Bundle People and Culture (Open Session) 11 August 2026

Agenda attachments

Item 00 Agenda

09:30 - OPENING ITEMS

1 Chair's welcome, apologies and quorum

2 Declarations of interest

Item 02 Board Member Register of Interests - Updated 04082026

3 Minutes of the last meeting on 5 May 2026 (Confirmation of recording/transcript deletion of previous meeting)

Item 03 2026-05-05 People and Culture Committee Public Minutes

4 Ratification of Chair's Actions, four policy approvals:
Disciplinary Policy (in English and Welsh), plus Equality Impact Assessment (docs 1a 1b 1c)
Improving Performance at Work Policy (in English and Welsh), plus Equality Impact Assessment (docs 2a 2b 2c)
Occupational Change Policy (in English and Welsh), docs 3a 3b
All Wales Employment Break Scheme (in English and Welsh), docs 4a 4b
Annexes available to view in the Reading Room

Item 04 Ratification of Chair's Actions

5 Action log and matters arising

Item 05 Action Log
Item 05.1 PCC Action 21-02/26 - Mitigating Moral Injury

5.1 FOR APPROVAL, ASSURANCE AND DISCUSSION

6 09:35 - Director's Update

Item 06 August 2026 PCC Director Update

7 09:55 - Operations Report Q1 2026/27

Item 07 Operations Quarterly Report Q1 2026/27

8 10:10 - Staff Experience - Chayesteh Azadegan

Item 08 People and Culture Commitee-Chay's Story

9 10:35 - People and Culture Plan Metrics Update and Workforce Scorecard June 2026

Item 09 People and Culture Metrics August 2026
Item 09 Annex 1 Qual Metrics
Item 09 Annex 2 People and Culture KPIs June26

9.1 10:55 - COMFORT BREAK

10 11:10 - Monthly Integrated Quality and Performance Report (MIQPR) June 2026

Item 10 MIQPR June 2026
Item 10 Annex 1 MIQPR June 2026

11 11:25 - Speaking Up Safely Annual Report 2025/26

Item 11 Speaking Up Safely Annual Report
Item 11 Annex 1 Speaking Up Safely Annual Report 2025/26
Item 11 Annex 2 SUS Annual Report 2025/26 slide deck

12 11:45 - Cultural Themes and Trends Report January - June 2026

Item 12 Cultural Themes and Trends Report
Item 12 Annex 1 Cultural Themes and Trends January - June 2026

13 11:55 - Strategic Equality Plan Annual Report 2025/26 (including Gender Pay Gap and Workforce Diversity Report)

Item 13 Strategic Equality Plan Annual Report 2025/26 (including Gender Pay Gap and the Workforce Diversity Report)
Item 13 Annex 1 Annual Summary of Progress EDI Report 2025/26
Item 13 Annex 2 CYMRAEG Strategic Equality Plan Annual Report 2025/26
Item 13 Annex 2 Strategic Equality Plan Annual Report 2025/26
Item 13 Annex .3 CYMRAEG Gender Pay Gap 2025/26
Item 13 Annex 3 Gender Pay Gap 2025/26
Item 13 Annex 4 CYMRAEG Workforce Equality Monitoring Report 2025/26
Item 13 Annex 4 Workforce Equality Monitoring Report 2025/26
Item 13 Strategic Equality Plan Reports Presentation to PCC

13.2 12:40 - LUNCH

14 13:20 - Welsh Language Annual Report (Bilingual) 2025/26
Item 14 SBAR Welsh Language Standards Annual Report 2025/26
Item 14 Annex 1 Adroddiad Blynyddol Safonau'r Gymraeg 2025/26
Item 14 Annex 1 Welsh Language Standards Annual Report 2025/26

15 13:40 - Health Safety and Violence and Aggression Annual Report 2025/26
Item 15 Health Safety and Violence & Aggression Annual Report 2025/26
Item 15 Annex 1 Health Safety and Violence & Aggression Annual Report 2025/26

16 13:55 - End of Season Flu Campaign Report 2025/26
Item 16 End of Season Flu Campaign Report 2025/26
Item 16 Annex 1 End of Season Flu Report 2025/26

17 14:05 - WASPT Highlight Report 21 April 2026
Item 17 WASPT AAA Report 21 April 2026

18 14:15 - Risk Management and Board Assurance Framework
BAF available in the Reading Room
Risk 163 Maintaining Effective & Strong Trade Union Partnerships (12)
Risk 680 High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service (16)
Item 18 Risk Management Report

19 14:25 - Audit Tracker 26-27 Q1 (April - June 2026) - Exception Reporting
Item 19 Audit Tracker 26-27 Q1 (Apr-Jun26) Updates

20 14:35 - Violence and Aggression Policy
Item 20 Summary of Policies for Committee Approval and Adoption
Item 20 Violence and Aggression Policy V3.15

20.1 CONSENT ITEMS

21 AAA Highlight Report 5 May 2026
Item 21 People and Culture Committee AAA Highlight Report 5 May 2026

21.1 14:45 - CLOSING ITEMS

22 Reflections

23 Any Other Business

24 Date & Time of the Next Meeting: 10 November 2026 at 9:30am

Length of Meeting:	05:20	Agenda Status	11 August 2026 - PUBLIC People & Culture Committee					Deadline for Papers: 31 July 2026			Last good practice Exec Review: 22 July 2026	
Time	**Mins allotted**	**Agendum**	**Title**	**Format of Item**	**Item for**	**Item requested by**	**Paper prepared by**	**Item presented by**	**Colleagues to cc**	**Scheduled at ELT**	**Further approval route (if app.)**	**Notes**
			OPENING ITEMS									
		1	Chair's welcome, apologies and quorum	n/a	Information	Standing	n/a	Ceri Jackson	n/a			
		2	Declarations of interest	n/a	To State Conflicts	Standing	n/a	Ceri Jackson	n/a			
		3	Minutes of the last meeting on 5 May 2026 **(Confirmation of recording/transcript deletion of previous meeting)**	n/a	Approval	Standing	n/a	Ceri Jackson	n/a			
09:30	00:05	4	Ratification of Chair's Actions, four policy approvals: 1) Disciplinary Policy (in English and Welsh), plus Equality Impact Assessment (docs 1a 1b 1c) 2) Improving Performance at Work Policy (in English and Welsh), plus Equality Impact Assessment (docs 2a 2b 2c) 3) Occupational Change Policy (in English and Welsh), docs 3a 3b 4) All Wales Employment Break Scheme (in English and Welsh), docs 4a 4b	Paper	Approval	Ad hoc	CorGov	Ceri Jackson	Sarah Harland			
		5	Action log and matters arising	Paper	Discussion	Standing	n/a	Ceri Jackson	n/a			
			FOR APPROVAL, ASSURANCE AND DISCUSSION									
09:35	00:20	6	Director's Update	Paper	Discussion	CoB	People	Angie Lewis	Charlie Bosher			
09:55	00:15	7	Operations Report Q1 2026/27	Paper	Discussion	CoB	Operations	Lee Brooks	Toni Marie Norman, Sophie Francis			
10:10	00:25	8	Staff Experience - Chayesteh Azadegan	Presentation	Discussion	CoB	People	Angie Lewis	Charlie Bosher			
10:35	00:20	9	People and Culture Plan Metrics Update and Workforce Scorecard June 2026	Paper	Assurance	CoB	People	Angie Lewis	Charlie Bosher			
10:55	00:15		COMFORT BREAK									
11:10	00:15	10	Monthly Integrated Quality and Performance Report (MIQPR) June 2026	Paper	Assurance	CoB	SPP	James Houston	Hugh Bennett, Mark Thomas, Mel O'Connor			
11:25	00:20	11	Speaking Up Safely Annual Report 2025/26	Paper	Assurance	CoB	People	Angie Lewis	Lizzie O'Shea/Charlie Bosher			
11:45	00:10	12	Cultural Themes and Trends Report January - June 2026	Presentation	Assurance	CoB	People	Angie Lewis	Bev Flood, Charlie Bosher			
11:55	00:45	13	Strategic Equality Plan Annual Report 2025/26 (including Gender Pay Gap and the Workforce Diversity Report)	Presentation	Endorsement	CoB	People	Angie Lewis	Sarah Davies/Charlie Bosher/Kat Cobley			
12:40	00:40		LUNCH									
13:20	00:20	14	Welsh Language Annual Report (Bilingual)	Paper	Endorsement	CoB	CorGov	Trish Mills	Melfyn Hughes, Lisa Trounce			
13:40	00:15	15	Health Safety and Violence and Aggression Annual Report 2025/26	Paper	Assurance	CoB	QPSE	Penny Durrant	Grahman Stockford, Alison Kelly			
13:55	00:10	16	End of Season Flu Campaign Report 2025/26	Paper	Assurance	CoB	Clinical	Andy Swinburn (Greg Lloyd)	Jen Lloyd			
14:05	00:10	17	WASPT Highlight Report 21 April 2026	Paper	Assurance	CoB	Gov	Mark Marsden	Trish Mils, Alex Payne			
14:15	00:10	18	Risk Management and Board Assurance Framework Risk 163 Maintaining Effective & Strong Trade Union Partnerships (12) Risk 680 High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service. (16)	Paper	Assurance	CoB	Gov	Julie Boalch	n/a			
14:25	00:10	19	Audit Tracker 26-27 Q1 (April - June 2026) - Exception Reporting	Paper	Assurance	CoB	Gov	Trish Mills	Lisa Trounce			
14:35	00:10	20	Violence and Aggression Policy (AL)	Paper	Approval	CoB	Gov	Trish Mills	Lisa Trounce Skye Banks			
			CONSENT ITEMS									
14:45	00:00	21	AAA Highlight Report 5 May 2026	Paper	Information	CoB	Gov	Trish Mills	Sarah Harland			
			CLOSING ITEMS									
		22	Reflections	n/a	Discussion	Standing	n/a	Ceri Jackson	n/a			
14:45	00:05	23	Any Other Business	n/a	Discussion	Standing	n/a	Ceri Jackson	n/a			
		24	Date & Time of the Next Meeting: 10 November 2026 at 9:30am	n/a	Information	Standing	n/a	Ceri Jackson	n/a			
14:50	**05:20**		**CLOSE**									

LEAD PRESENTERS

Name	Position
Julie Boalch	Assistant Director of Corporate Governance and Risk
Lee Brooks	Executive Director of Operations
Penny Durrant	Deputy Director of Nursing, Quality and Governance
Christian Fox	Trade Union Partner
James Houston	Assistant Director of Planning and Transformation
Ceri Jackson	Non Executive and Chair of Committee
Angie Lewis	Director of Culture Change
Trish Mills	Director of Corporate Governance/Board Secretary
Andy Swinburn	Executive Director of Paramedicine

Welsh Ambulance Services University NHS Trust
Board Member Register of Interests (Updated 04/08/2026]

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended
AHMAD, Umar Afthab DR	**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	GP Partner at Plains View Surgery, Nottingham	Financial Interest	2014	
		Primary Care Network Clinical Director for Arrow Health, Nottingham	Financial Interest	2019	
		Non-executive Director (appointed company director) for Primary Integrated Community Services Ltd, Nottingham and small shareholder [Company number 08763136]	Financial Interest	2023 and 2016	
		Owner and company director of Travel Jab Guru Ltd – online medical travel advice [Company number 14685908]	Financial Interest	2023	
		Local Medical Committee Member	Financial Interest	2019	
		Nottingham Integrated Care Board Cardiovascular Disease and Stroke Prevention Clinical Design Authority Lead	Financial Interest	2025	
		Associate Non-executive Director Nottinghamshire University Hospital Trust (non-voting member of the board)	Financial Interest	2024	
BEESLEE, Jayne	**Non-Executive Director** * Chair of Finance and Performance Committee * Member of the Remuneration Committee * Member of the Academic Partnership Committee	Employment fro interim assignments via Public Sector Resourcing (an agency) regarding the rev iew of major UK Government programmes (remunerated nex of tax via an umberella company - Danbro Employment Umbrella Ltd)	Financial Interest	01 October 2023	
		Governor on the Finance and General Purposes Committee of Cardiff and Cale Further Education College	Non-Financial Personal	01 February 2024	
		Fellow Chartered Institute of Persennel and Development	Non-Financial Personal	01 April 2006	
BROOKS, Lee	**Executive Director of Operations**	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	
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	Trustee of Action for Children [1097940]	Position in Charity or Voluntary Organisation	01 February 2021	
		Trustee of Action for Children Pension Board	Position in Charity or Voluntary Organisation	22 May 2023	
		Company Director - Action for Children [04764232]	Directorships	01 February 2021	
		Company Director - Action for Children (Wales) Ltd [10011497]	Directorships	05 April 2022	
		Trustee of National Youth Arts Wales [1170643]	Position in Charity or Voluntary Organisation	06 May 2021	
		Company Director - National Youth Arts Wales [10449512]	Directorships	06 May 2021	
		Chair - Taff Housing Association	Any Other Interest	17 July 2025	
		Member of Governing Body / Independent Member – Kaplan International Colleges UK Ltd [05268303	Non-Financial Professional	01 March 2024	
		Independent Member - Kaplan Open Learning (including member of the Audit & Risk Committee)	Directorships	21 March 2024	
DENNIS, Colin	**Chair of Trust Board and Non-Executive Director** * Chair of Remuneration Committee	Group Chair of South Central Ambulance Service NHS Foundation Trust and South East Coast Ambulance Service NHS Foundation Trust	Directorships	27 March 2026	
		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	
DURRANT, Penny	**Deputy Director of Nursing, Quality and Governance**	Nil Declaration		30 May 2026	
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	

