltiedig â galwadau sy'n cyflwyno yn y Gymraeg. O ganlyniad, rydym wedi gweld gostyngiad yn nifer y cwynion am y Gymraeg i'r gwasanaeth, fel y gwelir yn Adran 9.

Mae'r ffocws ar berfformiad cyfradd ateb galwadau Cymru yn parhau i fod yn uchel ymhlith tîm arwain gweithredol 111. Mae'r mentrau hyn yn rhan o'r ymdrechion parhaus i ddarparu'r gwasanaeth gorau posibl i'n galwyr sy'n siarad Cymraeg. Drwy barhau i deilwra ein dull yn 2025/26 a thu hwnt i ddiwallu eu hanghenion, y nod yw gwella eu profiad a sicrhau eu bod yn derbyn gwasanaeth amserol ac effeithiol.

6.2.2 Gofal Ambiwylans

Cyfradd galw ac ateb galwadau Cymraeg Gofal Ambiwylans 2024-2025

Galw am y Gymraeg	Cyfanswm y galwadau a atebwyd ar gyfer NEPTS	Galwadau Cymraeg a Gynigiwyd	Cyfanswm y galwadau a atebwyd yn Gymraeg	% y galwadau a atebwyd yn Gymraeg
01/04/24 – 31/03/25	215,353	4,294	4,327	77%
01/04/23 – 31/03/24	232,442	3,951	3,923	89%

Croesewir pawb sy'n galw i'n Canolfan Alwadau Cludiant Cleifion Difrys gyda chyfarfodiad dwyieithog, ac yna ein system Ymateb Llais Integredig (IVR) sy'n caniatáu i alwyr ddewis eu dewis iaith, sef Cymraeg neu Saesneg o'r pwynt hwn. Yn dibynnu ar eu dewis bydd pob neges yn cael ei chyflwyno yn eu dewis iaith.

Caiff galwyr sy'n siarad Cymraeg eu cyfeirio trwy'r Ymateb Llais Integredig (IVR) i'n Trinwyr Galwadau sy'n siarad Cymraeg. Os yw ein Derbynwyr Galwadau sy'n siarad Cymraeg yn brysur gyda galwyr eraill, mae'r galwr yn cael ei ailgyfeirio i'r derbyniwr galwadau Cymraeg neu Saesneg nesaf sydd ar gael i osgoi amser aros diangen. Mae'n bwysig nid yn unig darparu profiad galwadau Cymraeg llawn ond hefyd sicrhau nad oes unrhyw oedi hir yn digwydd os yw pob un o'n derbynwyr galwadau Cymraeg yn delio â galwadau eraill.

Pan fydd galwyr yn cysylltu â NEPTS byddant yn cael Asesiad o Anghenion y Claf sef set strwythuredig o gwestiynau wedi'u cynllunio i bennu anghenion a gofynion meddygol pob claf sy'n teithio gyda NEPTS. Y tu hwnt i nodi'r anghenion penodol ar gyfer taith benodol, mae'r asesiad o anghenion y claf hefyd yn asesu cymhwysedd y claf i gael cludiant, gan sicrhau bod blaenoriaeth yn cael ei rhoi i'r rhai sydd ag angen meddygol penodol.

Wedi'i integreiddio o fewn system Cleric, cynhyrchir y PNA yn awtomatig pan fydd manylion cleifion yn cael eu nodi ar gyfer cais archebu newydd. Mae ei fformat anunionlin yn golygu nad yw'r cwestiynau'n dilyn dilyniant sefydlog; yn lle hynny, mae pob cwestiwn yn cael ei gynhyrchu'n ddeinamig yn seiliedig ar yr ymateb i'r un blaenorol. Mae'r dull addasol hwn yn caniatáu llwybrau lluosog wedi'u teilwra i ofynion a chymhwysedd unigryw'r claf.

Mae'r asesiad o anghenion y claf wedi'i gyfieithu'n broffesiynol ac yn cael ei ddiwygio'n gyson, ac mae'r cyfieithiadau Cymraeg bob amser yn cael eu diweddarau i'w defnyddio gan ein derbynwyr galwadau sy'n siarad Cymraeg.

Rydym wedi ymrwymo i gynyddu nifer y derbynwyr galwadau sy'n siarad Cymraeg yng Nghanolfan Gyswilt Cludiant Di-frys drwy flaenoriaethu recriwtio siaradwyr Cymraeg pryd bynnag y bo modd. Er mai ein nod yw llenwi swyddi wag ar gyfer derbynwyr galwadau gydag ymgeiswyr sy'n siarad Cymraeg, gall hyn fod yn heriol oherwydd y nifer gyfyngedig o ymgeiswyr sy'n siarad Cymraeg.

6.3 Cyfarfodydd (Safonau 21 – 30)

Pan fydd yr Ymddiriedolaeth yn trefnu cyfarfod ag aelod/neu aelodau o'r cyhoedd, gofynnir i'r rhai sy'n mynychu a ydynt yn dymuno defnyddio'r Gymraeg yn y cyfarfod. Lle mae unigolion yn mynegi awydd i ddefnyddio'r Gymraeg mewn cyfarfod, bydd yr Ymddiriedolaeth yn parchu ac yn darparu ar gyfer y dewis hwnnw. Mae gan

gyfarfodydd y Bwrdd aelodau sy'n siarad Cymraeg yn bresennol, ac mae holl gyfarfodydd y Bwrdd yn cael eu ffrydio'n fyw trwy Teams.

Gwelodd y cyhoedd i ymuno ar Microsoft Teams i wrando ar uwch arweinyr yn trafod y Cynllun Tymor Canolog Integredig, sy'n nodi nodau ac uchelgeisiau allweddol y sefydliad ar gyfer y tair blynedd nesaf.

Yn allweddol i gynllun 2025-2028 mae esblygiad model clinigol yr Ymddiriedolaeth ar nod i ddarparu'r gofai neu'r cyngor iawn, yn y lle iawn, bob tro.

Dywedodd Colin Dennis, Cadeirydd Gwasanaethau Ambwlans Cymru: "Mae cyfarfodydd bwrdd yn gyfle i ddyfysu am ein gwasanaeth ambwlans ac i ddeall y prosesau y tu ôl i'r penderfyniadau sy'n cael eu gwneud gan y Bwrdd.

"Maen nhw hefyd yn gyfle i glywed ym uniongyrchol am y gwaith sy'n digwydd yma a sut i wella pethau i'n pobl a'n deiflon, yn ogystal â gofyn cwestiynau i'r rhai sy'n gwneud y penderfyniadau."

Clickwch ar y ddolenni mewn sylwadau i ddarparu'r mwy a sut i ofyn cwestiynau i'r Bwrdd

Ymunwch â ni ar Microsoft Teams

27 Mawrth 2025



The Welsh Ambulance Service is preparing to host its bi-monthly Board meeting.

You are invited to join on Microsoft Teams to hear senior leaders discuss the Integrated Medium-Term Plan, which sets out the organisation's key aims and ambitions for the next three years.

Colin Dennis, Chair of the Welsh Ambulance Service, said: "Board meetings are an opportunity to really learn about our ambulance service and to understand the processes behind the decisions being made by the Board.

"They're also an opportunity to hear first hand about the work that's happening here and how to improve things for our people and our patients, as well as put questions to its decision-makers."

Click the link in comments to find out more and how to pose a question to the Board.

Join us on Microsoft Teams

27 March 2025



Anfonir gwahoddiadau ar gyfer cyfarfodydd Bwrdd yr Ymddiriedolaeth at ein partneriaid yn ddwyieithog drwy e-bost ynghyd â chyfryngau cymdeithasol a dolenni'r wefan, sydd ill dau hefyd yn ddwyieithog.

Mae holl agendâu cyfarfodydd Bwrdd yr Ymddiriedolaeth ar gael yn Gymraeg. Cyflwynwyd Adroddiad Blynnyddol Safonau'r Gymraeg 2023-24 yr Ymddiriedolaeth yn ddwyieithog yng nghyfarfod Bwrdd yr Ymddiriedolaeth ym mis Medi 2024, fel y bydd yr adroddiad hwn yn ddiweddarach yn y flwyddyn.

6.4 Digwyddiadau Cyhoeddus (Safonau 31 – 32)

Mewn perthynas â gwasanaethau wyneb yn wyneb a gynigir yn ystod digwyddiad, bydd gwahoddiad neu hysbyseb y digwyddiad yn gofyn i bersonau ein hysbysu os ydynt yn dymuno defnyddio'r Gymraeg. Lle mae hyn yn digwydd, byddwn yn darparu gwasanaeth cyfieithu yn y digwyddiad. Rydym yn ymdrechu i sicrhau bod pob gwahoddiad a hysbysiad i'r cyhoedd yn ddwyieithog.

Profiad y Claf a Chynnwys y Gymuned

Fel rhan o fodel ymgysylltu parhaus tîm Profiad y Claf a Chynnwys y Gymuned (PECI), mae WAST wedi mynychu sawl digwyddiad ymgysylltu cyhoeddus a chymunedol ledled Cymru. Mae'r tîm PEGI yn darparu gwybodaeth am y gwasanaethau a ddarperir gan WAST ynghyd ag adnoddau hygyrch sy'n benodol i oedran a demograffig. Mae'r holl ddeunydd a gynhyrchir yn ddwyieithog a rhoddir dolenni i bobl i roi eu hadborth yn eu dewis iaith.

Ap Hwb Golau Glas

Wedi'i ddylunio gan WAST, Mae ap Hwb Golau Glas, adnodd addysgol dwyieithog a gynlluniwyd ar gyfer plant 7–12 oed, wedi lansio ei chweched gêm yn ddiweddar, *CPR*, gyda'r nod o gynyddu ymwybyddiaeth a gwella hyder a sgiliau achub bywyd ymhlith pobl ifanc. Mae'r ychwanegiad newydd hwn yn ategu'r gyfres bresennol o gemau, sy'n cynnwys *7 Gwiriad Pwysig*, *Gwisgo i Fyny*, *cwis*, *Anfon*, a *Galw 999*.

Er bod WAST eisoes yn ymgysylltu ag ysgolion a grwpiau cymunedol yn bersonol, gall cyrraedd pob person ifanc fod yn heriol. Mae'r dull digidol hwn yn darparu ffordd gyffrous a rhyngweithiol o addysgu plant am rôl y gwasanaethau brys. Mae'r gemau'n caniatáu i chwaraewyr gamu i wahanol rolau, profi gwahanol agweddau ar ymateb brys, a dysgu pryd mae'n briodol ffonio 999.



Cymorth ar ôl CPR

Mae Achub Bywyd Cymru a WAST wedi cydweithio â rhanddeiliaid allweddol ledled y DU i gynhyrchu adnodd ar-lein, sy'n cynnwys yr holl adnoddau cymorth sydd ar gael ledled y DU. Mae'r dudalen we wedi'i chynnal gan Gyngor Dadebru'r DU, sydd wedi'u lleoli yn Llundain <https://www.resus.org.uk/public-resource/support-after-cardiac-arrest>.



Bydd gan bob Bwrdd Iechyd yng Nghymru dudalen ddwyieithog yn cyfeirio at yr adnodd. Mae gan y dudalen we gymorth ar ôl CPR adran ar wahân ar gyfer Cymru, sy'n cyfeirio at gynnwys dwyieithog. Mae llinellau cymorth

Dangosodd canlyniadau adolygiad o ddogfennau a gyhoeddwyd ar wefan yr Ymddiriedolaeth yn ystod 2024/25 lefel uchel o gydymffurfedd â chyhoeddi dogfennau'r Ymddiriedolaeth yn y Gymraeg megis Strategaethau a Chynlluniau ee. Cynllun Tymor Canolig Integredig 2024/25 ac Adroddiadau Blynyddol ee. Adroddiad Blynyddol WAST 2022-2027.

Fel y nodwyd uchod, er mwyn cynorthwyo meysydd gwasanaeth i benderfynu a oes angen cyhoeddi dogfennau'n ddwyieithog, bydd angen datblygu proses asesu yn ystod 2025/26, a fydd yn asesu dogfennau yn seiliedig ar: a yw pwnc y ddogfen yn awgrymu y dylid ei chynhyrchu yn y Gymraeg, neu a yw'r gynulleidfa ddisgwyliedig, a'u disgwyliadau, yn awgrymu y dylid cynhyrchu'r ddogfen yn y Gymraeg a chofnodi'r penderfyniadau a wneir yn dilyn yr asesiad.

Lle bynnag y bo modd, cyhoeddir dogfennau'r Ymddiriedolaeth yn y Gymraeg a'r Saesneg ar wefan yr Ymddiriedolaeth. Mae Adroddiad Blynyddol a Chyfrifon yr Ymddiriedolaeth ac Adroddiad Blynyddol Safonau'r Gymraeg yn cynnwys datganiad yn y fersiwn Saesneg o'r adroddiad bod fersiwn Cymraeg o'r adroddiad ar gael. Yn ystod 2025/26, bydd awduron cyhoeddiadau yn cael eu hatgoffa o'r gofyniad hwn drwy ein gwasanaeth cyfieithu pan fydd cyhoeddiadau wedi'u cyfieithu yn cael eu dychwelyd i'r awdur a thrwy hyrwyddo ein canllawiau safonau'r Gymraeg ar gyhoeddiadau.

Ffurflen peidio â thrawsgludo cleifion

Er mwyn sicrhau bod ein cleifion sy'n siarad Cymraeg yn gallu derbyn fersiynau Cymraeg o ddogfennaeth WAST, crëwyd fersiwn Cymraeg o'n ffurflen peidio â thrawsgludo cleifion. Rhaid cwblhau ffurflen peidio â thrawsgludo ar gyfer pob claf nad yw'n cael ei gludo i'r ysbyty yn dilyn presenoldeb WAST. Mae'n rhoi gwybodaeth allweddol i gleifion, perthnasau a gofalwyr y gellir gyfeirio ati ar ôl i staff WAST adael y lleoliad. Mae'r ffurflen yn rhan o gofnod iechyd y claf ac o ganlyniad rhaid i'r clinigwr ei chwblhau yn Saesneg. Bydd y fersiwn Gymraeg o'r ffurflen yn cefnogi ein staff sy'n siarad Cymraeg ac yn cynorthwyo ein cleifion sy'n siarad Cymraeg a'u gofalwyr yn ystod yr ymgynghoriad rhyddhau.

6.6 Deunydd cyhoeddusrwydd a Hysbysebu (Safonau 33 – 34)

Mae unrhyw ddeunydd cyhoeddusrwydd neu hysbysebu y mae'r Ymddiriedolaeth yn ei gynhyrchu ar gyfer y cyhoedd bellach ar gael yn Gymraeg ac yn Saesneg. Datblygwyd a hyrwyddwyd yr ymgyrch gyhoeddusrwydd dwyieithog a ddangosir isod drwy gyfryngau cymdeithasol ar gyfer aelodau'r cyhoedd mewn perthynas â

Adroddiad Blynyddol
Safonau'r Gymraeg 2024/25



6.7 Gwefannau a Gwasanaethau Ar-lein (Safonau 39 – 43)

Mae gennym ddwy wefan, sef gwefan Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwylans Cymru, a gwefan 111 Cymru, yr ydym yn ei gweithredu fel darparwr a gomisiynwyd o 111 ledled Cymru. Mae rhai o'r heriau sy'n gysylltiedig â'r gwefannau hyn wedi'u nodi isod.

6.7.1 Gwefan GIG 111 Cymru

Mae gwefan GIG 111 Cymru yn gweithredu ei chyfrifon cyfryngau cymdeithasol Facebook (FB) Cymraeg a Saesneg ei hun.



Metrig	FB NHS 111 Wales	FB GIG 111 Cymru
Cyrhaeddiad	132,294	2,467
Ymweliadau â thudalen	12,655	318
Rhyngweithiadau â'r cynnwys	4,262	90
Dilynwyr	7,014	106

Gwirwyr Symptomau Gwefan 111

Mae gwirwyr symptomau yn caniatáu i ddefnyddwyr gwefan 111 Cymru wirio eu symptomau a derbyn cyngor ar-lein ar beth i'w wneud nesaf. Nid oedd cyllid ac adnoddau ar gael ar gyfer cyfieithiadau gradd feddygol o'r gwiriwr symptomau yn 2024/25, felly ni ddiweddarwyd yr wybodaeth yn y Gymraeg yn ystod y cyfnod adrodd. Cydnabu'r Ymddiriedolaeth y risg yr oedd gwirwyr symptomau sydd allan o ddyddiad yn ei hachosi ac felly datblygodd a chyflwynodd y risg i'r Bwrdd, gyda manylion camau lliniaru yn cael eu dilyn.

Mae'r Ymddiriedolaeth yn ystyried ei bod yn flaenoriaeth diweddarau'r gwirwyr symptomau Saesneg er mwyn sicrhau diogelwch cleifion. Ar ddechrau 2025/26 cymeradwywyd cyllid i sicrhau bod hyn yn digwydd yn gyflym. Ochr yn ochr â hynny, mae achos busnes wedi'i ddatblygu sy'n ceisio cyllid gan Lywodraeth Cymru ar gyfer y wefan (gweler isod) ac mae hyn yn cynnwys y gofyniad am gyfieithiadau gradd feddygol o'r gwirwyr symptomau.

Datblygu gwefan GIG 111 Cymru

Fel y nodir uchod, mae sgysiau parhaus i sicrhau cyllid hirdymor pwrpasol ar gyfer gwefan GIG 111 Cymru, ei phensaernïaeth, cynhyrchu cynnwys, rheolaeth, neu sicrwydd clinigol. O ystyried safbwynt Llywodraeth Cymru ar ddigidol yn gyntaf, cyflwyno ap GIG Cymru, a'r effaith y gallai gwefan addas at y diben ei chynnig yn y dyfodol, mae'r diffyg cyllid yn parhau i gynrychioli risg a her sylweddol.

Er bod y sefyllfa hon wedi aros yr un fath ers yr adroddiad diwethaf, mae WAST wedi adeiladu ar y gwaith darganfod blaenorol, i lywio creu achos busnes ar gyfer Llywodraeth Cymru. Mae'r achos busnes hwn a'r cyfathrebu parhaus â Llywodraeth Cymru yn nodi gweledigaeth glir ar gyfer dyfodol mynediad digidol ac integreiddio ar gyfer GIG 111 ar-lein, sy'n cynnwys y gofyniad am gyfieithiad Cymraeg ar gyfer cynnwys sydd wedi'i gynnwys ynddo.

Cynorthwyydd Rhithwir

Mae WAST wedi cyflwyno 'cynorthwyydd rhithwir' eleni ar ei wefan 111, gan ganiatáu i ddefnyddwyr ofyn cwestiynau a chael ymateb o'r wefan bresennol. Mae'r cynorthwyydd rhithwir hwn yn gallu deall ac ymateb yn y Gymraeg a bydd yn cychwyn y rhyngweithio yn y Gymraeg os yw togl y wefan wedi'i ddefnyddio i ddewis y Gymraeg.

6.8 Cyfryngau cymdeithasol (Safonau 45 – 46)

Mae'r Ymddiriedolaeth yn gweithredu cyfrifon cyfryngau cymdeithasol Cymraeg a Saesneg ar wahân ar gyfer Facebook a Twitter. Mae pob postiad Saesneg yn cael ei atgynhyrchu yn y Gymraeg yn rheolaidd.

Cyfrifon Cyfryngau Cymdeithasol Dwyieithog: Data (01 Ebrill 2024 i 31 Mawrth 2025)
O ran ein cydymffurfedd â'r safonau sy'n ymwneud â chyfryngau cymdeithasol, ers yr adroddiad blynyddol blaenorol mae rhai llwyfannau cyfryngau cymdeithasol wedi newid eu dadansoddeg. Mewn ymateb mae'r Ymddiriedolaeth wedi newid ei llwyfan amserlennu a'i safbwynt ar X (Twitter gynt). Nod yr Ymddiriedolaeth yw parhau i ddefnyddio'r platfform amserlennu presennol, a ddylai ein galluogi i gynnal cysondeb mewn dadansoddeg a galluogi cymariaethau ystyrlon â data blaenorol. Bydd y parhad hwn yn cefnogi ein hymdrechion i nodi cyfleoedd i wella ymgysylltiad drwy ein llwyfannau cyfryngau cymdeithasol.

X (Twitter gynt)

Ym mis Tachwedd 2024, gwnaeth WAST y penderfyniad i gyfyngu ei weithgarwch ar X i rybuddio a hysbysu yn unig. Bydd hyn yn cynnwys postio pan fydd y gwasanaeth wedi datgan BCI neu Ddigwyddiad Critigol neu pan fydd yn profi galw cynyddol ee. oherwydd oedi wrth drosglwyddo neu lif o alwadau i 999/111 ac rydym yn cael trafferth cyrraedd cleifion mewn modd amserol. Am y rheswm hwn, ynghyd ag anhygyrchedd dadansoddeg X ers newid Twitter i X, y data canlynol yw'r cyfan sydd ar gael.

	@Ambiwlans_Cymru	@WelshAmbulance
Cyfanswm y dilynwyr	398	23.6mil

Facebook

	Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru	Welsh Ambulance Services NHS Trust
Cyfanswm y dilynwyr	284	38,761
Ymweliadau â thudalen	1,296	149,359
Cyfanswm y cyrhaeddiad	8,635	1,029,694
Rhyngweithiadau â'r cynnwys	240	75,440
Y nifer sy'n agor dolenni	15	13,147

Instagram

	Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru	Welsh Ambulance Services NHS Trust
Cyfanswm y dilynwyr	42	4,885
Cyrhaeddiad	22	26,497

Yn flaenorol, roedd y prif gyfrif Instagram yn ddwyieithog. Fodd bynnag, ers mis Ionawr 2025, rydym wedi cael dau gyfrif ar wahân ar gyfer y Gymraeg a'r Saesneg.

LinkedIn

Y platfform hwn yw ein hunig gyfrif dwyieithog sydd ar ôl. Fodd bynnag, rydym yn gwahanu postiadau i'r Gymraeg a'r Saesneg felly nid yw un iaith yn cael ei ffafrio. Dim ond dadansoddeg o flwyddyn yn ôl y mae'n ei ganiatáu. Yr unig ystadegau sydd ar gael yw'r rhai o **01 Mehefin 2024 i 31 Mawrth 2025**.

	WAST
Cyfanswm y dilynwyr	6,994
Argraffiadau	227,307
Ymweliadau â thudalennau	7,009

6.9 Arwyddion a Hysbysiadau (Safonau 47 - 49)

Yn 2023/24 fe wnaethom ymrwymo i ddatblygu canllawiau ar gyfer y timau Ystadau a Fflyd ar ddylunio ac arddangos arwyddion a hysbysiadau dwyieithog (roedd hyn yn cynnwys yr angen i'r timau Ystadau a Fflyd wirio gydag aelodau Tîm y Gymraeg ar ddelweddau a gynhyrchwyd o unrhyw arwyddion arfaethedig cyn eu cynhyrchu a'u defnyddio); Sicrhau bod Canllawiau Brand Corfforaethol yr Ymddiriedolaeth yn adlewyrchu gofynion Safonau'r Gymraeg er mwyn sicrhau cydymffurfedd ag arwyddion a hysbysiadau yn ddwyieithog, gyda'r Gymraeg wedi'i lleoli fel ei bod yn debygol o gael ei darllen yn gyntaf.

Dangosodd canlyniadau'r arolwg hunanasesu a dderbyniwyd gan ein Hadrannau Ystadau fod cydymffurfedd uchel â'r safonau sy'n ymwneud ag arwyddion ac ychwanegodd sicrwydd, lle mae angen arwyddion, fod yr holl arwyddion adeiladau, arwyddion statudol ac arwyddion cyfeiriadol ar gael yn y Gymraeg, gyda'r cyfieithiad Cymraeg

wedi'i leoli fel ei bod yn debygol y caiff ei ddarllen yn gyntaf. Mae ystadau'n ymgysylltu'n rheolaidd â Thîm y Gymraeg i gymeradwyo arwyddion dwyieithog a'u defnyddio'n gywir.

I gael sicrwydd ychwanegol yn 2025/25, bydd Ystadau'n cael canllawiau defnyddiol ar arwyddion dwyieithog a ddatblygwyd gan Gomisiynydd y Gymraeg.

Yn ystod y cyfnod adrodd, cynhyrchwyd arwyddion mewnol newydd ar gyfer Canolfan Gyfathrebu Gwasanaethau Meddygol Brys newydd yr Ymddiriedolaeth yn Nhŷ Elwy, Llanelwy fel y dangosir isod. Yn ogystal, er mwyn hyrwyddo cyngor arbed ynni i'n staff, gosodwyd arwyddion dwyieithog 'Ewch yn Wyrdd' ym mhob un o adeiladau'r Ymddiriedolaeth.



6.10 Gwasanaethau'r Dderbynfa (Safonau 50 - 53)

Er mwyn deall yn llawn ein gofyniad cydymffurfio ar ddarparu gwasanaethau derbynfa yn y Gymraeg, yn ystod 2024/25 cynhaliodd y Tîm Ystadau hunanasesiad o safleoedd yr Ymddiriedolaeth sy'n cynnig gwasanaeth derbynfa.

Dangosodd canlyniadau'r adolygiad a gynhaliwyd gan y Tîm Ystadau fod ein gallu i ddarparu gwasanaeth derbynfa Cymraeg yn ein prif safleoedd yn isel oherwydd staff nad ydynt yn siarad Cymraeg yn gweithio yn y mannau derbynfa hynny. Ystyriwyd bod sgiliau iaith Gymraeg yn ddymunol ar gyfer swydd derbynfa a hysbysebwyd yn ystod y cyfnod adrodd.

Yn 2025/26 mae ein Hadrannau Ystadau yn bwriadu creu rhestr o bwyntiau cyswllt y gall staff gysylltu â nhw os bydd angen darparu gwasanaeth derbynfa neu os bydd angen ymateb yn y Gymraeg i ymholiad cyhoeddus wrth fynd i mewn i'n hadeiladau. Yn

ogystal, bydd Tîm y Gymraeg yn cefnogi'r aelodau staff hynny sy'n gweithio yn ein derbynfydd i ddatblygu eu sgiliau iaith Gymraeg trwy gwrs 'Cyfarfod a Chyfarch' i Ddechreuwr yn y Gymraeg.

Mae cardiau adnabod / mynediad yr ymddiriedolaeth (sy'n cynnwys teitlau swyddi staff a logo WAST) yn ddwyieithog.

6.11 Dyfarnu Contractau (Safonau 57 - 59)

Caiff gwahoddiadau i dendro eu cyhoeddi'n ddwyieithog os yw pwnc y gwahoddiad i dendro yn awgrymu y dylid ei gynhyrchu yn Gymraeg, neu os yw'r gynulleidfa a ragwelir, a'u disgwyliadau, yn awgrymu y dylid cynhyrchu'r testun yn Gymraeg. Gellir cyflwyno tendrau yn Gymraeg, ac na fydd tendr a gyflwynir yn Gymraeg yn cael ei drin yn llai ffafriol na thendr a gyflwynir yn Saesneg.

Yn ystod y cyfnod adrodd hwn, ni chyhoeddwyd unrhyw geisiadau am dendrau neu gontractau yn Gymraeg ac ni dderbyniwyd yr un yn Gymraeg.

6.12 Hunaniaeth Gorfforaethol (Safon 62)

Ar 1 Ebrill 2024, dyfarnwyd statws Ymddiriedolaeth Brifysgol i'r Ymddiriedolaeth ac o ganlyniad diweddarwyd logo GIG Cymru i adlewyrchu hyn. Dyfarnwyd statws Ymddiriedolaeth y Brifysgol gan Lywodraeth Cymru i gydnabod ein hymrwymiad i hyrwyddo ymchwil ac arloesedd a datblygu'r gweithlu presennol a'r dyfodol.

Yn dilyn diweddarau'r logo a Bathodyn y Goron GIG Cymru yr Ymddiriedolaeth yn 2024, fe wnaethom barhau i fod wedi ymrwymo i sicrhau bod yr holl asedau ffisegol a digidol yn adlewyrchu'r brandio newydd. Mae ein gwefan a'n sianeli cyfryngau cymdeithasol bellach yn defnyddio'r brandio newydd.



Uchafbwynt nodedig ar gyfer 2024-25 oedd bathu darn arian coffa newydd yn cynnwys Bathodyn y Goron wedi'i ddiweddarau, a fydd yn cael ei gyflwyno yng Ngwobrau Gwasanaeth Hir yn 2025/26.

7. Safonau Llunio Polisi (Safonau 69 – 77)

Mae pob polisi newydd a diwygiedig a weithredir gan yr Ymddiriedolaeth yn destun Asesiad Effaith Cydraddoldeb. Mae'r Gymraeg yn faes cydraddoldeb safonol a gofynnir i staff sy'n llunio polisiau newydd neu ddiwygiedig ystyried yr effeithiau cadarnhaol a/neu negyddol a allai ddeillio o'r polisi hwnnw ar y Gymraeg. Mae cefnogaeth gan y Rheolwr Gwasanaethau'r Gymraeg ar gael i unrhyw gydweithiwr sy'n cwblhau Asesiad Effaith Cydraddoldeb ac mae'n weithdrefn safonol ar gyfer pob polisi newydd a diwygiedig.

Mae Grŵp Polisi'r Ymddiriedolaeth yn goruchwyllo'r prosesau llywodraethu wrth adolygu polisïau newydd neu ddiwygiedig, ac mae Bwrdd yr Ymddiriedolaeth / pwyllgorau perthnasol yn derbyn sicrwydd bod Asesiad o'r Effaith ar Gydraddoldeb wedi'i qwblhau wrth gymeradwyo polisïau a neilltuwyd.

Yn ystod y cyfnod adrodd, cymeradwywyd cyfanswm o 26 o bolisiau a oedd yn eiddo i'r Ymddiriedolaeth (o'i gymharu ag 11 polisi yn 2023/24) - ac roedd gan bob un ohonynt Asesiad o'r Effaith ar Gydraddoldeb cysylltiedig a oedd wedi'i adolygu a'i lofnodi gan Bennaeth Cynhwysiant ac Ymqysylltu'r Ymddiriedolaeth.

8. Safonau Gweithredu (Safonau 79 - 114)

Mae'r set hon o Safonau Gweithredol yn ymdrin â'r ffordd y mae'r Ymddiriedolaeth yn defnyddio'r Gymraeg yn fewnol ac yn rhoi'r hawl i weithwyr dderbyn qwasanaethau Gwasanaethau Pobl yn eu dewis iaith.

8.1 Polisi ar y defnydd mewnol o'r Gymraeg (Safon 79)

Fel rhan o Fframwaith y Gymraeg newydd yr Ymddiriedolaeth, yn ystod 2023/24 fe wnaethom ddatblygu Polisi Iaith Gymraeg newydd, a gymeradwywyd gan y Bwrdd, sy'n disgrifio'r camau y bydd yr Ymddiriedolaeth yn eu cymryd i feithrin ethos dwyieithog o fewn y sefydliad. Yn ogystal, mae'r polisi'n nodi meysydd Safonau'r Gymraeg y mae'n rhaid i'n pobl gydymffurfio â nhw, tra'n esbonio pam mae'r rhain yn bwysig i ni yn WAST a sut maent yn alinio i ddarparu Cynnig Rhagweithiol i'n pobl a'n cleifion. Hyrwyddwyd y Polisi Iaith Gymraeg newydd ar draws y sefydliad drwy ein sianel newyddion mewnol Siren. Yn ystod 2024/25 roedd

[illegible]

Tîm y Gymraeg yn bwriadu cymryd rhan yn Sioe Deithiol y Prif Swyddog Gweithredol a drefnir ddwywaith y flwyddyn ac sy'n ymweld â lleoliadau ledled Cymru i ymgysylltu â staff. Y bwriad oedd cael carwsél ym mhob digwyddiad i hyrwyddo mentrau iaith Gymraeg a chodi ymwybyddiaeth o Bolisi'r Gymraeg yr Ymddiriedolaeth a Safonau'r Gymraeg.

Gwobr y Gymraeg



Fel ffordd o hyrwyddo'r Gymraeg yn fewnol yn y sefydliad, rydym wedi cyflwyno 'Gwobr y Gymraeg' fel un o'r categorïau ar gyfer Gwobrau Staff Blynyddol yr Ymddiriedolaeth. Mae'r wobr yn cydnabod staff sydd wedi helpu i hyrwyddo'r Gymraeg a gwella darpariaeth ddwyieithog mewn gofal iechyd.

Fel rhan o wobrau staff eleni, derbyniwyd tri enwebiad cryf. Tîm y gwasanaeth 111 oedd enillydd Gwobr y Gymraeg am eu gwaith yn gwella perfformiad y gwasanaeth wrth ateb galwadau i'r gwasanaeth yn y Gymraeg. Cafodd Caitlin Davies, Anfonwr Meddygol Brys 999 ganmoliaeth uchel am ei gwaith wrth ddelio â chleifion yn y Gymraeg.



Hwb Iaith

Mae Tîm y Gymraeg wedi bod yn diweddarau gwefan SharePoint gyda gwybodaeth gynhwysfawr am y Gymraeg. Drwy gydol 2024/25, ehangodd y tîm yr adnoddau sydd ar gael ar y wefan yn sylweddol, gan gwmpasu canllawiau a phwysigrwydd darparu gwasanaethau gofal iechyd trwy gyfrwng y Gymraeg.



Safonau'r Gymraeg / Welsh Language Standards
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Beth yw Safonau'r Gymraeg a pham maen nhw'n bwysig?
What are the Welsh Language Standards and why are they important?



Canllawiau Cyflym / Quick Guides
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Ydychydig yn eiddo'r bob ar bob o staff.
What we expect from every member of staff.



Dysgu Cymraeg / Learning Welsh
rhwedd100.sharepoint.com
You can start learning Welsh by following these online tutor courses that are tailored for the Health Care sector.

Mae safle SharePoint bellach yn gwasanaethu fel canolfan ganolog ar gyfer y newyddion, y digwyddiadau a'r datblygiadau diweddaraf sy'n ymwneud â'r Gymraeg o fewn yr Ymddiriedolaeth.



Rhwydwaith Cymraeg

Sefydlwyd Rhwydwaith Cymraeg newydd yr Ymddiriedolaeth, 'Rhwyd-iaith', yn ystod y cyfnod adrodd i ddarparu fforwm agored a thryloyw i staff yn WAST sy'n cefnogi defnydd a thwf y Gymraeg a diwylliant o fewn y sefydliad.

Mae'r Rhwydwaith Cymraeg yn eistedd ochr yn ochr â'n rhwydweithiau pobl eraill yn WAST ac yn cyfrannu at ddiwylliant ehangach o gynhwysiant.

8.2 Dogfennau Cyflogaeth (Safonau 80 – 82)

Ar gais, byddwn yn darparu dogfennau sy'n ymwneud â chyflogaeth i'w darparu yn Gymraeg hy: dogfennau sy'n amlinellu anghenion neu ofynion hyfforddi; dogfennau sy'n amlinellu amcanion perfformiad; dogfennau sy'n amlinellu neu'n cofnodi cynllun gyrfa; ffurflenni sy'n cofnodi ac yn awdurdodi gwyliau blyneddol; ffurflenni sy'n cofnodi ac yn awdurdodi absenoldebau o'r gwaith a ffurflenni sy'n cofnodi ac yn awdurdodi oriau gwaith hyblyg. Yn ystod y cyfnod adrodd ni dderbyniwyd unrhyw geisiadau o'r fath gan staff.

Rydym hefyd wedi sicrhau bod y dogfennau canlynol wedi'u cyfieithu pe bai unrhyw aelod o staff yn dymuno eu derbyn trwy gyfrwng y Gymraeg: llythyrau newid oriau, estyniadau secondiad a chytundeb cyflogaeth. Lle mae Partneriaeth Cydwasaethau GIG Cymru (PCGC) yn cyhoeddi contractau cyflogaeth (drwy'r broses recriwtio o fewn TRAC), caiff y rhain eu cyhoeddi'n rheolaidd yn Gymraeg ac yn Saesneg.