Welsh Ambulance Services University NHS Trust
Board Member Register of Interests (Updated 04/08/2026]

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended
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 - Springfield (Bargoed) Limited.	Directorships	12 March 2020	
		Companty Director - Springfield Property Lettings Ltd	Directorships	16 August 2022	
		Company Director - Homes of Excellence Limited	Directorships	19 March 2021	
		Company Director - Victoria House Care Property Limited	Directorships	05 March 2020	
		Company Director - My Choice Healthcare (Four) Limited	Directorships	27 April 2022	
		Company Director - Luk Ros Property Limited	Directorships	12 March 2020	
		[Previously called Homes of Excellence Healthcare Limited, Company name changed 12.08.2022 - #12513139]	Directorships	12 March 2020	
		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 - Glyncornel 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	
		Longhope Property Ltd	Directorships	12 February 2026	
		My Choice Healthcare England Ltd	Directorships	26 August 2025	
		My Choice Healthcare Ltd	Directorships	26 August 2025	
		Glyncornel Care Ltd	Directorships	16 August 2022	
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	
HUTCHINGS, Hayley	**Non-Executive Director** * Member of the Remuneration Committee * Member of the Academic Partnership Committee * Member of the People and Culture Committee	Emeritus Professor, Swansea University	Non-Financial Professional	31 May 2025	
		Consultant Advisor to the FASAR Trial, Nottingham Trent University	Financial Interest	25 March 2026	
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	

Welsh Ambulance Services University NHS Trust
Board Member Register of Interests (Updated 04/08/2026]

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended
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**	Chartered Fellow of the CIPD		2005	
MARSH, Rachel	**Deputy Chief Executive/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			
ROBERTS, Edward	**Deputy Director of Finance (from 09 September 2025)**	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	
		Elected member, The governing body of the church in Wales (Parliament of church in Wales - voting member)	Any Other Interest	01 April 2021	
SAMMUT, Jonathan (Jonny)	**Director of Digital Services [from 26.09.2023]**	Fellow of the British Computer Society – FBCS	Any Other Interest	04 March 2024	
		Federation of Informatics Professionals - Leading Practitioner	Any Other Interest	25 April 2024	
		Chair of BCS Hub Wales	Any Other Interest	20 June 2025	
		Co-opted into the BCS Community Board	Any Other Interest	12 August 2025	11 August 2026
		CHIME (College of Healthcare Information Management Executives) Digital Health Fellowship - UK Cohort 2026	Non-Financial Professional	07 May 2026	
		Author of the book: '*Working With AI, Not Against It*' ~ commerically published and generates royalty income from sales.	Financial Interest	24 February 2026	
		Family member appointed to a post within Digital Directorate but will not be line managed by Director [appointment accepted 24/07/2026]	Any Other Interest	24 July 2026	
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**	Nil Declaration			
TURNER, Damon	**Trade Union Partner**	Nil Declaration			
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	
WOOD, Emma	**Chief Executive (from 01 October 2025)**	Chartered Fellow of CIPD (Chartered Institute of Personnel and Development)	Non-Financial Professional	2000	
		Member of Yoga Professional Alliance	Non-Financial Personal	July 2025	
		Part-time Yoga Teacher at Burnham Swim and Sports Academy Leisure Centre	Financial Interest	July 2025	
		Sub/Relief Yoga Teacher at Omni Studio, Worle, North Somerset	Financial Interest	04 April 2026	

WELSH AMBULANCE SERVICES NHS UNIVERSITY TRUST
UNCONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE
PUBLIC MEETING HELD REMOTELY VIA MICROSOFT TEAMS ON 5 MAY 2026

Meeting started at 09:30

PRESCRIBED ATTENDEES

Ceri Jackson	Non-Executive Director and Committee Chair
Hayley Hutchings	Non-Executive Director
Hannah Rowan	Non-Executive Director
Lee Brooks	Executive Director of Operations
Christian Fox	Trade Union Partner
Estelle Hitchon	Director of Partnerships and Engagement
Jo Kelso	Head of Workforce Education and Development
Carl Kneeshaw	Director of People
Angela Lewis	Director of Culture Change
Mark Marsden	Trade Union Partner / WASPT Co-Chair
Trish Mills	Director of Corporate Governance/Board Secretary
Lizzie O'Shea	Speaking Up Safely Guardian
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Marcus Viggers	Trade Union Partner

IN ATTENDANCE

Hugh Bennett	Assistant Director of Commissioning and Performance *(Item 12)*
Kat Cobley	Head of Inclusion and Engagement
Sarah Harland	Corporate Governance Officer
Sara Mills	Head of Culture and OD
Lianne Onslow	Head of Strategy Workforce Planning, Systems & Recruitment
Sarah Parry	Business Manager, People and Culture
Alex Payne	Corporate Governance Manager
Liz Rogers	Deputy Director of People and Culture
Graham Stockford	Deputy Head of Health & Safety *(Item 13)*
Felicty Quance	Internal Audit, NWSSP

APOLOGIES

Bethan Evans	Non-Executive Director
Penny Durrant	Deputy Director of Nursing, Quality and Governance
James Houston	Assistant Director for Planning and Transformation

OBSERVING

Alison Kelly	Business Manager
Toni-Marie Norman	Business Manager
Charlie Bosher	Recruitment Manager

OPENING ITEMS

1. CHAIR'S WELCOME, APOLOGIES AND QUORUM

1.1 Apologies were received as set out above. Quorum was confirmed.

2. DECLARATIONS OF INTEREST

2.1 The Chair advised that a declaration previously provided in March, relating to the completion of her direct roles with the Stroke Association, had not yet been reflected in the Register of Interests but was in the process of being updated.

3. MINUTES OF PREVIOUS MEETING 10 FEBRUARY 2026

3.1 The minutes of the public meeting of the People and Culture Committee held on 10 February 2026 were received and approved.

4. ACTION LOG AND MATTERS ARISING

4.1 The Action Log was reviewed and discussed, with updates added to the log.

ITEMS FOR ASSURANCE, DISCUSSION OR APPROVAL

5. DIRECTORS UPDATE

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

5.1 Angie Lewis paid tribute to Carl Kneeshaw at his final People and Culture Committee meeting, thanking him for his contribution over the past 18 months. Angie said it had been *"an absolute joy"* working alongside him and noted that she would miss delivering the Director's update jointly at future meetings.

5.2 The committee noted Angie's update, which highlighted the Trust's growing external influence and leadership in the people and culture agenda. This included national recognition of work led through staff networks, particularly the *Purple Space Network,* with the *Neurodiversity Pledge* showcased at the Ambulance Leadership Forum. Also, the *Women's Network*, which delivered a successful programme of events to mark *International Women's Day*.

5.3 Assurance was provided on progress with Speaking Up Safely, including the development of a detriment risk assessment approach to support colleagues raising concerns, which has attracted interest from Welsh Government as potential best practice. The update also highlighted continued progress on inclusive recruitment, with positive engagement outcomes from Contact Centre open days delivered with the Black Ethnic Asian and Minority (BEAM) network.

5.4 The committee further noted activity to support leadership wellbeing. This included the delivery of a senior leadership session focused on self-care and sustainable leadership, and welcomed the continued emphasis on culture, staff engagement and reputation across the wider ambulance sector.

5.5 The committee noted Carl Kneeshaw's update, which provided assurance on workforce planning, skills mix and education commissioning. Carl outlined the rationale for the decision not to appoint Newly Qualified Paramedics (NQPs) and to pause commissioning of the full-time direct entry Paramedic Science course for 2025/26, noting this reflects revised workforce demand, improved retention, a changing clinical model and financial pressures. Assurance was provided that internal progression routes remain unaffected and that ongoing discussions and actions are in place to support affected graduates.

5.6 The committee noted ongoing work with Health Education and Improvement Wales (HEIW), Welsh Government and system partners to explore future workforce solutions, alongside internal actions including flexible working options, recruitment mitigations and system-wide deployment approaches. Progress was also noted on the "Your Best" People Development Programme, supporting career pathways, learning and retention.

5.7 Finally, Carl updated on the All-Wales Disciplinary Policy, which went live on 1 April 2026, highlighting its alignment with the Avoidable Harm Programme and the focus on psychological safety, fairness and improved staff experience, supported by targeted awareness sessions for managers.

5.8 Members welcomed the mitigating actions following the decision not to appoint Newly Qualified Paramedics (NQPs) and asked about the duration of the pause to the full-time Paramedic Science course and how it would be reactivated. Carl advised that the decision rests with HEIW and is currently expected to be for one year to avoid a "feast and famine" approach to workforce supply. Carl reaffirmed the Trust's commitment to retaining the course in Wales and confirmed that work continues with HEIW and university partners to use the interim period constructively, including supporting graduates' continuing professional development (CPD) and employability. Carl added that university contracts remain in place for the next 12 months and that the intention is for the course to resume next year, subject to wider system factors.

5.9 Members reflected on feedback from staff visits, highlighting the tension for managers between compassionate leadership and performance expectations, particularly when balancing individual needs with service delivery. Members emphasised the importance of ensuring managers feel supported to make fair and sometimes difficult decisions in the wider interests of patients and the organisation. Carl Kneeshaw and Lee Brooks acknowledged this inherent tension, emphasising that compassionate leadership involves balancing individual circumstances with business and patient need, supported by early intervention, managerial capability, and access to People Services and OD support.

5.10 The Chair welcomed the discussion, noting that it reflected the strategic role of the committee in considering this balance and provided assurance, while recognising the need to remain mindful of long term sustainability in the context of financial pressures.

6. OPERATIONS REPORT Q4 2025/26

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

6.1 The committee noted the Operations Update, which provided assurance on progress and challenges across operational portfolios. Lee Brooks reported that work continues in response to culture reviews, with themes aligned to staff survey feedback and further actions in development. Ongoing attendance challenges within Contact Centre services were noted, with joint action planning underway with People Services.

6.2 The committee received updates on operational developments, including Integrated Care changes, 111 rostering reform, successful estate relocation to Matrix House and the implementation of the Single Clinical Queue, with additional support in place following go-live. Progress on the Time Off In Lieu (TOIL) pilot, Specialist Operations Response Team (SORT) workforce expansion, and revised arrangements for mandatory training compliance were also noted, alongside assurance on the continued delivery and value of Quality and Support Days. Angie Lewis commented on the value of the Quality and Support Days, noting the rich intelligence generated, and committed to strengthening the link between this insight and staff survey communications, to demonstrate how staff feedback continues to inform action.

6.3 Members welcomed the report and provided positive feedback on its content and insight. Hannah Rowan highlighted the analysis on early clinical assessment (referred to in the report) as particularly helpful in demonstrating how changes can safely reduce conveyance while providing assurance on risk. Hannah also noted the significant progress made through the Putting Things Right recovery work, seeking assurance on how improvements will be sustained; this was acknowledged as an issue to be considered through appropriate quality governance routes.

6.4 The Chair reflected positively on the progress reported, particularly the TOIL approval rate, which was recognised as an important wellbeing indicator, and welcomed the additional context provided on the challenges associated with mandatory training compliance. The Chair suggested that opportunities to further tailor operational reporting to People and Culture matters could be explored outside the meeting.

7. STAFF EXPERIENCE (NOT PRESENTED AT THIS MEETING)

8. STAFF EXPERIENCE UPDATES (BEN COLLINS – CULTURE REVIEWS)

8.1 Angie Lewis provided an update on the staff experience item presented at the previous meeting. Ben Collins has continued to apply his learning and development in relation to cultural change within his new role in Emergency Preparedness and Special Operations. Angie highlighted this as a strong example of how cultural learning is being embedded and sustained beyond the original staff experience session. Ben continues to work closely with the People and Culture team and has been invited to contribute to external engagement, including a planned presentation at the Emergency Services Show, to share his experience and learning in support of wider organisational and sector learning.

9. 2025 NHS STAFF SURVEY UPDATE

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

9.1 Members received an update on the 2025 NHS Staff Survey, which highlighted a significant increase in response rates, and a small but positive improvement in engagement scores, providing reassurance given the larger and more representative sample.