8.3 Prosesau Cysylltiadau â Chyflogeion (Safonau 83 – 88)

Mae proses yr Ymddiriedolaeth o ddelio â chwynion staff a'r weithdrefn ddisgyblu yn y Gymraeg wedi'i chryfhau drwy ddiweddarau cofrestr Swyddogion Ymchwilio yr Ymddiriedolaeth gyda manylion ein siaradwyr Cymraeg – mae hyn yn galluogi cynnal ymchwiliad yn y Gymraeg os gofynnir amdano. Yn ystod y cyfnod adrodd ni dderbyniwyd unrhyw geisiadau am Swyddog Ymchwilio sy'n siarad Cymraeg.

8.4 Recriwtio a Phenodi (Safonau 106 – 109)

Defnyddir siartiau llif canllaw/proses i gynorthwyo rheolwyr cyn i unrhyw swydd gael ei hysbysebu. Mae'r broses yn darparu manylion gwasanaethau cyfieithu yn ogystal â rhywfaint o eiriad hysbyseb safonol a swydd ddisgrifiad i gynorthwyo rheolwyr. Mae ein gwasanaeth cyfieithu mewnol wedi'i sefydlu i gefnogi anghenion cyfieithu'r Ymddiriedolaeth.

Mae'r ffurflen asesu a gyflwynwyd gennym i bob rheolwr ei llenwi er mwyn helpu i asesu'r gofynion o ran y Gymraeg ar gyfer swyddi yn parhau i gael ei defnyddio. Mae hyn yn rhan o nifer o bwyntiau gwirio eraill, cyn rhyddhau post ar gyfer hysbyseb.

8.5 Asesu a chofnodi sgiliau iaith Gymraeg ar draws y gweithlu (Safonau 96 a 116 Safon Cadw Cofnodion)

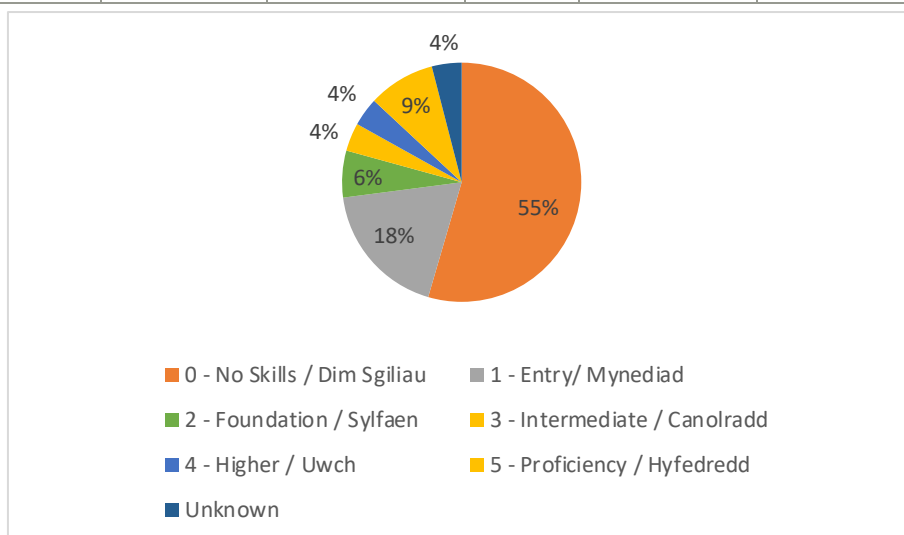
O gyfanswm o 4,427 o aelodau staff, mae 4,248 (95.96%) wedi hunanasesu a chofnodi eu sgiliau iaith Gymraeg ar y system Cofnod Staff Electronig (ESR). Mae hwn yn gynnydd ar y 3,949 aelod o staff (91.48%) a gofnodwyd yn 2023/24.

Mae'r sgiliau gwrando/siarad Cymraeg a gofnodwyd ar yr ESR fesul cyfarwyddiaeth (ar 31 Mawrth 2025) fel a ganlyn:

Cyfarwyddiaeth	Angenrheidiol	Cyflawni	% Cydymffurfedd
Prif Weithredwr	19	17	89.47%
Llywodraethu Corfforaethol	8	8	100%
Digidol	75	74	98.67%
Cyllid ac Adnoddau Corfforaethol	120	120	100%
Clinigol	86	86	100%
Gweithrediadau	3847	3674	95.50%
Partneriaethau ac Ymgysylltu	12	12	100.00%
Pobl a Diwylliant	112	112	100%
Ansawdd, Diogelwch a Phrofiad y Claf	127	127	100%
Strategaeth, Cynllunio a Pherfformiad	21	18	85.71%

8.6 Sgiliau Iaith Gymraeg y Proffil Staff – Gwrando/Siarad

0 - Dim Sgiliau	1 - Mynediad	2 - Sylfaen	3 - Canolradd	4 - Uwch	5 - Hyfedredd	Anhysbys	Cyfanswm terfynol
2414	816	280	169	170	401	178	4428



Fel rhan o'n cyflawniadau'r Cynllun Tymor Canolig Integredig ar gyfer 2025/26, byddwn yn ymgysylltu â'n staff i sicrhau bod eu cymwyseddau iaith Gymraeg ESR yn gyfredol, bydd hyn yn helpu i lywio dadansoddiad bylchau i bennu lefel bresennol y sgiliau iaith Gymraeg ar draws yr Ymddiriedolaeth ym mhob maes gwasanaeth. Yn dilyn dadansoddiad o'r bylchau, cynhelir gwaith ymgysylltu â'r meysydd gwasanaeth blaenoriaeth hynny sy'n delio â chleifion a'r cyhoedd yn uniongyrchol, ar alluoedd sgiliau iaith Gymraeg yr unigolion yn eu timau er mwyn nodi'r anghenion darpariaeth gwasanaeth iaith Gymraeg cyfredol.

Hyfedredd yn y Gymraeg fesul Cyfarwyddiaeth

Cyfarwyddiaeth	Canolradd	Uwch	Hyfedredd
Prif Weithredwr	1	1	0
Llywodraethu Corfforaethol	0	0	2
Digidol	1	1	6
Cyllid ac Adnoddau Corfforaethol	1	7	11
Clinigol	1	2	7
Gweithrediadau	153	151	356
Partneriaethau ac Ymgysylltu	0	2	0
Pobl a Diwylliant	4	2	8
Ansawdd, Diogelwch a Phrofiad y Claf	8	4	10
Strategaeth, Cynllunio a Pherfformiad	0	0	1
Cyfanswm	169	170	401

Ar ddiwedd mis Mawrth 2025, cofnodwyd bod 740 o aelodau staff yn rhugl yn y Gymraeg (o'i gymharu â 701 yn 2023/24). Mae hyn yn cyfateb i 17% o'r rhai sydd wedi cofrestru eu sgiliau Cymraeg (o'i gymharu â 16% yn 2023/24).

Er mwyn cynyddu sgiliau Cymraeg ein gweithlu yn 2024/25 byddwn yn parhau i hyrwyddo'r cwrs Cymraeg sy'n benodol ar gyfer dechreuwyr i'r GIG sydd ar gael i'n staff drwy'r Ganolfan Dysgu Cymraeg Genedlaethol ynghyd â'n cwrs ESR Ymwbyddiaeth Iaith Gymraeg gorfodol.

8.7 Swyddi Newydd a Gwag (Safon Cadw Cofnodion 117)

Mae'r tabl isod yn cadarnhau'r swyddi a hysbysebwyd rhwng 1 Ebrill 2023 a 31 Mawrth 2024.

Oherwydd bod gan wasanaeth cyfieithu'r Ymddiriedolaeth fynediad at feddalwedd cof cyfieithu PCGC, gwnaed arbedion effeithlonrwydd o ran sicrhau bod pob swydd ddisgrifiad yn cael ei gyfieithu i'r Gymraeg.. Mae gan y Gyfarwyddiaeth Gwasanaethau Pobl brosesau ar waith i reolwyr recriwtio anfon disgrifiadau swyddi cymeradwy i Wasanaeth Cyfieithu mewnol yr Ymddiriedolaeth.

Categori	Nifer y swyddi wedi'u categoraiddio		Canran y swyddi a hysbysebwyd	
	2024-25	2023-24	2024-25	2023-24
Sgiliau Cymraeg yn hanfodol	2	4	0.47%	1.3%
Sgiliau Cymraeg yn ddymunol	420	292	99%	98%
Bydd angen dysgu sgiliau Cymraeg pan benodir rhywun i'r swydd	0	0	0%	0%
Nid yw sgiliau Cymraeg yn angenrheidiol	0	0	0%	0%

Yn dilyn y gofynion ar gyfer asesu swydd newydd neu swydd wag o ran yr angen am sgiliau iaith Gymraeg, barnwyd bod sgiliau iaith Gymraeg yn hanfodol lle bo'n bosibl ar gyfer swyddi Derbynwyr Galwadau Band 2 y Gwasanaeth Cludiant Cleifion Di-frys (NEPTS). Mae cyfanswm o 21 o dderbynwyr galwadau NEPTS, ac mae chwech ohonynt yn siaradwyr Cymraeg.

Mae cyfweliadau swyddi ar gyfer swyddi gwag wedi cael eu hwyluso yn y Gymraeg mewn ymateb i geisiadau gan ymgeiswyr.

8.8 Hyfforddiant (Safon 97)

Mae'r tabl isod yn dangos y cyfleoedd a ddarperir gan yr Ymddiriedolaeth i'n staff dderbyn hyfforddiant yn y Gymraeg yn y meysydd canlynol, os yw hyfforddiant o'r fath ar gael yn Saesneg; recriwtio a chyfweld; rheoli perfformiad; gweithdrefnau cwynion a disgyblu; sefydlu; delio â'r cyhoedd; ac iechyd a diogelwch.

Math o Hyfforddiant	Nifer a ofynnodd am fersiwn Gymraeg o'r cwrs	Nifer a fynychodd fersiwn Saesneg y cwrs	Canran a fynychodd y fersiwn Gymraeg
Gweithdrefnau Cwyno a Disgyblu	0	298	0
Sefydlu	0	512	0
Iechyd a Diogelwch	0	61	0

Mae pob 'Diwrnod Croeso WAST' lle mae aelodau newydd o staff yn cael eu cyflwyno i'r Ymddiriedolaeth yn cynnwys elfen o'r Gymraeg (cyfarch yn cael ei ddarparu'n ddwyieithog, fideo ymddygiadau WAST Cymraeg, cyfeiriad at safonau'r Gymraeg a deunyddiau dysgu, gyda rhai ohonynt yn cael eu cyflwyno yn Gymraeg. Ni dderbyniwyd unrhyw geisiadau yn ystod y cyfnod i ddarparu ein sesiwn sefydlu corfforaethol yn y Gymraeg.

Fel yn y flwyddyn adrodd flaenorol, cyflwynwyd cyrsiau Rheoli'n Ddiogel ac Arwain yn Ddiogel IOSH yn Saesneg gan fod y cyrsiau hyn yn gyrsiau hyfforddi achrededig gan IOSH, ac nid ydynt ar gael yn y Gymraeg gan fod y cynnwys yn cael ei ddarparu'n allanol.

Mae'r cyrsiau ESR canlynol ar gael i'n bobl yn y Gymraeg:

- Colled Synhwyrdd
- Gwneud i Bob Cyswllt Gyfrif
- Trais yn erbyn Menywod, Cam-drin Domestig, a Thrais
- Cyflwyniad i Sgoriau Rhybudd Cynnar Cenedlaethol (RRAILS)
- Asesiad A - E (RRAILS)
- Ymwybyddiaeth o Ofalwyr
- Hyfforddiant Orlhain Cysylltiadau Covid-19

Cwblhaodd 153 aelod o staff y cwrs Trais yn Erbyn Menywod, Cam-drin Domestig a Thrais yn y Gymraeg. Ni chwblhawyd unrhyw gwrs arall yn y Gymraeg.

8.9 Hyfforddiant i Wella Sgiliau Iaith Gymraeg (Safonau 99 - 101)

Mae'r modiwl ar-lein 'Croeso Cymraeg Gwaith' wedi bod yn allweddol i'r Ymddiriedolaeth wrth gefnogi staff sydd ar ddechrau eu taith i ddysgu Cymraeg. Cwblhaodd cyfanswm o 16 aelod o staff (o'i gymharu â 9 yn 2023/24) fodiwl e-ddysgu i ddechreuwr yn y Gymraeg a hwyluswyd gan y Ganolfan Dysgu Cymraeg Genedlaethol.

Fel rhan o'r gwaith i ddatblygu'r Cynllun Gweithlu Strategol rydym yn ymgysylltu â'r Ganolfan Dysgu Cymraeg Genedlaethol ynglŷn â datblygu sesiynau hyder yn y Gymraeg ar gyfer staff yr Ymddiriedolaeth a hoffai gynyddu eu hyder i siarad Cymraeg gyda defnyddwyr ein gwasanaethau.

8.10 Hyfforddiant Ymwybyddiaeth o'r Gymraeg (Safonau 102 – 103)

Mae 'diwrnodau Croeso' yr Ymddiriedolaeth yn cynnwys ymwybyddiaeth o'r Gymraeg. Yn ystod y cyfnod adrodd, cyflawnodd cyfanswm o 512 aelod o staff (o'i gymharu â 407 yn 2023/24) yr hyfforddiant hwn.

Ers cyflwyno'r cwrs ymwybyddiaeth o'r Gymraeg gorfodol ar 01 Ebrill 2023, hyd at 31 Mawrth 2025, mae 70.93% o staff yr Ymddiriedolaeth (o'i gymharu â 61.13% yn 2023/24) wedi cwblhau'r cwrs. Byddwn yn parhau i hyrwyddo'r hyfforddiant dros y flwyddyn nesaf i gynyddu nifer y staff sy'n cwblhau'r hyfforddiant i gyflawni cydymffurfiaeth o leiaf 90%.

8.11 Hyrwyddo'r Gymraeg

Yn ystod y cyfnod adrodd hyrwyddwyd y Gymraeg yn ystod Dydd Gŵyl Dewi a Dydd Miwsig Cymru.

Yn ogystal, datblygwyd fideos YouTube sgiliau cwrteisi iaith yn y Gymraeg gan Dîm y Gymraeg yr Ymddiriedolaeth a'u hyrwyddo i'n pobl drwy wefan SharePoint yr Ymddiriedolaeth.



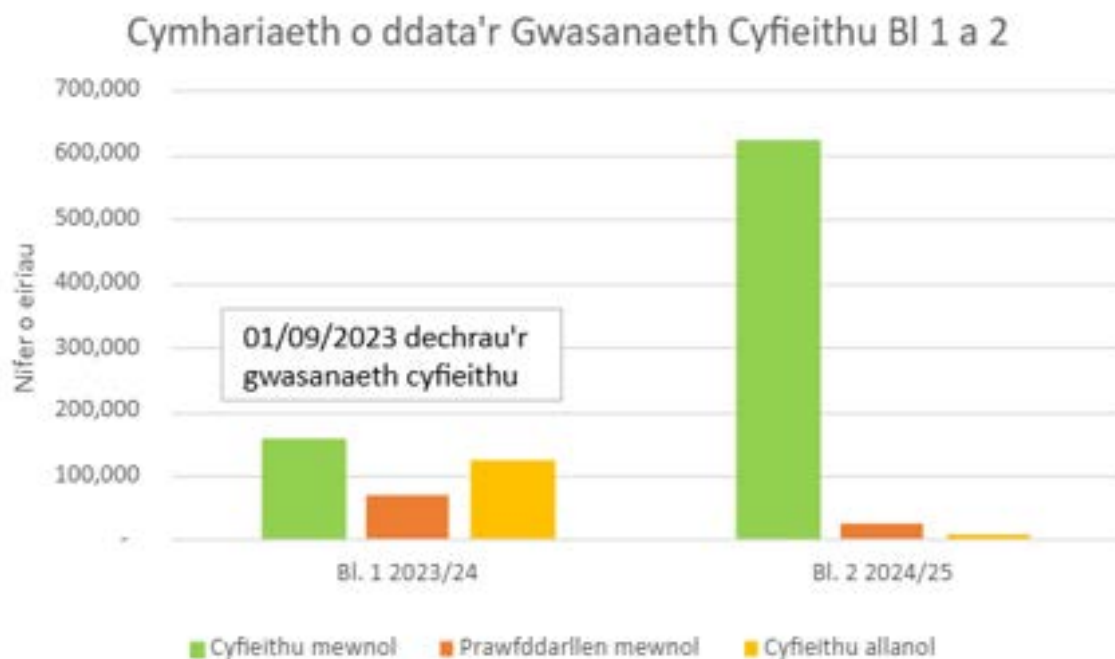
8.12 Ein Gwasanaeth Cyfieithu

Ers sefydlu Gwasanaeth Cyfieithu'r Ymddiriedolaeth ym mis Medi 2023, mae wedi mynd o nerth i nerth, gan gyfieithu dros 948,825 o eiriau. Mae'r ddarpariaeth hon yn ffactor allweddol sy'n galluogi cydymffurfio â llawer o'r safonau ee gohebiaeth, dogfennau, ffurflenni, arwyddion, cyfryngau cymdeithasol a chynnwys gwe.

Mae gan y Gwasanaeth Cyfieithu fynediad a rennir at feddalwedd cof cyfieithu Partneriaeth Cydwasanaethau GIG Cymru (PCGC). Mae'r feddalwedd hon wedi gwella cysondeb ac yn cyflymu'r broses gyfieithu, gan ganiatáu mwy o amser i brawffddarlennu dogfennau ac wrth weithio ar brosiectau ailadroddus fel swydd disgrifiadau, diweddaru polisiâu neu adroddiadau blynyddol. Mae hefyd yn helpu i gynnal cywirdeb a chysondeb terminoleg ar draws y prosiectau mawr hyn.

Mae manteision cael mynediad at gof mor helaeth hefyd yn cynnwys cael mynediad at gronfeydd termau a rennir i gynorthwyo gyda dogfennau technegol neu feddygol, newidiadau wedi'u holrhain i amlygu ble mae newid wedi digwydd i arbed amser i'r cyfieithydd wrth chwilio am y golygiad neu'r diweddariad i destun. Mae'n caniatáu amseroedd dychwelyd cyflymach na fyddai'n bosibl heb y cof a thechnoleg cyfieithu peiranyddol.

Mae'r graff isod yn dangos y cynnydd yn y galw am nifer y geiriau a gyfieithwyd gan y gwasanaeth cyfieithu ynghyd â'r gostyngiad yn y defnydd o ddarparwyr gwasanaethau cyfieithu allanol.



Mae Blwyddyn 1 yn cynrychioli cychwyn y gwasanaeth ym mis Medi 2023 ac mae Blwyddyn 2 yn cynrychioli blwyddyn lawn gyntaf y gwasanaeth o weithredu.

9. Cwynion (Safon Cadw Cofnodion 115)

Isod, ceir rhestr o'r cwynion a dderbyniwyd yn ystod 2024/25 ynghyd â chrynodeb o'r camau a gymerwyd. Yn ystod y cyfnod adrodd, derbyniwyd cyfanswm o ddau gŵyn:

Rhif	Cwyn	Ymateb a'r cam gweithredu
1	Ym mis Mehefin 2024 derbyniwyd cwyn gan Aelod o'r Senedd ar ran ei etholwr nad oedd yn gallu cael ei alwad i Wasanaeth 111 GIG Cymru ei thrin yn y Gymraeg. Roedd yr achwynydd wedi cysylltu â'r Gwasanaeth 111 ac wedi dewis yr opsiwn Cymraeg. Ar ôl aros am oddeutu 15 munud, derbyniodd yr achwynydd neges llais yn nodi nad oedd aelod o staff oedd yn siarad Cymraeg ar gael i ateb eu galwad a throsglwyddwyd eu galwad i'r gwasanaeth Saesneg.	Cysylltwyd â'r achwynydd ac ymddiheurwyd am ddiffyg argaeledd. Derbynnwyd Galwadau oedd yn siarad Cymraeg ar yr union adeg ei alwad i'r Gwasanaeth 111.

2	Ym mis Awst 2024, derbyniwyd cwyn drwy PTR.Concern@wast.uk gan aelod o'r cyhoedd nad oedd yn gallu cael eu galwad i Wasanaeth 111 GIG Cymru ei thrin yn y Gymraeg. Dywedodd yr achwynydd y dylai gwasanaeth Cymraeg fod ar gael i'r henoed nad ydynt o reidrwydd yn gyfforddus yn siarad Saesneg.	Cysylltwyd â'r achwynydd gan y gwasanaeth 111 ac ymddiheurwyd ynghyd â manylion ymchwiliad a gynhaliwyd a ddaeth i'r casgliad bod pob un o'r 4 triniwr galwadau a oedd yn siarad Cymraeg ar adeg galwad yr achwynydd yn delio â galwadau eraill ar y pryd ac, er mwyn osgoi unrhyw oedi pellach wrth ateb eu galwad, bod eu galwad wedi'i thynnu o'r ciw gan y system a'i rhoi i'r asiant nesaf oedd ar gael nad oedd yn gallu siarad Cymraeg.

10. Edrych Ymlaen - Blaenoriaethau ar gyfer 2025-2026

Fel rhan o'n cyflawniadau'r Cynllun Tymor Canolig Integredig ar gyfer 2025/26, byddwn yn ymgysylltu â'n staff i sicrhau bod eu cymwyseddau iaith Gymraeg ESR yn gyfredol, bydd hyn yn helpu i lywio dadansoddiad bylchau i bennu lefel bresennol y sgiliau iaith Gymraeg ar draws yr Ymddiriedolaeth ym mhob maes gwasanaeth. Yn dilyn dadansoddiad o'r bylchau, cynhelir gwaith ymgysylltu â'r meysydd gwasanaeth blaenoriaeth hynny sy'n delio â chleifion a'r cyhoedd yn uniongyrchol ar alluoedd sgiliau iaith Gymraeg yr unigolion yn eu timau er mwyn nodi'r anghenion darpariaeth gwasanaeth iaith Gymraeg cyfredol.

Yn ogystal, fel y nodwyd yn ein Cynllun Tymor Canolig Integredig 2025-2028, bydd yr Ymddiriedolaeth yn datblygu Cynllun Ymgynghori Clinigol yn y Gymraeg yn unol â Safon 110. Bydd hyn yn nodi'r camau gweithredu a fydd yn cynyddu gallu'r Ymddiriedolaeth i gynnig a chynnal ymgynghoriadau clinigol yn y Gymraeg.

Byddwn yn ehangu ein llinell sylfaen cydymffurfio â safonau'r Gymraeg a fydd yn cael ei hyrwyddo ar draws yr Ymddiriedolaeth ac yn dathlu enghreifftiau o arfer da.

Bydd cwrs Cymraeg i ddechreuwy'r newydd ar gyfer staff y Gwasanaethau Meddygol Brys yn cael ei ddatblygu mewn partneriaeth â'r Ganolfan Dysgu Cymraeg Genedlaethol. Bydd y cwrs yn gwrs wedi'i deilwra dan arweiniad tiwtor ar Teams ar gyfer staff sydd eisiau gallu ymgysylltu â'n cleifion sy'n siarad Cymraeg ar y pwynt cyswllt cyntaf hwnnw.

Bydd Tîm y Gymraeg yr Ymddiriedolaeth yn rhan o gyfres o ddigwyddiadau wedi'u cynllunio i hyrwyddo'r Gymraeg i staff yr Ymddiriedolaeth ac i'r cyhoedd drwy weithgareddau ymgysylltu digidol ac wyneb yn wyneb ee. yr Eisteddfod Genedlaethol, Wrecsam.

Mae'r Pwyllgor Cyllid a Pherfformiad a'r Bwrdd yr Ymddiriedolaeth yn goruchwyllo'r targedau i'w gyflawni yn y Cynllun Tymor Canolig Integredig bob deufis.

Gwybodaeth Bellach

I gael rhagor o wybodaeth am Safonau'r Gymraeg, cysylltwch â:

Melfyn Hughes
Rheolwr Gwasanaethau'r Gymraeg

Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwylans Cymru
Tŷ Elwy
Ffordd Richard Davies
Llanelwy
Sir Ddinbych
LL17 0LJ

E-bost: Melfyn.hughes@wales.nhs.uk

Cyflawni camau gweithredu'r Cynllun Mwy na Geiriau 2022-27:

Ar gyfer y cyfnod Ebrill 2024 – Mawrth 2025

Sefydliad	Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwylans Cymru

Cwblhawyd gan:	Melfyn Hughes	Dyddiad: 28 Gorffennaf 2025

DATA ALLWEDDOL:	Wrth ddyfynnu unrhyw ystadegau / data, rhowch ddyddiad / cyfnod adrodd cyfatebol.
Sgiliau Cymraeg y staff	O gyfanswm o 4,427 aelod o staff mae 4,248 (95.96%) wedi cofnodi eu sgiliau iaith Gymraeg ar ESR. Mae 17% (cynnydd o 1% o 2023/24) o'n gweithlu yn rhugl yn y Gymraeg. Mae hyn yn cyfateb i 740 o'r rhai sydd wedi cofrestru eu sgiliau Cymraeg.
Nifer y staff sy'n cwblhau hyfforddiant	Cwrs Ymwybyddiaeth o'r Gymraeg: 70%
Arolygon Cleifion / Defnyddwyr Gwasanaeth ee. arolygon siopwyr cudd	Arolwg i'w gynnal yn yr Eisteddfod Genedlaethol, Wrecsam 2025

Cyf.	Disgrifiad o'r camau gweithredu Tymor Byr a Thymor Canolig	Canllawiau ar gyfer cwblhau'r ymateb	Prif Atebolrwydd	Adroddiad ar Gynnydd 2024/25 (cyfnod adrodd 1/4/24 – 31/3/25): Pa weithgareddau newydd ac ychwanegol a gyflwynwyd yn ystod 2024/25?	Enghreifftiau o arfer da/gwaith sy'n cael ei wneud mewn partneriaeth.
Diwylliant ac Arweinyddiaeth					
3	Mae disgwyl y bydd y cydweithwyr hynny mewn rolau arweinyddiaeth yn cymryd rhan yn ein rhaglen Arwain mewn Gwlad Ddwieithog. Mae'r rhaglen hon yn gweithio tuag at wreiddio ysbryd Cymraeg 2050 mewn diwylliant sefydliadol a llunio polisïau. Yn rhy aml o lawer, mae'r Gymraeg yn cael ei gweld fel mater o gyfieithu yn unig, neu fel 'blwch ticio' wrth ddatblygu polisi. Mae'r rhaglen hon sy'n seiliedig ar werthoedd yn mynd y tu hwnt i ddeall effaith bosibl iaith ar bob agwedd o'n gwaith i ddefnyddio pa ysgogiadau sydd gennym i gynyddu'r defnydd ohoni. (<i>Tymor canolig</i>)	Bydd Llywodraeth Cymru yn comisiynu darparwr newydd ar gyfer y Rhaglen Arwain mewn Gwlad Ddwieithog yn fuan. Nid oes angen ymateb pellach ar hyn o bryd – oni bai bod enghreifftiau penodol o sut mae allbynnau o'r Rhaglen Arwain mewn Gwlad Ddwieithog yn parhau i wneud gwahaniaeth i rolau arweinyddiaeth yn y sefydliad; a/neu fod rhaglenni / hyfforddiant arweinyddiaeth wedi'u cyflwyno gan gyrff iechyd a gofal cymdeithasol sy'n canolbwyntio'n benodol ar arweinyddiaeth mewn cyd-destun dwieithog.	Cadeiryddion a Phrif Weithredwyr Cyrff iechyd a gofal cymdeithasol. Mae ein Bwrdd yn ceisio gwella eu sgiliau iaith Gymraeg lle bo modd a hyrwyddo'r Gymraeg ar draws y sefydliad i staff a thu hwnt.	Ym mis Chwefror 2025, fel rhan o Raglen Datblygu Bwrdd yr Ymddiriedolaeth, hwyluswyd sesiwn gan Reolwr Gwasanaethau'r Gymraeg yr Ymddiriedolaeth ar bwysigrwydd y Gymraeg mewn gofal iechyd a oedd yn cynnwys stori claf yn amlygu arwyddocâd y Gymraeg wrth ddarparu gofal iechyd effeithiol.	Yn ystod 2024/25 rydym wedi datblygu Polisi'r Gymraeg newydd sy'n disgrifio'r camau y bydd yr Ymddiriedolaeth yn eu cymryd i: feithrin ethos dwieithog o fewn y sefydliad, yn ogystal â darparu canllawiau ar gydymffurfio â Safonau'r Gymraeg, a gweithredu cynllun gweithredu 'Mwy na geiriau' Llywodraeth Cymru. Hyrwyddwyd Polisi'r Gymraeg newydd ar draws y sefydliad drwy ein sianel newyddion mewnol Siren.
Thema 1: Polisïau a chynlluniau ar gyfer y Gymraeg, gan gynnwys data					
6	Datblygu offer i gefnogi prif ffrydio ystyriaethau'r Gymraeg i gynllunio a pholisïau, yn enwedig yn y meysydd blaenoriaeth a	Mae Llywodraeth Cymru wedi bod yn cydweithio â Swyddfa Comisiynydd y Gymraeg i sefydlu Fforwm	Llywodraeth Cymru / Cyrff Iechyd a Gofal Cymdeithasol	Mae pob polisi newydd a diwygiedig a weithredir gan yr Ymddiriedolaeth yn destun Asesiad Effaith	

	Iefelau uchel o ryngweithio â gwasanaethau. Bydd hyn yn cynnwys sefydlu llwybrau gofal Cymraeg ar gyfer unigolion sy'n agored i niwed mewn grwpiau blaenoriaeth a nodwyd fel pobl hŷn, plant, iechyd meddwl, therapi lleferydd, anawsterau dysgu, a gwasanaethau strôc. (<i>Tymor hir</i>)	Iechyd strategol newydd gyda'r sector iechyd gyda'r nod o wella gwasanaethau gofal clinigol drwy gyfrwng y Gymraeg. Dosbarthiadau Meistr Asesiad o'r Effaith ar y Gymraeg Llywodraeth Cymru i'w cynnal gyda phob tîm yn y Grŵp Iechyd, Gofal Cymdeithasol a'r Blynnyddoedd Cynnar i helpu i wreiddio'r Gymraeg mewn polisïau. Mae Llywodraeth Cymru hefyd yn diwygio canllawiau'r Asesiad o'r Effaith ar y Gymraeg i gynnwys mwy o ffocws ar y cynllyn Mwy na geiriau. Gofynnir i gyrff Iechyd a Gofal Cymdeithasol ddarparu tystiolaeth o lwybrau gofal iaith Gymraeg ar gyfer y grwpiau blaenoriaeth yn benodol, neu unrhyw offer prif ffrydio newydd.		Cydraddoldeb. Mae'r Gymraeg yn faes cydraddoldeb safonol a gofynnir i staff sy'n llunio polisïau newydd neu ddiwygiedig ystyried yr effeithiau cadarnhaol a/neu negyddol a allai ddeillio o'r polisi hwnnw ar y Gymraeg. Mae cefnogaeth gan y Rheolwr Gwasanaethau'r Gymraeg ar gael i unrhyw gydweithiwr sy'n cwblhau Asesiad Effaith Cydraddoldeb ac mae'n weithdrefn safonol ar gyfer pob polisi newydd a diwygiedig. Mae proses bolisi'r Ymddiriedolaeth yn goruchwyllo'r prosesau llywodraethu wrth adolygu polisïau newydd neu ddiwygiedig, a chaiff y pwyllgor bwrdd perthnasol ei sicrhau bod yr Asesiad Effaith Cydraddoldeb wedi'i gwblhau wrth gymeradwyo'r polisïau a neilltuwyd iddynt.	
8	Bydd fframwaith cenedlaethol cytunedig ar gyfer casglu a choladu data ar sgiliau iaith yr holl staff sy'n gweithio ym maes iechyd a gofal cymdeithasol yng Nghymru yn cael ei ddatblygu a'i weithredu. Dylai hyn fod yn orfodol lle bynnag y bo modd a	Dylai gyrff iechyd a gofal cymdeithasol roi trosolwg o sut maen nhw'n casglu ac yn coladu data ar sgiliau iaith yr holl staff ar hyn o bryd (yn ogystal â data allweddol ar gyfer y cyfnod adrodd).	AaGIC / Gofal Cymdeithasol Cymru / IGDC / gyrff iechyd a gofal cymdeithasol gan gynnwys contractwyr gofal sylfaenol annibynnol.	4,248 (95.96%) o aelodau staff wedi cofnodi eu sgiliau Cymraeg ar y Cofnod Staff Electronig (ESR).	Ystadegau sgiliau iaith Gymraeg y gweithlu wedi'u cynnwys yn adroddiad Blynnyddol Safon Iaith Gymraeg yr Ymddiriedolaeth.

	byddai angen iddo gyd-fynd â systemau a dulliau sydd ar waith ar hyn o bryd ar gyfer casglu a choladu data ar draws y sectorau iechyd a gofal cymdeithasol, gan gynnwys gwasanaethau a ddarperir yn y Gymraeg. (<i>Tymor canolig</i>)				
10	Bydd cam gweithredu 30 yn y 'Strategaeth Gweithlu ar gyfer Iechyd a Gofal Cymdeithasol' – datblygu canllawiau cynllunio'r gweithlu ar gyfer nodi a datblygu sgiliau iaith Gymraeg yn y gweithlu iechyd a gofal cymdeithasol – yn cael ei roi ar waith cyn gynted ag y bo modd. Dylai'r canllawiau hyn ystyried nifer y staff sydd â sgiliau iaith Gymraeg sydd eu hangen a natur y sgiliau hynny mewn gwahanol gyd-destunau iechyd a gofal cymdeithasol ac o fewn y meysydd blaenoriaeth o angen a nodwyd. Defnyddir y canllawiau fel rhan o gynllunio gweithlu blynyddol gan Fyrddau Iechyd, Awdurdodau Lleol, AaGIC, Gofal Cymdeithasol Cymru a chyflogwyr eraill yn ôl yr angen. Ar ben hynny, bod y canllawiau'n llywio gwaith y rheoleiddwyr a'r arolygiaethau perthnasol yn ôl yr angen (<i>Tymor byr</i>)	Mae Canllawiau Cynllunio Gweithlu AaGIC ar gyfer y Gymraeg wedi'u cyhoeddi. Dylai cyrff iechyd a gofal cymdeithasol ddarparu enghreifftiau o sut y mae'r canllawiau hyn wedi cael eu defnyddio ar draws gwahanol leoliadau / polisïau.	AaGIC / Gofal Cymdeithasol Cymru	Fel rhan o'n hymrwymiad i'r Cynllun Gweithredu Mwy na geiriau i sicrhau bod defnyddwyr ein gwasanaeth yn derbyn gwasanaethau yn eu dewis iaith, mae ffrwd waith bwrpasol ar gyfer y Gymraeg wedi'i datblygu fel rhan o Gynllun Gweithlu Strategol cyffredinol WAST er mwyn datblygu ein Strategaeth Recriwtio iaith Gymraeg.	

Thema 2: Cefnogi a datblygu sgiliau Cymraeg y gweithlu presennol a gweithlu'r dyfodol

13	Sefydliadau iechyd a gofal cymdeithasol i nodi bylchau sgiliau yn y gweithlu mewn meysydd allweddol, a datblygu cynlluniau i fynd i'r afael â nhw. Bydd hyn yn cael ei wreiddio mewn cynlluniau gweithlu a sgiliau a ddatblygir ac a gyflwynir o fewn sefydliadau unigol, a bydd yn golygu gweithio'n agos gydag AaGIC a Gofal Cymdeithasol Cymru. <i>(Tymor canolig) (Tymor canolig)</i>	Dylai cyrff iechyd a gofal cymdeithasol ddarparu enghreifftiau o sut maen nhw wedi nodi sgiliau'r gweithlu, ble mae'r bylchau'n bodoli, ac a oes ganddyn nhw gynlluniau ar waith i fynd i'r afael â nhw.	Cyrff iechyd a gofal cymdeithasol, AaGIC a Gofal Cymdeithasol Cymru	Byddwn yn plethu'r pwynt gweithredu hwn yn ein Cynllun Gweithlu Strategol i sicrhau bod bylchau sgiliau Cymraeg yn cael eu llenwi yn ein gweithlu yn y dyfodol.	Cyflawni'r ymrwymadau i gynllun gweithredu Mwy na geiriau LIC – i gwblhau ein Cynllun Gweithlu Strategol sy'n cynnwys ffrwd waith iaith Gymraeg lle bydd gwaith yn mynd rhagddo drwy ddadansoddiad o'r bwlch sgiliau Cymraeg wedi'i ddilyn gan fentrau hyfforddi a datblygu a strategaethau recriwtio.
14	Byddwn yn disgwyl i holl gydweithwyr y GIG a gofal cymdeithasol ddilyn cwrs ymwybyddiaeth ieithyddol, a fydd yn egluro pa mor bwysig yw'r Gymraeg wrth ddarparu gwasanaethau ac fel un o anghenion cleifion. Ar ôl cyflwyno hyfforddiant ymwybyddiaeth o'r Gymraeg i bob gweithiwr proffesiynol ym maes iechyd a gofal cymdeithasol, byddwn yn disgwyl i'r hyfforddiant hwn gael ei ddarparu ym mhob disgyblaeth ar gyfer hyfforddeion, a'i gyflwyno fel rhan o'r broses gynefino i weithwyr newydd sydd heb wneud yr hyfforddiant yn barod. <i>(Tymor canolig)</i>	Dylai cyrff iechyd a gofal cymdeithasol ddarparu data allweddol ar nifer y bobl sy'n mynychu Cyrsiau Ymwybyddiaeth o'r Gymraeg. Mae hyn yn cynnwys data ar ddarparu'r cwrs fel rhan o'r broses ymsefydlu.	Cyrff iechyd a gofal cymdeithasol	Ers cyflwyno'r cwrs ymwybyddiaeth o'r Gymraeg gorfodol ar 1 Ebrill 2023, cofnodwyd bod 70% o staff yr Ymddiriedolaeth wedi cwblhau'r cwrs yn llwyddiannus. Byddwn yn parhau i hyrwyddo'r hyfforddiant dros y flwyddyn nesaf i gynyddu nifer y staff sy'n cwblhau'r hyfforddiant i 90%.	Mae 'Diwrnodau Croeso' yr Ymddiriedolaeth yn cynnwys ymwybyddiaeth o'r Gymraeg ac ymgymrodd cyfanswm o 512 aelod o staff â'r hyfforddiant hwn yn ystod y cyfnod adrodd.

16	Sefydliadau i ddiffinio lefel y sgiliau Cymraeg sydd eu hangen ym mhob hysbyseb swydd yn unol ag arferion gorau mewn rhai byrddau iechyd ac awdurdodau lleol. <i>(Tymor canolig – canllawiau i'w datblygu a'u rhannu yn y tymor byr)</i>	Pob corff iechyd a gofal cymdeithasol i roi diweddariad am y gwaith sy'n cael ei wneud i ddiffinio'r sgiliau iaith Gymraeg sy'n ofynnol ym mhob hysbyseb swydd, yn ogystal â data allweddol ynghylch a yw swyddi'n cael eu hysbysebu fel rhai dymunol a Chymraeg hanfodol.	Cyrff iechyd a gofal cymdeithasol	Fel rhan o'r broses Gwerthuso Swyddi, cyflawnir gofyniad asesu'r Gymraeg ar gyfer pob swydd drwy ddefnyddio Offeryn Asesu Sgiliau Cymraeg ar gyfer rheolwyr. Trwy lenwi'r ffurflen, mae rheolwyr yn penderfynu a oes angen hysbysebu swyddi gyda'r Gymraeg yn sgil hanfodol neu ddymunol, neu os nad oes angen unrhyw sgiliau Cymraeg. Rhaid anfon copi o'r Ffurflen Asesu hon drwy e-bost i'r Hwb AD ar ôl ei chwblhau. Bydd yr wybodaeth a ddarperir yn y ddogfen hon yn cael ei defnyddio at ddibenion adrodd a bydd yn rhan o'r broses archwilio recriwtio	Byddai canllawiau ar hyn ar lefel genedlaethol yn cael eu croesawu. Mae WAST yn cefnogi'r egwyddor o ddiffinio gofynion sgiliau Cymraeg yn well mewn hysbysebion swyddi a disgrifiadau swydd.
17	Cyflwyno lefel "cwrteisi" gofynnol o ran sgiliau iaith Gymraeg yn raddol gan wneud staff yn fwy ymwybodol o'r effaith gadarnhaol y gall dysgu a defnyddio'r Gymraeg ei chael ar unigolion sy'n cael mynediad at wasanaethau iechyd a gofal cymdeithasol ac yn eu derbyn. Erbyn diwedd oes y cynllun hwn, dylai pob aelod o staff sy'n gweithio ym maes iechyd a gofal cymdeithasol fod â Chymraeg lefel cwrteisi. <i>(Tymor byr - cyflwyniad)</i>	Y Ganolfan Dysgu Cymraeg Genedlaethol i ddarparu data ar y cwrs cwrteisi iaith newydd (fel rhan o'r cynllun iechyd a gofal cymdeithasol) a'i fabwysiadu ar draws y sefydliadau. Cyrff iechyd a gofal cymdeithasol i ddarparu gwybodaeth hefyd am gyrsiau cwrteisi iaith eraill sy'n cael eu datblygu (nid gan y Ganolfan Dysgu Cymraeg Genedlaethol) yn cael eu cyflwyno'n lleol, a	Canolfan Dysgu Cymraeg Genedlaethol Cyrff iechyd a gofal cymdeithasol	Mae'r modiwl ar-lein 'Croeso Cymraeg Gwaith' wedi bod yn allweddol i ni fel Ymddiriedolaeth wrth gefnogi staff sydd ar ddechrau eu taith i ddysgu Cymraeg. Anogir y cadeirydd a'r rheolwyr i ddefnyddio eu sgiliau cwrteisi iaith yn y Gymraeg mewn cyfarfodydd mewnol ac mewn cyfarfodydd sy'n agored i'r cyhoedd.	Mae Tîm y Gymraeg wedi datblygu fideos bach i staff ddatblygu eu sgiliau cwrteisi iaith yn y Gymraeg.

		data allweddol ar y nifer sy'n eu defnyddio.			
18	Sefydliadau i ddatblygu a gweithredu strategaeth hyfforddiant a gweithlu'r iaith Gymraeg wedi'i thargedu – gyda ffocws cychwynnol ar fynd i'r afael â bylchau ym meysydd blaenoriaeth allweddol Mwy na geiriau yn unig a'r rhai sydd â diffyg hyder (angen ystyried y potensial ar gyfer gweithio gydag arweinwyr tîm / rheolwyr / cyflogwyr i greu'r amodau hefyd i unigolion ddefnyddio eu Cymraeg) <i>(Tymor canolig)</i>	Byrddau iechyd i roi'r wybodaeth ddiweddaraf am waith i gefnogi cyflawni Safon 110, a sut maen nhw'n cynyddu'r defnydd o'r Gymraeg ar draws lleoliadau clinigol.	Cyrff iechyd a gofal cymdeithasol	Cyflawni'r ymrwymadau i gynllun gweithredu Mwy na geiriau LIC – i gwblhau ein Cynllun Gweithlu Strategol sy'n cynnwys ffrwd waith iaith Gymraeg lle bydd gwaith yn mynd rhagddo drwy ddadansoddiad o'r bwch sgiliau Cymraeg wedi'i ddilyn gan fentrau hyfforddi a datblygu a strategaethau recriwtio.	Cwrs dechreuwyr iaith Gymraeg ar gyfer ein staff EMS sy'n cael ei ddatblygu ar hyn o bryd mewn partneriaeth â'r Ganolfan Dysgu Cymraeg.
20	Gyrfa Cymru / AaGIC a Gofal Cymdeithasol Cymru i hyrwyddo pwysigrwydd a'r cyfleoedd y gall sgiliau iaith Gymraeg eu darparu o fewn gyrfaedd ym maes iechyd a gofal cymdeithasol gan ddefnyddio adnoddau porth Tregyrfa a thrwy sioeau teithiol a sesiynau ymgysylltu gyda phobl ifanc. <i>(Tymor byr/canolig)</i>	Bydd AaGIC yn darparu gwybodaeth am Tregyrfa, gan gynnwys data ar niferoedd sy'n defnyddio'r safle. Bydd AaGIC hefyd yn darparu gwybodaeth am sioeau teithiol a digwyddiadau ymgysylltu a gynhelir gyda sefydliadau addysgol. Gyrfa Cymru i ddarparu gwybodaeth am fentrau sy'n hyrwyddo pwysigrwydd sgiliau iaith Gymraeg mewn gyrfaedd iechyd a gofal cymdeithasol, gan gynnwys data ar nifer y mynychwyr ar gyfer unrhyw ddigwyddiadau	Gyrfa Cymru / AaGIC a Gofal Cymdeithasol Cymru / cyrff iechyd a gofal	Mae'r holl weithgareddau ymgysylltu a gynhelir yn cael eu hadrodd yn fewnol i Bwyllgor QUEST ac i Lywodraeth Cymru drwy adroddiadau chwemisol. EITEM 14.1 Adroddiad Chwemisol PECI Hydref 2024 - Mawrth 2025 Atodiad 2.pdf	

		/ sioeau teithiol / sesiynau ymgysylltu. Cyrff iechyd a gofal i ddarparu gwybodaeth am sioeau teithiol ac ymgysylltu â phobl ifanc, gan gynnwys data ar nifer y mynychwyr.			
Thema 3: Rhannu arferion gorau a dull galluogi					
29	Byddwn yn casglu ac yn rhannu enghreifftiau o arferion da arloesol sy'n bosibl ar draws y sector gan ddefnyddio safleoedd porth a hybiau sydd eisoes yn bodoli, gan gynnwys yr Hybiau Ymchwilio ac Arloesi. (<i>Tymor byr</i>)	Dylai cyrff iechyd a gofal cymdeithasol ddarparu enghreifftiau o ble a sut maen nhw wedi rhannu arfer da, gan gynnwys yn fewnol yn ogystal â chyda sefydliadau eraill. Cyrff iechyd a gofal cymdeithasol i ddarparu gwybodaeth hefyd ynghylch a ydynt wedi defnyddio Hwb Iaith i rannu arfer da. Dylent hefyd ddarparu tystiolaeth o ddefnyddio'r Canolfannau Ymchwil ac Arloesi ac os na, esbonio pam.	Llywodraeth Cymru / swyddogion y Gymraeg	Mae gan yr Ymddiriedolaeth fynediad i feddalwedd cof cyfieithu PCGC sydd â chyfoeth o gof cyfieithu a therminoleg y GIG i gynorthwyo ein cyfieithydd mewnol i weithio'n effeithiol ac effeithlon	Byddwn yn cydweithio ymhellach â chyrff GIG Cymru i rannu'r hyn a ddysgwyd â'n gilydd i wella gwasanaethau. Ymhellach i'r arfer gorau a nodwyd eisoes ar gyfer y pwynt gweithredu hwn, a thu allan i'r cyfarfod chwarterol gyda Llywodraeth Cymru, mae Swyddogion y Gymraeg ar draws y GIG yn cyfarfod yn chwarterol i rannu problemau, atebion ac i drafod materion cyffredinol. Mae swyddogion yn cael sgwrs grŵp MS Teams i drafod a chydweithio. Mae'r gwaith tîm traws-sefydliadol hwn yn ased anhygoel ac mae wedi bod o fudd i ni
30	Byddwn yn defnyddio ein Pecyn Cymorth Technoleg Dwyieithog i sicrhau pan fyddwn yn caffael a/neu ddatblygu gwasanaethau digidol newydd, y byddant yn cynnwys	Dylai cyrff iechyd a gofal cymdeithasol ddarparu enghreifftiau penodol o ble a sut y mae egwyddorion y Pecyn Cymorth Dwyieithog wedi cael eu defnyddio.	IGDC / cyrff iechyd a gofal cymdeithasol	Mae gwefan GIG 111 Cymru yn ddwyieithog.	Mae GIG 111 Cymru wedi cyflwyno cynorthwyydd rhithwir newydd i helpu defnyddwyr y wefan i gael y cyngor iechyd cywir, yn gyflym. Mae'r cynorthwyydd

	rhyngwyneb defnyddiwr dwyieithog lle bynnag y bo modd. Ar gyfer gwefannau gwybodaeth a chynghor byddwn yn dod â chyfieithwyr yn agosach at greu cynnwys, gan ddrafftio yn y Gymraeg a'r Saesneg gyda'i gilydd, fel ein bod yn cyfathrebu'n glir yn y ddwy iaith. <i>(Tymor byr)</i>				sy'n cael ei bweru gan ddeallusrwydd artiffisial, sydd ar gael mewn sawl iaith, yn sganio'r wefan am wybodaeth a chynghor yn seiliedig ar sylwadau gan y claf.
32	Byddwn yn sicrhau bod Arweinwyr Gweithredol y Gymraeg a Swyddogion a hyrwyddwyr y Gymraeg yn cyfarfod yn genedlaethol i rannu arfer gorau er mwyn sicrhau ymagwedd gyson at faterion allweddol a datblygu mentrau i ddathlu llwyddiant gan gynnwys hyrwyddo Mwy na geiriau o fewn cynlluniau gwobrau a gwobrau presennol. <i>(Tymor byr)</i>	Cyrff iechyd a gofal cymdeithasol i ddarparu gwybodaeth am enghreifftiau o arfer da a rennir fel rhan o rwydweithiau, gwobrau a digwyddiadau presennol.	Llywodraeth Cymru, cyrff iechyd a gofal cymdeithasol	Byddwn yn mynychu cyfarfodydd cenedlaethol, pan gynhelir. Mae Grŵp y Gymraeg, sy'n cynnwys arweinwyr y Gymraeg o bob cyfarwyddiaeth ar draws y sefydliad, yn cyfarfod yn chwarterol i drafod cydymffurfiaeth, heriau ac arferion gorau â Safonau'r Gymraeg a Chynllun Gweithredu Mwy na geiriau. Mae ein Rheolwr Gwasanaethau Cymraeg hefyd yn rhan o grŵp Rheolwyr y Gymraeg GIG Cymru. Er bod y grŵp hwn yn canolbwyntio mwy ar gydymffurfio â Safonau'r Gymraeg, mae'r trafodaethau yn aml yn berthnasol i gynllun Mwy na geiriau.	Mae ein Rheolwr Gwasanaethau Cymraeg yn rhan o gyfarfodydd Swyddog y Gymraeg GIG Cymru gyfan gyda Llywodraeth Cymru, lle rhennir arfer gorau a heriau cyffredin.

35	Mae arwyddion gweledol nid yn unig yn galluogi defnyddwyr gwasanaethau i wybod pa staff sy'n siarad Cymraeg, ond maen nhw hefyd yn cyfleu neges bod y Gymraeg yn rhan 'arferol' o'r broses bob dydd o ddarparu gwasanaeth, ac yn adeiladu ar ethos o berthyn. Byddwn yn ymestyn y prosiect iaith Gwaith ledled Cymru er mwyn i weithwyr sy'n gallu cynnig gwasanaethau'n Gymraeg, neu'n rhannol gynnig gwasanaethau'n Gymraeg, allu dangos hynny'n rhwydd drwy wisgo bathodyn neu gortyn gwddf iaith Gwaith. Yn ein systemau TGCh, byddwn hefyd yn casglu, yn dangos ac yn rhannu gwybodaeth sy'n rhoi gwybod i ni fel unigolion a staff pwy sy'n gallu siarad Cymraeg a pha wasanaethau y byddan nhw'n eu cynnig yn Gymraeg – er mwyn i ni allu defnyddio ein Cymraeg gyda nhw. (Byddai angen ystyried cyllid / adnoddau ychwanegol i alluogi hyn i gael ei gyflawni.) (<i>Tymor byr</i>)	Cyrff iechedd a gofal cymdeithasol i roi'r wybodaeth ddiweddaraf am y gwaith sy'n cael ei wneud i gefnogi a hyrwyddo adnabod staff sy'n siarad Cymraeg – gan gynnwys unrhyw waith mewn perthynas â systemau digidol yn lleol. Bydd IGDC yn rhoi'r wybodaeth ddiweddaraf am y gwaith sy'n digwydd ar lefel genedlaethol i gefnogi'r agenda hwn.	Llywodraeth Cymru / IGDC / cyrff iechedd a gofal cymdeithasol	Mae cefndir iaith Gwaith Teams ar gael i staff. Mae'r adnoddau (cortynnau gwddf a bathodynau) "Iaith Gwaith" (bathodynau oren) yn parhau i fod ar gael am ddim i staff sy'n siarad neu'n dysgu Cymraeg ac anogir staff i fabwysiadu'r rhain i'w defnyddio mewn amgylchedd digidol, megis mewn llofnodion e-bost ac ar geflenni Teams. Byddwn yn gweithio gyda'n timau gweithredol i nodi ffyrdd o arddangos marcwyr ar gyfer ein staff sy'n siarad Cymraeg er mwyn galluogi ein defnyddwyr gwasanaeth i'w hadnabod. Gall system TG CAS (Meddalwedd Asesu Clinigol) y gwasanaeth 111 cofnodi'r dewis iaith. Fodd bynnag, mae hyn yn dibynnu ar asiantau yn llenwi'r maes hwn gan nad yw'n orfodol.	Mae adnoddau iaith Gwaith ar gael trwy ein Tîm y Gymraeg.
37	Byddwn yn datblygu ymhellach adnoddau geiriadurol, corpws terminoleg o safon uchel, systemau cof iaith ac adnoddau ymarferol i helpu staff i ddefnyddio eu sgiliau Cymraeg,	Cyrff iechedd a gofal cymdeithasol a PCGC i roi'r wybodaeth ddiweddaraf am y gwaith sy'n cael ei wneud i ddatblygu a chefnogi	Llywodraeth Cymru / cyrff iechedd a gofal cymdeithasol / PCGC	Ar hyn o bryd rydym yn cymryd rhan yn y prosiect peilot gyda PCGC i rannu	Rydym wedi nodi gyda PCGC fod angen creu gweithgor gyda Llywodraeth Cymru a Gofal Cymdeithasol Cymru i greu corpws terminolegol o safon

	er enghraifft Gair i Glaf. Hyn i gynnwys yn y tymor byr, swyddogion a chyfieithwyr Cymraeg yn cydweithio ar goladu termau a chapasiti a gallu cyfieithu. Tymor byr - gweithio ar y cyd ar ddatblygu termau safonol:	gweithrediad yr adnoddau hyn.		system cof cyfieithu sy'n helpu gyda: 1) Ansawdd y cyfieithiadau a defnyddio terminoleg gyson, a 2) Gweithio gyda'n gilydd ar gasglu terminoleg, capasiti a gallu cyfieithu.	uchel. Byddem yn dymuno i Lywodraeth Cymru arwain ar y darn hwn o waith i'w integreiddio â Byd Term Cymru a gynhelir gan Lywodraeth Cymru ac annog sgysiau am hyn i ddigwydd yn ystod 2025/26.
42	Pob corff iechyd ac awdurdod lleol benodi person i fod yn gyfrifol am sicrhau bod y camau gweithredu a'r targedau a osodwyd yn y cynllun yn cael eu cyflawni.	Pob corff iechyd ac awdurdod lleol i restru'r person sy'n gyfrifol am sicrhau bod y camau gweithredu'n cael eu cyflawni.	Pob corff iechyd ac awdurdod lleol	Ysgrifennydd y Bwrdd wedi'i benodi'n berson i fod yn gyfrifol am sicrhau bod y camau gweithredu a'r targedau a osodwyd yn y cynllun yn cael eu cyflawni.	
43	Monitro cynnydd Mwy na geiriau: Darparu diweddariad ysgrifenedig ar gynnydd gyda chymau gweithredu bob 12 mis (<i>Adroddiad Blynyddol Cyntaf – Haf 2023</i>)	Bydd Llywodraeth Cymru yn rhoi'r wybodaeth ddiweddaraf am y camau hyn.	Pob sefydliad atebol a restrir yn y cynllun hwn	Adroddiad blynyddol MNG wedi'i adolygu gan grŵp Cyngori'r Gymraeg yr Ymddiriedolaeth ac uwch reolwyr.	

Ffurflen wedi'i llenwi i'w dychwelyd erbyn dim hwyrach na: 1 Medi 2025



GIG
CYMRU
NHS
WALES

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

**WELSH AMBULANCE SERVICES
UNIVERSITY NHS TRUST**

**WELSH LANGUAGE
STANDARDS
ANNUAL REPORT
2024-2025**

Mae'r ddogfen hon ar gael yn Gymraeg / This document is available in Welsh

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Foreword

Croeso! Welcome!

As Chair and Interim Chief Executive of the Welsh Ambulance Services University NHS Trust ('WAST' / 'the Trust'), we are proud to present our sixth annual report on the implementation of the Welsh Language Standards.

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

This report celebrates the significant progress we have made during what has been a transformative year. In 2024/25, we launched our first Welsh Language Policy, embedded a translation service, and increased the visibility and audibility of the Welsh language across the organisation. These developments reflect our deepening commitment to making Welsh a natural and visible part of daily life in WAST, for our staff and the communities we serve.

We continue to build on the principles of 'More than Just Words' and the 'Active Offer' i.e. ensuring people can access Welsh language services without needing to ask. These principles are now woven through our approach, influencing both operational delivery and strategic planning.

Looking ahead, our Integrated Medium-Term Plan (IMTP) for 2025/26 sets clear Welsh language deliverables, including a commitment to strengthen our bilingual baseline and develop a 5-year Welsh Language Clinical Consultation Plan. The cultural shift we are fostering, where using Welsh is encouraged and expected, will further drive improvements in how we meet the Standards and serve our population. Our Wellbeing Objectives offer a powerful opportunity to take a long-term view of how we protect and promote our national language and culture and will guide and inspire our progress in the years ahead.

We have valued our continued collaboration with the Welsh Language Commissioner in identifying solutions that are both practical and ambitious, supporting the rights of Welsh speakers and learners alike. A key moment in this journey was the Welsh language development session delivered to the Board in December 2024, which reaffirmed the importance of first-language care, especially at times of pain, stress, or vulnerability. As a result, small yet powerful changes such as beginning and ending

meetings in Welsh and using Cymraeg in everyday communication are becoming more widespread across the organisation.

We look forward to building on this momentum as we continue to create a workplace and service that truly reflect the bilingual nature of our nation.



Colin Dennis
Chair



Rachel Marsh
Interim Chief Executive Officer

1. Introduction

This is the sixth Annual Report showcasing how the Welsh Language Standards have been implemented.

On 30 May 2019, the Trust moved from implementing its Welsh Language Scheme under the Welsh Language Act 1993 to implementing Welsh Language Standards as part of the Welsh Language (Wales) Measure 2011.

The Trust has continued to respond positively to the Welsh Language Standards as it provides an opportunity to reinforce and to improve the quality and availability of its services through the medium of Welsh.

2. About Us

The Trust provides health care services for people across the whole of Wales, delivering high quality and patient-led clinical care wherever and whenever needed.

Services include:

- The blue light emergency ambulance services: including call taking, remote clinical consultation, see and treat and if necessary, conveyance to an appropriate hospital or appropriate treating facility.
- Ambulance Care: including call taking, journey planning, service commissioning, taking patients to and from hospital appointments and transferring them between hospitals and treating facilities.
- The 111 service: website and a free-to-call service, acts as a first line gateway to a patient's journey within the health and care system providing them with the right advice or referral.
- The Trust also supports volunteers: Community First Responders (CFRs), Community Welfare Responders (CWRs) s and Uniformed Responders to provide additional response resource to emergency calls and a Volunteer Car Service to aid patient transport to planned appointments.

3. Background to the Welsh Language Standards

Under the Welsh Language (Wales) Measure 2011, all public service organisations in Wales are required to comply with language duties, which ensure that the Welsh language is not treated less favourably than the English language. The duties encourage promotion of the Welsh language, the use of Welsh within internal administration and require that provision is made for the accessibility of Welsh to the public.

Section 44 of the 2011 measure permits the Welsh Language Commissioner to issue a compliance notice, requiring a body to comply with one or more standards specifically applicable to it. The Welsh Language Standards (No.7) Regulations 2018 were then introduced to the health sector organisations in Wales.

4. More than just words 2022-27 Action Plan



Since the launch of the Welsh Government's **More than just words 2022-27 Action Plan** in 2022, the Trust has been committed to delivering those actions so that the 'active offer' is an integral part of service quality and service delivery across the Trust where services are provided in Welsh without someone having to ask for it. It is the responsibility of everyone who provides care services for people and their families across Wales to deliver the active offer. This includes health services, social care services and social services. During the reporting period of this report our new Strategic Equality Objectives for 2024-2028 have been developed as overarching aims for the

Trust in relation to equality, diversity and inclusion (EDI). Within the Trust, the link to our Welsh language requirements is key, and our revised governance structures align to this. We have developed an action plan that supports the Strategic Equality Plan (SEP) and that is aligned to and in addition to the More Than Just Words action plan.

5. Accountability and Support

5.1 Welsh Language Leads and Champions

Alongside the Trust's Welsh Language Services Manager, the Trust's Director of Corporate Governance/Board Secretary, Trish Mills is the executive lead for the Welsh language and has been instrumental in championing the development of a new Welsh Language Framework that ensures there is structure, rigour, governance, and consistency for the development of the Welsh language throughout the Trust that encompasses compliance with the statutory requirements of Welsh Language Standards and delivery of the actions within the More than just words 2022-27 Action Plan. Trish has also been leading in opening conversations in meetings and correspondence in basic Welsh.

In addition, the Trust Board has a Non-Executive Director, Bethan Evans who is the Board's Non-Executive Director Welsh Language Champion and has been involved in promoting the Welsh Language within the Trust to our staff and externally to our service users via the Trust's social media platforms. Bethan is a fluent Welsh speaker and her support and challenge in this area has been invaluable.



Trish Mills

Director of Corporate Governance/Board Secretary



Bethan Evans

Non-Executive Director

5.2 Welsh Language Advisory Group

WAST has established a Welsh Language Advisory Group (WLAG) that reports into the Equality, Diversity Inclusion (EDI) Steering Group to strengthen alignment to the SEP. That Steering Group reports directly to the Executive Leadership Team and is chaired by the Director of Culture Change, Angie Lewis. This was an important step to embed compliance by shifting the culture and attitudes towards Welsh language. Our policy and our framework are generally geared this way.

The Welsh Language Advisory Group provides a mechanism for reviewing aspects of the Welsh Language Standards and to ensure that a satisfactory service is maintained for all patients and members of the public who use the Trust's services.

During the reporting period the Group has increased its links with the Trust's EDI Steering Group to ensure that the Welsh language is treated the same as other protected characteristics within Wales, together with joint working with Head of inclusion and engagement on inclusive initiatives.

5.3 People and Culture Committee

The Trust's People and Culture Committee provides assurance to the Board of its leadership arrangements with respect to the Welsh language, and monitors progress and seeks assurance that the Trust is discharging its statutory responsibilities in relation to the Welsh Language Standards.

The Committee reviews and endorses the annual report for approval by the Board and has oversight of Welsh language KPIs (Key Performance Indicators) related to the Monthly Integrated Quality and Performance Report (MIQPR) (111 Service and NEPTS which comes under the portfolio of Ambulance Care), and under the Strategic Equality Plan (SEP) action plan. It also promotes and supports the cultural change aligned to the active offer as a way of strengthening Standards compliance. In 2024/25 the committee approved the Trust's first Welsh Language Policy.

5.4 Trust Board

The ultimate responsibility of the Board for the Welsh language is to review and approve the annual report and to have oversight of Welsh language KPIs related to the MIQPR (111 and NEPTS) and under the Strategic Equality Plan (SEP) via the People and Culture Committee.

5.5 Complaints Procedure

Concerns received in relation to compliance with the Welsh Language Standards are received in a number of ways, including directly to the CEO or the Welsh Language Services Manager. All complaints received are investigated, and a response provided identifying any required corrective action. Issues relating to patient safety are addressed under the Putting Things Right Regulations.

If a member of the public has a concern regarding a recent experience of using the Trust's Welsh language services, they can register their concern via the Putting Things Right Team, however a specific Welsh language concerns link will be developed in 2025/26.

Details of the complaints received by the Trust in relation to the Welsh language can be found in Section 9.

THE STANDARDS

Compliance with the Welsh language standards is categorised into the following areas of compliance:

- Service Delivery
- Policy Making
- Operations
- Record Keeping

During 2024/25 a Welsh language standards self-assessment compliance survey was used to gather data on compliance with the Service Delivery Standards including those specific standards that were highlighted in the 2023/24 report for special attention when developing our compliance baseline relating to Correspondence, Publishing Documents and Forms, Signage and Reception Services.

6. Service Delivery Standards (Standards 1 – 77)

This set of standards identifies how the Trust is required to use the Welsh language in different situations so that Welsh speakers can have unhindered access to Welsh language services; for example, when sending correspondence, dealing with telephone calls, providing on-line or face-to-face services.

6.1 Correspondence (Standards 1 – 7)

In 2023/24 we committed to update the current guidelines on correspondence and communicate to staff; Produce guidance on the management of translation requests

and make this available on the Welsh Language Standards SharePoint page; And to ensure that the Trust's Corporate Brand Guidelines reflect the requirements of the Welsh Language Standards to support and enable compliance.

The criteria for compliance in this area was identified as:

- Correspondence received in Welsh from a member of the public, will receive a response in Welsh, unless the correspondent has stated otherwise.
- Letterheads, email signatures, out of office messages and any corporate identity will be bilingual.
- All emails to include the following statement:

Rydym yn croesawu gohebiaeth yn y Gymraeg a'r Saesneg - byddwn yn ymateb yn gyfartal i'r ddwy ac yn ateb yn eich dewis iaith heb oedi.

We welcome correspondence in Welsh and English - we will respond equally to both and will reply in your language of choice without delay.

The Trust applied a consistent approach in relation to compliance with these standards. The Trust's Brand Guidelines were updated to reflect the correct format for bilingual headed paper and email signatures, noting that the individual 'welcomes correspondence in Welsh or English'. - These guidelines were then posted on the Trust's intranet (Siren) and linked to the Welsh Language Standards SharePoint page. Staff were also able to access a letter headed template and email signature template from a dedicated SharePoint page.

Results from compliance review indicated a high level of compliance in relation to the correspondence standards when correspondence was received in Welsh via Media enquiries, Concerns, Freedom of Information Act (FOIA) requests, letters sent directly to the Chief Executive Officer (CEO), and enquiries received from the office of the Welsh Language Commissioner - in all these situations a Welsh language response was provided.

In order to provide additional assurance to compliance with the correspondence standards a bitesize video outlining the compliance requirements will be created and made available to our staff during 2025/26.

6.2 Telephone Calls (Standards 8 – 20)

The Welsh Language Standards places no legal requirement to answer 999 calls in Welsh. Under [The Welsh Language Standards \(No. 7\) Regulations 2018](#) Paragraph 35:

Standards 8 to 10 and 13 to 16 do not apply to calls made to the 999 telephone number.

Callers to both the 111 Service and to Ambulance Care receive a recorded bilingual greeting followed by a language preference choice of Welsh or English. Welsh language preference for NEPTS is recorded on the Cleric system and language choice for the 111 Service are recorded on the C3/CAD (Clinical Aided Dispatch) system.

Welsh language call answering for the 111 Service is captured within the Monthly Integrated Quality and Performance Report (MIQPR) reported to the Board. These and Ambulance Care call answering are drawn out more particularly in the following paragraphs.

6.2.1 NHS Wales 111 Service Review

During 2023/24, a significant increase in performance was reported in the percentage of NHS 111 Wales calls being answered in Welsh, from 18% in 2022/23 to 45%.

During 2024/25 there was a slight increase, however the number of calls requesting this Welsh language service remain low at just over 1% of all 111 calls; however, the 111 Service leadership team recognises the importance of the service it provides.

As a result, the ongoing Welsh Language Improvement Plan (detailed below) is constantly being reviewed and modified to sustain current performance levels and further improve the numbers of patients able to receive a service in Welsh if this is their preference.

NHS Wales 111 Service Welsh Language Call demand and answer rate 2024-2025

Welsh language demand	Total answered calls for 111	Welsh Calls Offered	Total calls answered in Welsh	% of calls answered in Welsh
01/04/24 – 31/03/25	815,562	18,462	8,444	45.7%
01/04/23 – 31/03/24	843,464	17,792	8,099	45.5%

Over the past year, several new initiatives have been introduced that have led to a small but noticeable increase in the number of calls answered in Welsh compared to the previous year. One significant change, implemented in June 2025, was the introduction of a new option for callers to opt-out of waiting for a Welsh-speaking call after a 15-minute threshold. This allows callers the choice to rejoin the English queue if they prefer, giving them the flexibility to decide if they want to wait for a Welsh speaking call handler or not.

Moreover, after conducting an in-depth analysis of Welsh call activity, a new process is in place for Saturdays, Sundays, and Bank Holidays between 8:00 am and 2:00 pm. During these peak times, the profiles of two Welsh-speaking call handlers is adjusted so that they exclusively manage Welsh-presenting calls. This adjustment has enabled the service to efficiently handle a higher volume of Welsh calls during these busy periods, resulting in a notable increase in the Welsh language answer rate.

Targeted recruitment for Welsh-speaking call handlers has also been relatively successful, helping to sustain the Welsh answer call rate. Additionally, there is ongoing support for staff through Welsh language awareness sessions and training related to Welsh-presenting calls. As a result, there has been a reduction in Welsh language complaints into the service, as can be seen in Section 9.

The focus on the performance of the Welsh answer call rate remains high among the 111 operational leadership team. These initiatives are part of the ongoing efforts to provide the best possible service to our Welsh-speaking callers. By continuing to tailor this approach in 2025/26 and beyond to meet their needs, the aim is to enhance their experience and ensure they receive timely and effective service.

6.2.2 Ambulance Care (Non-Emergency Patient Transport Service – NEPTS)

Ambulance Care Welsh Language Call demand and answer rate 2024-2025

Welsh language demand	Total answered calls for NEPTS	Welsh Calls Offered	Total calls answered in Welsh	% of calls answered in Welsh
01/04/24 – 31/03/25	215,353	4,294	4,327	77%
01/04/23 – 31/03/24	232,442	3,951	3,923	89%

All callers to our Non-Emergency Patient Transport Call Centre are welcomed with a bilingual greeting, followed by our Integrated Voice Response (IVR) system - allowing callers to select their preferred language being English or Welsh from this point. Depending on their selection, all messages will be presented in their selected language.

Welsh callers are directed through the IVR to our Welsh speaking call takers. If our Welsh speaking call takers are busy with other callers, the caller is re-routed to the next available English or Welsh call taker to avoid unnecessary waiting time. It is important not only to provide a full Welsh call experience but to also ensure that no prolonged delays occurs if all our Welsh call takers are dealing with other calls.

When callers contact NEPTS they will undergo a Patient Needs Assessment (PNA) which is a structured set of questions designed to determine the medical needs and requirements of each patient traveling with NEPTS. Beyond identifying the specific needs for a given journey, the PNA also assesses the patient's eligibility for transport, ensuring priority is given to those with a defined medical necessity.

Integrated within the Cleric system, the PNA is automatically generated when patient details are entered for a new booking request. Its non-linear format means that the questions do not follow a fixed sequence; instead, each question is dynamically generated based on the response to the previous one. This adaptive approach allows for multiple pathways tailored to the patient's unique requirements and eligibility.

The PNA has been professionally translated and is constantly revised, and the Welsh translations are always updated for use by our Welsh speaking call takers.

The services are committed to increasing the number of Welsh speaking call takers in the Non-Emergency Transport Call Centre by prioritising the recruitment of Welsh speakers whenever possible. While the goal is to recruit Welsh speaking candidates to call taking positions, this can be challenging due to the limited availability of Welsh Speaking applicants. The work planned for 2026/27 to support the wider WAST workforce strategy to attract and retain Welsh speakers will benefit NEPTS.

6.3 Meetings (Standards 21 – 30)

When the Trust arranges a meeting with a member/or members of the public, attendees will be asked if they wish to use the Welsh language at the meeting. Where individuals express a desire to use Welsh at a meeting, the Trust will respect and accommodate that preference. Board meetings have members present who speak Welsh, and all meetings of the Board are livestreamed via Microsoft Teams.

Gwahoddi y cyhoedd i ymuno ar Microsoft Teams i wrando ar uwch arweinyr yn trafod y Cynllun Tymor Canolog Integredig, sy'n nodi nodau ac uchelgeisiau allweddol y sefydliad ar gyfer y tair blynedd nesaf.