9.2 The committee welcomed improvements across key areas, particularly patient safety and speaking up, while noting ongoing challenges relating to workload, capacity, systems and infrastructure. It was emphasised that 2026 represents a critical year, with a need to demonstrate meaningful change to sustain momentum and avoid regression in future survey results.

9.3 Members welcomed the transparency of the findings and acknowledged progress, while highlighting that negative lived experiences remain for some staff, particularly in relation to behaviour, fairness and speaking up. Angie provided assurance that deeper analysis is underway, including by directorate and protected characteristics, and that known areas of concern are being actively addressed.

9.4 Members supported the identification of three organisational priorities (workload and capacity; leadership and management behaviours; and fairness and career opportunity) and welcomed continued triangulation with other intelligence sources, including quality and support days and staff engagement activity.

The committee noted the contents of the report; commented on insights shared; endorsed the three organisational priority areas aligned to Care, Connect and Value Everyone; championed a whole-organisation approach; and supported utilisation of the results to meaningfully inform decision-making and action.

10. PEOPLE AND CULTURE PLAN METRICS UPDATE AND WORKFORCE SCORCARD

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

10.1 The committee noted the update on People and Culture Plan metrics presented by Carl Kneeshaw, including performance data relating to disciplinary cases, respect and resolution, job evaluation, recruitment, training compliance, leadership development and sickness absence. Members welcomed the progress reported, particularly improvements in job

evaluation timelines, statutory and mandatory training compliance, and the continued uptake of leadership development activity.

10.2 Member feedback focused on the importance of capacity and sustainability, including the impact of investigation timeliness on staff experience and the ongoing challenge of sickness absence in some operational areas. Members welcomed the enhanced analysis of sickness absence, including financial and workforce impacts, and supported the continued focus on targeted interventions and cross-directorate working to improve attendance. Overall, assurance was provided that trends are being actively monitored and that actions are in place to support continued improvement.

The committee received the People and Culture Plan Metrics Update and Workforce Scorecard and noted the progress to date.

11. INTERNAL AUDIT REPORT: JOB EVALUATION

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

11.1 Carl Kneeshaw advised that the internal audit on Job Evaluation received an overall *Reasonable Assurance* rating and was welcomed as a constructive review of progress since the 2021 audit. Carl noted that a diagnostic review undertaken in January 2025 identified the causes of previous backlogs and informed an action plan focused on strengthening capacity and sustainability.

11.2 Carl acknowledged that delivery had been impacted by resource constraints, including staff absence, leadership change and increased organisational change activity. Carl reported that significant progress has been made, with backlogs now cleared and processing times improved. Carl confirmed that the audit findings and management actions are accepted, deadlines are considered realistic, and that regular updates will continue to be provided, with no significant concerns identified.

11.3 Members noted that the report had been received by the Audit Risk and Assurance Committee on 28 April 2026, who welcomed the reasonable assurance opinion, noting the clear improvement from the previous audit

The committee received assurance from the reasonable assurance rating of the Job Evaluation Internal Audit Report.

12. MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT (MIQPR)

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

12.1 The committee received the MIQPR update, presented by Hugh Bennett. Hugh advised that this would be the final report in its current format as work progresses to further refine performance reporting, including clearer alignment with ambitions set out in the Integrated Medium-Term Plan (IMTP) and the introduction of performance trajectories. Hugh highlighted that overall Trust performance remains stable, with familiar themes across workforce metrics, including sickness absence, statutory and mandatory training, and PADR completion rates. Further work is underway to strengthen data quality, experiential measures and triangulation of people, patient and performance insight.

12.2 The Chair asked if any of the known data issues referenced in the report related to People and Culture metrics, and whether those had now been resolved. Hugh advised that the most significant data challenges do not relate to People and Culture metrics, but instead reflect capacity constraints within information and performance systems following the pace of organisational change. Hugh highlighted experiential and outcomes data, particularly clinical outcomes, as a key area for future development, noting that this is a recognised gap and work is planned to address it through a task-and-finish approach.

12.3 The Chair welcomed the update and the planned evolution of reporting, noting that trajectory based reporting will support committee oversight, even where judgement is required. The Chair also welcomed confirmation that People and Culture metrics are being considered as part of the improvements work.

The committee received the March 2026 MIQPR update.

13. HEALTH & SAFETY AND VIOLENCE & AGGRESSION REPORT (JANUARY – MARCH 2026)

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

13.1 The committee received the Health and Safety, and Violence and Aggression report for the period January - March 2026 presented by Graham Stockford. Graham highlighted ongoing workforce capacity pressures within the Health and Safety team, noting that prioritisation had ensured delivery of the most critical elements of the work programme. The report identified a continued prevalence of violence and aggression

incidents**,** particularly verbal aggression, with higher reporting levels linked to Contact Centre activity within Betsi Cadwaladr and Aneurin Bevan areas. It was confirmed that affected staff are offered support, with active case management in place where required.

13.2 Members noted improvements in DATIX reporting compliance and welcomed the increased acceptance rate of personal injury claims through the Welsh Risk Pool (WRP) following strengthened review processes. The committee also noted progress on estate safety assurance, infrastructure projects, partnership working with Trade Unions, and the risk-based approach to workplace assessments.

13.3 Members reflected on the impact of wider system pressures and community frustration on staff experience, acknowledging that while a direct correlation has not yet been assessed, continued focus is required on prevention, staff support and mitigating the impact of sustained aggression on staff experience and wellbeing.

The committee noted the content of the Health and Safety and Violence and Aggression report and supported the continued focus on improving compliance, reducing environmental risk and strengthening staff engagement on key health and safety measures.

14. INTERNAL AUDIT REPORT: WELSH LANGUAGE STANDARDS

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

14.1 The committee received the Welsh Language Standards internal audit report, noting an overall *Reasonable Assurance* rating. Trish Mills reported that strong foundations are now in place, including clear roles and responsibilities, an established Welsh Language policy, consistent statutory reporting and positive engagement with the Welsh Language Commissioner's Office. Members also noted particular progress in embedding Welsh language considerations within NHS 111 and digital services, and ongoing work to develop a five-year Clinical Consultation Plan aligned to Welsh Language Standards.

14.2 Members welcomed the positive assurance and recognised the progress made despite limited dedicated resources. Feedback highlighted the importance of strengthening governance and monitoring arrangements, improving cross directorate engagement, and ensuring complaints data is fully captured and reviewed. Trish provided assurance that management actions are in place to address identified gaps, and that further updates will be provided through existing governance routes.

14.3 Members noted that the report had been received by the Audit Risk and Assurance Committee on 28 April 2026, who welcomed the reasonable assurance opinion, noting the clear improvement from the previous audit.

The committee received assurance from the reasonable assurance rating of the Welsh Language Standards Internal Audit Report.

15. WASPT AAA HIGHLIGHT REPORTS: 22 JANUARY & 18 MARCH 2026

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

15.1 The committee received the WASPT Highlight Reports from the 22 January and 18 March 2026 meetings. Mark Marsden advised that no alerts were escalated from either meeting. Key areas of discussion included progress on violence and aggression, work to strengthen the industrial injury claims process, and ongoing social partnership engagement, including delivery of partnership development sessions.

15.2 The committee noted updates on workforce skills mix, including work on the future role of Emergency Ambulance Practitioners (EAPs), assurance that no redundancies are planned, and continued collaboration with Trade Union partners. Progress was also highlighted in relation to IMTP development, financial planning assumptions, and actions to address shift overruns, with early signs of improvement reported and a partnership approach agreed to coordinate related workstreams.

16. RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

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

16.1 Trish Mills presented the Risk Management and Board Assurance Framework (BAF) report, explaining that the report included the introduction of a new combined People and Culture *Risk 680, Failure to prioritise people capability and organisational culture could result in deteriorating Employee Experience, reduced wellbeing and absence* and is currently rated at 16, with a target score of 12. Angie Lewis added that work is ongoing with Julie Boalch to further develop and refine the risk, noting that this is an evolving piece of work and that the direction of travel is positive. The committee noted the comprehensive articulation of controls, gaps and mitigating actions, providing improved clarity and assurance.

16.2 *Risk 163 Maintaining Effective and Strong Trade Union Partnerships* remains on target, with actions progressing as planned. It was noted that work is underway to further align risks and assurance reporting to *Strategic Objective Two Enabling Our People to Be the Best That They Can Be*, with early progress reflected in the evolving BAF presentation.

16.3 The committee welcomed progress in aligning BAF risks more closely to strategic objectives, and noted ongoing work to further refine the strategic risk and assurance reporting framework to support effective oversight. The Chair welcomed the progress made and thanked all involved for the work undertaken. The Chair noted that while the refreshed approach provides improved assurance, this remains an area requiring continued focus and oversight, particularly in the context of wider system pressures.

The committee received assurance that risks have been reviewed in quarter and that work continues to strengthen the supporting detail of the new Risk 680, and the strategic risk aligned to Strategic Objective Two.

17. AUDIT TRACKER Q4 2025/26

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

17.1 The committee noted the Audit Tracker report for Q4, presented by Trish Mills. Trish explained that the report comprises a revised reporting approach focused on high priority actions and actions at final revised deadlines, rather than the full audit tracker. Trish added that this approach aims to support more proportionate and meaningful oversight, with assurance that robust internal processes and audit follow-up arrangements are in place.

17.2 The Chair welcomed the revised approach, noting that it improves clarity and supports effective committee oversight by focusing attention on areas of highest risk.

The committee noted the Audit Tracker Q4 2025/26 update report.

CONSENT ITEMS

18. AAA HIGHLIGHT REPORT 10 FEBRUARY 2026

18.1 The committee received the AAA Highlight Report from the meeting held on 10 February 2026.

19. CYCLE OF BUSINESS MONITORING REPORT Q1 2026/27

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

21.1 Members noted the update to reporting from the Cycle of Business Monitoring Report Q1 2026/27.

CLOSING ITEMS

20. REFLECTIONS

20.1 Members reflected on the richness of information and intelligence presented throughout the meeting, while recognising that discussion at times became operational in nature. Members reflected on the inherent challenge of balancing detailed operational insight with a strategic, system-level perspective, particularly in relation to workforce pressures, leadership capacity and cultural change. There was recognition that the Trust is at a critical point in sustaining momentum on culture and people-focused improvement against a backdrop of financial constraint, and that continued focus, challenge and coherence across reporting will be essential to avoid regression and to support long-term organisational resilience.

21. ANY OTHER BUSINESS

21.1 The Chair thanked Carl Kneeshaw for his significant contribution to the committee, commending his openness, challenge and leadership, and wishing him well as he prepares to step away from his role at Welsh Ambulance Services NHS University Trust.

22. DATE AND TIME OF THE NEXT MEETING

22.1 The next meeting is on 11 August 2026 at 9:30am

MEETING CLOSE: 12:20

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

Agenda Item No.	04

REPORT TITLE

Ratification of Chair's Actions: Four policy approvals for adoption

MEETING

Name of meeting	People and Culture Committee
Date of meeting	11 August 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Trish Mills, Director of Corporate Governance/Board Secretary
Author(s) of report	Sarah Harland, Corporate Governance Officer

PURPOSE OF REPORT

☒ Approval	☐ Endorsement
☐ Assurance	☐ Discussion
☐ Information (goes in consent items)	☐ Noting

REPORT SUMMARY

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

1. On 12 May 2026, members of the People and Culture were asked to support four Chair's Actions, to review and approve for adoption the following four policies:

   (1) Disciplinary Policy (in English and Welsh), plus Equality Impact Assessment (docs 1a 1b 1c)
   (2) Improving Performance at Work Policy (in English and Welsh), plus Equality Impact Assessment (docs 2a 2b 2c)
   (3) Occupational Change Policy (in English and Welsh), docs 3a 3b
   (4) All Wales Employment Break Scheme (in English and Welsh), docs 4a 4b

2. Further information is provided in the image below:

Policy Name	EqIA	Policy Group	ELT	Points of note
NHS Wales Disciplinary Policy	Completed by NHS Wales Employers Unit	19/03/2026 (For Noting)	29/04/2026 (Endorsed)	All Wales policy for committee approval and adoption
NHS Wales Improving Performance at Work Policy	Completed by NHS Wales Employers Unit	19/03/2026 (For Noting)	29/04/2026 (Endorsed)	**NB: Replaces previous Capability Policy** All Wales policy for committee approval and adoption
NHS Wales Organisational Change Policy	Completed by NHS Wales Employers Unit	19/03/2026 (For Noting)	29/04/2026 (Endorsed)	**NB: No changes made, re-issued with new date** All Wales policy for committee approval and adoption
NHS Wales Employment Break Scheme Policy	Completed by NHS Wales Employers Unit	19/03/2026 (For Noting)	29/04/2026 (Endorsed)	**NB: No changes made, re-issued with new date** All Wales policy for committee approval and adoption

3. The committee approved the matters via Chair's Action on 12 May 2026. **Annex 5**

4. The committee is asked to ratify the decisions made via Chair's Actions, which was to approve for adoption the following four policies:

   (1) Disciplinary Policy (in English and Welsh), plus Equality Impact Assessment (docs 1a 1b 1c) **Annex 1**
   (2) Improving Performance at Work Policy (in English and Welsh), plus Equality Impact Assessment (docs 2a 2b 2c) **Annex 2**
   (3) Occupational Change Policy (in English and Welsh), docs 3a 3b **Annex 3**
   (4) All Wales Employment Break Scheme (in English and Welsh), docs 4a 4b **Annex 4**

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The People and Culture Committee is requested to:
Ratify the four decisions made by Chair's actions made on 12 May 2026

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance here regarding materiality and use of the Reading Room

Available to view in the Reading Room:

Annex 1 Disciplinary Policy (in English and Welsh), plus Equality Impact Assessment (docs 1a 1b 1c)
Annex 2 Improving Performance at Work Policy (in English and Welsh), plus Equality Impact Assessment (docs 2a 2b 2c)
Annex 3 Occupational Change Policy (in English and Welsh), docs 3a 3b
Annex 4 All Wales Employment Break Scheme (in English and Welsh), docs 4a 4b
Annex 5 Confirmation email of decision sent 12 May 2026

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
☒ SO1: Providing the right care or advice, in the right place, every time	☐ SO2: Enabling our people to be the best they can be
☐ SO3: Being at the forefront of innovation and technology	☐ SO4: Developing services in collaboration
☐ SO5: Being quality driven and clinically led	☒ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

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

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [link to standards]		
☐ Safe	☐ Timely	☐ Effective
☒ Efficient	☐ Equitable	☐ Person Centred
Quality Enablers (select all that apply) [link to standards]		
☐ Leadership	☐ Workforce	☐ Culture
☒ Information	☐ Learning Improvement & Research	☐ Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
☐ A socially responsible and inclusive employer	☐ An innovative and sustainable organisation	☐ A pro-active, accessible and equitable care provider
☒ n/a	☒ n/a	☒ n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document here for further details.

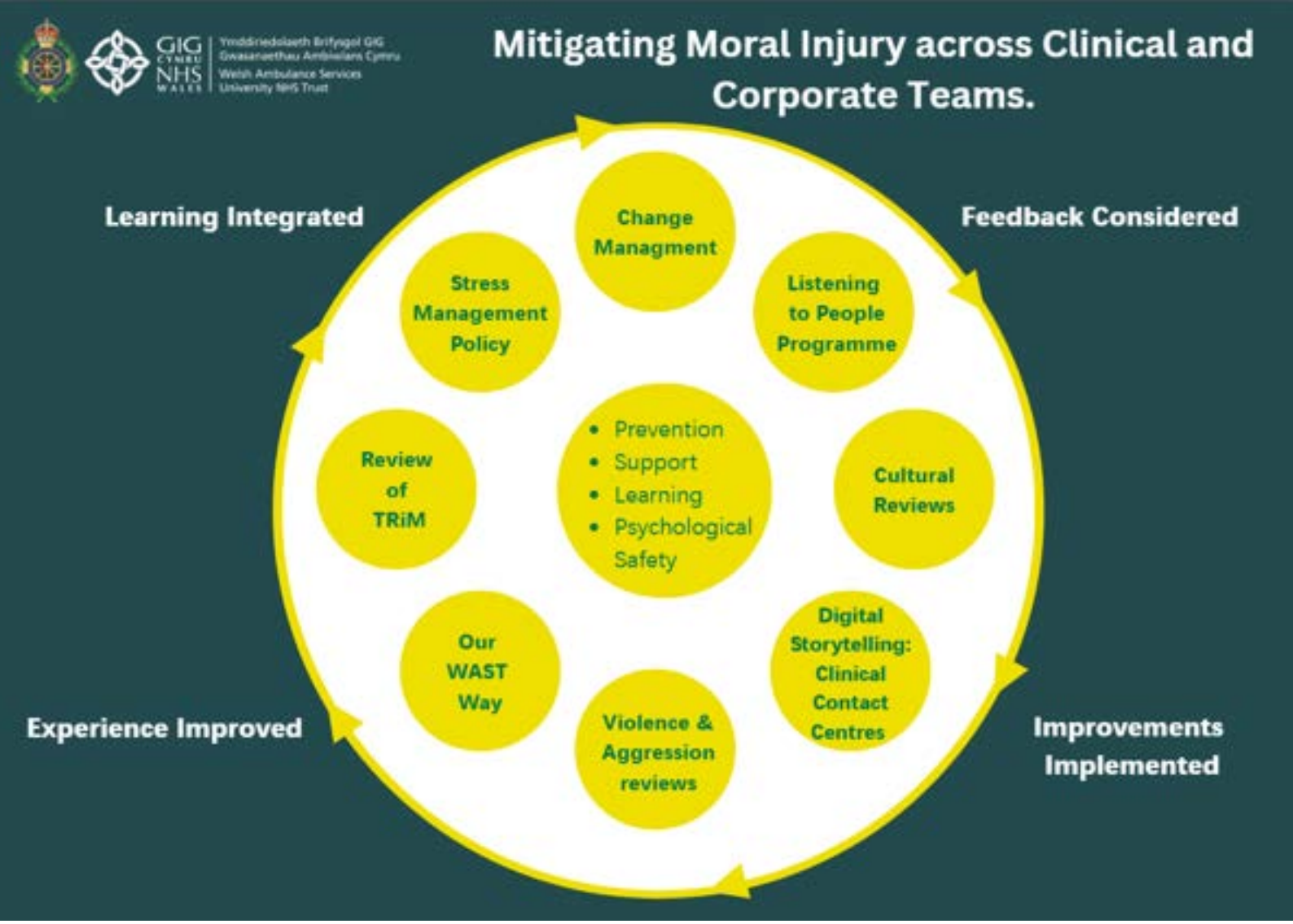
Does this paper require an impact assessment	☒ No ☐ Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
	n/a

ACTION LOG - UPDATE
PEOPLE AND CULTURE COMMITTEE
PUBLIC AGENDA

21-02/26	3 February 2026	Reflections	**ACTION FROM QUEST AGENDA ARISING FROM MEETING 3 FEBRUARY 2026** **Staff Wellbeing and Moral Injury Insight** In response to concerns raised by Ceri Jackson regarding staff wellbeing and the impact of moral injury across clinical and corporate teams, the committee requested that Liam Williams provide an update summarising (1) current organisational work on stress and moral injury, (2) how this links to the People & Culture Committee's ongoing work, and (3) how learning will be integrated into service improvement and staff support programmes.	Penny Durrant	11 August 2026	**Update 23 July 2026** Following a meeting with Angie Lewis, Penny confirmed that Angie is developing a visual and will provide a verbal update at the meeting on 11 August. (Visual attached) **Update from QuEST Action Log following QuEST meeting on 7 May 2026** The commitee received assurance that this action has been transferred to the People & Culture Committee for ongoing oversight, and that any cross-committee issues will be escalated as required. It was therefore agreed this action would be closed (from the QuEST Action Log). **Update at People and Culture Committee Meeting 5 May 2026** The committee agreed to carry forward this action to the next meeting, noting assurance that discussions have taken place between relevant leads and that a further update will be provided. (QuEST Action Log Updated) **Update 3 March 2026** Committee Chair and exec leads made aware of this action from QuEST.	Complete



Following a request from QuEST to the People and Culture Committee, we have reviewed the range of interventions we are implementing to mitigate the moral injury to our staff who are responding to changes in legislative requirements, changes in systems and processes, and continuing to provide a responsive and compassionate service. This review brings together the activity being delivered through a number of different routes across the organisation. We will continue to assess impact, keep listening to our staff and ensure the theme of moral injury remains high on our people agenda.

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

Director Update: *People & Culture*

PEOPLE AND CULTURE COMMITTEE
11 AUGUST 2026

ANGIE LEWIS
DIRECTOR OF CULTURE CHANGE

Capacity

We have offered 62 Newly Qualified Paramedic EMT posts, with the first cohort of 21 due to join in September, and are working with Swansea University to support students in maintaining their paramedic skills.

In June, we saw the completion of the EAP Induction Programme, with 554 EAPs attending over the past 18 months and 532 achieving the ILM Level 3 Effective Mentoring qualification, reflecting the significant contribution and dedication of the Education & Development team.

Richard Lewis, Essential Skills Tutor, was recognised at the Skills Academy Wales Learning Conference for his outstanding contribution to learner success. Preparations are also progressing well for the NEPTS Net Centre Onboarding Apprenticeship and the EMSC Call Handler Apprenticeship.

We continue to hold open days within our 111 Contact Centres for BAME individuals, with early data showing encouraging improvements in shortlisting and appointment rates. Following this success, the initiative is now being extended into Integrated Care services.

Capability

We have delivered our Social Partnership Development Days, focusing on key topics including Safeguarding, the new Disciplinary Policy Process, Essential Conversations and strengthening partnership working through a “walk in each other’s shoes” approach.

Momentum continues to build around Essential Conversations, with workshops delivered to more than 350 leaders and managers to strengthen confidence and capability in having supportive and effective workplace conversations.

Preparations continue for the introduction of ARWYDD (Assessment of Risk and Wellbeing Following Distressing Duties), a new digital approach to supporting colleagues following traumatic incidents, replacing TRIM. It will provide a more accessible and streamlined model of support and is designed to support earlier identification of wellbeing concerns and more timely intervention.

The People Services and Wellbeing Team is also working with Bangor and Cardiff University to develop a research project exploring absence within the Trust’s Clinical Contact Centres, helping to strengthen the evidence base for future wellbeing and workforce interventions.

The Education and Development Team successfully completed External Quality Assurance activity with FutureQuals and Agored Cymru, receiving positive assurance on quality of learning delivery and operational processes. Preparations are underway for a City & Guilds ILM quality assurance review in October, covering the Trust’s Level 3 and Level 5 Coaching and Mentoring programmes.

Culture

Liz Rogers, Deputy Director of People Services, has been shortlisted for the HPMA Deputy People Leader of the Year Award, recognising her outstanding contribution to the workforce profession and healthcare sector.

The Trust's Speaking Up Safely Team has been recognised by Welsh Government as an example of leading practice and has been invited to share its approach at the Welsh Partnership Forum meeting, supporting shared learning and the wider adoption of best practice across NHS Wales.

Colleagues attended the Employee Engagement Conference in London, providing an opportunity to share and learn from innovative approaches to improving workplace culture, wellbeing and inclusion. Bev Flood, Assistant Director of People Services, contributed to a panel discussion on leading in an AI-driven world and Liz Rogers co-presenting with ABUHB colleagues on reducing avoidable harm in disciplinary investigations, showcasing collaborative working and the sharing of best practice across the NHS.

Jo Kelso, Assistant Director of Education and Development, joined a DCHW TENtalk session, Making it Work for Everyone: Digital Accessibility and You, as a guest speaker promoting inclusion in the workplace and highlighted the importance of digital accessibility in creating equitable experiences for colleagues, patients, and the communities we serve.

The Trust marked Armed Forces Day with the Veterans Network hosting its first in-person engagement event at the celebrations in Pembrey. Network members raised awareness of the support available to veterans, reservists and armed forces families, while engaging positively with members of the public.

WAST colleagues proudly represented the Trust at Pride Cymru in Cardiff, reinforcing our commitment to creating an inclusive workplace and delivering equitable healthcare services where everyone is treated with dignity, respect and fairness.

A refreshed Recognition and Appreciation Programme has been launched, enhancing Long Service Recognition and the WAST Awards, while introducing a broader Recognition Framework to further celebrate and value colleagues' contributions across the organisation.

Key Milestones

- Strategic Equality Plan (SEP) Maturity Matrix submitted to Welsh Govenment.
- Achieved Carer Confident Employer Level 2
- Renewed our Employer Disability Confident status
- Change Heat Maps developed

Coming Up

- WAST Quality Event - Quality Without Barriers: Driving Impact Through Inclusion
- Emergency Services Show
- Mastering Diversity Conference
- Senior Leadership Community
- Leader Connect 2026 – Why Civility Matters

Risks & Challanges

- Staff Health & Wellbeing
- Implementation of the EA Skill Mix
- Pace of change and activity across the Trust
- 2026/27 Financial Constraints

OPERATIONS DIRECTORATE
QUARTERLY REPORT FOR COMMITTEES
2026-27 Q1 (April – June 2026)

REAP 4, Critical Incident and Major Incident

During the week commencing 22 June 2026, the Trust experienced a period of significant operational pressure, resulting in escalation to REAP 4. This escalation was driven by sustained increases in demand driven by the impact of extreme hot weather. In response to this continued pressure, the Welsh Ambulance Service declared a Critical Incident on Friday 26 June 2026, reflecting the level of disruption and the need for enhanced organisational coordination to maintain critical services and manage patient and staff safety. The critical incident was stood down on Monday 29 June. This occurred in the same week as the Major Incident in Kidwelly on 23 June 2026, following a road traffic incident involving a bus, where emergency services responded alongside partner agencies. Thirteen casualties were assessed and discharged at scene, and a further six people were taken to hospital for further medical attention, with no injuries believed to be life-threatening.