Yn allweddol i gynllun 2025-2028 mae esblygiad model cirogiol yr Ymddiriedolaeth a'i nod i ddarparu'r gofali neu'r cyngor iawn, yn y lle iawn, bob tro.

Dyswedodd Colin Dennis, Cadeirydd Gwasanaethau Ambwlans Cymru: "Mae cyfarfodydd bwrdd yn gyfle i ddysgu am ein gwasanaeth ambwlans ac i ddeall y prosesau y tu ôl i'r penderfyniadau sy'n cael eu gwneud gan y Bwrdd.

"Maen nhw hefyd yn gyfle i ghywedd yn uniongyrchol am y gwaith sy'n digwydd yma a sut i wella pethau i'n pobl a'n cleifon, yn ogystal â gofyn cwestiynau i'r rhai sy'n gwneud y penderfyniadau."

Clickedh ar y ddolen mewn sylwadau i ddarganfydd mwy a sut i ofyn cwestiwn i'r Bwrdd.

Ymunwch â ni ar Microsoft Teams

27 Mawrth 2025



The Welsh Ambulance Service is preparing to host its bi-monthly Board meeting.

You are invited to join on Microsoft Teams to hear senior leaders discuss the Integrated Medium-Term Plan, which sets out the organisation's key aims and ambitions for the next three years

Colin Dennis, Chair of the Welsh Ambulance Service, said: "Board meetings are an opportunity to really learn about our ambulance service and to understand the processes behind the decisions being made by the Board.

"They're also an opportunity to hear first-hand about the work that's happening here and how to improve things for our people and our patients, as well as put questions to its decision-makers."

Click the link in comments to find out more and how to pose a question to the Board.

Join us on Microsoft Teams

27 March 2025



Trust Board meeting invitations to our partners are sent out bilingually via email along with social media and the website links, which are both also bilingual.

All Trust Board meeting agendas are available in Welsh. The Trust's 2023-24 Welsh Language Standards Annual Report was presented bilingually at the meeting of the Trust Board in September 2024, as will this report later in the year.

6.4 Public Events (Standards 31 – 32)

In relation to face to face services offered at an event, the event's invitation or advertisement will ask persons to inform us if they wish to use the Welsh language. Where this occurs, we will provide a translation service at the event. We endeavour to ensure all invitations and notices to the public are bilingual.

Patient Experience & Community Involvement

As part of the Patient Experience and Community Involvement (PECI) team's continuous engagement model, WAST has attended various public engagement and community events across Wales. The Peci team provide information about the services provided by WAST along with age and demographic specific accessible resources. All material produced is bilingual and people are supplied with links to provide their feedback in the language of their choice.

Blue Light Hub App

Designed by WAST the Blue Light Hub App, a bilingual educational resource designed for children aged 7–12, has recently launched its sixth game, *CPR*, aimed at increasing awareness and improving confidence and life-saving skills among young people. This new addition complements the existing suite of games, which includes *7 Important Checks*, *Dress Up*, a quiz, *Dispatch*, and *Calling 999*.

While WAST already engages with schools and community groups in person, reaching all young people can be challenging. This digital approach provides an exciting and interactive way to teach children about the role of emergency services. The games allow players to step into various roles, experience different aspects of emergency response, and learn when it's appropriate to call 999.



Post CPR Support

Save a Life Cymru and WAST have collaboratively worked with key stakeholders throughout the UK to produce an online resource, which hosts all available support resources throughout the UK. The web page is hosted by Resuscitation Council UK, who are based in London <https://www.resus.org.uk/public-resource/support-after-cardiac-arrest>.



All Health Boards in Wales will have a bilingual page signposting to the resource. The post CPR support web page has a separate section for Wales, which signposts to bilingual content. Help lines are based outside of Wales, however, have a process in place to ensure Welsh speakers can continue their

conversation in Welsh, if they wish to do so. This project will assess the call handlers' requirements, including knowledge and language needed and will help shape future services within Wales.

People & Community Network

An action plan to grow the Trusts' People and Community Network have been made with a focus on:

- age
- geographic location
- diversity, equity, and inclusion
- Welsh language

The Action Plan has been drafted to include engaging with young people in formal and informal education and using population health data from geographic areas across Wales. Our intention is to grow the Network in accordance with the five principles of co-production, as defined by the Co-Production Network for Wales.



6.5 Documents and Forms (Standards 36 - 38)

In 2023/24 we committed to ensuring that all members of staff would be made aware of the need to produce information for the public in both Welsh and English.

Current guidelines on dealing with producing and publishing documents would be updated; Guidance on managing requests for translation would be made available on the Welsh Language Standards SharePoint page; An assessment procedure would be developed for the requirement for the translation of a document that takes into account the subject matter and the expectations of the audience; Additionally, that all documents and forms that are produced would be internally designed and formatted in both languages at the same time.

Since the beginning of September 2023, the Trust has had a dedicated in-house translation service, which is available to all staff free of charge through a generic email account and mailbox. In addition, guidance for staff on accessing and submitting work for translation has been made available on our SharePoint site. This facility has been a key enabler of compliance with the standards, related to documents and forms.

Results from a review of published documents on the Trust's website during 2024/25 indicated a high level of compliance with the publication of Trust documents in Welsh such as Strategies and Plans e.g. IMTP 2022-2027 and Annual Reports e.g. WAST Annual Report 2024/25.

As stated above, to assist service areas with the decision for a need for bilingual publication an assessment process will need to be developed during 2025/26, that will assess documents based on: if the subject matter of the document suggests that it should be produced in Welsh, or if the anticipated audience, and their expectations, suggests that the document should be produced in Welsh and the subsequent decisions made following the assessment to be recorded.

Wherever possible, Trust documents are published in Welsh and English on the Trust's website. The Trust's Annual Report and Accounts and the Welsh Language Standards Annual Report carry a statement in the English version of the reports that a version is available in Welsh. During 2025/26 authors of publication will be reminded of this requirement via our translation service when translated publications are returned to the author and via promotion of our Welsh language standards guidance on publications.

Patient non-conveyance form

In order to ensure that our Welsh speaking patients are able to receive Welsh versions of WAST documentation a Welsh language version of our patient non-conveyance form was created. A non-conveyance form must be completed for every patient who is not conveyed to hospital following a WAST attendance. It provides

patients, relatives and carers with key information which can be referred to once WAST staff have left the scene. The form is part of the patient's health record and as result must be completed by the clinician in English. The Welsh language version of the form will support our Welsh speaking staff and aid our Welsh speaking patients and their carers during the discharge consultation.

6.6 Publicity and Advertising Material (Standards 33 – 34)

Any publicity or advertising material that the Trust produces for the public is now available in both English and Welsh. The bilingual publicity campaign shown below was developed and promoted via social media for members of the public in relation to keeping safe over the bank holidays, together with promotion of the Trust's Wellbeing Objectives: Focused on the Future.





6.7 Websites and Online Services (Standards 39 – 43)

We have two websites, the Welsh Ambulances Services University NHS Trust website, and the 111 Wales website which we operate as the commissioned provider of 111 across Wales. Some of the challenges associated with these websites are set out below.

6.7.1 NHS Wales 111 Website

The NHS 111 Wales website operates its own Welsh and English social media Facebook (FB) accounts.



Metric	NHS 111 Wales FB	GIG 111 Cymru FB
Reach	132,294	2,467
Page visits	12,655	318
Content interactions	4,262	90
Followers	7,014	106

111 Website Symptom Checkers

Symptom checkers allow users of the 111 Wales website to check their symptoms and receive online advice on what to do next. Funding and resourcing for medical-grade translations of the symptom checker was not available in 2024/25, therefore the information was not updated in Welsh during the reporting period. The Trust recognised the risk that out-of-date symptom checkers posed and as such developed and presented the risk to the Board, with details of mitigating actions being pursued.

The Trust considers it a priority to update the English symptom checkers to ensure patient safety. At the beginning of 2025/26 funding was approved to ensure that this happens at pace. In parallel, a business case has been developed seeking Welsh Government funding for the website (see below) and this includes the requirement for medical-grade translations of the symptom checkers.

NHS Wales 111 Website development

As set out above, there are ongoing conversations to secure dedicated long-term funding for the NHS 111 Wales website, its architecture, content generation, management, or clinical assurances. Given the Welsh Government's position on digital-first, the introduction of the Welsh NHS App, and the future impact a fit-for-purpose website could offer, the lack of funding continues to represent a significant risk and challenge.

Whilst this position has remained unchanged since the last report, WAST has built upon the previous discovery work, to inform the creation of a business case for Welsh Government. This business case and ongoing communication with Welsh Government sets out a clear vision for the future of digital access and integration for NHS 111 online, which includes the requirement of Welsh language translation for content contained within.

Virtual Assistant

WAST has rolled out a 'virtual assistant' this year on its 111 website, allowing for users to ask questions and gain a response from the existing website. This virtual assistant is able to understand and respond in Welsh and will start the interaction in Welsh if the website toggle has been used to select Welsh Language.

6.8 Social Media (Standards 45 – 46)

The Trust operates separate Welsh language and English social media accounts for Facebook and Twitter. Each English post is replicated in Welsh routinely.

Bilingual Social Media Accounts: Data (01 April 2024 to 31 March 2025)

In relation to our compliance with the standards related to social media, since the previous annual report some social media platforms have changed their analytics. In response the Trust has changed its scheduling platform and stance on X (formally Twitter). The Trust aims to continue using the current scheduling platform, which should allow us to maintain consistency in analytics and enable meaningful comparisons with previous data. This continuity will support our efforts to identify opportunities for improving engagement via our social media platforms.

X (formally Twitter)

In November 2024, WAST took the decision to limit its activity on X to warning and informing only. This will include posting when the service has declared a BCI or Critical Incident or is experiencing increasing demand e.g. from handover delays or an influx of calls to 999/111 and we are struggling to reach patients in a timely manner. For this reason, coupled with the inaccessibility of X analytics since the changeover of Twitter to X, the following data is all that is available.

	@Ambiwlans_Cymru	@WelshAmbulance
Total followers	398	23.6k

Facebook

	Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru	Welsh Ambulance Services University NHS Trust
Total followers	284	38,761
Page visits	1,296	149,359
Total reach	8,635	1,029,694

Content interactions	240	75,440
Link clicks	15	13,147

Instagram

	Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru	Welsh Ambulance Services University NHS Trust
Total followers	42	4,885
Reach	22	26,497

Previously the main Instagram account was bilingual. However, since January 2025, we have had two separate accounts for Welsh and English.

LinkedIn

This platform is our only remaining bilingual account. However, we separate posts into Welsh and English so not one language is favoured. It only allows analytics from 1 year ago. The only stats available are from **01 June 2024 to 31 March 2025**.

	WAST
Total followers	6,994
Impressions	227,307
Page views	7,009

6.9 Signs and Notices (Standards 47 - 49)

In 2023/24 we committed to develop guidelines for Estates and Fleet on the design and displaying of bilingual signs and notices (this included the need for Estates and Fleet to check with members of the Welsh Language Team on visuals produced of any proposed signage prior to their manufacture and use); and also ensure that the Trust Corporate Brand Guidelines reflected the requirements of the Welsh Language Standards to ensure compliance with signs and notices, being bilingual, with the Welsh positioned so that it is likely to be read first.

Results from the self-assessment survey received from our Estates Department indicated compliance with the standards relating signage was high and added assurance that where signage is needed, all building signage, statutory signage and directional signage is made available in Welsh, with the Welsh translation positioned

so that it is likely to be read first. Estates regularly engage with the Welsh Language Team for the approval and correct use of bilingual signage.

For additional assurance in 2025/25 Estates will be provided with useful guidance on bilingual signage that has been developed by the Welsh Language Commissioner.

During the reporting period new internal signage was produced for the Trust's new Emergency Medical Service Communication Centre in Tŷ Elwy, St Asaph as shown below. In addition, as to promote energy saving advice to our staff bilingual 'Think Green' signage was installed for in all of the Trust's buildings.



6.10 Reception Services (Standards 50 - 53)

In order to fully understand our compliance requirement on the provision of reception services in Welsh, during 2024/25 the Estates Team undertook a self-assessment of Trust sites which offer a reception service.

Results from the review carried out by the Estates Team indicated that our ability to provide a Welsh language reception service at our main sites was low due to non-Welsh speaking staff working in those reception areas. Welsh language skills were deemed desirable for a reception post advertised during the reporting period.

In 2025/26 our Estates Department intend to create a list of points of contact whom staff can contact in the event of delivering a reception service or needing to respond in Welsh to a public enquiry at entry to our buildings. In addition, the Welsh Language Team will support those members of staff working in our reception areas to develop their Welsh language skills via a Welsh Language Beginner 'Meet and Greet' course.

Trust identification / access cards (which include staff job titles and the WAST logo) are bilingual.

6.11 Awarding Contracts (Standards 57 - 59)

Invitations to tender are published bilingually if the subject matter of the invitation to tender suggests that it should be produced in Welsh, or if the anticipated audience, and their expectations, suggests that the text should be produced in Welsh. Tenders may be submitted in Welsh, and a tender submitted in Welsh will be treated no less favourably than a tender submitted in English.

During this reporting period, no requests for tenders or contracts were issued in Welsh and none were received in Welsh.

6.12 Corporate Identity (Standard 62)

On 1 April 2024, the Trust was granted University Trust status and as a result our NHS Wales logo was updated to reflect this. The University Trust status was granted by Welsh Government in recognition of our commitment to drive research and innovation and develop the current and future workforce. Following the update of the Trust's NHS Wales logo and Crown Badge in 2024, we remain committed to ensuring that all physical and digital assets reflect the new branding. Our website and social media channels now use the new branding.



A notable highlight for 2024-25 was the minting of a new commemorative coin featuring the updated Crown Badge, which will be presented at the Long Service Awards in 2025/26

7. Policy Making Standards (Standards 69 – 77)

All new and revised policies implemented by the Trust are subject to an Equality Impact Assessment (EqIA). Welsh language is a standard equality strand and staff formulating new or revised policies are asked to consider the positive and/or negative impacts that could result from that policy for the Welsh language. Support from the Welsh Language Services Manager is available to any colleague completing an EqIA and is a standard procedure for all new and revised policies.

The Trust's Policy Group has oversight of the governance processes in the review of new or revised policies, and Trust Board / relevant committees receives assurance that an EqlA has been completed when approving assigned policies.

During the reporting period, a total of 26 Trust-owned policies were approved (compared to 11 policies in 2023/24) - all of which had an accompanying EqlA that had been reviewed and signed off by the Trust's Head of Inclusion and Engagement.

8. Operational Standards (Standards 79 – 114)

This set of Operational Standards deals with the way in which the Trust uses the Welsh language internally and gives employees the right to receive People Services in their chosen language.

8.1 Policy on the Internal Use of Welsh (Standard 79)

As part of the Trust's new Welsh Language Framework During 2023/24 we developed, and the board approved a new Welsh Language Policy that describes the steps the Trust will take to foster a bilingual ethos within the organisation. In addition, the policy sets out the areas of the Welsh Language Standards that our people must comply with, whilst explaining why these are important to us at WAST and how they align to providing an Active Offer to our people and our patients. The Trust's new Welsh Language Policy was promoted across the organisation via our internal news channel Siren. During 2024/25 the Welsh Language Team were planning to participate in the Chief Executive Officer (CEO) Roadshow which is arranged bi-annually and visits locations across Wales to engage with staff. The intention was to have a carousel at each event to promote Welsh language initiatives and raise awareness of the Trust's Welsh Language Policy and the Welsh Language Standards.



The image shows the cover page of the 'Welsh Language Policy' document. It features the logos of the Welsh Government, NHS Wales, and the University of Wales. The title 'Welsh Language Policy' is prominently displayed. Below the title is a table with the following details:

Policy Number	Version No.	Effective Date	Review Date	Policy Group
WLP-0001	1.0	1st January 2024	1st January 2025	People and Culture Committee

Below the table, there is a section for 'Aim and Purpose' which states: 'The purpose of this policy is to establish requirements with regards to using the Welsh language internally to ensure compliance with the Welsh Language Standards and to promote and facilitate the use of the Welsh language.' Other sections include 'Scope', 'Who this policy applies to', 'Approved by', 'Policy Owner', and 'Approved by'.

Welsh Language Award



As a way to promote the Welsh language internally within the organisation, we have introduced the 'Welsh Language Award' as one of the categories for the Trust's Annual Staff Awards. The award recognises staff who have helped to promote the Welsh Language and improve bilingual provision in healthcare.

As

part of this year's staff awards, three strong nominations were received. The 111 service Team was the winner of the Welsh Language Award for their work in improving the performance of the service in answering calls to the service receive in Welsh. Caitlin Davies, 999 Emergency Medical Dispatcher was highly commended for her work when dealing with patients in Welsh.



Hwb Iaith

The Welsh Language Team have been updating the SharePoint website with comprehensive Welsh language information. Throughout 2024/25, the team significantly expanded the resources available on the site, covering guidelines and the importance of providing healthcare services through the medium of Welsh.



The SharePoint site now serves as a central hub for the latest news, events, and developments related to the Welsh language within the Trust.



Welsh Language network

The Trust's new Welsh Language Network 'Rhwyd-iaith' was set up during the reporting period to provide an open and transparent forum for staff in WAST who support the use and growth of the Welsh language and culture within the organisation.

The Welsh Language Network sits alongside our other people networks at WAST and contributes to a wider culture of inclusion.

8.2 Employment Documents (Standards 80 – 82)

Upon request we supply employment related documents to be supplied in Welsh, i.e.: documents that outline training needs or requirements; documents that outline performance objectives; documents that outline or record a career plan; forms that record and authorise annual leave; forms that record and authorise absences from work and forms that record and authorise flexible working hours. In the reporting period no such requests were received from staff.

We have also ensured that the following documents have been translated should any member of staff wish to receive them through the medium of Welsh: change of hours letters, secondment extensions, and contract of employment. Where NHS Wales Shared Services Partnership (NWSSP) issues contracts of employment (via the recruitment process within TRAC), these are routinely issued in both Welsh and English.

8.3 Employee Relations Processes (Standards 83 – 88)

The Trust's process in dealing with staff complaints and disciplinary procedure in Welsh has been strengthened by updating the Trust's Investigating Officer (IO)

register with details of our Welsh speakers – this enables an investigation to be conducted in Welsh should it be requested. During the reporting period no requests were received for a Welsh speaking Investigating Officer.

8.4 Recruiting and Appointing (Standards 106 – 109)

Guidance/process flow charts are used to assist managers prior to any post being advertised. The process provides details of translation services as well as some standard advert and job description wording to assist managers. Our internal translation service has been established to support the Trust's translation needs. The assessment form we introduced for all managers to complete to help assess Welsh language requirement for posts continues to be utilised. This forms part of a number of other check points, prior to a post being released for advert.

8.5 Assessing and Recording Welsh Language Skills across the Workforce (Standard 96 and 116 (Record Keeping Standard))

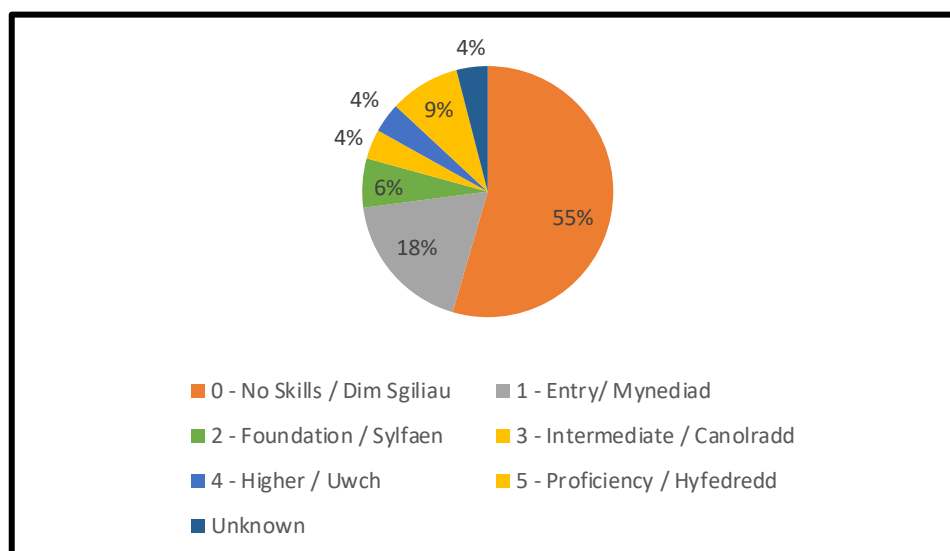
From a total of 4,427 members of staff, 4,248 (95.96%) have self-assessed and recorded their Welsh language skills on the Electronic Staff Record (ESR) system. This is an increase on the 3,949 members of staff (91.48%) recorded in 2023/24.

The Welsh language listening/speaking skills recorded on ESR per directorate (as of 31 March 2025) were as follows:

Directorate	Required	Achieved	Compliance %
Chief Executive	19	17	89.47%
Corporate Governance	8	8	100%
Digital	75	74	98.67%
Finance & Corporate Resources	120	120	100%
Clinical	86	86	100%
Operations	3847	3674	95.50%
Partnerships & Engagement	12	12	100.00%
People & Culture	112	112	100%
Quality, Safety & Patient Experience	127	127	100%
Strategy, Planning & Performance	21	18	85.71%

8.6 Welsh Language Skills of Staff Profile – Listening/Speaking

0 - No Skills	1 - Entry	2 - Foundation	3 - Intermediate	4 - Higher	5 - Proficiency	Unknown	Grand Total
2414	816	280	169	170	401	178	4428



As part of our IMTP deliverables for 2025/26 we will be engaging with our staff to ensure that their ESR Welsh language competencies are up to date, this will help inform a gap analysis to determine the current level of Welsh Language skills across the Trust in each service area. Following the gap analysis, engagement work will be carried out with those priority service areas that deal with patients and the public directly, on the Welsh language skills abilities of individuals within their teams to identify current Welsh language service provision needs.

Welsh Language proficiency per Directorate

Directorate	Intermediate	Higher	Proficiency
Chief Executive	1	1	0
Corporate Governance	0	0	2
Digital	1	1	6
Finance & Corporate Resources	1	7	11
Clinical	1	2	7
Operations	153	151	356
Partnerships & Engagement	0	2	0
People & Culture	4	2	8
Quality, Safety & Patient Experience	8	4	10
Strategy, Planning & Performance	0	0	1
Grand Total	169	170	401

At the end of March 2025, 740 staff members (compared to 701 in 2023/24) were recorded to have Welsh fluency. This equates to 17% of those who have registered their Welsh language skills (compared to 16% in 2023/24).

In order to increase the Welsh language skills of our workforce in 2024/25 we will continue promoting the NHS specific Welsh language beginners' course that is available to our staff via the National Centre for Learning Welsh together with our mandatory ESR Welsh Language Awareness course.

8.7 New and Vacant Posts (Record Keeping Standard 117)

The table below confirms posts advertised between 1 April 2023 and 31 March 2024.

Due to the Trust's translations service having access to NWSSP's translation memory software there have been efficiencies made in ensuring that all job descriptions are translated into Welsh. The People Services Directorate have processes in place for recruiting managers to send approved job descriptions to the Trust internal Translation Service.

Category	Number of posts categorised		Percentage of posts advertised	
	2024-25	2023-24	2024-25	2023-24
Welsh language Essential	2	4	0.47%	1.3%
Welsh language Desirable	420	292	99%	98%
Welsh language skills need to be learnt when appointed to the post	0	0	0%	0%
Welsh language skills are not necessary	0	0	0%	0%

Following the requirements for a new or vacant post to be assessed regarding the need for Welsh language skills, the Non-Emergency Patient Transport Service (NEPTS) Band 2 Call Taker posts were deemed where possible to be Welsh language essential. There are a total of 21 NEPTS call takers, six of whom are Welsh speakers.

Job interviews for vacant posts have been facilitated in Welsh in response to requests from applicants.

8.8 Training (Standard 97)

The table below demonstrates opportunities provided by the Trust for our staff to receive training in Welsh in the following areas, if such training is available in English: recruitment and interviewing; performance management; complaints and disciplinary procedures; induction; dealing with the public; and health and safety.

Type of Training	# requesting Welsh version of the course	# attending English version of the course	% attending Welsh version
Complaints and Disciplinary Procedures	0	298	0
Induction	0	512	0
Health and Safety	0	61	0

Every 'WAST Welcome Day' where new members of staff are introduced to the Trust has an element of Welsh within it: greeting delivered bilingually, Welsh WAST behaviours video, reference to the Welsh Language Standards, and learning materials some of which are delivered in Welsh. No requests were received during the period for our corporate induction to be provided in Welsh.

As in the previous reporting year, the IOSH Managing Safely and Leading Safely courses were delivered in English as these courses are IOSH accredited training courses, and not available in Welsh as the content is provided externally.

The following ESR courses are available to our people in Welsh:

- Sensory Loss
- Make Every Contact Count (MECC)
- Violence Against Women, Domestic Abuse and Violence
- An Introduction to NEWS (RRAILS)
- A - E Assessment (RRAILS)
- Carer Awareness
- Covid - 19 Contact Tracing Training

153 members of staff completed the Violence Against Women, Domestic Abuse and Violence course in Welsh. No other courses were completed in Welsh.

8.9 Training to Improve Welsh Language Skills (Standards 99 - 101)

The online module 'Croeso Cymraeg Gwaith' has been key to the Trust in supporting staff who are at the beginning of their journey to learn Welsh. A total of 16 members of staff (compared to 9 in 2023/24) completed Welsh language beginners e-learning module facilitated by the National Centre for Learning Welsh.

As part of the work in the development of the Strategic Workforce Plan, we are engaging with the National Centre for Learning Welsh regarding the developing Welsh language confidence sessions for Trust staff who would like to increase their confidence in speaking Welsh with our service users.

8.10 Welsh Language Awareness Training (Standards 102 – 103)

The Trust's 'Welcome days' include Welsh language awareness. During the reporting period, a total of 512 members of staff (compared to 407 in 2023/24) undertook this training.

Since the introduction of the mandatory Welsh language awareness course on 01 April 2023, as of 31 March 2025, 70.93% of Trust staff (compared to 61.13% in 2023/24) have completed the course. We will continue to promote the training over the next year to increase the numbers of staff completing the training to achieve a minimum of 90% compliance.

8.11 Promoting the Welsh Language

During the reporting period the Welsh language was promoted during Dydd Gwyl Dewi/St David's Day and Dydd Miwsig Cymru/Welsh Language Music Day.

In addition, Welsh language courtesy skills YouTube videos were developed by the Trust's Welsh Language Team and promoted to our people via the Trust's SharePoint site.



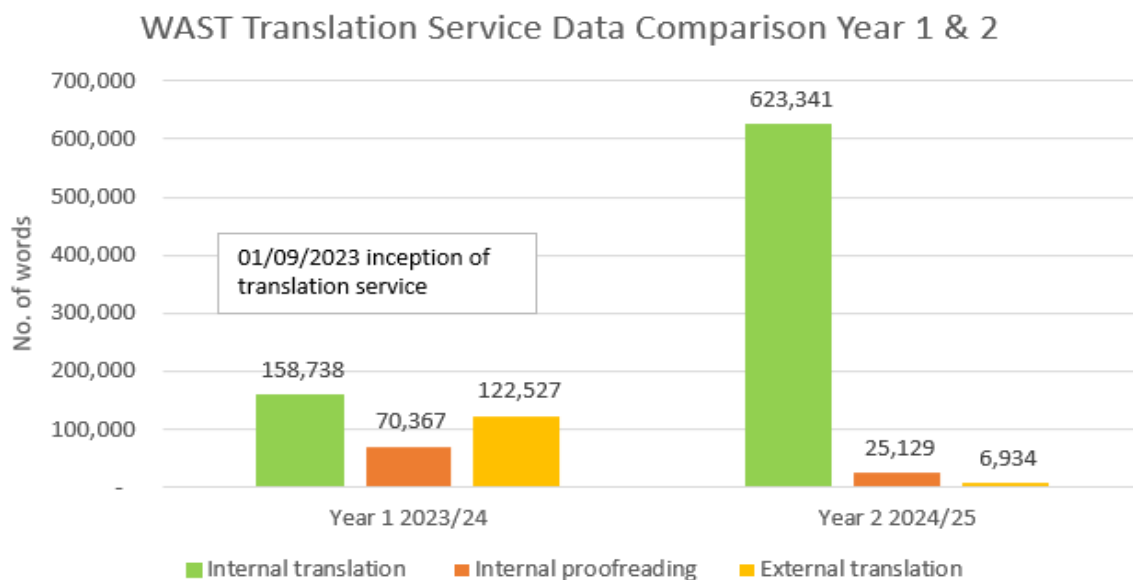
8.12 Our Translation Service

Since the Trust's Translation Service was established in September 2023, it has gone from strength to strength, translating over 948,825 words. This provision is a key enabler of compliance with many of the standards e.g. correspondence, documents, forms, signage, social media and web content.

The Translation Service has shared access to NHS Wales Shared Services Partnership's (NWSSP) translation memory software. This software has improved consistency and expedites the translation process, allowing more time to proof-read documents and in repetitive projects such as job descriptions, policy updates or annual reports. It also helps maintain terminology accuracy and consistency across these large-scale projects.

The benefits of having access to such an extensive memory also include accessing shared term bases to aid with technical or medical documents, tracked changes to highlight where a change has occurred to save the translator time in searching for the edit or update to a text. It allows for quicker turnaround times that would not be possible without the memory and machine translation technology.

The graph below demonstrates the increase in the demand for the number of words translated by the translation service together with the decrease in the use of external translation service providers.



Year 1 represents the inception of the service in September 2023 and Year 2 represents the service's first full year in operation.

9. Complaints (Record Keeping Standard 115)

Below, is a list of complaints received during 2024/25 along with a summary of the actions taken. During the reporting period, a total of two complaints were received:

No.	Complaint	Response and action
1	In June 2024 complaint received from Member of the Senedd on behalf of his constituent who was unable to have their call to the NHS Wales 111 Service dealt with in Welsh. Complainant had contacted the 111 Service and selected the Welsh language option. After waiting an estimated time of 15 minutes the complainant received a voice message indicting that there was no Welsh speaking staff member available to take their call and their call was transferred to the English service.	Complainant contacted and an apology was provided for the non-availability of a Welsh speaking Call Taker at the precise time of their call to the 111 Service.
2	In August 2024 Complaint received via PTR_Concern@wast.uk from member of the public who was unable to have their call to the NHS Wales 111 Service dealt with in Welsh. Complainant stated that a Welsh language service should be available for the elderly who aren't necessarily comfortable speaking English.	Complainant was contacted by the 111 service and an apology was provided together with details of an investigation that was carried out which concluded that all of the 4 Welsh-speaking call handlers at the time of the complainant's call were dealing with other calls at the time and that in order to avoid any further delay in answering their call, their call had been removed from the queue by the system and given to the next available agent who was unable to speak Welsh.

10. Looking Ahead - Priorities for 2025-2026

As part of our IMTP deliverables for 2025/26 we will be engaging with our staff to ensure that their ESR Welsh language competencies are up to date, this will help inform a gap analysis to determine the current level of Welsh Language skills across the Trust in each service area. Following the gap analysis, engagement work will be carried out with those priority service areas that deal with patients and the public directly on the Welsh language skills abilities of individuals within their teams to identify current Welsh language service provision needs.

In addition, as noted within our IMTP 2025-2028, the Trust will develop a Welsh Language Clinical Consultation Plan in accordance with Standard 110. This will set out the actions that will increase the Trust's ability to offer and undertake clinical consultations in Welsh.

We will expand our Welsh language standards compliance baseline which will be promoted across the Trust and celebrate examples of good practice.

A new Welsh language beginners' course for EMS staff will be developed in partnership with the National Centre for Learning Welsh. The course will be a tailor-made tutor led course on Teams for staff who want to be able to engage with our Welsh speaking patients at that first point of contact.

The Trust's Welsh Language Team will be involved in a series of planned events to promote the Welsh language to Trust staff and to the public via digital and in person engagement activities e.g. National Eisteddfod, Wrexham.

The Finance and Performance Committee and the Trust Board have oversight of these IMTP deliverables on a bi-monthly basis.