National Operations & Support

Challenges

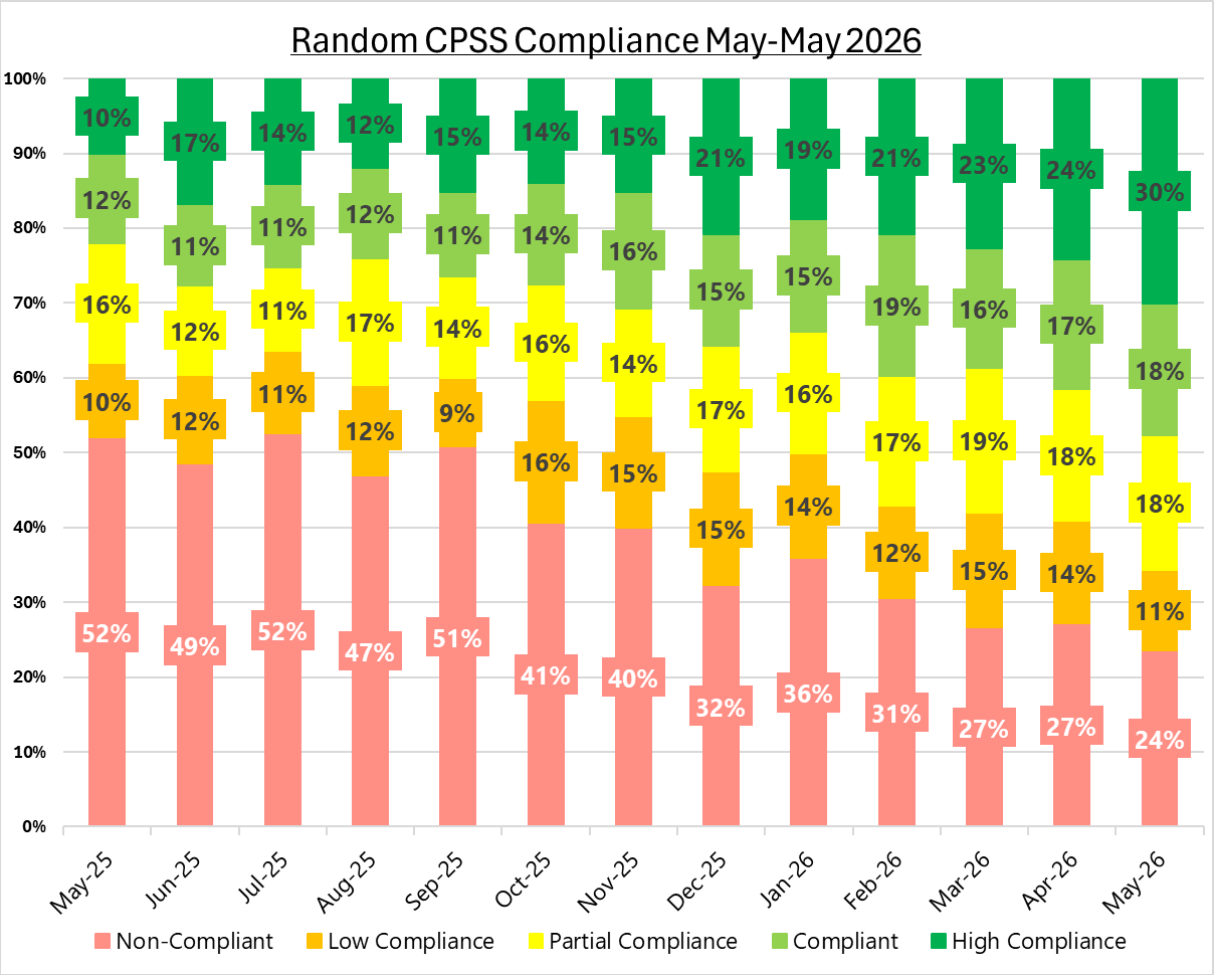
General Update

ECNS and CPSS Compliance

There continues to be steady improvements in CPSS and ECNS random audit compliance, with a reduction of non-compliance and an improvement in compliance and high compliance. The Operations Quality department will be meeting with the International Academies of Emergency Dispatch (IAED) to discuss plans to work towards Accredited Centre of Excellence (ACE) status for CPSS and (renewed) ECNS. Update papers will be prepared when further scoping and information has been obtained on required activities into Senior Operations Team (SOT).

The below shows the compliance levels for CPSS and ECNS. The 5 compliance levels set by the IAED for call audit are high-compliance, compliant, partial-compliance, low-compliance and non-compliance.

CPSS compliance (last 12 months):



ECNS for May 2026:

	Percentage	Number of Cases
High Compliance	51%	110
Compliance	18%	38
Partial Compliance	17%	36
Low Compliance	2%	4
Non-Compliant	13%	29

(There is only one month data for ECNS due to the implementation of the Integrated Care Clinical Queue)

IMTP

Volunteers in Major Incidents

The Volunteer Service, working in partnership with colleagues from Emergency Preparedness, Resilience and Response (EPRR), is developing a new Enhanced Community First Responder (ECFR) role to support the Trust's response to major incidents across Wales. ECFRs will operate as part of the wider multi-agency response, providing clinical support within the safe zone during large-scale

or complex incidents. The first cohort of volunteers are being trained in July in support of a pilot in the Cardiff area with further pilot areas across the remainder of Wales going live over the next twelve months.

GRS Cloud

The Trust successfully migrated from GRS on-premise to the Cloud environment on 12-13th May, with minimal disruption to service users. This means that our GRS systems are now cloud based rather than being hosted on local physical server equipment. A two-week post-migration hyper care period followed, and identified issues were resolved promptly. A small number of minor, non-business-impacting issues remain and are being managed through business-as-usual escalation routes with the vendor, Total Mobile. The GRS Android mobile application remains unavailable, with the issue logged and being actively progressed with Total Mobile and Digital Health Care Wales.

Positive user feedback has been received to date, particularly in relation to single sign-on functionality. The GRS SharePoint support resources and communications have been well utilised, helping to reduce demand on Resourcing and Digital Service Desk support. The Project Closure Report is scheduled for submission to Board on 16 July.

Volunteer Closure Report

The Trust's inaugural volunteer strategy Visible, Valuable Volunteering was completed with a closure report submitted in April 26. The report provided an update on the five-year journey of volunteering across WAST, showing how the service has moved from strengthening core foundations such as visibility, recognition, communication, training and governance, towards a more structured, digitally enabled and sustainable model. Key achievements include improved volunteer governance, additional skills and drugs, implementation of the Volunteer Management System and ePCR access, strengthened training and PPE compliance, growth in Volunteer Car Service and Community Welfare Responder activity, development of tiered responder pathways, governance audit assurance, enhanced partnership models and secured workforce capacity. Those uncompleted actions will be incorporated into a subsequent plan with clear ownership, milestones and reporting to maintain safe delivery, a positive volunteer experience and continued benefit for patients and communities.

National Operations Coordination Centre (NOCC)

The Trust has prioritised funding to establish a National Operations Coordination Centre (NOCC), incorporating a dedicated Incident Response Desk (IRD), to strengthen command, control and coordination for major and complex incidents while protecting business as usual delivery. This directly responds to recommendations from the Manchester Arena Inquiry and aligns with civil contingencies expectations for early, integrated incident management and timely decision-making. Following approval of the capital business case in May, the programme has moved rapidly from design into delivery, with designs finalised and procurement on track (tender July, return August, approval September), alongside continued alignment of estates, ICT and operational requirements. IRD workforce planning has progressed with the appointment of the IRD Operations Manager and next steps will focus on advancing the IRD defined scope, performance measures and operating model, and phased recruitment of staff to maintain service resilience. Engagement has progressed from targeted to wider organisational reach, supported by leadership briefings, operational sessions following a structured communications approach. As dedicated space on SIREN can be found here.

The financial position remains within expected parameters and delivery continues to be aligned to end-of-year implementation.

Coordination & Integrated Care

Challenges

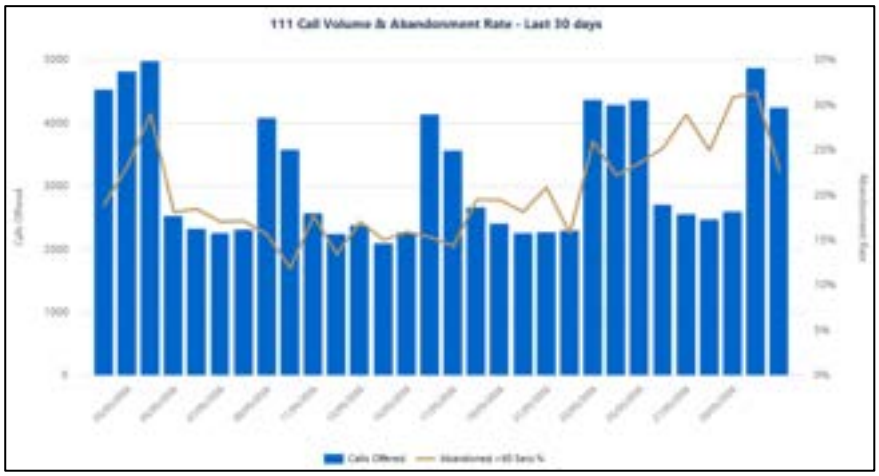
Integrated Care System Business Continuity Arrangements
Focus remains on strengthening the business continuity arrangements used when the Interoperability Toolkit (ITK) electronic link is unavailable. During these periods, alternative processes are required to transfer Integrated Care Clinical Queue (ICCQ) information between organisations, which can lead to variation in interpretation and operational delays. Work continues with Health Boards and system suppliers to improve consistency, strengthen guidance, and enhance support during periods of increased demand.

Interim secure data transfer arrangements are currently being developed to support information sharing should the ITK electronic link fail, with appropriate governance, audit and access controls being established. In parallel, longer-term CAD/MIS enhancements are planned end of July/early August to provide a more standardised and resilient approach to ICCQ information transfer, improving consistency across organisations and supporting effective patient flow when business continuity arrangements are required.

Operational Delays due to Clinical Information Visibility
Following the introduction of the Integrated Care Clinical Queue on 21 April, Health Boards have reported challenges in reviewing and interpreting clinical information due to the increased volume of notes being transferred into Adastra. This has created inefficiencies in identifying key clinical information and has the potential to contribute to operational delays.

WAST is working with system suppliers to improve how information is presented and to explore options for reducing unnecessary content. As an interim measure, Health Boards are being advised to use the Default message format and Encounter History view, which provides a clearer and more structured presentation of the relevant data.

Exceptional NHS 111 Wales May Demand
May 2026 saw exceptional NHS 111 Wales demand more commonly associated with winter pressures, with 97,123 calls offered, making it the second-highest monthly volume in the last 12 months and only 7% below the December 2025 peak of 104,542 calls. Demand increased by 5% compared to April and placed significant pressure on service capacity, despite occurring outside the traditional winter period.



The sustained increase in activity impacted operational performance, with the answer rate reducing to 65.0% and the proportion of callers abandoning after 60 seconds rising to 20.7%, levels comparable to those experienced during peak winter demand. This increase in volume also drove high levels of onward activity across urgent care pathways, including 20,971 urgent primary care dispositions, highlighting the system-wide impact of the elevated demand experienced throughout May.

The exceptional demand experienced during May is likely to have been influenced by two Bank Holidays, five weekends (four in April and June), and the associated impact of reduced access to GP and other healthcare services. In addition, the service is investigating the impact of Voice over Internet Protocol (VoIP) calls, which are currently reported as 'border calls' due to limitations in accurately identifying caller location from IP-based calls (generally mobile users utilising Wi-Fi calling), which may have contributed to the increased call volumes observed.

Integrated Care and EMS Coordination Abstractions

Sickness-related abstractions continue to be a focus across Integrated Care and EMS Coordination. Within Integrated Care, support is centred on early intervention and wellbeing-focused management to reduce sickness absence, support timely returns to work and prevent progression to long-term absence. While long-term sickness has reduced, a slight seasonal increase in short-term absence is being monitored. Inbound performance has improved, with sickness reducing to 8.83%, although weekend absence remains an area of focus. Continued partnership working with People Services and Occupational Health is supporting ongoing improvements.

Within EMS Coordination, sickness-related abstractions continue to present operational challenges. An action plan has been developed and is awaiting formal review, with ongoing collaboration between Service Managers and People Services to support implementation. EMSC coordination arrangements and mitigation measures remain in place to maintain safe and effective service delivery, alongside a programme of work led by Locality Managers to deliver a consistent and sustainable approach across all sites.