Further Information

For further information on the Welsh Language Standards please contact:

Melfyn Hughes
Welsh Language Services Manager

Welsh Ambulance Services University NHS Trust
Tŷ Elwy
Ffordd Richard Davies
St Asaph
Denbighshire
LL17 0LJ

Email: Melfyn.hughes@wales.nhs.uk

Delivering the Actions in the 'More than Just Words' Plan 2022-27:

For the period April 2024 – March 2025

Organisation	Welsh Ambulance Services University NHS Trust

Completed by:	Melfyn Hughes	Date: 28 July 2025

KEY DATA:	When citing any statistics / data, please provide a corresponding reporting date / time period.
Welsh Language Skills of staff	From a total of 4,427 members of staff 4,248 (95.96%) have recorded their Welsh language skills on ESR. 17% (an increase of 1% from 2023/24) of our workforce have Welsh fluency. This equates to 740 of those who have registered their Welsh language skills.
Number of staff completing training	Welsh Language Awareness Course: 70%
Patient / Service User Surveys e.g. secret shopper surveys	Survey to be carried out at the National Eisteddfod, Wrexham 2025

Ref	Description of Short Term and Medium-Term Action	Guidance for completing the response	Lead Accountability	Progress Report for 2024/25 (reporting period 1/4/24 – 31/3/25): What new and additional activities were delivered during 2024/25?	Examples of good practice / work done in partnership.
Culture and Leadership					
3	There is an expectation that those colleagues in leadership roles will take part in our Leading in a Bilingual Country programme. This programme works towards embedding the spirit of Cymraeg 2050 in organisational culture and policymaking. All too often, Welsh is viewed as just an issue of translation or as a 'tick box' in policy development. This values-based programme goes beyond understanding the possible impact of language on all aspects of our work to using what levers we have to increase its use. <i>(Medium term)</i>	Welsh Government will shortly commission a new provider for the Leading in a Bilingual Country Programme. No further response needed at this stage – unless there are specific examples of how outputs from the Leading in a Bilingual Country Programme are continuing to make a difference to leadership roles in the organisation; and / or there have been leadership programmes / training that have been delivered by health and social care bodies focusing specifically on leadership in a bilingual context.	Chairs and Chief Executives of health and social care Bodies. Our Board seeks to improve their Welsh language skills where possible and promote the Welsh language across the organisation to staff and beyond.	In February 2025 as part of the Trust's Board Development Programme the Trust's Welsh Language Services Manager facilitated a session on the importance of the Welsh language in healthcare that featured a patient story highlighting the significance of the Welsh language in delivering effective healthcare.	During 2024/25 we have developed a new Welsh Language Policy that describes the steps the Trust will take to foster a bilingual ethos within the organisation as well as provide guidance on compliance with the Welsh Language Standards, and the implementation of Welsh Government's 'Mwy na geiriau/More than just words' action plan. The new Welsh Language policy was promoted across the organisation via our internal news channel Siren.
Theme 1: Welsh language planning and policies including data					
6	Develop tools to support mainstreaming Welsh Language considerations into planning and policies especially in the priority areas and high levels of interactions with services. This to	Welsh Government has been working collaboratively with the Office of the Welsh Language Commissioner to establish a new strategic Health Forum with the	Welsh Government / Health and Social Care bodies	All new and revised policies implemented by the Trust are subject to an Equality Impact Assessment (EqIA). Welsh language is a standard equality strand and	

	include establishing Welsh language care pathways for vulnerable individuals in identified priority groups such as older people, children, mental health, speech therapy, learning difficulties, and stroke services. <i>(Long term)</i>	health sector aimed at improving clinical care services through the medium of Welsh. Welsh Government Welsh Language Impact Assessment (WLIA) Masterclasses to be held with all teams in Health, Social Care and Early years Group to help embed the Welsh language into policies. Welsh Government is also amending WLIA guidance to include a greater focus on MTJW. Health and Social Care bodies are asked to provide evidence of Welsh language care pathways for priority groups particularly, or any new mainstreaming tools.		staff formulating new or revised policies are asked to consider the positive and/or negative impacts that could result from that policy for the Welsh language. Support from the Welsh Language Services Manager is available to any colleague completing an EqlA and is a standard procedure for all new and revised policies. Trust's policy process has oversight of the governance processes in the review of new or revised policies, and the relevant board committee is assured that the EqlA has been completed when approving their assigned policies.	
8	An agreed national framework for the collection and collation of data on the language skills of all staff working in health and social care in Wales will be developed and implemented. This should be mandatory wherever possible and would need to align with systems and approaches currently in place for the collection, collation of data across the health and social care	Health and social care bodies should provide an overview of how they are currently collecting and collating data on the language skills of all staff (as well as key data for the reporting period).	HEIW / SCW / DHCW / health and social care bodies including Independent primary care contractors.	4,248 (95.96%) have recorded their Welsh language skills on ESR.	Workforce Welsh language skills statistics inclusion in the Trust Welsh Language Standard Annual report.

	sectors including services that are provided in Welsh (<i>Medium term</i>)				
10	That action 30 of the 'Health and Social Care Workforce Strategy' – to develop workforce planning guidance for Welsh language skills identification and development in the health and social care workforce – is progressed at the earliest opportunity. This guidance should consider the required number of staff with Welsh language skills and the nature of those skills in different health and social care contexts and within the priority areas of need identified. The guidance is used as part of annual workforce planning by Health Boards, Local Authorities, HEIW, Social Care Wales and other employers as appropriate. Furthermore, that the guidance inform the work of the relevant regulators and inspectorate as appropriate (<i>Short term</i>)	The HEIW Workforce Planning for the Welsh Language Guidance has been published. Health and social care bodies should provide examples of how this guidance has been used across different settings / policies.	HEIW / Social Care Wales	As part of our commitment to the More Than Just Words Action Plan to ensure that our service users receive services in their language of choice, a dedicated Welsh language workstream has been developed as part of the overall WAST Strategic Workforce Plan in order to develop our Welsh Language Recruitment Strategy.	
Theme 2: Supporting and developing the Welsh language skills of the current and future workforce					
13	Health and social care organisations to identify workforce skills gaps in key areas and develop plans to address them. This will be embedded in workforce and skills plans developed and delivered within individual organisations and involve close	Health and social care bodies should provide examples of how they have identified workforce skills, where the gaps exist, and whether they have plans in place to address them.	Health and social care bodies, HEIW and SCW	We will weave this action point within our Strategic Workforce Plan to ensure that Welsh language skill gaps are filled in our future workforce.	Delivery of the commitments to the WG More than just words action plan - to complete our Strategic Workforce Plan which contains a Welsh language workstream where work will progress via a Welsh language skills gap analysis

	working with HEIW and SCW. (Medium term)				followed by training and development initiatives and recruitment strategies.
14	We will expect all NHS and social care colleagues to follow a language 'awareness' course which will explain how important Cymraeg is in service delivery and as a patient need. Following the introduction of Welsh language awareness training for all health and social care professional, we will expect that this training is provided across all disciplines for trainees and introduced as part of the induction process for new employees in the health and social care workforce who have not already undertaken the training. (Medium term)	Health and social care bodies should provide key data on take up of Welsh Language Awareness Courses. This includes data on providing the course as part of the induction process.	Health and social care bodies	Since the introduction of the mandatory Welsh language awareness course on 1 st April 2023, it is recorded that 70% of Trust staff have successfully completed the course. We will continue to promote the training over the next year to increase the numbers of staff completing the training to 90%.	The Trust's 'Welcome days' includes Welsh language awareness and a total of 512 staff undertook this training during the reporting period.
16	Organisations to define the level of Welsh language skills required in all job adverts as per best practice in some health boards and local authorities (Medium term – guidance to be developed and shared in the short term)	All health and social care bodies to provide an update on work being taken forwards to define Welsh language skills required in all job adverts, as well as key data on whether posts are being advertised as Welsh desirable and Welsh essential.	Health and social care bodies	As part of the JE process Welsh language assessment requirement for all posts is carried out via the use of Welsh Language Skills Assessment Tool for managers. By completing the form, managers determine whether roles need to be advertised with Welsh as an essential or a desirable skill or if no Welsh skills are required. A copy of this Assessment Form must be emailed to the HR Hub once completed. The	Guidance on this on a national level would be welcomed. WAST are supportive of the principle of greater definition of Welsh language skills requirements in job adverts and job descriptions.

				information provided within this document will be used for reporting purposes and will form part of the recruitment audit process	
17	Gradual introduction of a minimum “courtesy” level of Welsh language skills making staff more aware of positive impact that learning and using Welsh can have on individuals accessing and receiving health and social care services. By the end of the life of this plan, all staff working in health and social care should have courtesy level Welsh. <i>(Short term- introduction)</i>	National Centre for Learning Welsh to provide data on the new courtesy course (as part of the health and social care scheme) and take up across the organisations. Health and social care bodies to also provide information on other courtesy courses being developed (not by the National Centre for Learning Welsh) delivered locally, and key data on take up.	National Centre for Learning Welsh Health and social care bodies	The online module ‘Croeso Cymraeg Gwaith’ has been key to us as a Trust in supporting staff who are at the beginning of their journey to learn Welsh. Chair and managers are encouraged to using their Welsh language courtesy skills at internal and at meetings that open to the public.	The Welsh Language Team have developed bite sized videos for staff to develop their Welsh language courtesy skills.
18	Organisations to develop and implement a targeted Welsh language training and workforce strategy – with initial focus on addressing gaps in More than just words key priority areas and those who lack confidence (need to consider the potential for working with team leaders / managers /employers to also create the conditions for individuals to use their Welsh) <i>(Medium term)</i>	Health boards to provide an update on work to support the delivery of Standard 110, and how they are increasing the use of Welsh across clinical settings.	Health and social care bodies	Delivery of the commitments to the WG More than just words action plan - to complete our Strategic Workforce Plan which contains a Welsh language workstream where work will progress via a Welsh language skills gap analysis followed by training and development initiatives and recruitment strategies.	Welsh language beginner course for our EMS staff currently being developed in partnership with the Centre for Learning Welsh.
20	Careers Wales / HEIW and SCW to promote the importance and opportunities Welsh language skills can provide within careers in health and social care utilising	HEIW to provide information on Tregyrfa , including data on numbers accessing the site. HEIW to also provide information on roadshows	Careers Wales / HEIW and SCW / health and care bodies	All engagement activities undertaken are reporting internally to QUEST Committee and to welsh	

	the Tregyrfa portal resources and through roadshows and engagement sessions with young people. <i>(Short/medium term)</i>	and engagement events held with educational institutions. Careers Wales to provide information on initiatives promoting the importance of Welsh language skills in health and social care careers, including data on attendee numbers for any events / roadshows / engagement sessions. Health and care bodies to provide information on roadshows and engagement with young people, including data on attendee numbers.		government through Bi-annual reports. ITEM 14.1 PECI Bi-Annual Report October 2024 - March 2025 Annex 2.pdf	
Theme 3: Sharing best practice and an enabling approach					
29	We will collate and share examples of innovative good practice which is accessible across the sector utilising existing portals and hubs including the Research and Innovation Hubs. <i>(Short term)</i>	Health and social care bodies should provide examples of where and how they have shared good practice, including internally as well as with other organisations. Health and social care bodies to also provide information on whether they have used Hwb laith to share good practice. They should also provide evidence of utilising the Research and Innovation Hubs and if not explain why.	Welsh Government / Welsh language officers	The Trust has access to NWSSP's translation memory software. which has a wealth of NHS translation memory and terminology to assist our internal translator be able to work effectively and efficiently	We will collaborate further with NHS Wales bodies to share learnings with one another to improve services. Further to the best practice already noted for this action point, and outside of the quarterly meeting with the Welsh Government, Welsh Language Officers throughout the NHS meet quarterly with one another to share problems, remedies and to discuss general issues. Officers have an MS Teams group chat for discussion and

					collaboration. This cross-organisational team-working is an incredible asset and has been beneficial to us
30	We will use our Bilingual Technology Toolkit to ensure that when we procure and/or develop new digital services, they will include a bilingual user interface wherever possible. For information and advice websites we will bring translators closer to content creation, drafting in Welsh and English together, so that we communicate clearly in both languages. <i>(Short term)</i>	Health and social care bodies should provide specific examples of where and how the principles of the Bilingual Toolkit has been used.	DHCW / health and social care bodies	The NHS 111 Wales website is bilingual.	NHS 111 Wales has introduced a new virtual assistant to help website users get the right health advice, fast. The AI-powered assistant, which is available in multiple languages, scans the website for information and advice based on prompts from the patient.
32	We'll ensure that Welsh language Executive Leads and Welsh Language Officers and champions meet nationally to share best practice to ensure a consistent approach on key issues and develop initiatives to celebrate success including promoting More than just words within existing awards and accolade schemes. <i>(Short term)</i>	Health and social care bodies to provide information on examples of good practice shared as part of existing networks, awards and events.	Welsh Government, Health and social care bodies	We will attend national meetings, when held. The Welsh Language Group, which includes Welsh language leads from directorates across the organisation, meet quarterly to discuss compliance, challenges and best practice with the Welsh Language Standards and the More Than Just Words Action Plan. Our Welsh Language Services Manager is also part of an NHS Wales Welsh Language Managers group. While this group focuses more on compliance with the	Our Welsh Language Services Manager is part of the NHS Wales wide Welsh Language Officer meetings with Welsh Government, where best practice and common challenges are shared.

				Welsh Language Standards, the discussions are often relevant to More Than Just Words.	
35	Visual markers not only enable service users to identify Welsh speaking staff but also to convey a message that Welsh is a 'normal' everyday part of service delivery and builds on ethos of belonging. We'll extend the Iaith Gwaith project across Wales to allow workers who can offer or partially offer services in Welsh to readily identify themselves by wearing Iaith Gwaith badges or lanyards. In our ICT systems we'll also capture, display and share information that let us know as individuals and staff who can speak Welsh and what services they will be offering in Welsh — so we can use our Welsh with them. (Consideration would need to be given to additional funding / resources to enable this to be delivered.) (Short term)	Health and social care bodies to update on work being taken forwards to support and promote the identification of Welsh speaking staff – including any work in relation to digital systems locally. DHCW to update on work happening at a national level to support this agenda.	Welsh Government / DHCW / health and social care bodies	Working Welsh Teams background is available to staff. The "Iaith Gwaith" (orange badge) resources (lanyards and badges) continue to be freely available to staff who speak or are learning Welsh and staff are encouraged to adopt these for use in a digital environment, such as in email signatures and on Teams backdrops. We will be working with our operational teams to identify ways to display markers for our Welsh speaking staff to enable our service users to identify them. The 111 service CAS (Clinical Assessment Software) IT system can capture language selection. However, this relies on agents completing this field as it's not mandatory.	Iaith Gwaith resources are accessible via our Welsh Language team.
37	We'll further develop dictionary resources, high standard terminological corpus, language memory systems and practical tools to support staff to use their Welsh skills, for example Gair i	Health and social care bodies and NWSSP to update on work being taken forwards to develop and support the implementation of these resources.	Welsh Government / health and social care bodies / NWSSP	We are currently participating in the pilot project with NWSSP to	We have identified with NWSSP that a working group with Welsh Government and Social Care Wales needs to be created to create a high

	Glaf. This to include in the short-term Welsh language officers and translators working together on collation of terms and translation capacity and capability. <i>(Short term- joint working on developing standard terms)</i>			share a translation memory system which helps with: 1) Quality of translations and using consistent terminology, and 2) Working together on collation of terminology, translation capacity and capability.	standard terminological corpus. We would wish for Welsh Government to lead on this piece of work to integrate to Byd Term Cymru which is hosted by Welsh Government and encourage conversations about this to happen during 2025/26.
42	All health bodies and local authorities to appoint a person to be responsible for ensuring delivery on the actions and targets set in the plan.	All health bodies and local authorities to list the person responsible for ensuring delivery of the actions.	All health bodies and local authorities	Board Secretary appointed as person to be responsible for ensuring delivery on the actions and targets set in the plan.	
43	More than just words progress monitoring: Provide a written update on progress with actions on a 12 month basis <i>(First Annual Report – Summer 2023)</i>	Welsh Government will provide the update on this action.	All accountable organisations listed in this plan	The MTJW annual report reviewed by the Trust's Welsh Language Advisory group and senior managers.	

Completed form to be returned by no later than: 1 September 2025

AGENDA ITEM No	18
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	4

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	People and Culture Committee
DATE	12 August 2025
EXECUTIVE	Trish Mills, Director of Corporate Governance / Board Secretary
AUTHOR	Julie Boalch, Assistant Director of Corporate Governance & Risk
CONTACT	Julie.Boalch@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of the report is to provide assurance in respect of the management of the Trust's principal risks, specifically the four risks that are relevant to Committee's remit.
2. A summary of these risks is set out in Annex 1 with a detailed description contained within the Board Assurance Framework (BAF) in Annex 4. All updates are highlighted in blue and show changes to the narrative, mitigating actions, controls, and assurances.
3. The more detailed description contained within the BAF provides the Committee with an opportunity to review the controls in place against each of these principal risks and the assurance provided against those controls where applicable. This will assist Members in evaluating current risk ratings supported by the frameworks (Annex 2). Additionally, members have before them at this meeting several assurance reports that allow them to triangulate the controls and the assurance against those controls. Members are encouraged to seek further assurance on these and mitigating actions because of this triangulation.
4. Members can take assurance that each of the principal risks have been reviewed during this reporting period in line with the agreed schedule detailed at Annex 3 with continual and dynamic focus on the highest rated risks scoring 15-25. Attention has been given to the risk ratings of each risk and the mitigating actions identified and taken to ensure that risks achieve their target score. This is in addition to the standard and regular review of all controls, assurances, and any gaps.
5. The Executive Leadership Team (ELT) approved the principal risk activity on 09 July 2025 having considered the review of each risk undertaken throughout June 2025 by Risk Owners and the Assistant Director Leadership Team (ADLT). There have been no material changes to the principal risks during this period.

6. **Risk 160** *High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service*, remains static at the score of 20 (5x4); however, the risk has had an in depth review at several forums and it is likely that the score will decrease in the next round.
7. **Risk 163** *Maintaining Effective & Strong Trade Union Partnerships* remains unchanged at a score of 12 (3x4) in this review period. The Welsh Ambulance Partnership Forum (WASPT) reviewed this risk at its meeting on 30 May 2025, with detail appearing in the AAA report for this meeting.
8. **Risk 201** *Reputation* remains static at a score of 20 (4x5). The risk was discussed at the last People & Culture Committee on 15 May 2025 and the tension in the reputational risk was noted that while the Trust has positive relationships with stakeholders, the patient experience remains poor due to harm in the community. A deep dive will be conducted on the risk over the summer to consider splitting it into a stakeholder risk and a patient experience reputational risk. This approach aims to address the different aspects of reputation and ensure the risk is accurately profiled.
9. **Risk 558** *Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences* currently remains unchanged at a score of 15 (3x5) and is due to be considered by WASPT at the July 2025 meeting, with detail appearing in the AAA report for this meeting.

RECOMMENDATION:

10. **Members are asked to consider and discuss the contents of the report.**

KEY ISSUES/IMPLICATIONS
11. The key issues are set out in the Executive Summary above.
REPORT APPROVAL ROUTE
12. The BAF was considered by: - Executive Leadership Team (09 July 2025) - Assistant Leadership Team (21 July 2025)
REPORT ANNEXES
- Annex 1 - Summary table describing the Trust's Corporate Risks. - Annex 2 – Scoring Matrix - Annex 3 – Frequency of Risk review - Annex 4 - Board Assurance Framework

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	NA	Financial Implications	NA
Environmental/Sustainability	NA	Legal Implications	NA
Estate	NA	Patient Safety/Safeguarding	NA
Ethical Matters	NA	Risks (Inc. Reputational)	NA
Health Improvement	NA	Socio Economic Duty	NA
Health and Safety	NA	TU Partner Consultation	NA

Annex 1 – Corporate Risk Register Summary

CORPORATE RISK REGISTER				
RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
160 PCC	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	IF there are high levels of absence THEN there is a risk that there is a reduced resource capacity RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience	Director of People & Culture	20 (5x4) ➡
201 PCC	A loss of stakeholder confidence that damages the Trust's reputation	IF there is an inability of the Trust to deliver its core services because of system or organisational pressures THEN there will be a loss of stakeholder confidence in the Trust RESULTING IN a lack of stakeholder support for the Trust's long term strategic vision, a failure to deliver its strategic ambition, damage to reputation and increased external scrutiny	Director of Partnerships & Engagement	20 (4x5) ➡
558 PCC	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences	IF significant internal and external system pressures continue THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm	Director of People & Culture	15 (3x5) ➡
163 PCC	Maintaining Effective & Strong Trade Union Partnerships	IF the response to tensions and challenges in the relationships with Trade Union partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained THEN there is a risk that Trade Union partnership relationships increase in fragility and the ability to	Director of People & Culture	12 (3x4) ➡

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		effectively deliver change is compromised RESULTING IN a negative impact on colleague experience and/or services to patients.		

Annex 2 - Risk Scoring Matrix

Consequence:	1 Negligible	2 Minor	3 Moderate	4 Major	Catastrophic
Safety & Well-being - Patients/ Staff/Public	Minimal injury requiring no/minimal intervention or treatment. No time off work. Physical injury to self/others that requires no treatment or first aid. Minimum psychological impact requiring no support. Low vulnerability to abuse or exploitation - needs no intervention. Category 1 pressure ulcer.	Minor injury or illness, requiring minor intervention. Requires time off work for >3 days Increased hospital stay 1-3 days. Slight physical injury to self/others that may require first aid. Emotional distress requiring minimal intervention. Increased vulnerability to abuse or exploitation, low level intervention. Category 2 pressure ulcer.	Moderate injury/professional intervention. Requires time off work 4-14 days. Increased hospital stay 4-15 days. RIDDOR/Agency reportable incident. Impacts on a small number of patients. Physical injury to self/others requiring medical treatment. Psychological distress requiring formal intervention by MH professionals. Vulnerability to abuse or exploitation requiring increased intervention. Category 3 pressure ulcer.	Major injury leading to long-term disability. Requires time off work >14 days. Increased hospital stay >15 days. RIDDOR Reportable. Regulation 4 Specified Injuries to Workers. Patient mismanagement, long-term effects. Significant physical harm to self or others. Significant psychological distress needing specialist intervention. Vulnerability to abuse or exploitation requiring high levels of intervention. Category 4 pressure ulcer.	Incident leading to death. RIDDOR Reportable. Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients.
Quality/ Complaints/ Assurance/ Patient Outcomes	Peripheral element of treatment or service suboptimal. Informal complaint/inquiry.	Overall treatment/service suboptimal. Formal complaint (Stage 1). Local resolution. Single failure of internal standards. Minor implications for patient safety. Reduced performance.	Treatment/service has significantly reduced effectiveness. Formal complaint (Stage 2). Escalation. Local resolution (poss. independent review). Repeated failure of internal standards. Major patient safety implications.	Non-compliance with national standards with significant risk to patients. Multiple complaints/independent review. Low achievement of performance/delivery requirements. Critical report.	Totally unacceptable level or quality of treatment/service. Gross failure of patient safety. Inquest/ombudsman/inquiry. Gross failure to meet national standards/requirements.
Workforce/ Organisational Development/ Staffing/ Competence	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/service due to lack of staff. Unsafe staffing level (>1 day)/competence. Low staff morale. Poor staff attendance for mandatory/key professional training.	Uncertain delivery of key objective/ service due to lack/loss of staff. Unsafe staffing level (>5 days)/competence. Very low staff morale. Significant numbers of staff not attending mandatory/key professional training.	Non-delivery of key objective/service due to loss of several key staff. Ongoing unsafe staffing levels or competence/skill mix. No staff attending mandatory/professional training.
Statutory Duty, Regulation, Mandatory Requirements	No or minimal impact or breach of guidance/statutory duty.	Breach of statutory legislation. Reduced performance levels if unresolved.	Single breach in statutory duty. Challenging external recommendations/improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low achievement of performance/ delivery requirements. Critical report.	Multiple breaches in statutory duty. Zero performance rating. Prosecution. Severely critical report. Total system change needed.
Adverse Publicity or Reputation	Rumours. Low level negative social media. Potential for public concern.	Local media coverage - short-term reduction in public confidence/trust. Short-term negative social media. Public expectations not met.	Local media coverage - long-term reduction in public confidence & trust. Prolonged negative social media. Reported in local media.	National media coverage <3 days, service well below reasonable public expectation. Prolonged negative social media, reported in national media, long-term reduction in public confidence & trust. Increased scrutiny: inspectorates, regulatory bodies and WG.	National/social media coverage >3 days, service well below reasonable public expectation. Extensive, prolonged social media. MP/MS questions in House/Senedd. Total loss of public confidence/trust. Escalation of scrutiny status by WG.
Business Objectives or Projects	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national targets. 10-25 per cent over project budget. Schedule slippage. Key objectives not met.	>25 per cent over project budget. Schedule slippage. Key objectives not met.
Financial Stability & Impact of Litigation	Small loss. Risk of claim remote.	Loss of 0.1–0.25% of budget Claim less than £10,000.	Loss of 0.25–0.5% of budget. Claim(s) between £10,000 and £100,000.	Uncertain delivery of key objective. Loss of 0.5-1.0% of budget. Claim(s) between £100,000 and £1 million. Purchasers failing to pay on time.	Non-delivery of key objective. Loss of >1 per cent of budget. Failure to meet specification. Claim(s) >£1 million. Loss of contract/payment by results.
Service/ Business Interruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours. Some disruption manageable by altered operational routine.	Loss/interruption of >1 day. Disruption to a number of operational areas in a location, possible flow to other locations.	Loss/interruption of >1 week. All operational areas of a location compromised, other locations may be affected.	Permanent loss of service or facility. Total shutdown of operations.
Environment/Estate/ Infrastructure	Minimal or no impact on environment/service/property.	Minor impact on environment/ service/property.	Moderate impact on environment/ service/property.	Major impact on environment/ service/property.	Catastrophic impact on environment/service/property.
Health Inequalities/ Equity	Minimal or no impact on attempts to reduce health inequalities/improve health equity.	Minor impact on attempts to reduce health inequalities or lack of clarity on the impact on health equity.	Lack of sufficient information to demonstrate reducing equity gap, no positive impact on health improvement or health equity.	Validated data suggests no improvement in the health of the most disadvantaged, whilst supporting the least disadvantaged, no impact on health improvement and/or equity.	Validated data demonstrates a disproportionate widening of health inequalities, or negative impact on health improvement and/or equity.

Risk Scoring Matrix (Likelihood x Consequence = Risk Score)		Consequence:				
Likelihood:	Frequency:	1 Negligible	2 Minor	3 Moderate	4 Major	Catastrophic
1 Highly Unlikely: Will probably never happen/recur	Not for years	1	2	3	4	5
2 Unlikely: Do not expect it to happen/recur but it is possible	At least annually	2	4	6	8	10
3 Likely: It might happen/recur occasionally	At least monthly	3	6	9	12	15
4 Highly Likely: Will probably happen/recur, but not a persisting issue	At least weekly	4	8	12	16	20
5 Almost Certain: Will undoubtedly happen/recur, maybe frequently	At least daily	5	10	15	20	25

Annex 3 - Frequency of Risk Review

Risk Score	Review Frequency	Risk Rating
15 – 25 Red	Review monthly	High
8 – 12 Amber	Review quarterly	Medium
1 – 6 Green	Review every 6 months	Low

Annex 4 – Board Assurance Framework

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust’s ability to provide a safe and effective service			Date of Review:		02/06/2025	TREND	20 (5x4)
				Date of Next Review:		02/07/2025	➡	
IF there are high levels of absence e.g., sickness and alternative duties.		THEN there is a risk that there is reduced resource capacity	RESULTING IN an inability to deliver services which adversely impacts on quality, safety, and patient/staff experience		Likelihood	Consequence	Score	
				Inherent	4	4	16	
				Current	5	4	20	
				Target	3	4	12	
IMTP Deliverable Numbers: 13, 14, 15, 22, 24, 25, 26								
Strategic Objective:								
EXECUTIVE OWNER			Director of People	ASSURANCE COMMITTEE	People and Culture Committee			
Risk Commentary								
Sickness absence remains one of the key challenges for the organisation. Whilst there has been a significant reduction in absence levels over the past 18 months, rates remain higher than desired and therefore a continued focus on supporting good attendance at work is needed by both managers and the People and Culture team. Increased pressures on our people like handover delay, missed breaks and cost of living impact on health and wellbeing. The Health and Wellbeing Plan 2025-2029 and People and Culture Plan 2023-2026 provide strategic direction for relevant initiatives.								
CONTROLS				ASSURANCES				
				Internal Management (1 st Line of Assurance)				
1. Significant policy frameworks and strategies embedded across the organisation including Managing Attendance at Work Policy, R&R, Speaking Up and the Health and Wellbeing Plan in place and followed with support from the P&C team.				1. (a) Audits undertaken by People Services Team (b) Outputs reviewed (c) Process reviews (d) PS team engagement on additional activities which could be delivered (e) Case support, advice and guidance with action planning to reduce absence R&Rs addressed in timely way to reduce risks of sickness absence. Compassionate Practices approach engaged. Referral of colleagues to appropriate levels of support Policy reviews to ensure policies and procedures are fit for purpose in line with agreed time frames Completed - 28/11/23 Speak Up Safely process introduced from the start of October 2023 including the appointment of one Trust guardian. The Health and Wellbeing Plan 2025-2029 and People and Culture Plan 2023-2026 provide strategic direction for initiatives to improve the workplace, in line with HEIW Best Practice Guide for Organisations. These documents support us in ensuring that our offer is focused, and evidence driven.				
2. Operational Workforce Recruitment Plans, roster reviews and implementation to actively address demand and capacity and ensure sufficient resources to meet workload pressure				2. Maintenance of the workforce establishment to seek to ensure that colleagues are not unnecessarily stretched through vacancies				
3. Return to Work interviews are undertaken - SharePoint Sway document ensuring accurate reporting of reason for absence and identifying any additional support required				3. Process regularly reviewed and managers are trained and coached on the need to complete returns to work promptly				
4. Training for managers on all aspects of Managing Attendance – ensures focus is high and understanding of why this is important is maintained				4. Managing Attendance training register of attendees.				
5. Reporting to Board, CASC, PCC, ELT, SLT, SOT, Directors and managers on sickness data. Leadership reporting includes deep dives and analysis of data.				5. Appropriate reporting for assurance to a range of audiences with feedback and support for further action.				
6. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme- providing professional support				6. Managers have access to specialist advice and guidance from People and Culture team colleagues				
7. Suicide first aiders, TRIM, Peer Support Networks, coaching and mentoring framework in place giving additional layers of support, Health and Wellbeing Steering Group in place.				7. Reporting in place on numbers of suicide first aiders and demand for support. Reporting on access to TRIM and Wellbeing Service, including reporting themes and user experience feedback. Promotion of wellbeing support across WAST.				
8. Staff surveys- assess levels of engagement and wellbeing				8. Use of HIVE survey tool and insight data from the NHS Wales staff survey provides feedback on overall engagement and wellbeing				
9. Stress risk assessments- identify measures that can be taken to address issues				9. Reference to the assessments during attendance management line manager training and to the use of stress risk assessments promoted to managers				
10. External agencies support e.g., St John Ambulance, Fire and Rescue- if needed at times of increased demand pressure				10. SLA Agreements.				
11. Guidance for managers on alternative duties and monthly reviews of colleagues on Alternative duties				11. Action planning and timeboxed activities to support in a timely way.				

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	Date of Review:	02/06/2025	TREND	20 (5x4)
		Date of Next Review:	02/07/2025		
12. Sickness audits for localities- provides additional level of detail and additional support for areas with higher sickness levels to support work to reduce those levels	12. Delivery of audits and follow up actions				
13. Review of top 100 cases -carried out monthly	13. Provides a focus on higher risk cases where more intense action or support may be required.				
14. Delivery of specific projects and pieces of work to support the reduction of sickness absence across the organisation.	14. Offers assurance to ELT on the activities and measures in place. Figures on absence are being reported monthly to ELT which is reflected in the minutes and AAA reports				
15. Work in Confidence system implemented and Guardian appointed to support colleagues coming forward with concerns and potentially reducing levels of stress and avoiding sickness absence.	15. External Management (2nd Line of Assurance) and Audit.				
16. Strengthen Speaking Up Safely Arrangements policy and advice and roll out of increased awareness of routes to speak up and raising concerns.	16. Monitor SUS concerns and they are dealt with in agreed timeframes and assessed whether absence related to mental health and anxiety reduces.				
17. Actions identified from the Managing Attendance Audit implemented	17. Agendas, minutes etc.				
18. PADR review undertaken and now including wellness questions	18. Underway and now BAU – ensures managers are talking about individuals' wellbeing and what additional support or signposting can be provided				
19. Specific interventions on all long-term sickness absence cases to ensure there is a tailored, individual action plan which identifies interventions that will support a return to work as soon as reasonably possible.	19. PADRs undertaken and questions asked; Discussion on levels of long-term sick absence is undertaken in a variety of forums including JCC, ELT and PCC.				
20. Accountability meetings on attendance management between People Services and senior ops managers to ensure this issue is given sufficient focus on priorities and ADs hold their senior teams accountable for their team figures	20. Meetings taking place and active on operational areas experiencing high levels of absence				
21. TU engagement on attendance issues e.g. muscular skeletal conditions is discussed regularly at the H&S Committee and relevant additional interventions are identified	21. Included on agendas and outcomes are available for discussion at H&SC.				
22. Review of top 100 cases by the wider People & Culture Team - monthly (Wellbeing, OCC Health, People Services). This takes place to consider whether any of those cases required additional interventions.	22. Director of People receives assurance from the team following each of the monthly meetings.				
23. Supporting managers handling attendance issues with skills, capability and confidence	23.				
24. Coaching for managers on a case-by-case and locality basis.	24.				
25. Enhancing manager awareness of attendance options like flexible or reduced hours. Ongoing efforts focus on managers approving and finding mutually agreeable solutions with requesters.	25.				
26. Wellbeing team have a referral pathway for mental ill health and are confident liaising with local services when necessary.	26. Regular reporting and the introduction of a user experience survey.				
27. Guidance and training available for line managers to equip them with the confidence and skills to have meaningful and sensitive conversations related to attendance.	27. Incorporated in Our WAST Way and measured through ongoing participation in development sessions				
28. Targeted culture change reviews are undertaken in areas of the business where levels of absence are high and other metrics such as turnover indicates concerns.	28. Culture review action plans are produced and taken forward. Sick absence in these areas is evaluated and monitored to assess whether reductions are achieved.				
29. Culture work on creating the sense of team and peer responsibility / ownership	29. Incorporated in Our WAST Way – Leadership at all levels and through the culture champions network, with focus on Our Best behaviours.				
30. Health Diagnostic Programme available for those over 46 to identify undiagnosed conditions	30. Launched and staff trained. Clinics to commence end June 2025.				
31. Reporting on All Wales OH KPIs	31. Reporting in place, additional reports alongside the All Wales OH KPIs.				
32. Men's Health Support	32. Links available within siren and via the wellbeing practitioners to support mental health				
	Independent Assurance (3 rd Line of Assurance)				
	1b. Internal Audits scheduled through Shared Services Partnership. Last audit on attendance was November 2022 and the last actions from this due at the end of December 2023. (last audit November)				
	2. Internal audit of Occupational Health and Wellbeing completed with reasonable assurance, completed March 2025				
GAPS IN CONTROLS		GAPS IN ASSURANCE			
(a) Consistency and Application in Managing Attendance at Work Policy		There are other factors that impact on sickness which are difficult to control as they are linked to system wide challenges			

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust’s ability to provide a safe and effective service	Date of Review:		02/06/2025	TREND	20 (5x4)
		Date of Next Review:		02/07/2025		
		Absence data is not updated in a timely manner into ESR by managers				
Opportunities to improve education and communication with managers about resources available and how to implement it e.g., stress risk assessments		Further roll out and access to learning around sickness absence on process, supporting docs and on how to approach managing attendance				
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:		
1. Areas of business where attendance management has improved significantly to share learning across WAST		AD for Culture, Inclusion and Wellbeing	31/06/25	Staff story at PCC in 2024 and visit to another area with low absence in 2024.		
2. Connect to other Ambulance sector organisations to identify additional interventions they have implemented to address attendance management, share learning and consider whether to adopt in WAST		Deputy Director, People and Culture	31/06/25	Discuss at PCC Business Meeting and share at ELT/PCC with recommendations. Looked at London Team Based Working model, given that LAS have attributed TBW to improvement in attendance rates.		
3. Implementation of new approach to regularly checking in with staff. Piloting a simple conversation framework for Managers to use with their staff on a monthly basis which provides a focus on wellbeing, goals and personal development.		AD for Culture, Inclusion & Wellbeing	Start of Roll Out May 2025	Proposed Evaluation of pilot in EMSC after 6 months to assess if there has been a reduction in sick absence in specific areas where this approach has been adopted following culture work with teams. 1 April 2025 Management Essentials due to begin May 2025. 2 June 2025 Our WAST Way including Management Essentials launched on 28 May 2025.		
4. Development of the 2024/25 Managing Attendance Plan (see below for individual actions.		Deputy Director of People	To commence 30/05/24	Key plan actions noted below		
5. Increase manager support on data interpretation and analysis		Deputy Director of People	31.09.2025			
6. Analyse link between hot spots and the culture in these areas to address cultural issues		AD for Culture, Inclusion & Wellbeing	31.03.2025 revised date 31.12.2025	111 and 999 sickness levels reviewed: link to repetitive roles, exposure to distressed patients. Additional management layers in CCC should start to show positive impact on attendance. Consideration to be given to whether change management approach being applied in these areas is having an impact. New date due to focus on launch of Our WAST Way by the team		
7. Identify opportunities to improve roles – flexibility, control, confidence		Deputy Director of People / ADs, Operations	31.09.2025	Work to be undertaken to review whether any correlation between approved flexible working requests and attendance rates		
8. Opportunities to adapt the work environment. Link to Risk 224 and Risk 558 regarding the risk with the impact on WAST colleagues of overruns as well as patients.		Deputy Director of People ADs, Operations Directorate colleagues	31.03.2025	ELT discussion via WASPT regarding feedback from TUPs on operational overruns and shift patterns. This group is now up and running with TUPs and managers in collaboration to identify opportunities to reduce overruns.		
9. Review workloads and hours of work undertaken by colleagues. Including colleagues not on GRS.		Deputy Director of People /ADs, Operations	31.03.2025 31.12.25	Yet to start due to other key projects and task and finish groups underway		
10. Review patterns of absence		Deputy Director of People	31.03.2025	Increase in STS, respiratory, coughs, colds etc.; example of targeted interventions put in place in response to identified patterns (Integrated Care). Reported to ELT and PCC in Feb 25 on findings.		
11. Develop the team around the person model / individual support network		Deputy Director of People and Culture	31.03.2025	Closer working with P&C team and managers on supporting colleagues who are off. Case reviews undertaken where appropriate		
12. Increase lifestyle advice and guidance		AD for Culture, Inclusion and Wellbeing	31.03.2025 30 November 2025	Occupational Health and Wellbeing Team developing expertise in specific areas; calendars of events; health promotion. 1 April 2025 – Plans in place but team capacity means postponed.		

Risk ID 201	A loss of stakeholder confidence that damages the Trust reputation			Date of Review:	28/05/2025		TREND	20 (4x5)
				Date of Next Review:	28/06/2025		➡	
IF there is an inability of the Trust to deliver its core services because of system or organisational pressures		THEN there will be a loss of stakeholder confidence in the Trust	RESULTING IN a lack of stakeholder support for the Trust’s long term strategic vision, a failure to deliver its strategic ambition, damage to reputation and increased external scrutiny		Likelihood	Consequence	Score	
				Inherent	4	5	20	
				Current	4	5	20	
				Target	3	5	15	
IMTP Deliverable Numbers: 1, 2, 3, 4, 5, 6, 7, 8, 9,10, 11, 12, 13, 16, 25, 27								
Strategic Objective:								
EXECUTIVE OWNER		Director of Partnerships and Engagement		ASSURANCE COMMITTEE		People and Culture Committee		
Risk Commentary Q1 2025/26 This risk has been scored at 20 for some time, and has proven difficult to de-escalate, given performance challenges and the levels of harm experienced by some patients. It has become increasingly apparent that there are differential risks inherent in what is currently described as a single risk, e.g. the Trust’s reputation with Welsh Government and commissioners is in a relatively stable position, but this is not necessarily the case with other stakeholders, nor with some patient groups where harm is most prevalent. On that basis, a deep dive review will be undertaken to determine how this risk could be reprofiled to provide a more accurate assessment of the reputational risk facing the organisation. This is likely to result in the disaggregation of the current risk, ensuring the risk definition and mitigation are appropriately differentiated and withstand scrutiny. At this stage, it is anticipated that the review will be completed by the end of Q2, with ADLT supporting the Director of Partnerships and Engagement in the deep dive process. Any amended risk(s) will be included in an updated Board Assurance Framework and will be reported through the usual governance routes.								
CONTROLS				ASSURANCES				
				Internal Management (1 st Line of Assurance)				
1. CEO and DSP meeting with HB CEOs throughout Q4 to informally discuss strategic ambition				1. Feedback reported via ELT, CMT etc				
2. Revised engagement framework delivery plan is now described as the programme engagement plan and continues to be updated and revised to reflect feedback from stakeholders and revised timelines for strategy engagement				2. Reported at CMT at each meeting on who has been engaged with and risks that are emerging etc				
3. Challenging of media reports to ensure accuracy.				3. Programme of daily media engagement documented on digital system				
4. Media liaison to ensure relationships developed with key media stakeholders				4. Programme of daily media engagement documented on digital system				
5. Routine stakeholder and staff engagement and WAST Live.				5. Agendas, minutes, and documents of engagement events. Informal feedback via ELT and reported via Trust Board (CEO update)				
6. Engagement governance and reporting structures are in place				6. Relevant information which impacts on reputation is reported and scrutinised via all internal committees e.g., ELT, FPC, PCC, QuEST & Audit Committee – minuted meetings and action logs.				
7. Annual deep dives on reputation have been undertaken 2024/25.				7. Was reported to Committees, documented in minutes, action logs and papers				
8. Engagement of the Board on matters of reputation in development sessions. If required, escalation procedure for issues to the Board where circumstances dictate, following discussion at ELT				8. Minuted meetings, action logs and Board papers				
9. Regular engagement with senior stakeholders e.g., Ministers, senior Welsh Government officials, commissioners, elected politicians and NHS Wales organisational system leaders				9. Informal feedback reported via ELT and occasionally in formal correspondence (nature of discussion often precludes formal recording)				
10. Monitoring external factors that may affect the Trust				10. ELT verbally updated on a regular basis with written notes if appropriate				
11. Board oversight, scrutiny and challenge of performance, concerns, quality				11. Minuted meetings, action logs and Board papers				
12. Internal Quality and Performance monitoring in the Trust and raising system issues				12. Data provided though reporting to Committee and Board for scrutiny and feedback.				
13. Reputation audit launched on 09 April 2024 and ran until 01 May 2024.				13. High-level results presented at People and Culture Committee on 09 May and at Board Development on 27 June to assist the Trust to understand the impact of the reputation audit and to support our approach to stakeholder engagement.				
14. Development of a Winter Media Plan				14. Monitored daily by the team and updated based on media coverage and public sentiment.				
GAPS IN CONTROLS				GAPS IN ASSURANCE				
1. Managing the narrative of the media				1.				
2. Strategic collaboration – further work needed to formalise opportunities – to think about how this translates into an action				2.				
Actions to reduce risk score or address gaps in controls and assurances		Action Owner		By When/Milestone		Progress Notes:		
1. Roll out of Programme Engagement Plan		Director of Partnerships & Engagement		Q4 24/25 Q1 25/26 and continued		Roll out underway.		
2. Board Development Session on political landscape		Director of Partnerships & Engagement		Q3-4 2025/26		To be finalised in the programme.		

Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences			Date of Review:	05/062025		TREND	15 (3x5)	
				Date of Next Review:	05/07/2025				
IF significant internal and external system pressures continue		THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST	RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	3	5	15		
				Target	2	5	10		
IMTP Deliverable Numbers: 13, 14, 21, 26									
Strategic Objective:									
EXECUTIVE OWNER		Director of People		ASSURANCE COMMITTEE		People & Culture Committee			
Risk Commentary This risk should be considered alongside Risk 160 as the resulting increased sickness levels mentioned above will be addressed by the same controls and assurances. The ongoing system pressures including long handover delays, overruns and missed breaks continues to remain a challenge to mitigate this risk . WAST continues to work in partnership with the system to pilot viable options for addressing the external factors. Although there has been some success in some areas, we are yet to see these being scaled to an extent that the employee experience has been impacted. Since 2020 we have not seen the previous pattern of easing over the summer months and with the current public health risk of measles and continuing risks of covid this risk remains static. The People and Culture Plan 2023-2026 is a good summary of the controls and actions addressing this risk. Work on reducing shift overruns continues with various pilots being run to test viable options which could be implemented. Proposed increase in score as a result of system pressures. Whilst we are seeking to address this, and it will take time to have an impact. Adding in the potential future financial pressures (leaving vacant posts open for longer), will further exacerbate this issue.									
CONTROLS			ASSURANCES						
			Internal Management (1 st Line of Assurance)						
1. The new Health and Wellbeing Plan 2025-2029 has now been drafted and is out for consultation. The aim of the new plan is to expand on consideration of employee experience to recognise that individual wellbeing interventions are not sufficient in mitigating system wide pressures.			13. New Health and Wellbeing Plan 2025-2029 is aligned closely to People and Culture Plan and delivery monitored via the Health and Wellbeing Steering Group, reporting into the People and Culture Business Meetings. This plan was created in line with the HEIW Best Practice Guide for Organisations						
2. Occupational Health & Wellbeing team with range of support options for individual mental health intervention signposting, MSK support, reasonable accommodations and recommendations, supported by mental and physical health expert clinicians.			1. Current waiting times are just above the national SLA of 29 days, at 31 days. , External providers meet quarterly and provide monthly engagement figures. Reporting into OHW operational team meeting and MIQPR.						
3. Wellbeing Service providing training, consultation and advice to line managers supporting members of staff with severe and complex health and wellbeing challenges. Including REACT training that supports managers with difficult conversations.			2. Rolling programme of workshops, attendance at team events when requested, evaluation and numbers trained reported at OHW operational meetings. Diarised meetings, webinars and workshops in place through a rolling programme. These offers are now evaluated via user experience questionnaires which are reported to the health and wellbeing steering group. Wellbeing training uptake numbers is reported into the OHW Operational Team Meetings.						
4. TRiM (Trauma Risk Management Network) in place to support staff following exposure to potential traumatic events and materials. The approach of watchful waiting by a clinician or peer supporter means we can support those who have been exposed to such events and escalate to support if required.			3. TRiM is facilitated by the Wellbeing Service Assistant Psychologists supervised by a Clinical Psychologist to provide appropriate professional oversight. Numbers of referrals, assessments, follow-ups and further support needs are reported to the Health and Wellbeing Steering Group						
5. Acting on results of staff surveys relating to staff experience, data triangulated with pulse surveys and other cultural metrics as detailed in the People and Culture Plan.			4. Each Directorate has developed their own action plan to address staff surveys. NHS staff survey high level results released 19/02/24 with directorate specific data released in April 2024. The survey was repeated in Autumn 2024, and we are awaiting the next set of results.						
6. HSE stress risk assessments			5. Undertaken by managers and advice is provided on how to use them by Occupational Health and Health and Safety teams.						
7. KPIs are reported fortnightly regarding Occupational Health and Wellbeing activity			6. Received at OHW operational team meeting and reported in MIQPR.						
8. Wellbeing drop-in sessions for CCC and 111 staff			7. These sessions are now part of business as usual across services and a user experience form is collating more formal quantitative feedback for OHW operational team meetings. Data to date has been qualitative and the quantitative has been measured by engagement with the service. Themes of staff concerns are also collated by wellbeing staff attending WAST sites.						
9. Fast track physiotherapy to address MSK issues.			8. Regular review meetings with physiotherapy provider and monthly monitoring information received at People and Culture Business meetings and MIQPR						
10. Occupational Health team inclusion in sickness and absence meetings			9. Qualitative anecdotal feedback has been positive, and it has strengthened relationships with the OH team. More formal feedback mechanisms are in development in line with our overhaul of service feedback.						
11. Stress risk assessments			10. These are part of the IOSH Managing Safely Training.						
			External - Independent Assurance - Audit Wales – Taking Care of the Carers report in October 2021 – all actions complete 12						

Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences		Date of Review:	05/062025	TREND	15 (3x5)
			Date of Next Review:	05/07/2025		
GAPS IN CONTROLS			GAPS IN ASSURANCE			
11. Need to increase the education and communication with managers about stress risk assessments. Presentation developed and shared with people services. Delivery dates being agreed in conjunction with Health and Safety, along with a new policy. These discussions have restarted, and colleagues are directed to the stress risk assessment information and education sessions will be started in Q1 & Q2.			Lack of awareness about staff wellbeing services, this continues to be a challenge due to small team, non-wired colleagues and competing communication messages.			
			Effects of elevated REAP status affecting the ability of staff to engage with staff health and wellbeing services. Important to recognise the consistent reports of the impact of culture on wellbeing. Attendance at all events by operational staff consistently low due to service pressures.			
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:		
1. People and Culture Plan 2023-2026 relevant Actions		Assistant Director for Inclusion, culture and wellbeing	Annual Plan December 2026	First year reviewed at People and Culture Committee May 2024 23/7/24 Final year review included in consultation process for new plan		
2. Health and Wellbeing Plan 2025-2029		Assistant Director for Inclusion, Culture and Wellbeing	Approved by Board Q3 2024/25 2025/2026	Plan has been approved by Board. The delivery period begins 2025/2026. Promotion of the plan and key deliverables will commence then. 2 June 2025 Plan being delivered and overseen by the Health and Wellbeing Steering Group which meets quarterly.		

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships			Date of Review:	03/06/2025		TREND	12
				Date of Next Review:	03/09/2025			(4x3)
IF the response to tensions and challenges in the relationships with TU partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained		THEN there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised	RESULTING IN a negative impact on colleague experience and/or services to patients		Likelihood	Consequence	Score	
				Inherent	5	3	15	
				Current	4	3	12	
				Target	4	3	12	
IMTP Deliverable Numbers: 1, 13, 14, 19, 22, 30, 32								
Strategic Objective:								
EXECUTIVE OWNER		Director of People	ASSURANCE COMMITTEE	People & Culture Committee				
Risk Commentary A tailored bespoke development programme for managers and Trade Union Partners at all levels has been delivered with further training and activities to be developed for first line managers. The programme of engagement and relationship building will continue throughout 2025/26. Work continues on improving partnership working through the delivery of the action plan. The engagement structures below WASPT are in place and running. The Deputy Director of People and Head of Culture and OD have delivered workshop sessions for TU partners and managers across the organisation in senior and local roles. Personal relationships with TUPs are generally very good. At a local level there are ongoing discussions on a range of organisational change issues and currently engagement and partnership working is operating well and as a result the score has been reduced to 12 (3x4) . However, there is a recognition that the nature of partnership working and the issues that arise mean that the level of risk fluctuates more regularly than others and will be kept under review. It is noted that work required on financial sustainability to meet savings requirements and projects such as reviewing the skill mix has the potential to disrupt relationships and may lead to a review of the score. Also, the departure of the CEO may cause some concerns amongst TU partners in terms of the risk of a change in approach to partnership working. On a national level, TUPs have not confirmed acceptance of the 2025 pay offer of 3.6% and there is a risk for industrial action.								
CONTROLS			ASSURANCES					
			Internal Management (1 st Line of Assurance)					
1. Agreed (Refreshed) TU Facilities Agreement developed in partnership			1. Agreed document which states governance arrangements and the criteria for time off for TU activity etc.					
2. Go Together Go Far (GTGF) statement and CEO/TU Partners statement			2. Both parties refer to the documents and are signed up/committed to it					
3.			3.					
4. Trade Union representation at Trust Board, Committees			4. Committee or Board ask TU representative for feedback or whether they have been consulted. Big issues items progress as planned because of TU partner buy in					
5. Monthly Informal Lead TU representatives and Chief Executive meetings			5. Diarised meetings					
6. TU partners in Task & Finish and Project Groups			6. Good attendance and commitment are observed at the meetings. TU partners listed as members in terms of reference					
			7. Diarised meetings with a formal agenda. Any business needed to be discussed is included in the agenda. Good attendance and commitment observed at meetings.					
7. Local Partnership Forums, Corporate Partnership Forums and SLT/TUP and SOT/TUP well established and running and informal monthly meetings between TUPs and Senior Operations Team in place and operating			8. Consistency of invitation and good attendance/commitment observed at meetings. Trade Union representations on SOT meetings					
8. Quarterly Report on TU activity to People and Culture Committee			9. Report at every P& C committee meeting regarding activities TUPs involved with which is noted. Whenever Partnerships are discussed, the value of these is formally minuted in the Board and Committee minutes					
9.			10. Triple A reports through to WASPT and to PCC. Any escalations are appropriately noted.					
11. Ongoing project plan in place to support the improvement in relationships based on the ACAS report from 2022 updated and reported to WASPT			11. Development of mentoring and training opportunities for TUPs to support their roles.					
12. AAA report of formal Partnership Forum (WASPT) reported to PCC or Board in future (return to BAU).			12. Training for managers and TUPs delivered					
13. AAA from SLT Partnership Forum and Corporate Partnership Forum reported to WASPT			13. Stability in senior TU team					
14. Externally facilitated mediation session(s) building on the IPA workshops and specifically to address the thorny issue of what happens when we fail to agree. Completed			14. Action plan developed and shared with TUPs. Implementation underway. A series of partnership working sessions (5) have been delivered to around 120 colleagues – managers and TU partners. Feedback from the sessions was captured and next steps were reviewed. Completed There is an ACAS action plan which is a live doc and is reported to WASPT to update progress.					

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Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships			Date of Review:	03/06/2025	TREND	12
				Date of Next Review:	03/09/2025		(4x3)
15. Rhythm of meetings to curate and focus on relationships				15. AAA, minutes, monthly sessions with CEO, DoP and DoO. Informal sessions with CEO, DoP and Branch Chair and Sec on a quarterly basis. 6 weekly meetings with DoP on other partnership forum arrangements.			
16. Increased mutual respect and TU partner understanding and appreciation of challenges and pressures facing the Trust							
17. Rollout of partnership training across WAST now to be extended to first line managers							
18. Observation of partnership forums and development work on embedding partnership training is ongoing. Additional actions have been added to the action plan, and WASPT was updated on 27.01.25.							
19. Consider how we celebrate success and capture the positive learning				Captured as part of social partnership conference and subsequent comms But BAU in terms of partnership approach			
20. Delivery of Social Partnership Conference – completed							
21. Task and Finish group to be established to work on mitigating the impact of EAP Band 5 post introduction and wider skill mix discussions.				Email to TUPs from Director of Strategy and Planning. Meetings completed business case in development for feedback to ELT			
22. Output from Conference informing next steps in developing maturity of relationship							
GAPS IN CONTROLS				GAPS IN ASSURANCE			
1. In maintenance and further improvement mode				None identified			
2.							
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:		
1. Refresh of engagement programme post Industrial Action and establish work			Deputy Director of People	Q2 2025/26	Plan agreed and being monitored via WASPT. The plan is dynamic with actions being completed and additional actions added to the plan as they arise. Draft training development underway in partnership with TUPs – list of training needs shared from TUPs. - Completed Principles on engagement being developed (in part from the training) and as a result the partnership statement will be updated. eLearning courses created by WG Social Partnership Team to be added to Learn365 Further session of partnership training to be scheduled in Q2 2025/6 Development of learning events for first line managers including content in Our WAST Way Awaiting refresh of the online learning by WG prior to publishing in WAST.		
2. Learning and Development opportunities for TU partners e.g. shadowing, digital skills, coaching and mentoring			Deputy Director of People	31/03/25 30.09 25			
3. Develop consultation guidance for managers			Deputy Director of People	31/06/25	Date pushed out due to team capacity.		
4. Produce a report for ELT with a range of options on Skills Mix			Director of People	31/05/25 30.06.25	Delay due to extended discussions with TUPs		

Key - List of Strategic and IMTP objectives

Strategic Objective 1: Providing the right care or advice, in the right place, every time		BAF risks
1.	A modern, easily accessible, user-friendly and integrated digital offer	223, 224, 623, 260, 201,163, 424
2.	Rapid (111) call answering, initial triage and onward referral	223, 424
3.	Timely, high quality clinical assessment, advice and referral	223, 224, 424
4.	Seamless transfer of 111 callers to wide range of available pathways	223, 424
5.	Immediate 999 call answering, and efficient and effective dispatch of the right resource	223, 424
6.	High quality, timely, clinical triage, assessment and consultation, with personalised response	223, 424
7.	High quality, immediate or timely on scene assessment, care and conveyance where needed	223, 100, 424
8.	A range of 24/7 pathways available for further assessment or treatment, closer to home	223, 224, 424
9.	A flexible, user-centred Non-Emergency Patient Transport Service with the right capacity in place to meet demand	100,139, 424
10.	A dedicated and timely transfer & discharge service supporting HBs with their transformation agendas	223, 424
11.	A clear vision for Ambulance care services that supports wider health and care transformation	100, 201, 424
12.	A high quality, safe (NEPTS) service with improved patient experience	100, 139, 424
Strategic Objective 2: Enabling our people to be the best they can be		
13.	Culture: - Enhance and strengthen internal capacity for delivering culture change - Develop amplify employee voice to increase employee engagement - Continue the implementation of our compassionate practices approach	160, 558, 623, 201, 163, 424
14.	Capacity: - Implement our Strategic Workforce Plan - Continue to embed a culture of positive attendance management - Continue our focus on 'getting the basics right.'	100, 160, 163, 223, 224, 424, 558, 594, 623
15.	Capability: - Grow and develop our leadership and management capability - Reinforce and promote career pathways and professional development. - Create an environment centred around effective, ongoing conversations ('Check Ins')	100, 139, 160, 223, 224, 260, 594, 424
16.	Strengthen Welsh Language compliance through strong leadership, enabling Welsh language to flourish	201, 424
Strategic Objective 3: Being at the forefront of innovation and technology		
17.	The right buildings in the right place, enabling our staff to provide the best and safest care across Wales	542, 424
18.	The right fleet in the right place, enabling our staff to provide the best and safest care across Wales	139, 542, 623, 424
19.	Develop & agree Digital Plan - Everyday essentials - Security, Safety & Cyber - Digital Pioneers - Transformation - Data, Information & Insight	163, 260, 623, 424
Strategic Objective 4: Developing services in collaboration		
20.	Well-placed to influence system thinking / strategy development	100, 223, 424
21.	Meet the requirements of the Wellbeing of Future Generations Act	558, 424
22.	University Trust Status in collaboration with WG, embracing a 'democratised culture' of learning, research and innovation	160, 163, 223, 224, 424
Strategic Objective 5: Being quality driven and clinically led		
23.	Systems that meet the requirements of the Duty of Quality and Duty of Candour	224, 424
24.	Excellent clinical leadership	100, 139,160, 223, 224, 260, 594, 424
25.	A culture of quality improvement with robust quality management systems	100, 139, 160, 201, 223, 224, 424
26.	High quality Putting Things Right, Safeguarding and Health & Safety systems	160, 224, 558, 424
27.	Meaningful engagement and co-production with communities	223, 224, 424
28.	A risk management framework as a key enabler of our long-term strategy and decision making	No corporate/principal risks
29.	An integrated governance framework	No corporate/principal risks
Strategic Objective 6: Delivering exceptional value		
30.	Sustainable savings & efficiencies	139, 163, 224, 424
31.	Generate income alongside our core commissioned functions	139, 224, 424,
32.	A Value-Based approach across the organisation which is embedded in culture	100, 139, 163, 424
33.	Developing and implementing our plans for Environmental Sustainability and Adaptation	542, 424

AGENDA ITEM No	19
OPEN or CLOSED	OPEN
No of ANNEXES	2

AUDIT TRACKER – June 2025 (2025/26 Q1)

MEETING	People and Culture Committee (PCC)
DATE	12 August 2025
EXECUTIVE	Trish Mills, Director of Corporate Governance/Board Secretary
AUTHOR	Lisa Trounce, Head of Compliance & Assurance
CONTACT	trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. This paper provides the Committee with the 2025/26 Quarter 1 (Q1) position with respect to management actions for audits within the purview of this committee.
2. The Audit Handbook notes that it is the responsibility of this committee to:
 - Receive audits in their remit;
 - Monitor management actions to address recommendations; and
 - Scrutinise impact of actions in response to audit recommendations in terms of, for example, quality improvement, the provision of more efficient and effective patient care, improved governance, better use of resources etc.
3. The Audit Tracker has been updated in Q1 2025/26. In an attempt to manage volume of papers, the tracker has been added to the Ibabs reading room filtered to the actions assigned to this committee for oversight. This digital reading room hosts documents for additional information, not essential for scrutiny or decision-making. Access to the reading room is through the documents/shared folder in Ibabs' main menu. Documents in the reading room will not be posted on the Trust's website with committee papers; however, copies can be provided to those without access to Ibabs upon request.

Internal Audit

4. At the beginning of 2025/26 Quarter 1, there were a total of 26 open internal audit recommendations relevant to the Committee: seven from 2023/24 (all relating to Volunteer Governance), and 19 from 2024/25.

5. Of the 26 open audit recommendations, seven were due for closure in quarter, and 19 were not yet due.
6. By end of quarter, none of the seven (0%) audit recommendations due for closure during quarter were confirmed as completed.
7. However, three audit recommendations from 2023/24 that were not due for closure until quarter two, were reported as completed. All three had originally been due for closure in quarter one, and were on first revised deadlines.
8. New revised deadlines have been proposed for all of the seven open audit recommendations that were due for closure in quarter one. Of these, three are now on their first revision. Four are on their second and therefore final revision date, and relate to the following 2024/25 internal audits:
 - Exposure to Fumes (three actions linked to LMS365 and automated data sources)
 - Resource Policy (one action linked to e-timesheets).

External Audit

9. At the beginning of 2025/26 Quarter 1, there were no open external audit recommendations relevant to the Committee.
10. The current version of the tracker is now open for Directorate review for actions due in in 2025/26 Quarter 2 (July, August and September 2025). These updates will then be reported to the Committee at its meeting in November 2025.

RECOMMENDATION

11. The Committee is requested to:
 - (a) Receive assurance on the monitoring of management actions to address recommendations in the Tracker, noting any revised dates for actions.
 - (b) Note that four actions are on their second and therefore final revision dates.

KEY ISSUES/IMPLICATIONS

As set out above.

REPORT APPROVAL ROUTE

2025/26 Q1 Audit Tracker updates presented to the Assistant Directors Leadership Team (shared via email on 100725).

REPORT APPENDICIES

Tracker 2.0 25-26 Q1 (April - June 2025) – PCC 120825 [in reading room]

- Annex 1 – Audit Tracker 2.0 – 25-26 Q1 Internal Audit Actions (Up to 2023/24)
- Annex 2 – Audit Tracker 2.0 – 25-26 Q1 Internal Audit Actions (2024/25)

REPORT CHECKLIST

Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	NA	Financial Implications	NA
Environmental/Sustainability	NA	Legal Implications	NA
Estate	NA	Patient Safety/Safeguarding	NA
Ethical Matters	NA	Risks (Inc. Reputational)	NA
Health Improvement	NA	Socio Economic Duty	NA
Health and Safety	NA	TU Partner Consultation	NA

AGENDA ITEM No	20
OPEN or CLOSED	Open
No of ANNEXES	1

Committee Priorities and Cycle Monitoring Report 2025/26

MEETING	People and Culture Committee
DATE	12 August 2025
EXECUTIVE	Trish Mills, Director of Corporate Governance/Board Secretary
AUTHOR	Trish Mills, Director of Corporate Governance/Board Secretary Sarah Harland, Corporate Governance Officer
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report updates the Committee on progress against the priorities it set for 2025/26 and progress against the agreed Cycle of Business for the Committee. There are no matters to escalate with respect to the Priorities.
2. Items of Business that were due for receipt of this meeting but have been deferred:
 - The Workforce Race Equality Standard (WRES) Report was deferred from August 2025 to November 2025 due to the timing of feedback from Welsh Government. Therefore, a high-level update is included in the Strategic Equality Plan at the August meeting and a full update and report will be provided Angie Lewis at the November 2025 meeting.
 - Based on advice from the Executive Director of Paramedicine and the Executive Director of Quality and Nursing, the Revalidation and Registration Report has been deferred to the committee meeting in November 2025.

RECOMMENDATION:

The Committee is asked to note the update.

KEY ISSUES/IMPLICATIONS

No issues to raise.

REPORT APPROVAL ROUTE

Not applicable.

REPORT APPENDICES

Annex 1: Tab 1: People & Culture Committee Cycle of Business 2025/26

Monitoring Report – July 2025

Annex 1: Tab 2: People & Culture Committee Cycle of Business Notes

REPORT CHECKLIST

Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	Yes	Financial Implications	N/A
Environmental/Sustainability	N/A	Legal Implications	N/A
Estate	N/A	Patient Safety/Safeguarding	N/A
Ethical Matters	N/A	Risks (Inc. Reputational)	N/A
Health Improvement	N/A	Socio Economic Duty	N/A
Health and Safety	N/A	TU Partner Consultation	N/A

COMMITTEE PRIORITIES FOR 2025/26 AND CYCLE MONITORING REPORT

SITUATION

3. This report updates the Committee on progress against the priorities it set for 2025/26 and progress against the agreed Cycle of Business. There are no matters to escalate with respect to the Priorities.

BACKGROUND

4. During the course of the effectiveness reviews, it was agreed that it is good practice for Committees to set priorities for the forthcoming year. The Committee's priorities, which are set out below, were agreed by the Trust Board in May 2025 and will be tracked quarterly.
5. The Committee's cycle of business was approved by the People and Culture Committee on 24 April 2025 by Chairs action. The agenda is set with reference to that cycle, together with the forward planner, action log and highest rated principal risks.
6. The monitoring report is at Annex 1. The 'pre-agenda setting' key indicates that items in green show where they are cycled for a particular meeting. Items in beige indicate they are a prompt at agenda setting as they may be ad hoc items such as business cases or external reports.
7. The 'post-agenda setting' key indicates that items in blue were either on the agenda as scheduled or is an *ad hoc* item which was discussed in agenda setting and scheduled. The orange indicates where an item was programmed for receipt but has been deferred to a future meeting.

ASSESSMENT

8. The Committee priorities, and progress against them is as follows:

Priority	Progress
A focus on Equality, Diversity and Inclusion	PROGRESS 2025/2026 - At the August 2025 meeting, the Committee will receive the following suite of Strategic Equality Reports 2024/2025: - Strategic Equality Plan Annual Report 2024/25 - Annual Gender Pay Gap Annual Report 2024/25 - Annual Workforce Quality Monitoring Report Annual Report 2024/25 - The Welsh Language Report will be received at the August 2025 meeting. Within this update the Committee will also receive the year 3 "More Than Just Words" Action progress report for assurance.
The Trust's approach to development of our people.	PROGRESS 2025/2026 - A progress update on the People Development Plan will be received at August 2025 meeting. The Committee will be updated on the progress made in implementing the People Development Plan and the development of the supporting policy. The Committee will be provided with an overview of the ongoing work to develop professional group frameworks and associated professional proficiencies. Also, the Committee will be informed of the outline of the next phase of planned activity and priorities. - At the May 2025 meeting, the Committee received the People and Culture Plan Metrics, which highlighted: - an increase in PADR completion rates reflected for March (82.38%); This represents the highest recorded rate within this dataset. PADR process improvements are in progress with a focus on making the

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

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

PROGRESS 2024/2025 (included as this priority was carried over into 2025/26)

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

RECOMMENDATION:

9. **The Committee is asked to note the update.**

PAPER	PRE C'EE FORUM	FREQUENCY	Q1	Q2	Q3	Q4	LEAD	PURPOSE	COMMENT
PEOPLE AND CULTURE COMMITTEE - CYCLE OF BUSINESS 2025-26									
TERMS OF REFERENCE NOTED IN RED TEXT									
Aligned strategies and plans	TBC	Ad Hoc					DPC/DCC	Endorsement	
TBC assurance reporting on 'what good looks like' for PCC remit	STB						DPC/DCC	Assurance	Reporting developing in 2025/26
End of Season Flu Campaign Report	CQGG	Annually					EDP	Assurance	To include flu and general vaccination status in accordance with statutory and regulatory requirements
Cultural themes and trends report	TBC	Bi-annually					DCC	Assurance	
People and culture metrics report	TBC	Quarterly					DPC	Assurance	
Workforce Scorecard	TBC	Quarterly					DPC	Assurance	
MIQPR	ELT	Quarterly					EDSPP	Assurance	
Suspensions over 4 months report (closed)	TBC	Quarterly					DPC	Assurance	
Staff Story	N/A	Quarterly					DPC/DCC	Discussion	
Staff Story updates	None	Quarterly					DPC/DCC	Assurance	Q1: No update from Q4 24/25 available.
NHS Staff survey and action plan	ELT	Annually					DPC/DCC	Assurance	
Health and Safety Report	NH&S C'ee	Quarterly					EDQN	Assurance	
Annual Health & Safety Report	NH&S C'ee	Annually					EDQN	Assurance	Q1: The annual report received at this meeting and includes the quarterly updates required in line with the CoB.
WASPT AAA report	WASPT	Quarterly					DPC/WAST Chair	Assurance	
Gender pay gap report	TBC	Annually					DPC	Endorsement	
Strategic Equality Report	TBC	Annually					DCC	Endorsement	Q1: SEP 6 monthly update / progress report.
WRES report	TBC	Annually					DPC	Endorsement	
Welsh language annual report	EDISG	Annually					BS	Endorsement	
Speaking Up Safely Report	TBC	Bi-annually					DCC	Assurance	Q1: Rec'd SUS Internal Audit Report, however agreed to take next substantive update to Q2 (which aligns with reporting to Trust Board).
Policies for review and approval	Policy Group/ELT	Ad Hoc					Various	Approval	Board to approve Raising Concerns and H&S policy (SoRD para 17)
Learning and development reporting	TBC	TBC					DPC	Assurance	Reporting to be developed in 2025/26 to assure the Committee on training, education, development & succession
HEIW commissioning report	TBC	Annually					DPC	Approval	
Revalidation and registration report	N/A	Annually					EDQN & EDP	Assurance	Report from EDQN and DP confirming revalidation of registered staff - see Note 4
People and culture metrics annual review	TBC	Annually					DPC	Approval	To review and agree the Committee level metrics for the coming year (i.e. those over and above MIQPR metrics)
MIQPR review for people and culture metrics	FPC	Annually					EDSPP	Endorsement	Q1: The annual review of metrics was received by the Board at the April Board Development session, as opposed to the committee.
Board Assurance Framework	Board	Quarterly					BS	Assurance	
Corporate Risk Register - People and culture	Board	Quarterly					BS	Assurance	
Audit Recommendation Tracker	ADLT	Quarterly					BS	Assurance	
Audits within purview of Committee	Audit Committee	Ad Hoc					Relevant Director	Assurance	
Operational Update	N/A	Quarterly					EDO	Information	
Director of P&C Update	N/A	Quarterly					DPC	Information	Including spotlight on TUP successes and challenges from 1 April 2025
GOVERNANCE									
Committee effectiveness review annual report	Audit/Board	Annually					BS	Approval	TORs provide that this is the first meeting of the year. Reports go to Audit C'ee in April and Board May
Review of Terms of Reference	Audit/Board	Annually					BS	Approval	TORs provide that this is the first meeting of the year. Reports go to Audit C'ee in April and Board May
Committee Cycle of Business annual refresh	N/A	Annually					BS	Approval	Q1: CoB received and approved by Chair's Action, so not necessary to take to Q1.
Committee Cycle of Business monthly review	N/A	Quarterly					BS	Review	Review against cycle progress at each meeting
Committee Review of Annual Priorities	N/A	Quarterly					BS	Review	
SUB-GROUPS									
Where applicable	N/A	Ad Hoc					N/A	N/A	WASPT reporting detailed above. No other sub-groups at this time
PROMPTS									
Relevant External Reports	N/A	Ad Hoc					Various	Assurance	

DPP = Director of People
 EDO = Executive Director of Operations
 EDQN = Executive Director of Quality and Nursing
 DPE = Director of Partnerships and Engagement
 EDP = Executive Director of Paramedicine
 BS = Board Secretary
 DCC = Director of Culture Change

Key: Pre-agenda setting
 Cycled for each meeting
 Ad hoc item - prompt for agenda setting
 Reporting developing

Key: Post-agenda setting
 Presented as cycled
 Ad hoc / item considered - not programmed
 Item deferred
 Reporting developing

1	Revalidation	RNC every 3 years; HCPC every 2 years; GMC every 3 years
2	Staff story updates	Advisory Internal Audit on learning organisation - 3.1 'We recommend that staff stories are evaluated to identify and deliver actions to address the issues they raise. Agreed to be completed by person curating story. To be on agenda for the following meeting.
3	Staff survey	Staff survey goes out [Sept?] and reports end [March].
4	Speaking Up Safely	For 25/6 the timing of the PCC assurance to ARC on the FTSU arrangements (whistleblowing) needs to be considered - take to ARAC after PCC. Review for 25/26 CoB.
5	Anti-racist Wales Action plan	Wider public, third sector and Government funded private sector In relation to the leadership responsibility we hold for public, third and those private sector organisations we fund. 5 core actions identified WG will expect and will hold them to account, via our Accountability Group: 1. A strong commitment to lead from the front and demonstrate it in terms of anti-racist values, behaviours, representation at all levels of your organisations and accountability measures. 2. Participation in all decision making and senior leadership groups in a way that enables lived experiences of ethnic minority people to be heard and acted upon. 3. Achieve, at the very least, minimum requirements of the Equality Act 2010 and publish your results in an open and accessible forum/platform. 4. Ensure minimum standards and provision of culturally sensitive and appropriate services, including provision of translation and interpretation. 5. Ensure robust complaints policies and processes for racial harassment that are validated to the satisfaction of ethnic minority groups.
6	Working in Partnership	Standing Orders 6.0.4 says 'the Board shall keep under review its partnership arrangements to ensure continued clarity around purpose, desired outcomes and partners responsibilities. It must ensure timely action to change, adapt or end partnerships where they no longer serve a useful purpose, in accordance with its statutory duties; any specific requirements or directions made by the Welsh Ministers; and the agreed terms and conditions for the partnership'.
7	Annual Equality Report	SEP 2024-2028 approved March 24. 22/23 report presented in February (Q4) 24. TBC timing of this going forward. WRES reporting (national WRES report being coordinated by HEIW. WRES data will help provide baseline for future actions on ARWAP. This should be a group of reports to be received in August: the SEP Annual Report, the Annual Workforce Equality Monitoring Report and the Workforce Race Standards report.
8	PADR	Audit Wales Quality Governance Review 2022 made recommendations related to mortality reviews. The 2024 Quality Governance Follow Up Review (October 2024) re-opened previously closed recommendations as follows: R5 - The Trust has low Personal Appraisal and Development Reviews (PADR) compliance rates, for example in June 2022 the Trust's compliance was 59% against the 85% target. As part of embedding its new behaviours, the Trust should ensure that PADR rates are improved and set out the actions it will take to achieve this. The report found whilst PADR completion rates have improved since our original review, they continue to be below the Trust's target rate.