IMTP

Integrated Care Clinical Queue (ICCQ)
Overall, all workstreams were delivered in line with the planned Go-Live date of 21st of April. All Standard Operating Procedures (SOPs) and associated processes have now been fully developed, approved, and the queue successfully went live on 21st of April as planned. This includes detailed arrangements to maintain business continuity in the event of any service interruptions. Teams were provided with support during the early weeks of implementation, to ensure confidence and competence.

111 Roster Review
Roster briefing sessions were successfully delivered to managers in April, establishing a strong foundation for consistent communication and understanding. The programme has continued to progress, with 1:1 meetings undertaken in May to support individual roster discussions and decision-making. The Call Handler element has continued to develop positively and is on track to be delivered by the end of Quarter 2, maintaining strong momentum across implementation activity. For clinicians, a detailed analysis of outcomes is underway. This is being supported through ongoing collaborative work with Optima Shift to refine rostering models and align these with clinician preferences, supporting a well-informed and sustainable implementation approach.

Welsh Language Clinical Consultations Plan 2026–2031
The Delivering Clinical Consultations in Welsh Plan 2026–2031 has been developed to meet Welsh Language Standards requirements and sets out how the Trust will strengthen its ability to provide clinical consultations in Welsh through the principle of the Active Offer. Building on the previous plan, the new strategy maintains a focus on NHS 111 Wales whilst expanding its scope to include RICS clinicians and the NHS 111 digital offer. Key areas include workforce development, recruitment, digital innovation, service improvement, engagement and performance monitoring.

The plan and supporting documentation, including the Quality Impact Assessment and Equality Impact Assessment, were endorsed by Senior Operations Team on 30 June. The plan has already been endorsed by Clinical Quality Governance Group and will continue through the remaining governance process, including consideration by Clinical Advisory Group. Following final approval, detailed implementation plans and projects will be developed, with a formal review planned at Year 3 to assess progress and consider further expansion across Integrated Care services.

General Update

Falls Desk
The Falls Desk continues to deliver significant system benefit, managing over 5,200 incidents since launch and supporting more than 2% of all 999 demand with a small clinical workforce. Continued positive outcomes secured Welsh Government funding for 2026/27.

Clinical impact remains strong, with 74% of patients receiving advice within two hours and 75% of patients requiring assistance from the floor supported within two hours, reducing risks associated

with prolonged lies. A total of 908 patients were remotely assisted from the floor, with 28% subsequently managed through a Consult and Close outcome, avoiding ambulance dispatch where clinically appropriate.

The model has improved utilisation of specialist falls resources, contributing to 431 additional incidents attended (+7.2%) compared with the previous year, while maintaining vehicle utilisation at approximately 60%. Management of eligible falls incidents increased to 22% in April and May.

Performance has remained resilient despite a reduction in staffing from April 2026 to one clinician and one response coordinator, with further temporary capacity planned from November 2026 to February 2027 to support demand.

Introduction of the new 1st Line Management Structure:
On the 1st of June, Integrated Care went live with the new line management structure. This introduces roles of; Duty Operations Manager, Senior Clinical and the Workflow Coordination Manager. This is in crucial step forward that provides a unified leadership team across the Remote Integrated Clinical Services functions.

EMSC Locality Manager Programme of Work
The Locality Manager (LM) programme has established a more consistent and collaborative approach across the three sites, with a clear framework defining roles, responsibilities, and expectations. This has strengthened operational leadership, improved team visibility, and aligned key processes including performance, sickness, flexible working, and workforce planning. Regular weekly and monthly LM forums are now embedded, supporting shared decision-making, peer support, and improved coordination both internally and with external partners.

Health Care Professional Test of change HCP
The tests of change focused on alternative approaches to how community Healthcare Professional (HCP) calls are managed with the aim of improving clinical prioritisation, reducing unnecessary emergency dispatch, and increasing use of alternative care pathways.
Two tests of change have been undertaken throughout April to support early clinical involvement and robust information capture at the point of call through the use of the Medical Priority Dispatch System (MPDS) Medical Transfer Protocol Suite (MTPS)initial findings indicate clear opportunities to better align response levels with patient need, reduce avoidable ambulance dispatch, and strengthen use of alternative pathways, informing the development of a more efficient and clinically robust future model.

Improving Response Times for High-Risk Stroke Patients
A review identified that a specific group of high-risk stroke patients (showing obvious stroke symptoms) were routinely being filtered through an additional assessment stage, despite most ultimately requiring an emergency ambulance response. This step has later been deemed to be unnecessary. A change was implemented and went live on 10 June, allowing these high-risk stroke patients to be sent straight to an ambulance response and prioritised within the existing urgent queue. This removes an average wait of around 14 minutes per patient, with greater time savings during periods of high demand.

The change offers potential to improve response and arrival times for some stroke patients with minimal impact on overall demand, as most of these patients were already receiving an ambulance. Performance and patient safety will continue to be closely monitored to ensure the intended benefits are realised.

Immediate Release and Rapid Handover at English Hospital
Following recent engagement between leads and management teams at Shrewsbury and Telford Hospital NHS Trust (SaTH), agreement has been reached to implement Immediate Release and Rapid Handover processes across both hospital sites, effective from 1 June. This development aligns SaTH with existing practices already established within Welsh NHS health boards and is intended to improve patient flow, reduce ambulance turnaround times, and support system resilience.

Multiagency Incident Transfer Update – Dyfed-Powys Police Go-Live
Dyfed-Powys Police successfully went live with Multiagency Incident Transfer (MAIT) system on 18 May. This marks a key step forward in strengthening multi-agency collaboration, enabling more efficient and timely sharing of incident information between services. The implementation is expected to support improved situational awareness, streamlined communication, and enhanced joint working across agencies. We now have three of the four police forces across Wales on the MAIT platform.

Emergency Operations

Challenges

Handover 45
In line with NHS P&I handover 45 target requirements work has progressed with ABUHB, SBUHB and BCUHB. Structured meetings have taken place collaboratively with WAST and Health Boards colleagues. The three Health Boards have now produced plans detailing how the required target will be achieved which have been presented to NHS P&I.

Phase two involving HDUHB, CVUHB and CTMUHB is commencing imminently with initial meetings to share data packs and proposals for the prompt development of an action plan the demonstrates delivery against the handover 45 targets.

IMTP

APP Roster Review
All 7 Health Board areas have completed their consultation/discussion processes with the advanced practice workforce. Each locality has provided roster leads who are representing their colleagues to build new rotas that contain the required rotational elements for that specific area. Once draft rotas have been agreed by the locality APPs, they will be processed through the resource and finance teams. Currently each Health Board is at slightly different stages of the process, but this is progressing well.

Fleet Review T&F Group
Work continues to progress well with a recent SBARN – SLS/Tail Lift Costs Benefits Analysis presented to SLT. This paper looks comparing the use of a Power Load self-loading stretcher system and power chair as opposed to the current vehicle lift system. The paper includes a cost benefits analysis to allow for discussion at a senior level to establish if these new self-loading systems could replace the tail lift systems and whether the benefits would support the Net Zero Strategy (2030) from Government.

Multi Casualty Triage Bags (MCTB)
Following learning from the Manchester Arena Inquiry (MAI) and internal Major Incident exercises, in May 2026 the Trust issued Multi Casualty Triage Bags (MCTBs) to frontline response vehicles (EA/UCS and SRVs). Rollout completed at the end June 2026. The MCTB and existing PAX carry sheet can be used for any multi-casualty incident, where the numbers of patients outweigh resources available. This allows those first attending a multi-casualty incident to deploy Life Saving Interventions (LSIs) faster and more consistently. The aim of this is to reduce the 'Care Gap' - the time from an injury sustained to treatment beginning. There is no new equipment in the MCTBs and therefore no requirement for additional staff training on the contents, but familiarisation modules on both LM365 and Sway have been implemented and E&D have been provided with bags for awareness on staff induction and MIST sessions. The MCTBs have already been used successfully at the recent Cardiff multi-agency training incident. A spot check audit of the MCTBs will be completed in Autumn 2026 for compliance and feedback has been invited from colleagues as to usage.

Business Continuity
The implementation of the Trust's Business Continuity software is approaching full rollout. Work is underway to formalise reporting mechanisms, which will support consistent oversight of compliance and risk across directorates. A draft reporting framework will be presented to SOT and SLT in the coming weeks.

HART Uplift Business Case
The HART uplift business case has been endorsed by P&I and is ready for imminent submission to WG. Following engagement with WG colleagues, the scope of the submission has been expanded to include a request for SORT clinical decontamination capability funding. Prior Trust Board approval from the Trust's MAI work is used for case submission, and if successful appropriate governance for spending approvals will be undertaken.

Wales Risk Register
A detailed gap analysis against the Wales Risk Register is currently underway, with scoring methodology adapted to reflect WAST-specific risk exposure rather than Local Resilience Forum (LRF), providing a more accurate organisational risk profile. The analysis is considering key domains including training and exercising, workforce capacity, specialist capability, and the robustness of existing plans. The outputs will inform actions to address identified gaps and strengthen compliance with national resilience expectations.

Euros & Tour De France
Euros 2028 and Tour De France are significant events coming to Wales. Advance planning work therefore continues, with recruitment to key roles successfully completed and all three post holders in place by June 2026. Strategic objectives have now been approved by SLT, providing a clear

framework for delivery, and work is underway to translate these into defined operational outputs and deliverables.

A training needs analysis has been completed, identifying key command roles and informing the development of a structured two-year training and exercising programme to build capability and assurance. Engagement with multi-agency partners across Wales and the wider UK is ongoing.

As yet however no dedicated funding has been made available to WAST for planning or implementing arrangements for these events. A point which has been made in forums. WAST has set out at high level costs for Euros 2028 and provided this to NHS P&I.

General Update

TOIL Pilot
The TOIL pilot agreed in partnership has concluded with success demonstrating an increase in the approval of TOIL applications. However, momentum is vital to ensure that the hard work undertaken throughout the pilot does not drop off. Therefore, a TOIL oversight group has been established in partnership to monitor progress going forward.

Ambulance Care

Challenges

Demand and CMP challenges
During Q1, Ambulance Care has experienced an increase in demand for patient transport requests, at times exceeding available operational capacity. This has resulted in periods where demand has outstripped resource availability, requiring the activation of Capacity Management Plan (CMP) actions to maintain service delivery and patient safety. These pressures have been particularly evident during same-day activity and peak demand periods, where resource gaps have necessitated prioritisation of patient cohorts and the use of alternative solutions.

While a range of actions continue to mitigate these pressures, the gap between demand and capacity remains a key operational challenge. Ongoing work is focused, through the NEPTS improvement programme, on improving forward planning, maximising utilisation of available resources, and aligning workforce to activity, to support a more resilient and sustainable service model.

IMTP

NEPTS Improvement Programme
The programme has made good progress during the initiation phase and is currently reporting a Green RAG status. Key governance documentation, including the PID and Terms of Reference, has been developed and is scheduled for approval at the inaugural Programme Board. Programme structures are now in place, with stakeholder mapping and objectives aligned to the JCC NEPTS vision completed, and the business cycle defined to align with reporting requirements.

Workstreams have been mobilised, with leads appointed, regular reporting established, and supporting documentation, including RAIDs and plans, being developed.

NEPTS Roster Review progress
The NEPTS Roster Review continues to progress in line with the agreed approach. All areas have developed compliant rota options and are moving through the voting process. Most areas voting has now finished, with the remaining areas completing through July. One rota has gone live on the 6th July.

The next step is now to implement the remainder of rota's and redesign our entire plurality model around the new rota's, which is a significant piece of work.

Completion of this exercise will represent an important step in aligning workforce capacity to operational demand, with transitional impacts on service stability and performance being actively monitored.

General Update

NEPTS Annual Report
The service has released its first ever annual report which can be found here. The report has been developed using a mix of performance information and patient feedback and represents a balanced view of the service in an easy read format. The document will be shared with commissioners and Health Boards and be replicated bi-annually moving forward.

Patient Feedback
Patient experience feedback remains broadly positive in relation to staff professionalism and communication. However, recurring themes relating to booking processes, wait times, and accessibility highlight areas for targeted improvement. Work is ongoing to strengthen inclusive access and address identified gap

SMS - Digital Enhancements to Patient Communication
In June 2026, Ambulance Care added additional SMS text messaging functionality to patients to improve communication, patient preparedness, and overall service flow. This includes pre-journey SMS notifications, enabling patients to confirm whether transport is still required. Early indications suggest this is supporting a reduction in unnecessary journeys and improving overall capacity utilisation across the service.

In addition, vehicle mobile SMS updates provide real-time notifications to patients when crews are en-route, improving patient awareness, readiness for collection, and reducing delays on arrival.

The final step in this process will be focused on integration with the new NEPTS app, which allows patients to see where their vehicle is, review bookings, contact the service and cancel online. Implementation of the app is imminent pending completion of the relevant information governance processes.

These digital enhancements represent a key step towards modernising patient interaction and improving operational efficiency, with further evaluation planned to assess their impact on aborted journeys, waiting times, and overall patient experience

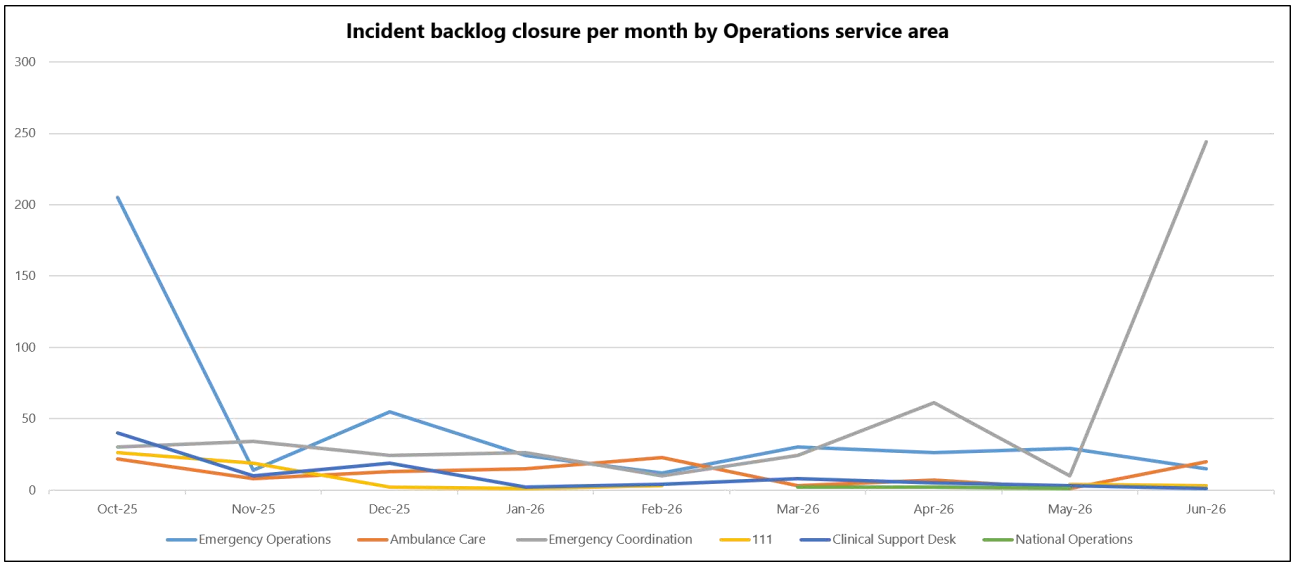
Pan Directorate Updates

Financial Savings

At the end of Month 2, the Operations Directorate is reporting a broadly positive financial position, with a marginal in-month underachievement of £2k and a year-to-date variance of £2k below plan, following a break-even position in Month 1. The current forecast indicates a potential £26k shortfall against the overall savings plan, driven primarily by ongoing pressures within fleet fuel costs across EMS Operations and Ambulance Care. Despite this, performance across other areas remains strong, with National Operations, Coordination, and Integrated Care achieving planned savings, and EMS overall overachieving in part due to non-pay savings. Forecast trajectories suggest that some early shortfalls, particularly within fuel and falls schemes, are expected to recover later in the financial year, with improving fuel prices also presenting a potential mitigating factor. Overall, excluding fuel-related pressures, the savings programme is progressing well and remains broadly on track.

Datix Backlog

Since backlog recovery work commenced in September 2025, a total of 2,285 historic incidents have been closed, representing a 71% reduction from the original 3,205 cases, some of which dated back to 2021/22.



From September 2025, services have reported 3,869 new incidents and closed 2,425 of them, achieving a 63% closure rate. This represents a 5% increase in review and closure rates on last quarter, indicating encouraging improvements in compliance and timeliness.

Further improvement activities are being scoped to maintain and continue to improve compliance with DATIX processes, including consideration of updates to the reporting hierarchy to strengthen oversight and accountability. There will also be a continued focus on ensuring consistent application of reporting requirements, appropriate access to the system, and improved awareness through communication and targeted training, supporting ongoing improvement across services.

Listening to People (LTP)

During this quarter, the Operations Directorate has continued to focus on the management of concerns as a key component of patient experience, quality improvement and organisational learning. Whilst the previous Putting Things Right (PTR) backlog recovery plan successfully reduced the historic backlog and improved visibility of concerns activity, the Directorate continues to face significant challenges in sustaining this position.

Performance has remained under considerable pressure throughout the quarter, with further increases in overdue concerns reflecting ongoing operational pressures, capacity constraints and rising demand. This demonstrates that, despite earlier recovery work, the Directorate has not yet reached a stable business-as-usual position and remains at risk of further deterioration without continued intervention and oversight.

In response, strengthened governance arrangements have been introduced, including enhanced reporting through the Senior Operations Team (SOT). These arrangements provide greater visibility of performance, support earlier identification of emerging risks and delays, and enable more timely escalation where concerns are not progressing as expected. However, these measures are intended to stabilise performance rather than indicate that the underlying challenges have been resolved.

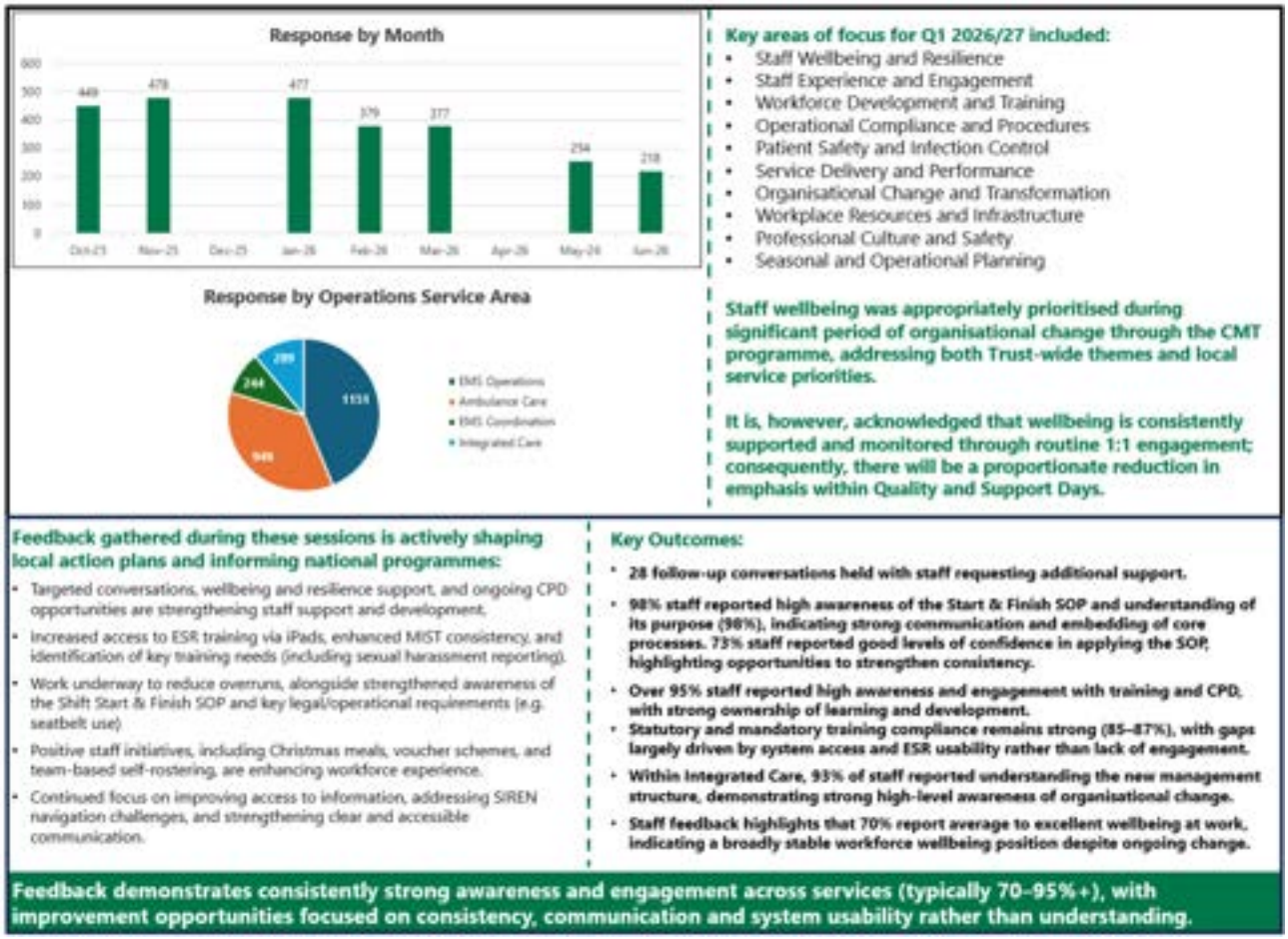
The Directorate continues to work towards embedding more sustainable processes and consistent management of concerns across service areas. A key focus remains improving both the timeliness and quality of responses while reducing the number of overdue cases. Further work is required before confidence can be gained that improvements are fully embedded. A directorate SOP is under development which will set out key roles and responsibilities across the directorate, including the process for resolution of lower grade concerns.

This work also supports the transition from the PTR process to the Listening to People framework, which places greater emphasis on timely, proportionate and person-centred handling of concerns. Whilst progress has been made in preparing for this transition, further work is required to ensure that processes, reporting arrangements and governance are fully aligned with the new framework.

Overall, the Directorate continues to face a challenging position, with performance remaining fragile and requiring sustained management attention. The strengthened oversight arrangements provide a clearer understanding of current performance, but the priority for the next quarter will be to regain control of the overdue position, improve compliance with response times, embed effective SOT oversight, finalise the SOP and continue the transition to the Listening to People framework.

Quality and Support Days

The monthly Quality and Support Days continue to be delivered with a themed focus on specific priority areas. This approach enhances opportunities for meaningful engagement, enabling local managers to maintain visible leadership presence while facilitating one-to-one discussions with staff. Through these sessions, managers can guide staff through the subject matter in a structured way, providing targeted support, increasing understanding, and reinforcing key messages.



Of the 56 Operations Quality and Support Day follow-up actions identified, 46 have been completed. This reflects strong progress and demonstrates a continued commitment to learning, improvement, and timely action.

Essential Conversations

Engagement has improved following the introduction of an 8-week notice period for sessions. During the reporting period, 45 colleagues completed the programme at the Leadership Symposium, contributing to a total of 127 completions between March and June. While 293 colleagues are yet to complete the programme, uptake remains strong, with 110 colleagues already booked onto sessions scheduled for September. To support continued demand, additional sessions have been arranged for October, with dates to be released shortly.

Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru /
Welsh Ambulance Services University NHS Trust

Stori WAST Chay/Chay's WAST Story

GIG CYMRU NHS WALES
Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services University NHS Trust

Teitl y Cyflwyniad / Chay's WAST Story
Fersiwn / Version 1.0
Rhyddhawyd / Released: Mis /August 2026