**MINUTES OF THE WELSH AMBULANCE SERVICES PARTNERSHIP TEAM
(WASPT) HELD IN **CLOSED** SESSION FACE TO FACE CARDIFF MRD ON
28 MARCH 2025 AT 09:30**

MEMBERS PRESENT:

Mark Marsden	Trade Union Partner & Co-Chair [Chaired] (Unison)
Lee Brooks	Executive Director of Operations
Jane Carroll	Trade Union Partner (RCN)
Christian Fox	Trade Union Partner & Co-Chair (Unite)
Henry Garrard	Trade Union Partner (Unison)
Estelle Hitchon	Director of Partnerships and Engagement
David Hopkins	Head of Charity [Item 11 only]
Mal Jones	Trade Union Partner (GMB)
Jo Kelso	Head of Workforce [Items 1-9 only]
Jason Killens	Chief Executive and Co-Chair
Carl Kneeshaw	Director of People
Rachel Marsh	Executive Director of Strategy, Planning & Performance
Trish Mills	Director of Corporate Governance/Board Secretary (Virtually)
Hugh Parry	Trade Union Partner (Unite) [Items 1-10 only]
Liz Rogers	Deputy Director of People and Culture/Chair Corporate LPF
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner (Unison)
Marcus Viggers	Trade Union Partner (GMB)

IN ATTENDANCE:

Alex Payne	Corporate Governance Manager (Minute-taker)

APOLOGIES:

Vicky Rees	Trade Union Partner (RCN)
Timothy Cahalane	Trade Union Partner (RCN)
Carl Hardwick	Trade Union Partner
John Phillips	Trade Union Partner (GMB)
Carol Roberts	Trade Union Partner
Sharon Thorpe	Trade Union Partner
Alison Williams	Trade Union Partner (Unite)
Bethan Williams	Trade Union Partner (Unison)
Liam Williams	Executive Director of Quality and Nursing

1. WELCOME AND APOLOGIES

1.1. The Chair welcomed members and apologies were noted.

2. DECLARATIONS OF INTEREST

2.1. No interests were declared.

3. MINUTES FROM THE PREVIOUS MEETING

3.1. The minutes from the meeting of the Welsh Ambulance Services Partnership Team (WASPT) held on the 27 January 2025 were agreed as a correct record with no amendments requested.

The Group RESOLVED TO:

To approve the minutes of WASPT held on the 27 January 2025.

4. ACTION LOG AND MATTERS ARISING

4.1. The Action Log was discussed and updated.

5. TU ITEMS

5.1 There were no additional items added to the agenda / discussed.

6. SOCIAL PARTNERSHIP CONFERENCE

6.1. The final arrangements for the Social Partnership Conference on Monday 31 March 2025 are made. It is noted that there are approximately 150 registered to attend. Liz Rogers was thanked for the significant volume of work undertaken on the conference. The partnership approach to this activity was commended.

7. CEO ROADSHOWS APRIL 2025

7.1. Jason Killens advised that the running order for the content at the Roadshows in April is slightly different to previous events and there will be greater opportunity for colleagues to visit carousels. There is an open invitation for all colleagues to attend.

8. WELLBEING OBJECTIVES

8.1. Estelle Hitchon presented the Trust's Wellbeing Objectives which had been received by the Trust Board the previous day and noted that they were required to be published by the 31 March 2025. The Wellbeing Objectives were:

- Objective 1: A Socially Responsible and Inclusive Employer
- Objective 2: An Innovative and Sustainable Organisation
- Objective 3: A Proactive, Accessible and Equitable Care Provider

8.2. The Wellbeing of Future Generations Act 2015 (WBFGA) has applied to the Welsh Ambulance Services University NHS Trust since June 30, 2024. The aim of the Act is to ensure that public bodies across Wales are working together to ensure that Wales develops as a prosperous, culturally rich, economically vibrant, healthy and well educated country, where people can thrive both at work, and at home.

8.3. The WASPT discussed the importance of communicating the Wellbeing Objectives to the communities in Wales and the relationship with the Trust's People and Culture Plan. The importance of community engagement was acknowledged; however, it was noted that the Trust is not funded to undertake community engagement activities. The role of the Trust in promoting the wellbeing of the population of Wales was recognised, however.

The Group RESOLVED to:

Note the approved Trust Wellbeing Objectives.

9. EMT 2/3 IMPLEMENTATION UPDATE

Feedback from Candidates:

Emergency Medical Technician to Emergency Ambulance Practitioner

9.1. Jo Kelso provided an update regarding colleagues moving from EMT 2/3 (Emergency Medical Technician) to EAP (Emergency Ambulance Practitioner) under the established induction programme. There are 539 colleagues in this cohort and 23% have completed the programme which will run until May 2026.

9.2. The programme design principles were shared which are driven by the scope of practice for EAPs, which includes ensuring the programme was accessible and inclusive, and with the introduction of a mentoring qualification as part of the role – which is also part of 'Our WAST Way'.

9.3. The aim is for this programme to be accredited and achieve national recognition. The programme is enhanced by adopting a feedback and feedforward approach; which has already seen strong participation and practical application. It was noted that the ECG-related learning components have been especially valuable.

9.4. It was confirmed that the learning and development team will continue to add content to LMS365, where possible. It was noted that the team is careful to review all relevant scopes of practice before publishing content. The importance of self-directed studying was acknowledged.

Progress from Task and Finish Group Discussions

9.5. With reference to the activities of the task and finish group which has been formed to collaborate on ensuring the clinical modelling of the skills mix for emergency ambulance crews is appropriate, it was noted that while the terms of reference are still being finalised progress has been positive. Regular updates will be provided to WASPT.

The Group RESOLVED to:

Note the updates given regarding the EMT 2/3 feedback and the clinical modelling of skills mix task and finish group.

10.DIESEL FUMES

10.1. The AAA from the meeting of the National Health, Safety and Welfare Committee (NHSWC) held on the 27 February 2025 was received. There were no comments or questions on the AAA.

10.2. The 'Exposure to Fumes' Internal Audit report was received. It was noted that it had been received by the Audit, Risk and Assurance Committee (ARAC) in early March and was before the WASPT to note.

10.3. The accessibility of information via Siren on iPads was referenced by a Trade Union Partner. It was suggested that it could be preferable to take that discussion offline but acknowledged that local managers were responsible for supporting such access.

The Group RESOLVED to:

Note the NHWSC AAA from the 27 February 2025 and the 'Exposure to Fumes' Internal Audit report.

11.CHARITY STRATEGY DEVELOPMENT

11.1. David Hopkins presented the development of the WAST Charity strategy. David presented the draft objectives and enablers, with the proposed Theory of Change model, and spoke to how the project funding could work in practice. The next steps – of the strategy being received by the Charity Committee in April and the Corporate Trustee in May – were noted.

11.2. The legal position regarding charitable funds and activities being for the public benefit was noted. There was a discussion regarding the need to ensure that WAST staff understand the charity's charitable objectives and purpose, and therefore how the funds raised must be used to benefit patients - and by virtue of the benefit to patients – could also to staff.

11.3. The importance of encouraging colleagues to fundraise for the charity was stated. The communications plan which will be developed to promote the strategy once approved was agreed to be important, therefore. It was suggested that this is likely naturally improve as the profile of the charity is raised in the coming months. There were no further comments.

The Group RESOLVED to:

Note the development of the WAST Charity strategy as at March 2025.

12.ANNUAL EFFECTIVENESS REVIEW 2024/25

12.1. Trish Mills presented the WASPT annual effectiveness review, for discussion. A minor change to the terms of reference were proposed, with regards to the inclusion of provision to manage chair's actions, where required. The review included the Group terms of reference, membership, what was working well, areas for improvement and training and development opportunities.

12.2. There was feedback regarding the need for timely publication of papers prepared in readiness for the Trade Union pre-meet before WASPT. It was stated that it would be helpful if the pre-meet could be held as close as possible to the seven day publication date, as this would aid the process

12.3. No changes in membership were proposed in the review of the terms of reference. It was suggested that there should be reference to the Social Partnership and Public Procurement Wales (Act) 2023, given the focus of the Group. This amendment was agreed and will be included in the final terms of reference, for approval.

12.4. Jane Carroll, Royal College of Nursing (RCN) Partner, noted that there have been issues with RCN members not being able to engage in Trade Union activities where it would require being released from duties; specifically, those who work in call centres. Lee Brooks advised that he would pick up this issue with Jane directly and feed back in due course.

12.5. It was suggested that it could be helpful to bring forward deep dive discussions on relevant corporate risks; possibly through the workshops which are held after the formal meetings. This suggestion was agreed.

12.6. Trade Union Partners (TUP) raised the matter of TUP involvement in the review of organisational risks. It was unclear which registers were referenced, for example corporate or directorate risk registers, and therefore further discussion was required. Trish Mills agreed to take an action to discuss this with Damon Turner and Mark Marsden.

12.7. The changes to the terms of reference were agreed, the minor changes to operating arrangements noted and the draft annual report for WASPT for 2024/25 was agreed. The final documents will be circulated via Chair's Action for approval in the coming weeks, before they are taken to the ARAC in May.

The Group RESOLVED to:

APPROVE the changes discussed to the Group terms of reference for 2025/26 and the draft annual report for 2024/25 and NOTED the minor changes to operating arrangements.

13.UPDATE ON WELSH HEALTH CIRCULAR IMPLEMENTATION OF THE NON-PAY ELEMENTS OF THE 2022-24 COLLECTIVE AGREEMENT

13.1. Carl Kneeshaw presented the associated report and noted the detail within the Executive Summary. It was suggested that this report be brought to every other meeting of the WASPT; this approach was agreed.

The Group RESOLVED to:

Note the Update on the Welsh Health Circular implementation of the non-pay elements of the 2022-24 Collective Agreement AND it was agreed to receive future updates at every other meeting.

14.ACAS ACTIONS UPDATE

14.1. Liz Rogers presented the associated report and noted the detail within the Executive Summary. The report was received as presented and there were no questions or concerns.

The Group RESOLVED to:

Note the March 2025 ACAS actions update.

15.SLT/TU AAA REPORT FROM 13 FEBRUARY 2025

15.1. Lee Brooks presented the SLT/TU AAA Report. It was noted that there were no alerts from the meeting for the attention of WASPT. There were no questions or comments.

The Group RESOLVED to:

Note the SLT/TU AAA from the 13 February 2025.

16.CORPORATE FORUM AAA REPORT FROM 20 FEBRUARY 2025

- 16.1. Liz Rogers presented the AAA Report. It was noted that the AAA from the meeting held in March was not available in time for this meeting and will be presented in May. There were no questions or comments.

The Group RESOLVED to:

Note the Corporate Forum AAA from the 20 February 2025.

17.SPOTLIGHT FOR SIREN

- 17.1. The area of business agreed for the Siren communications was the Social Partnership Conference and the positive partnership working demonstrated through its delivery.

18.IMTP 2025-28

- 18.1. The final Integrated Medium-Term Plan (IMTP) 2025-28, which had been approved by the Trust Board the previous day was received for information. It was noted that the financial plan for 2025-26 had been approved, with the IMTP. There were no questions or comments.

The Group RESOLVED to:

Note the approved IMTP 2025-28.

19.CONSENT ITEMS

- 19.1. None presented.

20. ANY OTHER BUSINESS

- 20.1. There was none.

21.DATE OF THE NEXT MEETING

- 21.1. The next meeting is scheduled for the 30 May 2025.



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

**MINUTES OF THE WELSH AMBULANCE SERVICES PARTNERSHIP TEAM
(WASPT) HELD IN **CLOSED** SESSION FACE TO FACE CARDIFF MRD ON
30 MAY 2025 AT 09:30**

MEMBERS PRESENT:

Jason Killens	Chief Executive and Co-Chair [Chaired]
Mark Marsden	Trade Union Partner & Co-Chair (Unison)
Lee Brooks	Executive Director of Operations
Christian Fox	Trade Union Partner (Unite)
Henry Garrard	Trade Union Partner (Unison)
Kevin Gamlin	Trade Union Partner (Unite)
Estelle Hitchon	Director of Partnerships and Engagement
Carl Kneeshaw	Director of People
Trish Mills	Director of Corporate Governance/Board Secretary (Virtually)
Liz Rogers	Deputy Director of People and Culture/Chair Corporate LPF
Andy Swinburn	Executive Director of Paramedicine
Jane Wellington-Rees	Trade Union Partner (GMB)
Alison Williams	Trade Union Partner (Unite)
Marcus Viggers	Trade Union Partner (GMB)

IN ATTENDANCE:

Alex Payne	Corporate Governance Manager (Minute-taker)

APOLOGIES:

Rachel Marsh	Executive Director of Strategy, Planning & Performance
Chris Turley	Executive Director of Finance and Corporate Resources
Trade Union Partner (RCN)	
Trade Union Partner (RCN)	
Trade Union Partner (RCN)	
Trade Union Partner (Unison)	
Trade Union Partner (GMB)	

*The items for which there are papers are items 3, 3.1, 4, 6, 7, 8, 10, 11,12, 14.
These documents are visible in the WASPT Team SharePoint Site; direct access via
[2025-05-30](#).*

1. WELCOME AND APOLOGIES

1.1. The Chair welcomed members and apologies were noted.

2. DECLARATIONS OF INTEREST

2.1. No interests were declared.

3. MINUTES FROM THE PREVIOUS MEETING

3.1. The minutes from the meeting of the Welsh Ambulance Services Partnership Team (WASPT) held on the 28 March 2025 were agreed as a correct record with no amendments requested.

The Group RESOLVED TO:

To approve the minutes of WASPT held on the 28 March 2025.

3.1 AAA REPORT FROM 28 MARCH 2025

3.1.1 The Alert, Assure, Advise (AAA) report from the meeting on the 28 March 2025 was received for the record.

4 ACTION LOG AND MATTERS ARISING

4.1 The Action Log was discussed and updated.

4.1 OUTPUT OF THE 111/CSD FEEDBACK – UPDATE

4.1.1 Lee Brooks gave an update regarding the output of the 111/CSD discussions. Lee advised that the feedback was positive. It is hoped that final positions will be reached in the coming month. The matters being discussed are the start/end of shifts, education and meal breaks.

4.1.2 There were no matters for escalation to WASPT at this point in time as good progress is being made. Lee suggested it could be sensible to only return to WASPT with updates should there be any issues that require escalation. This approach was agreed.

The Group RESOLVED TO:

To confirm that it would only be necessary to return to WASPT with any further related discussions regarding the 111/CSD feedback / engagement sessions should any matters require escalation.

5 TU ITEMS

5.1 There were no additional items added to the agenda for discussion as a result of the TU pre-meet held on 23 May 2025.

6 RISK 163: DEEP DIVE DISCUSSION

6.1 Carl Kneeshaw presented the documents in respect of Risk 163 to inform the subsequent discussion. Risk 163 is '*Maintaining effective and strong Trade Union Partnerships*'. Carl noted that there has been fluctuation in the risk score, however his view was that the partnership relationship is currently strong and that the partnership arrangements in the Trust are working well. It was accepted that there is a shared desire to maintain the positive momentum.

6.2 Trish Mills advised that the Board Assurance Framework (BAF) extract from a separate risk had been included in the document in error (risk 139 related to finance). Trish noted that Risk 163 is one of the Trust's high level risks on its Corporate Risk Register (CRR). The risks are developed with the owning director and the associated mitigations and controls are developed with them and their teams. The CRR/BAF is received by the Executive Leadership Team, after which it is presented to the board committees and the board.

6.3 The process of risk management is therefore a continuous and active process. Trish noted that there are TUP present at all meetings of the board committees and the board. Various forums receive 'deep dives' to enable further discussion and to aid the understanding of the management of respective risks.

6.4 It was noted that a deep dive of Risk 558, '*Deterioration of staff health and wellbeing in as a consequence of both internal and external system pressures*', would be brought to the next meeting of WASPT for discussion. There were no issues regarding the extant arrangements and mitigations in relation to Risk 163. WASPT acknowledged the positive position.

6.5 Henry Garrard noted the recent pay award offer from Welsh Government (WG). Henry acknowledged that the wider position was outside of the Trust's control but wished to raise the matter. Jason Killens noted that the offer for colleagues on Agenda for Change is 3.6% and the likelihood of a ballot for industrial action was noted. Jason acknowledged that the Trust would aim to facilitate such action as it has done previously; ensuring that service delivery is protected through sensible derogation discussions and clear communication.

- 6.6 The TUPs considered that there would likely be an appetite for a ballot in response to the pay award offer for 2025/26; but that the position was not yet known. Carl Kneeshaw added that it would be necessary to wait for an updated position from WG regarding the national negotiations but accepted that the issue of potential industrial action and risk 163 were related. The group briefly discussed the treatment of such an outcome from a risk perspective, and how it would be articulated within the CRR and felt that partnership working was well established and stood us in good stead to agree sensible derogations should that occur.
- 6.7 Henry Garrard raised the previous discussions regarding a 36 hour week and whether it would be appropriate to hold an informal discussion on the matter within the Trust. Carl Kneeshaw reminded WASPT of the related action that was agreed to be closed and reiterated that he had been given clear instruction by WG that it should not be discussed at a local level. Such action could undermine the national partnership arrangements.
- 6.8 It was noted that there appeared to be mixed messages from stakeholders across Wales regarding the expectations around this matter. However, Jason Killens reconfirmed the position as agreed in relation to the action and stated that it was not appropriate for the Trust to facilitate such discussions at this point in time; in line with the advice from Carl in respect of the national position. Henry Garrard noted that his members may require his union to escalate this further which was noted.
- 6.9 Trish Mills made the offer to any TU members who wished to understand more about the risk management process and governance to get in touch and her team would be happy to provide more details. Further deep dives undertaken by the ADLT will come to WASPT from time to time to allow a broader understanding of the Trust's risk profile by the group.

The Group RESOLVED TO:

Note the position/score with regards to Risk 163.

7 THE SOCIAL PARTNERSHIP REPORT FOR WELSH GOVERNMENT

- 7.1 Carl Kneeshaw presented this report for discussion. Carl advised that this report is due for submission with Welsh Government (WG) as a retrospective commentary on the previous 12 months of activity. It incorporates narrative on all social partnership activity including the inaugural Social Partnership Conference. It is before WASPT for review and endorsement.

- 7.2 Estelle Hitchon noted that the report includes reference to the Trust's recently approved Wellbeing Objectives and added that acknowledgement has been received from the Future Generations Commissioner regarding involvement of the Trust's TUPs in their development. This position was perceived to have been positive.
- 7.3 Estelle added that in the coming weeks the Trust will be required to give written and oral evidence to the Senedd's Equality Committee regarding a post-legislative implementation review of the Wellbeing of Future Generations Act. Estelle would be happy to include any further information from TUPs as part of the submission of evidence should there be any.
- 7.4 Liz Rogers commented that other NHS bodies in Wales have asked to view the Trust's report as an example of good reporting practice. Trish Mills suggested adding the WASPT's annual committee report for 2024/25 as an addendum to the formal Social Partnership Report to further illustrate the WASPT governance in action. This approach was agreed, and the Social Partnership Report was approved and endorsed for submission to Welsh Government.
- 7.5 Henry Garrard queried how the requirements of the Social Partnership and Public Procurement (Wales) Act 2023, specifically in reference to the procurement provisions, would apply to the Trust in respect of the partnership arrangements. Trish advised that there will be changes to the Trust's Standing Financial Instructions, but that the relationship between procurement and the required partnership approach was unclear.
- 7.6 Trish suggested that this matter of business be brought to the next meeting by Chris Turley for discussion as guidance is expected to be issued by WG over the summer.

The Group RESOLVED TO:

Approve the Social Partnership Report for 2024/25 and endorse the Report for submission to Welsh Government.

8 TU RELEASE TIME SPEND COSTS

- 8.1 Carl Kneeshaw presented the TUP release time spend report. The report provided an update on the cost of TU release for the 2024/25 financial year, reaffirmed the Trust's commitment to effective partnership working under the Social Partnership and Public Procurement (Wales) Act 2023, and reasserted the governance arrangements regarding 'time off' provisions. The report was for the group to receive and note. Carl noted the investment made by the Trust and sought reflections from members. Members supported release time in line with the Trust's Facilities Agreement, and acknowledgement of the value delivered through

partnership working. It was recognised that this time was a positive investment in partnership working.

8.2 Andy Swinburn queried whether it could be possible to better support the TUPS in regard to the overtime position – so that it is not necessary for overtime to be taken by the TUPs. Liz Rogers clarified that the overtime costs presented were the cost of backfill for abstraction; not overtime costs for the individual TUP as a result of engaging in trade union activities. It was agreed to be important to make that position clearer - with regards to the direct and indirect costs - before the report is submitted to WG.

The Group RESOLVED TO:

- 1) Note the trade union release costs for 2024/25;**
- 2) Endorse the continued facilitation of trade union release time in line with the Trust's Facilities Agreement and Social Partnership principles;**
- 3) Support the well-being of trade union partners, recognising their dual operational and partnership roles;**
- 4) Acknowledge the value delivered through partnership working;**
- 5) Approve the continued voluntary reporting of trade union release costs, despite no statutory requirement in Wales, as a demonstration of good governance and alignment with the Social Partnership (Wales) Act 2023.**

9 FEEDBACK REGARDING BRYN TIRION MOVE TO TY ELWY

9.1 Lee Brooks advised that the move took place on the 08 May 2025. There have been some snagging issues regarding air conditioning, but otherwise feedback has been positive. A lesson learned report will be prepared following the final project board meeting.

9.2 The formal opening date will be the 12 June 2025, with the High Sheriff for Clwyd invited to preside over the ceremony. Lee noted that Hugh Parry has been very close to the arrangements and that the feedback has been generally positive, despite having navigated through some challenges.

10 ACAS ACTIONS UPDATE

10.1 Carl Kneeshaw presented the associated report and noted the detail within the Executive Summary. The report was received as presented and there were no questions or concerns.

The Group RESOLVED to:

Note the May 2025 ACAS actions update.

11 SLT/TU AAA REPORT FROM 12 MAY 2025

11.1 Lee Brooks presented the SLT/TU AAA Report. The two alerts from the meeting were noted. The second alert regarding the NEPTS roster position With members being updated that the respect and resolution claims had been considered and responded to on the basis that what was being sought for resolution was unfolding as part of the dialogue in the workshops. Feedback from Trade Union colleagues is that whilst initially challenging, there is a more positive momentum forward now. Further discussions await the ORH modelling. There were no further comments.

The Group RESOLVED to:

Note the SLT/TU AAA from the 12 May 2025.

12 CORPORATE PARTERSHIP FORUM AAA REPORT FROM 20 MARCH 2025

12.1 Liz Rogers presented the AAA Report. There were no alerts from the meeting. Trish Mills indicated that previously attendance at the Corporate Partnership Forum has been an issue and that attendance at the March 2025 meeting was also poor. It was agreed that Liz would undertake a review of the Forum's terms of reference and return to WASPT with the outcome for its next meeting.

The Group RESOLVED to:

- 1) Note the Corporate Partnership Forum AAA from the 20 March 2025;**
- 2) Agreed that a review of the Corporate Partnership Forum terms of reference should be brought to the next meeting of the group.**

13 SPOTLIGHT FOR SIREN

13.1 The area of business agreed for the Siren communications was the WASPT 2024/25 committee annual report with 2024/25 the Social Partnership Report, which was approved in meeting.

14 FINAL WASPT ANNUAL REPORT AND TERMS OF REFERENCE 2025/26

14.1 The group received the final 2024/25 WASPT Annual Report for approval and the revised terms of reference for 2025/26 for endorsement. Trish Mills noted that these documents had been brought back following the March 2025 meeting. There were no comments, and the group approved the annual report and endorsed the changes to the terms of reference for 2025/26.

The Group RESOLVED to:

- 1) Approve the WASPT 2024/25 Annual Report;**
- 2) Endorse the changes to the terms of reference for 2025/26.**

15 ANY OTHER BUSINESS

Recruitment Process for the Chief Executive Officer

- 15.1 With respect to the recruitment process for the Chief Executive Officer vacancy, Jason Killens advised that the role is currently out to advert. The deadline for applications is mid-June and interviews will be held in early July. Jason noted that his last day in the Trust will be Friday 18 July 2025.

- 15.2 Jason stated that the view from the Chair of the Trust Board is that the Trust will continue to operate in line with the plans as already confirmed and acknowledged the natural uncertainty that comes with such change. Mark Marsden thanked Jason for his support, and both acknowledged the good progress made with partnership working.

Cultural Uniform

- 15.3 Mark Marsden asked if it was possible for the Trust to arrange for lightweight alternative uniform for colleagues who sought for cultural or religious reasons to cover themselves. Lee Brooks acknowledged the interest in different uniform items and that this request would be explored. It was agreed that a verbal update should be brought back to the next meeting by way of a progress update.

Travel Time for Emergency Ambulance Practitioners

- 15.4 Christian Fox noted an apparent disparity in the approach for colleagues claiming expenses for attending training. It appears to have been the case that some colleagues have claimed for mileage as well as travel time; however, the extant bulletin states that colleagues can only claim for mileage or travel time.
- 15.5 It was agreed to be necessary to clarify the position and ensure that the Trust's approach is consistent with the national NHW Wales expenses policy and to understand what has been happening, should there have been inconsistencies. Lee Brooks will take this forward and provide an update at the next meeting.

Unison Provision of Sanitary Products

- 15.6 Henry Garrard noted that Unison have provided free sanitary products to all Trust sites across Wales and thanked the operations clinical logistics team for their support. The group thanked Unison for this provision.

16 REFLECTIONS

- 16.1 The group reflected that the meeting was positive. The absence of representatives from the Royal College of Nursing (RCN) was noted. Jason Killens stated that he would escalate the issue of engagement from RCN with WASPT activities with the appropriate stakeholders.

17 DATE OF THE NEXT MEETING

17.1 The next meeting will be held on the 24 July 2025.



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PEOPLE AND CULTURE COMMITTEE HIGHLIGHT REPORT TO BOARD

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

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

Trust Board Meeting Date	29 May 2025
Committee Meeting Date	15 May 2025
Chair	Ceri Jackson

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. No alerts arose from this meeting.

ADVISE

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

2. The committee heard from **Mandy McWatt, Emergency Ambulance Practitioner (EAP)**, who shared her experiences with menopause and her career progression within the Welsh Ambulance Service. She highlighted the challenges she faced due to menopause symptoms, including memory issues, emotional struggles, and physical health problems. Despite these challenges, Mandy has recently successfully completed the EAP course and is also a Culture Champion at Newtown Station. Mandy was encouraged not to discount her long-standing aspiration to become a paramedic merely because of her age, which she felt was now a barrier to commencing training.

Mandy hugely values her colleagues, and she strives to embody WAST's organisational behaviours. Members greatly appreciated hearing Mandy's story and discussed how resources for staff regarding the effects of menopause on women could be improved. Mandy was encouraged to continue her professional and personal development within the Trust. Her story highlighted her personal resilience, dedication to her role, and the importance of compassionate practices and support from your employer during challenging health events.
3. The **report from the Director of Cultural Change** and the **Director of People** was received with the following of particular note:
 - Our WAST Way, the programme aimed to provide leadership development opportunities for all



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staff, is being launched on 28 May.

- The development of the health diagnostics programme, which includes signposting to charities and other support services. The programme, based on individual health assessments for staff over the age of 46 who wish to participate, was promoted at the recent CEO Roadshows.

4. The **Q4 Operational Update** from the Executive Director of Operations highlighted several matters of interest related to our people and our culture, including:

- The Community Welfare Responder Project was presented at the ALF (Ambulance Leadership Forum) conference, garnering interest from others.
- EMSC sickness absence has improved due to consistent policy application and supported with improved working environments, with positive feedback on the EMSC restructure. Culturally, the shift to 'keeping people at work' continues.
- Turnover for band 3 entry-level roles remains high due to the challenging nature of call handling, but these roles often serve as stepping stones within the Trust. The approach to recruitment is constantly under consideration with a history of testing various approaches. The future may provide opportunity to increase reward through cross-training and direct contact resolution.
- There has been good progress with respect to EAP training.
- The Glangwili end of shift pod has been deployed to reduce shift overruns and improve meal breaks.
- The NEPTs roster review working parties are ongoing, with the team actively responding to feedback

5. **Reflections** on the meeting were that it was well chaired, and discussions and energy were positive. Presentations were succinct and papers well structured. Robust triangulation of organisational activities was demonstrated which provided assurance to the committee of the progress of various workstreams. It was also considered how the committee could move towards having more of a strategic focus with regards to future business and reporting.

ASSURE

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

6. Feedback from the **2024 NHS Staff Survey** was received and it is summarised here at **Annex 1**, aligned to organisational themes of Our WAST Way. Action plans are being developed in directorates to develop targeted actions. Three priority focus areas have been identified, those being burn-out and well-being; regular, meaningful check-ins with managers; and involvement in change. The committee also looked in more detail at the responses on abuse from patients/public, which shows a marked increase in 2024. Additionally, colleague involvement in decision making and change results indicate that those working closest to the frontline may feel the least included in shaping decisions that impact them.

There is a structured approach to feedback to staff on our responses to the issues raised over the next 12 months. The People and Culture Plan metrics report below also indicates continued increase in network membership which, taken in conjunction with the staff survey participation rate, is a promising indicator that cultural initiatives are enabling inclusivity.



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7. The Committee scrutinises performance across several metrics within its remit. Whilst the board receives the **Monthly Integrated Quality and Performance Report (MIQPR)**, there are a range of additional metrics this committee receives, including wider **People and Culture Plan Metrics** (quantitative this quarter). Given this, the following areas of assurance will be of interest to the board noting the context our people are operating it and the good progress despite this:
- March 2025 showed a Trust wide reduction in sickness absence, indicating that the positive impact of the focus on wellbeing, compassionate practices and supportive work environments is being felt by colleagues. The reasonable assurance internal audit on Occupational Health and Wellbeing (below) also supports this.
 - A slight increase in turnover was noted, primarily due to higher than average retirement rates. This trend is attributed to the workforce profile and individuals choosing to retire earlier or pursue second careers post-Covid.
 - An increase in PADR completion rates is reflected for March (82.38%); this represents the highest recorded rate within this dataset. PADR process improvements are in progress with a focus on making the conversation the core of the process, with the form acting as a simple tool to guide (not define) the discussion.
 - Once again there has been an increase in statutory and mandatory training compliance (87.84%, against a Welsh Government target of 85%). At 31st March 2025, 90.44% of colleagues required to attend Mandatory In-Service Training (MIST) had done so.
 - There has been an increase in formal employee relations cases, particularly related to safeguarding, indicating that staff feel more empowered to escalate concerns.
8. The **Annual Health and Safety Report** at **Annex 2** was received and approved. Its focus was on continuous and quality improvement through workplace inspections, internal audit and legislative compliance. The report acknowledged the sustained focus on diesel fumes impacting capacity to progress proactive objectives. This links to the MIQPR and WASPT highlight report which note progress on the use of fans outside A&E departments to reduce diesel fumes exposure. Additionally, the staff survey noted a sharp rise in reports of abuse from patients and the public; double the number reported for the same period last year. This increase suggests a combination of societal issues, increases in mental health problems, pressure across the health system, as well as a shift in internal culture where colleagues feel more confident speaking up. Members noted the need to connect the data on violence and aggression incidents with other reports to provide a comprehensive view in the MIQPR.
9. The vision in 2021 for the **Volunteer Strategy 2020-25** was for volunteers to add value to user experience and the care we provide; for our volunteers to have personally rewarding experiences; and that volunteering would strengthen the contribution made to community resilience. Members received a look back at the first four years and agreed that that vision is being realised and reviewed the significant achievements to date, including:
- Development of the Community Welfare Responder role
 - Volunteer service transition through an organisational change process



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- Development of a volunteer responder pathway
- Expansion of the St John Ambulance Cymru VAR schemes
- Volunteer management system – Go Assemble
- Volunteer conferences
- Significant increase in volunteer car drivers
- VCS oncology project
- Volunteer Steering Group refresh

The discussion emphasised the reach, impact, and ambition of the volunteer service, highlighting its significant contributions to patient care and community resilience, as well as ongoing efforts to expand and enhance volunteer roles. There is a commitment to integrate volunteers into the People and Culture Plan, ensuring their contributions are recognised and supported, and promoting diversity and inclusion within volunteer roles. The Committee recorded its thanks to Rhodri Jones, who was the inaugural Chair of the Volunteer Steering Group, whose tenure concludes this month.

10. The **Strategic Equality Objectives** for 2024-2028 are design equitable services; lead by example; be an employer of choice; and create allyship. A six-monthly progress update on those objectives was received and members were assured of progress, which includes:

- Sexual safety training programme
- People network growth and development
- Women's health and wellbeing sessions
- TU funded sanitary initiative and women's uniform
- Inflammatory bowel disease awareness campaign
- Ramadan and Iftar event
- Carer Confident Level 1 Award
- HIV education workshop
- Culture Champions open days
- EQIA policy and impact assessment guidance
- Executive Champions for equity, diversity and inclusion
- Allyship and Active Bystander training positive feedback
- Inclusive recruitment initiative within Digital Team, with members noting that the success here is a blueprint which could be replicated further in the organisation
- Maternity skin tone training resources

Members agreed there was a very good depth and breadth of the equality, diversity and inclusion work, with positive green shoots of improvements in the gender pay gap.

11. The **Internal Audit on Occupational Health and Wellbeing Support** was rated as reasonable assurance. The Audit, Risk and Assurance Committee (ARAC) received the audit on 1 May and their AAA report before the board sets out the issues discussed there. Members of the People and Culture Committee received those comments and noted that work is progressing to mitigate the identified actions, with several actions already completed. The focus for the Trust is now on using data to inform engagement of services and ensuring proactive health and well-being measures.

12. The **Speaking Up Safely Internal Audit** was rated as reasonable assurance. The Audit, Risk and



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Assurance Committee (ARAC) received the audit on 1 May and their AAA report before the board sets out the issues discussed there. Members of the People and Culture Committee received those comments, and also acknowledged the progress made and the continuous efforts required to improve the speaking up culture within the organisation.

13. The Welsh Ambulance Services Partnership Team (WASPT) is the board's local partnership advisory forum. The **WASPT highlight report** sets out the ongoing projects, upcoming challenges, and the steps being taken to address them in partnership. The following was noted from the March 2025 WASPT meeting:

- The first WAST Social Partnership Conference was held on 31 March 2025 and was a successful day with great engagement.
- The Wellbeing Objectives were shared, noting they had been developed in partnership.
- The WAST Charity (Elusen Gwasaneath Ambiwylans Cymru) strategy was shared with members, with views considered in the next iteration.
- Good progress on diesel fumes was noted.
- With respect to skills mix, options are being costed and any red line issues identified.
- There was positive feedback from staff on the EAP course, highlighting topics like ECG interpretation which was also shared in the staff story earlier.

Trade Union colleagues fed back to this meeting their experience at the recent ALF Conference and the benefits of that exposure and sharing challenges and opportunities.

14. The outputs of the Committee's **annual effectiveness review** were discussed and the terms of reference and annual report that were approved by Chair's Action were ratified. The committee's priorities for 2025/26 are a focus on equality, diversity and inclusion, as well the development of our people.

15. The **Audit Tracker** was reviewed and the Committee noted excellent engagement and progress with 75% (17% last quarter) of internal audit management actions due in the quarter now closed. Rationale for the closure of Audit Wales recommendations under the 2023/24 Review of Workforce Planning Arrangements were discussed. Whilst the actions were not implemented in full as originally intended, the committee was satisfied that the risks raised in the report were appropriately mitigated.

16. In the private session the committee reviewed progress against seven **suspensions over four months** which is a decrease from ten reported in the last quarter. Three cases are with the **Employment Tribunal** (an increase of five from the previous quarter). Members were assured on actions in place to manage these cases.

RISKS

Risks Discussed: The four risks within the remit of this Committee were discussed and whilst this data was presented to the Trust Board in March 2025, the risks have all been reviewed during this period with the



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activity due to be considered by the Executive Leadership Team on 21 May 2025.

160 –High absence rates impacting on patient safety, staff wellbeing and the Trust’s ability to provide a safe and effective service – remains static at a score of 20 (5x4) despite there being a significant reduction in absence levels. The Assistant Directors Leadership Team will undertake a deep dive of the risk on 28 May 2025 as part of a revised approach to risk.

201 – Damage to the Trust’s reputation following a loss of stakeholder confidence which remains at a score of 20 (4x5). The tension in the reputational risk was noted that while the Trust has positive relationships with stakeholders, the patient experience remains poor due to harm in the community. A deep dive will be conducted on the risk over the summer to consider splitting it into a stakeholder risk and a patient experience reputational risk. This approach aims to address the different aspects of reputation and ensure the risk is accurately profiled. It is likely that this will be the last time that the committee will see this risk in this way.

163 – Maintaining effective and strong Trade Union partnerships remains unchanged at a score of 12 (3x4) has been closely reviewed the risk in advance of a discussion at the Trust’s partnership team meeting in May 2025 to determine if any additional mitigation is needed and to evaluate its movement over time. It was acknowledged that while relationships are good there are considerations such as the National Pay Award and the upcoming change in senior leadership which could impact on stability.

558 - Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences remains unchanged at a score of 15 (3x5).

New Risks Identified: No new risks identified at this meeting for the register.

COMMITTEE AGENDA FOR MEETING

Directors Update	Operations Quarterly Report Q4	Staff Story and Staff Story Update
NHS staff survey and action plan	WASPT highlight report	People and Culture Plan metrics and workforce scorecard
MIQPR	Volunteer Strategy Action Plan update	Strategic Equality Plan progress update
Annual health and safety report	Internal Audit on Occupational Health and Wellbeing Support	Risk management and BAF
Audit tracker Q4	Feedback from effectiveness review and priorities	Internal Audit on Speaking up Safely

COMMITTEE ATTENDANCE

Name	15 May 2025	12 August 2025	13 November 2025	10 February 2026
Ceri Jackson				
Bethan Evans				
Hayley Hutchings				
Hannah Rowan				
Angela Lewis				
Carl Kneeshaw				
Chris Turley				
Lee Brooks	From item 6			
Liam Williams	Penny Durrant			
Estelle Hitchon				
Andy Swinburn				



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COMMITTEE ATTENDANCE				
Name	15 May 2025	12 August 2025	13 November 2025	10 February 2026
Alex Crawford				
Trish Mills				
Damon Turner				
Marcus Viggers				
Christian Fox				
Tim Cahalane				

	Attended
	Deputy attended
	Apologies received
	No longer member



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Social Partnership Report 2025

Introduction

Since 1 April 2024, Welsh Ambulance Services University Trust have been subject to the Social Partnership and Public Procurement (Wales) Act (SPPP Act). This means that the organisation is required to seek consensus and compromise with our recognised trade unions when setting wellbeing objectives and making decisions of a strategic nature about the steps the organisation intends to take to deliver those objectives.

Purpose

The purpose of this report is to demonstrate the following in line with the requirements set out by the Minister.

- Where a public body has set well-being objectives during the reporting period, evidence that it has sought consensus or compromise with its workforce (through its recognised trade unions or representatives of staff) in relation to these, and the outcome of that process;
- Where a public body has taken decisions of a strategic nature in relation to the reasonable steps it intends to take to meet those well-being objectives during the reporting period, evidence of it having sought consensus or compromise with its workforce in relation to these, and the outcome of that process; and
- Whether each public body's annual report has been agreed with its workforce, and if not, the reasons why agreement was not reached.

In addition to the above, the Social Partnership Council has advised that the following areas could be included in the report.

- how frequently an employer met with trade unions as part of their Social Partnership duty,
- whether training was provided for employees and trade union representatives on how the Social Partnership duty was to be/being implemented at that organisation; and,
- any examples of where activity is progressing well in the reporting period, including case studies

Developing WAST's Wellbeing Objectives

WAST has been working in the spirit of the Wellbeing of Future Generations Act (WBFGA) since 2015, however the organisation came formally under the act on 30 June 2024.

The Trust's wellbeing objectives were published on 31st March 2025 as part of its duties under the WBFGA. The objectives reinforce the commitment to staff, patients and communities across Wales.

These new objectives were delivered in partnership with the trade unions who were fully engaged in the development work. An objective under the socially responsible and inclusive employer references valuing partnerships with Trade Unions (TU) and working in partnership to create an organisation that is welcoming, fair and where people can thrive.

The Trust's Wellbeing Objectives can be found below:

Objective 1: A Socially Responsible and Inclusive Employer

We will:

- Support communities and the economy by providing long term employment and volunteering opportunities for people living across Wales, at all points in their career and in a wide variety of roles.
- Continue to develop a diverse and expertly trained workforce so that our communities feel well supported and engaged in our organisation.
- Be an inclusive employer, reflecting the communities we serve across Wales.
- ***Value our partnerships with trade unions and work in partnership to create an organisation that is welcoming, fair and where people can thrive.***

Objective 2: An Innovative and Sustainable Organisation

We will:

- Be at the forefront of clinical care by harnessing technology in a way that minimises our environmental impact and improves patient safety and experience.
- Make the most of our University Trust Status (UTS) to work with commercial and academic partners to look for tomorrow's solutions, today.
- Continue to reduce our environmental impact, using more sustainable and carbon neutral solutions in our estate, fleet and working practices, to ensure we contribute to a greener, cleaner and healthier Wales.
- Manage our financial and physical assets well, so that we can provide viable services for the long term and so communities can rely on us to be there when they need us.

Objective 3: A Pro-active, Accessible and Equitable Care Provider

We will:

- Provide urgent and emergency care services that meet the needs of the people of Wales, wherever and whenever they are needed, improving outcomes and ensuring people can live healthier lives for longer.
- Continually improve our services and performance, so the people of Wales have trust and confidence in our ability to be there when they need us most.
- Co-produce with our communities and partners models of care that continue to meet the evolving needs of people in Wales and reflect what matters to them.
- Help make Wales a nation of lifesavers by supporting health education and promoting bystander CPR skills, improving community resilience.
- Embrace our cultural role as Wales' national ambulance service, championing our language and heritage while develop pioneering new ways of delivering care which position Wales as a leader on the national and international stage.

The development of our objectives has been done in social partnership, with TU partners participating in the task and finish group set up to develop the objectives.

The objectives were also tested through the Integrated Medium Term Plan (IMTP) engagement process including trade union partner representation, through a Board Development session and through a digital engagement process with staff and the public prior to moving through internal governance processes for formal approval. WAST also have TU partners throughout our Committee structures and Board where the wellbeing objectives were presented.

The Director of Partnerships and Engagement has also presented the objectives to WASPT (Welsh Ambulance Services Partnership Team) meeting. The final version of the objectives were reshared with TU partners at the meeting on 28 March 2025 before publication on 31st March.

Next steps on Wellbeing Objectives

Having agreed WAST's wellbeing objectives through consultation and in partnership. 2025-2026 will see work to embed the objectives across the organisation, in particular, the use them as the lens through which decisions are made. We will also begin assessing our organisation against the WBFGA organisational maturity matrix and develop our approach to adaptation planning.

Embedding Social Partnership in WAST

WAST has invested significant time and resources into working in partnership in recent years on order to move to a more collaborative approach.

Significant efforts over the past two and a half years have built a stronger working relationship between the organisation and trade union partners.

Engaging with TU partners in WAST

Engagement with TU partners is through a range of formal and informal structures.

Formal Structures

Board and all Committees have TU attendance at the meetings and TU partners are invited and encouraged to participate in debates and discussions.

In terms of meeting structures, the refreshed formal engagement sessions have been running for around 18 months where, post the organisation's COVID cell approach, the structures and governance arrangements were redeveloped and implemented. The structure arrangements are outlined below.

All forums have agreed terms of reference and there is an intention to discuss issues at the appropriate level, either, locally, regionally or nationally across the service.

The Welsh Ambulance Services Partnership Team (WASPT) is a bi-monthly meeting attended by the senior TU partners from the four recognised TUs, GMB, RCN, UNITE and UNISON and Executive Leadership Team colleagues. It is jointly chaired and is a subgroup of the People and Culture Committee. A copy of the WASPT Annual Report has been provided as an appendix to this report.

Beneath this group is the Senior Leadership Team / TU partnership group (SLT/TUP) and the Corporate Partnership Forum (CPF). These groups meet monthly. SLT/TUP discuss work collaboratively on issues affecting Operations and the CPF agenda includes a range of areas including matters related to corporate wide people issues, planning and strategy, capital and estates, finance, wellbeing, quality and patient safety.

At a service level there are a range of local partnership forums to cover all business areas with agendas relating to specific service issues. There is also the National Health and Safety Committee.

All forums have a regular rhythm of meetings and issues are escalated if required through the structures. Groups produce Alert, Advise and Assure (AAA) reports for effective oversight.

All groups are functioning well and are regularly reviewed in terms of their effectiveness.

Task and Finish Groups and Project Groups

TU partners are involved with all the key projects being undertaken. At the time of writing there are nine key task and finish groups which have TU engagement. Alongside this, there are core projects such as the Clinical Model Transformation which will fundamentally change how parts of the organisation work and other groups such as the

Policy Group where all new and reviewed policies are sent for sign off in which TU engagement is business as usual.

Informal Engagement

Informally, the CEO and Director of People meet with senior TU partners on a monthly basis to check in and pick up on any issues bubbling up and to discuss what's coming next.

TU partners have access to the Executive team and Senior Leadership Team as required and there is frequent engagement to respond to queries, seek opinions and engage on the issues of the day.

Training for Colleagues and TU partners

The foundation of the working relationship has been built on joint learning and development with all TU partners and managers attending 'Walking in each other's shoes' training. This training was developed in house for delivery and covers a range of subjects:

- Where we work well and where we don't – and why
- Conflict types
- The Social Partnership legislation
- An evaluation to baseline where it felt like the relationship was and what were the specific areas of improvement
- Role play exercise – Walking in Each Other's Shoes.

The training has been rolled out across managers and TU partners with the first session being attended by ELT and senior TU partners. The CEO and Director of Culture Change have been present at all the sessions delivered, as have a couple of the senior TU partners. Full time regional officers have also participated in the session. Feedback has been extremely positive.

Post the recent Social Partnership Conference, the intention is to develop some training for first line managers and to capture local TU partners who have not yet had the opportunity to attend some development.

The impact of the training has been significant. A review piece of work was undertaken to re-measure the original audit of the relationship and significant improvements were identified. Key areas included improved trust, understanding each other's perspectives and mutual respect.

There is an ongoing action plan to which activities and improvement projects are added. These range from learning and development to improving TU exposure to new starters and delivering the Social Partnership Conference.

In addition, less senior TU Partners have been invited to observe meetings to expand their experience of governance structures, how meetings operate and to grow their confidence as the next generation of senior TUPs.

The training and learning developed by the WG Social Partnership Team will be uploaded to our Learn 365 platform for any colleague to be able to access.

We are not complacent and there is further work to do in some areas of the organisation with line managers and their understanding of what Social Partnership means and looks like in practice.

The Social Partnership Conference 31st March 2025.

On 31st March 2025, WAST held its inaugural Social Partnership Conference at Cardiff City Stadium. This was not only a landmark for the organisation but was the first of its kind in Wales. The Conference was attended by around 150 colleagues, including both managers and TU partners from across Wales.

The aim of the conference was to emphasise that through mutual respect, open dialogue and a shared commitment to common goals, that it would be possible to create the kind of work environments where both the organisation and its people thrived.

We were fortunate that the Minister for Culture, Skills and Social Partnership, Jack Sargeant joined us and gave an opening keynote address to the conference. In the afternoon, Shavanah Taj, General Secretary of TUC Cymru addressed the conference, sharing her thoughts and feelings on the value of working in partnership for both the organisation and its workforce. The conference also featured special guest, Derek Walker, Future Generations Commissioner for Wales.

Participants took part in round table exercises, the output of which will be used to further develop partnership working and share best practice. Attendees were also able to attend workshops on sexual safety, avoidable employee harm (compassionate practices), building inclusive cultures through partnership working and a session delivered by the Social Partnership team in Welsh Government on what is social partnership and how to access information and learning.

Engagement with the WG Social Partnership Team

Across the year, WAST was represented at Welsh Government Social Partnership events by managers and TU partners. Colleagues attended the launch event in North Wales and the sessions delivered around the country. Six TU partners with the Deputy Director of People and Assistant Director of Planning and Transformation attended the network session in Cardiff to share experience and learning.

The Social Partnership Team were integral to supporting WAST's Social Partnership Conference.

Ambulance Leadership Forum (ALF) Conference March 2025

At the beginning of March, WAST were invited to deliver a main stage presentation to the Ambulance Leadership Forum Annual Conference. The presentation was delivered by the Director of Culture Change, Deputy Director of People, Head of Culture and OD and two senior TU partners. It was the first time that TUs had presented at ALF. The Trust shared the journey of partnership working over the last few years focusing on the key elements which have resulted in the place WAST finds itself today in terms of much improved relationships. The presentation was well received by the conference.

Next Steps

Feedback from round table discussions at the conference is being collated and is being used to inform the next stages of development across the organisation. We will also consider whether we do a similar event with first line managers from a development perspective and to further embed partnership working across all levels of the organisation.

The team leading social partnership in WAST would also be delighted to further support the WG team and TUC Cymru in developing social partnership across the Welsh Public Sector.

WAST will also be submitting an entry to the Healthcare People Management Association (HMPA) awards in the social partnership category.

We will continue our Social Partnership journey, recognising that there are challenges, and items we will not agree on but can work through together to resolve and come to a mutually agreeable outcome.

We would like to recognise the time, efforts and willingness of TU partners to engage on this work and the journey, as it takes trust and commitment to make it happen.



GIG
CYMRU
NHS
WALES

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

Ymddiriedolaeth Brifysgol GIG Gwasanaethau
Ambiwylans Cymru

Adroddiad Partneriaeth Gymdeithasol 2025

Cyflwyniad

Ers 1 Ebrill 2024, mae Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwylans Cymru wedi bod yn ddarostyngedig i Ddeddf Partneriaeth Gymdeithasol a Chaffael Cyhoeddus (Cymru). Mae hyn yn golygu ei fod yn ofynnol i'r sefydliad geisio consensws a chyfaddawdu gyda'n hundebau llafur cydnabyddedig wrth osod amcanion llesiant a gwneud penderfyniadau o natur strategol ynghylch y camau y mae'r sefydliad yn bwriadu eu cymryd i gyflawni'r amcanion hynny.

Diben

Diben yr adroddiad hwn yw dangos y canlynol yn unol â'r gofynion a nodir gan y Gweinidog.

- Pan fo corff cyhoeddus wedi gosod amcanion llesiant yn ystod y cyfnod adrodd, rhaid cyflwyno tystiolaeth ei fod wedi ceisio consensws neu gyfaddawd gyda'i weithlu (trwy ei undebau llafur cydnabyddedig neu gynrychiolwyr staff) mewn perthynas â'r rhain, a chanlyniad y broses honno;
- Pan fo corff cyhoeddus wedi gwneud penderfyniadau o natur strategol mewn perthynas â'r camau rhesymol y mae'n bwriadu eu cymryd i gyflawni'r amcanion llesiant hynny yn ystod y cyfnod adrodd, rhaid rhoi tystiolaeth ei fod wedi ceisio consensws neu gyfaddawd gyda'i weithlu mewn perthynas â'r rhain, a chanlyniad y broses honno; ac
- A yw adroddiad blynyddol pob corff cyhoeddus wedi'i gytuno gyda'i weithlu, ac os na, y rhesymau pam na chafwyd cytundeb.

Yn ogystal â'r uchod, mae'r Cyngor Partneriaeth Gymdeithasol wedi cynghori y gellid cynnwys y meysydd canlynol yn yr adroddiad.

- pa mor aml y cyfarfu cyflogwr ag undebau llafur fel rhan o'u dyletswydd Partneriaeth Gymdeithasol,
- a ddarparwyd hyfforddiant i weithwyr a chynrychiolwyr undebau llafur ar sut y byddai'r ddyletswydd Partneriaeth Gymdeithasol yn gweithredu neu'n cael ei gweithredu yn y sefydliad hwnnw; ac,
- unrhyw enghreifftiau o ble mae gweithgaredd yn mynd rhagddo'n dda yn ystod y cyfnod adrodd, gan gynnwys astudiaethau achos

Datblygu Amcanion Llesiant WAST

Mae WAST wedi bod yn gweithio yn ysbryd Deddf Llesiant Cenedlaethau'r Dyfodol ers 2015, fodd bynnag, daeth y sefydliad yn ffurfiol o dan y ddeddf ar 30 Mehefin 2024.

Cyhoeddwyd amcanion llesiant yr Ymddiriedolaeth ar 31 Mawrth 2025 fel rhan o'i dyletswyddau o dan Ddeddf Llesiant Cenedlaethau'r Dyfodol. Mae'r amcanion yn atgyfnerthu'r ymrwymiad i staff, cleifion a chymunedau ledled Cymru.

Cyflawnwyd yr amcanion newydd hyn mewn partneriaeth â'r undebau llafur a oedd yn ymwneud yn llawn â'r gwaith datblygu. Mae amcan o dan y cyflogwr sy'n gymdeithasol gyfrifol a chynhwysol yn cyfeirio at werthfawrogi partneriaethau ag Undebau Llafur a gweithio mewn partneriaeth i greu sefydliad sy'n groesawgar, yn deg a lle gall pobl ffynnu.

Gellir gweld Amcanion Llesiant yr Ymddiriedolaeth isod:

Amcan 1: Cyflogwr sy'n Gymdeithasol Gyfrifol a Chynhwysol

Byddwn yn gwneud y canlynol:

- Cefnogi cymunedau a'r economi drwy ddarparu cyfleoedd cyflogaeth a gwirfoddoli hirdymor i bobl sy'n byw ledled Cymru, ar bob pwynt yn eu gyrfa ac mewn amrywiaeth eang o rolau.
- Parhau i ddatblygu gweithlu amrywiol a hyfforddedig fel bod ein cymunedau yn teimlo fel eu bod yn cael eu cefnogi'n dda ac wedi'u hymgysylltu â'n sefydliad.
- Bod yn gyflogwr cynhwysol, gan adlewyrchu'r cymunedau rydym yn eu gwasanaethu ledled Cymru.
- ***Gwerthfawrogi ein partneriaethau ag undebau llafur a gweithio mewn partneriaeth i greu sefydliad sy'n groesawgar, yn deg a lle gall pobl ffynnu.***

Amcan 2: Sefydliad Arloesol a Chynaliadwy

Byddwn yn gwneud y canlynol:

- Bod ar flaen y gad ym maes gofal clinigol drwy harneisio technoleg mewn ffordd sy'n lleihau ein heffaith amgylcheddol ac sy'n gwella diogelwch a phrofiad cleifion.
- Gwneud y gorau o'n Statws Ymddiriedolaeth Brifysgol i weithio gyda phartneriaid masnachol ac academiaidd i chwilio am ddatrysiadau yfory, heddiw.
- Parhau i leihau ein heffaith amgylcheddol, trwy ddefnyddio datrysiadau mwy cynaliadwy a charbon niwtral yn ein hystad, ein fflyd ac arferion gwaith, i sicrhau ein bod yn cyfrannu at Gymru wyrddach, lanach ac iachach.

- Rheoli ein hasedau ariannol a ffisegol yn dda, fel y gallwn ddarparu gwasanaethau hyfwr ar gyfer y tymor hir ac fel y gall cymunedau ddibynnu arnom i fod yno pan fyddant ein hangen.

Amcan 3: Darparwr Gofal Rhagweithiol, Hygyrch a Theg

Byddwn yn gwneud y canlynol:

- Darparu gwasanaethau brys a gofal mewn argyfwng sy'n diwallu anghenion pobl Cymru, lle bynnag a phryd bynnag y mae eu hangen, gan wella canlyniadau a sicrhau y gall pobl fyw bywydau iachach am gyfnod hwy.
- Gwellu ein gwasanaethau a'n perfformiad yn barhaus, fel bod gan bobl Cymru ymddiriedaeth a hyder yn ein gallu i fod yno pan fyddant ein hangen fwyaf.
- Cyd-gynhyrchu gyda'n cymunedau a'n partneriaid fodelau gofal sy'n parhau i ddiwallu anghenion esblygol pobl yng Nghymru ac yn adlewyrchu'r hyn sy'n bwysig iddynt.
- Helpu i wneud Cymru yn genedl o achubwyr bywyd drwy gefnogi addysg iechyd a hybu sgiliau adfywio cardiopwlmonaidd (CPR) gwylwyr, gan wella gwydnwch cymunedol.
- Cofleidio ein rôl ddiwylliannol fel gwasanaeth ambiwlans cenedlaethol Cymru, gan hyrwyddo ein hiaith a'n treftadaeth tra'n datblygu ffyrdd arloesol newydd o ddarparu gofal sy'n gosod Cymru fel arweinydd ar y llwyfan cenedlaethol a rhyngwladol.

Mae datblygiad ein hamcanion wedi'i wneud mewn partneriaeth gymdeithasol, gyda phartneriaid Undebau Llafur yn cymryd rhan yn y grŵp gorchwyl a gorffen a sefydlwyd i ddatblygu'r amcanion.

Profwyd yr amcanion hefyd drwy broses ymgysylltu'r Cynllun Tymor Canolig Integredig gan gynnwys cynrychiolaeth partneriaid undebau llafur, drwy sesiwn datblygu'r Bwrdd a thrwy broses ymgysylltu ddigidol gyda staff a'r cyhoedd cyn symud drwy brosesau llywodraethu mewnol i'w cymeradwyo'n ffurfiol. Mae gan WAST hefyd bartneriaid Undebau Llafur ar draws ein strwythurau Pwyllgor a'n Bwrdd lle cyflwynwyd yr amcanion llesiant.

Mae'r Cyfarwyddwr Partneriaethau ac Ymgysylltu hefyd wedi cyflwyno'r amcanion i gyfarfod Tîm Partneriaeth Gwasanaethau Ambiwylans Cymru (WASPT). Ail-rannwyd fersiwn derfynol yr amcanion gyda phartneriaid Undebau Llafur yn y cyfarfod ar 28 Mawrth 2025 cyn ei gyhoeddi ar 31 Mawrth.

Camau nesaf ar Amcanion Llesiant

Ar ôl cytuno ar amcanion llesiant WAST drwy ymgynghori ac mewn partneriaeth, yn 2025-2026 bydd gwaith yn cael ei wneud i ymgorffori'r amcanion ar draws y sefydliad, yn

benodol, eu defnyddio fel y lens ar gyfer gwneud penderfyniadau. Byddwn hefyd yn dechrau asesu ein sefydliad yn erbyn matrices aeddfedrwydd sefydliadol Deddf Llesiant Cenedlaethau'r Dyfodol ac yn datblygu ein dull o gynllunio addasu.

Ymgorffori Partneriaeth Gymdeithasol yn WAST

Mae WAST wedi buddsoddi amser ac adnoddau sylweddol mewn gweithio mewn partneriaeth yn ystod y blynyddoedd diwethaf er mwyn symud tuag at ddull mwy cydweithredol.

Mae ymdrechion sylweddol dros y ddwy flynedd a hanner diwethaf wedi meithrin perthynas waith gryfach rhwng y sefydliad a phartneriaid undebau llafur.

Ymgysylltu â phartneriaid Undebau Llafur yn WAST

Mae ymgysylltu â phartneriaid Undebau Llafur drwy ystod o strwythurau ffurfiol ac anffurfiol.

Strwythurau Ffurfiol

Mae gan y Bwrdd a'r holl Bwyllgorau bresenoldeb Undebau Llafur yn y cyfarfodydd a gwahoddir ac anogir partneriaid Undebau Llafur i gymryd rhan mewn dadleuon a thrafodaethau.

O ran strwythurau cyfarfodydd, mae'r sesiynau ymgysylltu ffurfiol wedi'u hadnewyddu wedi bod yn rhedeg ers tua 18 mis lle, ar ôl dull celloedd COVID y sefydliad, cafodd y strwythurau a'r trefniadau llywodraethu eu hailddatblygu a'u gweithredu. Mae'r trefniadau strwythur wedi'u hamlinellu isod.

Mae gan bob fforwm gylch gorchwyl cytunedig ac mae bwriad i drafod materion ar y lefel briodol, naill ai'n lleol, yn rhanbarthol neu'n genedlaethol ar draws y gwasanaeth.

Mae Tîm Partneriaeth Gwasanaethau Ambiwlans Cymru (WASPT) yn gyfarfod bob deufis lle mae uwch bartneriaid yr Unedau Gweithredu o'r pedwar Uned Gweithredu cydnabyddedig, sef GMB, RCN, UNITE ac UNSAIN a chydweithwyr y Tîm Arwain Gweithredol yn bresennol. Fe'i cadeirir ar y cyd ac mae'n is-grŵp o'r Pwyllgor Pobl a Diwylliant. Mae copi o Adroddiad Blynyddol WASPT wedi'i ddarparu fel atodiad i'r adroddiad hwn.

O dan y grŵp hwn mae'r Uwch Dîm Arweinyddiaeth / grŵp partneriaeth yr Undebau Llafur a'r Fforwm Partneriaeth Gorfforaethol. Mae'r grwpiau hyn yn cyfarfod yn fisol. Mae'r Uwch Dîm Arweinyddiaeth/grŵp partneriaeth yr Undebau Llafur yn trafod gwaith ar y cyd ar faterion sy'n effeithio ar Weithrediadau ac mae agenda'r Fforwm Partneriaeth Gorfforaethol yn cynnwys ystod o feysydd gan gynnwys materion sy'n ymwneud â materion pobl ar draws y gorfforaeth, cynllunio a strategaeth, cyfalaf ac ystadau, cyllid, llesiant, ansawdd a diogelwch cleifion.

Ar lefel gwasanaeth mae yna ystod o fforymau partneriaeth lleol i gwmpasu pob maes busnes gydag agendâu sy'n ymwneud â materion gwasanaeth penodol. Mae yna hefyd y Pwyllgor Iechyd a Diogelwch Cenedlaethol.

Mae gan bob fforwm rythm rheolaidd o gyfarfodydd a chaiff materion eu codi os oes angen drwy'r strwythurau. Mae grwpiau'n cynhyrchu adroddiadau Rhybuddio, Cynghori a Sicrhau ar gyfer goruchwyliaeth effeithiol.

Mae pob grŵp yn gweithredu'n dda ac yn cael eu hadolygu'n rheolaidd o ran eu heffeithiolrwydd.

Grwpiau Gorchwyl a Gorffen a Grwpiau Prosiect

Mae partneriaid Undebau Llafur yn ymwneud â'r holl brosiectau allweddol sy'n cael eu cynnal. Ar adeg ysgrifennu mae naw grŵp gorchwyl a gorffen allweddol sydd ag ymgysylltiad â'r Undebau Llafur. Ochr yn ochr â hyn, mae prosiectau craidd fel Trawsnewid y Model Clinigol a fydd yn newid yn sylfaenol sut mae rhannau o'r sefydliad yn gweithio a grwpiau eraill fel y Grŵp Polisi lle mae pob polisi newydd a wedi'i adolygu yn cael ei anfon i'w gymeradwyo lle mae ymgysylltiad yr Undebau Llafur yn fusnes fel arfer.

Ymgysylltu Anffurfiol

Yn anffurfiol, mae'r Prif Swyddog Gweithredol a'r Cyfarwyddwr Pobl yn cyfarfod ag uwch bartneriaid Undebau Llafur bob mis i wirio a nodi unrhyw faterion sy'n codi ac i drafod beth sydd i ddod nesaf.

Mae gan bartneriaid Undebau Llafur fynediad at y tîm Gweithredol a'r Uwch Dîm Arweinyddiaeth yn ôl yr angen ac mae ymgysylltiad mynych i ymateb i ymholiadau, ceisio barn ac ymgysylltu ar faterion y dydd.

Hyfforddiant i Gydweithwyr a phartneriaid Undebau Llafur

Mae sylfaen y berthynas waith wedi'i hadeiladu ar ddysgu a datblygu ar y cyd gyda holl bartneriaid a rheolwyr yr Undebau Llafur yn mynychu hyfforddiant 'Cerdded yn esgidiau ei gilydd'. Datblygwyd yr hyfforddiant hwn yn fewnol i'w gyflwyno ac mae'n cwmpasu ystod o bynciau gan gynnwys y canlynol:

- Ble rydyn ni'n gweithio'n dda a ble nad ydyn ni'n gweithio - a pham
- Mathau o wrthdaro
- Deddfwriaeth y Bartneriaeth Gymdeithasol
- Gwerthusiad i'r gwaelodlin o sut roedd y berthynas yn ei deimlo a beth oedd y meysydd penodol i'w gwella.
- Ymarfer chwarae rôl – Cerdded yn Esgidiau Ei Gilydd.

Mae'r hyfforddiant wedi'i gyflwyno ar draws rheolwyr a phartneriaid Undebau Llafur gyda'r sesiwn gyntaf yn cael ei mynychu gan y Tîm Arwain Gweithredol ac uwch bartneriaid Undebau Llafur. Mae'r Prif Swyddog Gweithredol a'r Cyfarwyddwr Newid Diwylliant wedi bod yn bresennol ym mhob sesiwn a gyflwynwyd, yn ogystal â chwpl o uwch bartneriaid Undebau Llafur. Mae swyddogion rhanbarthol llawn amser hefyd wedi cymryd rhan yn y sesiwn. Mae'r adborth wedi bod yn hynod gadarnhaol.

Ar ôl y Gynhadledd Partneriaeth Gymdeithasol ddiweddar, y bwriad yw datblygu rhywfaint o hyfforddiant ar gyfer rheolwyr llinell gyntaf a denu partneriaid Undebau Llafur lleol nad ydynt wedi cael y cyfle i fynychu rhywfaint o ddatblygiad eto.

Mae effaith yr hyfforddiant wedi bod yn sylweddol. Cynhaliwyd darn o waith adolygu i ailfesur yr archwiliad gwreiddiol o'r berthynas a nodwyd gwelliannau sylweddol. Roedd y meysydd allweddol yn cynnwys gwell ymddiriedaeth, deall safbwyntiau ei gilydd a pharch at ei gilydd.

Mae cynllun gweithredu parhaus y mae gweithgareddau a phrosiectau gwella yn cael eu hychwanegu ato. Mae'r rhain yn amrywio o ddysgu a datblygu i wella amlygiad Undebau Llafur i staff sydd newydd ymuno a chyflwyno'r Gynhadledd Partneriaeth Gymdeithasol.

Yn ogystal, mae Partneriaid Undebau Llafur llai uwch wedi cael gwahoddiad i arsylwi cyfarfodydd i ehangu eu profiad o strwythurau llywodraethu, sut mae cyfarfodydd yn gweithredu ac i feithrin eu hyder fel y genhedlaeth nesaf o Bartneriaid Undebau Llafur uwch.

Bydd yr hyfforddiant a'r dysgu a ddatblygwyd gan Dîm Partneriaeth Gymdeithasol LLC yn cael eu lanlwytho i'n platfform Learn 365 i unrhyw gydweithiwr allu cael mynediad iddo.

Nid ydym yn hunanfodlon ac mae gwaith pellach i'w wneud mewn rhai meysydd o'r sefydliad gyda rheolwyr llinell a'u dealltwriaeth o'r hyn y mae Partneriaeth Gymdeithasol yn ei olygu a'r hyn y mae'n edrych fel yn ymarferol.

Cynhadledd Partneriaeth Gymdeithasol 31 Mawrth 2025.

Ar 31 Mawrth 2025, cynhaliodd WAST ei Chynhadledd Partneriaeth Gymdeithasol gyntaf yn Stadiwm Dinas Caerdydd. Roedd hyn nid yn unig yn garreg filltir i'r sefydliad ond y cyntaf o'i fath yng Nghymru. Mynychwyd y Gynhadledd gan tua 150 o gydweithwyr, gan gynnwys rheolwyr a phartneriaid Undebau Llafur o bob cwr o Gymru.

Nod y gynhadledd oedd pwysleisio, trwy barch at ei gilydd, deialog agored ac ymrwymiad ar y cyd i nodau cyffredin, y byddai'n bosibl creu'r math o amgylcheddau gwaith lle byddai'r sefydliad a'i bobl yn ffynnu.

Roedden ni'n ffodus bod y Gweinidog dros Ddiwylliant, Sgiliau a Phartneriaeth Gymdeithasol, Jack Sargeant wedi ymuno â ni a rhoi prif anerchiad agoriadol i'r gynhadledd. Yn y prynhawn, cyfarchodd Shavanah Taj, Ysgrifennydd Cyffredinol

Cyngres yr Undebau Llafur Cymru, y gynhadledd, gan rannu ei meddyliau a'i theimladau ar werth gweithio mewn partneriaeth i'r sefydliad a'i weithlu. Roedd y gynhadledd hefyd yn cynnwys gwestai arbennig, Derek Walker, Comisiynydd Cenedlaethau'r Dyfodol Cymru.

Cymerodd y cyfranogwyr ran mewn ymarferion bwrdd crwn, a bydd eu hallbwn yn cael ei ddefnyddio i ddatblygu gweithio mewn partneriaeth ymhellach a rhannu arfer gorau. Roedd y mynychwyr hefyd yn gallu mynychu gweithdai ar ddiogelwch rhywiol, niwed i weithwyr y gellir ei osgoi (arferion tosturiol), meithrin diwylliannau cynhwysol trwy weithio mewn partneriaeth a sesiwn a gyflwynwyd gan y tîm Partneriaeth Gymdeithasol yn Llywodraeth Cymru ar beth yw partneriaeth gymdeithasol a sut i gael mynediad at wybodaeth a dysgu.

Ymgysylltu â Thîm Partneriaeth Gymdeithasol LLC

Drwy gydol y flwyddyn, cynrychiolwyd WAST mewn digwyddiadau Partneriaeth Gymdeithasol Llywodraeth Cymru gan reolwyr a phartneriaid Undebau Llafur. Mynychodd cydweithwyr y digwyddiad lansio yng Ngogledd Cymru a'r sesiynau a gyflwynwyd ledled y wlad. Mynychodd chwe phartner o'r Undebau Llafur ynghyd â'r Dirprwy Gyfarwyddwr Pobl a'r Cyfarwyddwr Cynorthwyol Cynllunio a Thrawsnewid y sesiwn rhwydwaith yng Nghaerdydd i rannu profiad a dysgu.

Roedd y Tîm Partneriaeth Gymdeithasol yn hanfodol i gefnogi Cynhadledd Partneriaeth Gymdeithasol WAST.

Cynhadledd Fforwm Arweinyddiaeth Ambiwylans mis Mawrth 2025

Ar ddechrau mis Mawrth, gwahoddwyd WAST i roi cyflwyniad prif lwyfan i Gynhadledd Flynyddol Fforwm Arweinyddiaeth Ambiwylansys. Rhoddwyd y cyflwyniad gan y Cyfarwyddwr Newid Diwylliant, y Dirprwy Gyfarwyddwr Pobl, y Pennaeth Diwylliant a Datblygu Sefydliadol a dau uwch bartner yr Undebau Llafur. Dyma'r tro cyntaf i Undebau Llafur gyflwyno yn Fforwm Arweinyddiaeth Ambiwylans. Rhannodd yr Ymddiriedolaeth y daith o weithio mewn partneriaeth dros y blynyddoedd diwethaf gan ganolbwyntio ar yr elfennau allweddol sydd wedi arwain at y lle y mae WAST yn ei ganfod heddiw o ran perthnasoedd llawer gwell. Cafodd y cyflwyniad groeso da gan y gynhadledd.

Y Camau Nesaf

Mae adborth o drafodaethau bwrdd crwn yn y gynhadledd yn cael ei gasglu a'i ddefnyddio i lywio'r camau datblygu nesaf ar draws y sefydliad. Byddwn hefyd yn ystyried a ydym yn cynnal digwyddiad tebyg gyda rheolwyr llinell gyntaf o safbwynt datblygu ac i ymgorffori gweithio mewn partneriaeth ymhellach ar draws pob lefel o'r sefydliad.

Byddai'r tîm sy'n arwain y bartneriaeth gymdeithasol yn WAST hefyd wrth ei fodd yn cefnogi tîm LIC a Chyngres yr Undebau Llafur yng Nghymru ymhellach i ddatblygu partneriaeth gymdeithasol ar draws y Sector Cyhoeddus yng Nghymru.

Bydd WAST hefyd yn cyflwyno cais i wobrau Cymdeithas Rheoli Pobl Gofal Iechyd (HMPA) yn y categori partneriaeth gymdeithasol.

Byddwn yn parhau â'n taith Partneriaeth Gymdeithasol, gan gydnabod bod heriau, ac eitemau na fyddwn yn cytuno arnynt ond y gallwn weithio arnynt gyda'n gilydd i'w datrys a dod i ganlyniad y mae'r ddwy ochr yn cytuno arno.

Hoffem gydnabod amser, ymdrechion a pharodrwydd partneriaid Undebau Llafur i ymgysylltu â'r gwaith hwn a'r daith, gan ei fod yn cymryd ymddiriedaeth ac ymrwymiad i'w wireddu.