Enw'r Tîm / Chayesteh Azadegan@wales.nhs.uk

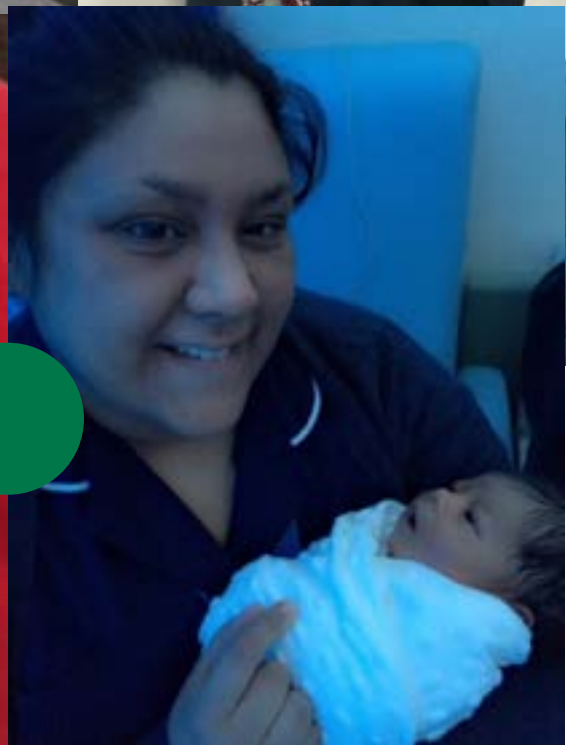
Agenda Items

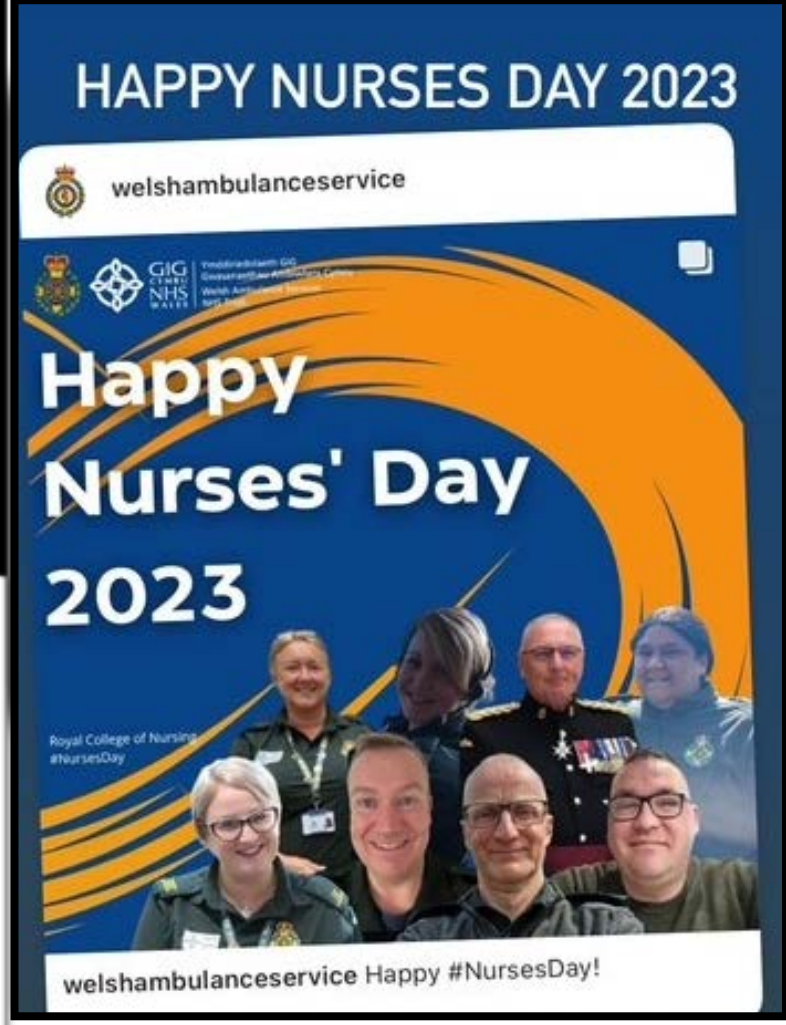
- WAST Introduction
- My Story
- Current Role
- WAST Voices Network
- Academic and Professional Progression
- Past Time
- Future Goals

In Persian, **Chayesteh** most commonly means **worthy**, **deserving**, **suitable**, or **excellent**. It can also be associated with wisdom, good character, and admirable qualities.

2010 and 2014

Nurse and Midwife





ent Role

Curr

2020-Present

WAST Voices Network

Academic and Professional Progression

2023-MSc Module in Remote Clinical Decision Making

2024- Emergency Communication Nurse System Instructor

2025-MSc in Digital Transformation in Health and Social Care

Professional Practice Educator

Past Time

China 2024

- 16 days via bullet train, 2 domestic flights and coach
- 1st Wonder of the World Visit
- Beijing, Xi'an, Guilin and Shanghai

India 2026

- 10 days visiting New Delhi, Agra, Jaipur
- 2nd Wonder of the World visit.

Japan-pending

- Potentially 2027 or 2028

Theatre Shows- July

- Hamilton in London with an original Broadway star.
- Annie Production in Cardiff Millenium Centre

Live Music - July

- Maroon 5
- Lewis Capaldi
- Bruno Mars

Theatre and Live Music

Future Goals

- Complete the next two years in my Masters.
- Develop digital support for employees with different learning styles.
- Continue to build and take part in networks where possible.

Diolch am wrando / Thank you for listening

Any Questions?

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

Agenda Item No.	09

REPORT TITLE

People and Culture Metrics Update and Workforce Scorecard June 2026

MEETING

Name of meeting	People and Culture Committee
Date of meeting	11 August 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Angela Lewis – Director of Culture Change
Author(s) of report	Sarah Davies – Head of Change and People Insights

PURPOSE OF REPORT

☐ Approval	☐ Endorsement
☒ Assurance	☒ Discussion
☐ Information (goes in consent items)	☐ Noting

REPORT SUMMARY

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

1. The purpose of this report is to:

   a. provide Committee members with a qualitative data update, 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 2026) and associated improvement actions.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Committee is requested to:

1. Comment on progress to date.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance here regarding materiality and use of the Reading Room

Annex 1: Qualitative Metrics June 2026

Annex 2: Scorecard June 2026

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.

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
☒ SO1: Providing the right care or advice, in the right place, every time	☒ SO2: Enabling our people to be the best they can be
☐ SO3: Being at the forefront of innovation and technology	☒ SO4: Developing services in collaboration
☒ SO5: Being quality driven and clinically led	☒ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
160: High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service **558:** Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [link to standards]		
☒ Safe	☒ Timely	☒ Effective
☒ Efficient	☒ Equitable	☒ Person Centred
Quality Enablers (select all that apply) [link to standards]		
☒ Leadership	☒ Workforce	☒ Culture
☒ Information	☒ Learning Improvement and Research	☒ Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
☒ A socially responsible and inclusive employer	☒ An innovative and sustainable organisation	☒ A pro-active, accessible and equitable care provider
☐ n/a	☐ n/a	☐ n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document here for further details.

Does this paper require an impact assessment	☒ No ☐ Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
27 July 2026	Director of Culture Change

SITUATION

1. The purpose of this report is to:
   1.1. share a qualitative data update, in order to provide a high level indication of the impact of our People and Culture Plan; *and*
   1.2. provide an overview of the key People and Culture performance data and trends (June 2026) and associated improvement actions.

BACKGROUND

2. Following discussion at the August 2023 meeting of the People and Culture Committee, it was agreed that updates will be shared with the 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 metrics.

3. As agreed at the August 2024 PCC meeting, this item also incorporates the People and Culture Scorecard.

ASSESSMENT

4. **Annex 1** provides an overview of qualitative data currently available, with insights drawn from a range of engagement opportunities and feedback mechanisms, through which colleagues have shared in different guises what matters most to them.

5. Themes surfacing through WAST Awards nominations suggest that colleagues most frequently recognise behaviours associated with compassion, kindness, collaboration and support for others. Themes such as listening, creating positive work environments, mentorship, creating a sense of belonging and going above and beyond appeared consistently throughout nominations, alongside professionalism, expertise and exceptional patient care. The majority of nominations are submitted within the *Unsung Hero* category; this is particularly significant, indicating that colleagues place considerable value on recognising contributions that may otherwise receive limited visibility. The volume of nominations indicates that colleagues perceive value in creating opportunities to acknowledge the often unseen work that enables teams and services to function effectively, thus highlighting the importance of recognition approaches that celebrate the everyday behaviours that underpin organisational culture and performance. This is particularly useful in informing the development of our recognition framework.

6. Questions submitted through WAST Live appear to demonstrate colleagues actively engaging with organisational change. Whilst themes cover a broad range of topics, many centred on understanding organisational direction, implications of change for individual roles, organisational capacity and support available to colleagues. Alongside questions relating to response models, workforce development, AI and financial sustainability, colleagues also sought reassurance around wellbeing, speaking up and organisational culture. This suggests that colleagues are seeking greater clarity, involvement and communication as change progresses, reinforcing the importance of transparent engagement throughout organisational transformation.

7. Feedback following the Quality event demonstrates strong alignment and mutual reinforcement across the quality improvement agenda and the Trust's people and culture ambitions, with participants consistently identifying themes relating to inclusion, accessibility and listening to lived experience. Attendees described intentions to embed inclusive thinking into everyday practice through improved communication, reducing barriers to access and considering human factors during service improvement. Positively, the emphasis placed on collaboration, networking and applying learning to practical documents and interactions suggests participants viewed quality improvement as a collective responsibility, thus reflecting an increasingly holistic understanding of quality, where patient experience, colleague experience and inclusive service design are viewed as interconnected.

8. Feedback from Directorate Leads indicates encouraging progress in developing local Staff Survey action plans. Whilst escalation pressures, competing priorities and resource constraints were consistently identified as barriers, leads report positive engagement with local discussions, active executive involvement and teams proactively requesting ideas to support engagement. Practical actions shared thus far focus largely on improving everyday working practices, including protecting lunch breaks, establishing clearer expectations around deadlines, maintaining healthy working boundaries and creating opportunities for teams to spend time together. These actions demonstrate an emphasis on improving the day-to-day experience of colleagues through manageable, locally owned interventions rather than relying solely on large-scale organisational initiatives.

9. **Annex 2** provides a summary of People and Culture KPIs up to and including June 2026 data.

10. The Trust's sickness absence rate for June 2026 is 7.70%, remaining relatively static over the past three months. For Q1 2026, the average absence rate within the Operations Directorate was 8.66%; this has reduced to 8.32% in Q2 2026.

Progress is being maintained via the embedding of targeted absence management approaches and partnership working between managers, trade union partners, Occupational Health and People Services. Further work is planned to support Coordination and Integrated Care with innovative approaches to reduce sickness absence and ensure active case management support and consistent application of absence policies, to enable managers to take earlier, more confident action, contributing to improved outcomes.

11. While PADR completion continues to fluctuate and remains below the 85% target, the focus remains on improving the quality and value of PADR conversations through a refreshed process that is simpler, more meaningful and easier to use. A pilot of the revised approach is underway and will conclude at the end of Q2 (September 2026). The findings will be reported to the People and Culture Committee on 10th November 2026, with the aim of informing wider roll-out and supporting improved completion rates over time.

12. There has been an increase in open R&R cases over the period April to June 2026 (average of 16.7 cases per month) compared to January to March 2026 (average of 10.7 cases per month). Eleven cases were closed in the period April to June, compared to eight in January to March. There are currently 45 formal Disciplinary cases, with a further 27 fact-find or initial assessment cases underway. While this represents a notable pipeline of potential disciplinary matters, it is broadly reflective of current levels of workforce relations activity, and the majority may not progress to formal investigation. The position will continue to be monitored closely to identify any emerging trends or areas of concern. Fifteen cases are currently on hold, 12 of which involve third parties such as the Local Counter Fraud Service (LCFS), local authorities or the Police. The Trust continues to take proactive steps to address inappropriate workplace behaviour and support a positive workplace culture; this includes ongoing management training and development, with recent Disciplinary Awareness sessions held across the organisation, which has strengthened awareness of expected standards of conduct. Further detail can be found within the **Cultural Themes and Trends** item.

13. Statutory and Mandatory training compliance remains stable (91.74%) and above the Welsh Government target of 85%. MIST compliance has risen to 45%, indicating strong focus and robust management despite impact of REAP4 during June. Replacement dates to account for REAP-related cancellations have since been scheduled.

14. Job Evaluation performance continues to remain strong, with average completion times consistently below the Trust target of 28 days over the last four months. Request activity has reduced during the summer period, reflecting the seasonal impact of annual leave and school holidays. During July 2026, a new digital Job Evaluation Request App was launched, providing managers with a streamlined and consistent route for submitting and tracking requests, supporting improvements to both the user experience and the efficiency of the end-to-end process. A new Job Evaluation performance dashboard will be introduced from August 2026 and reported routinely through the People & Culture Business Meeting. This will provide enhanced performance measures and trend analysis to support operational oversight, service planning and continuous improvement

RECOMMENDATIONS

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

GIG CYMRU NHS WALES

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

Our People and Culture Metrics

A Focus on Qualitative Data

August 2026

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

WAST Awards

Summary of themes arising from submissions, following relaunch in July

- Compassion
- Supporting colleagues
- Listening
- Creating positive work environments
- Courageous actions
- Person-centredness
- Proactivity
- Going above and beyond
- Mentoriship and guidance
- Passion
- Kindness
- Creating a sense of belonging
- Exceptional patient care
- Hidden work
- Pride
- Problem solving
- Patience
- Professionalism
- Resilience
- Creating safe spaces
- Teamwork
- Collaboration
- Dedication
- Expertise

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

WAST Live

Themes of questions asked by colleagues
May to July 2026

- Response model changes
- Scopes of Practice
- Future plans / strategy
- Sustainability and environmental impact
- Skills mix
- Progression and development
- Escalation processes
- Use of AI
- Speaking Up
- Long service awards
- Volume and impact of change
- Exec team structure
- Policies and their application
- Financial challenges
- Resource utilisation
- Wellbeing support
- Bullying
- Volunteering
- Fraud
- Shift overruns

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

WAST Quality Event

Themes emerging from attendee feedback

“What new insights or practices will you apply in your role as a result of this event?”

- Inclusivity and accessibility in service design
- Listening to lived experiences of patients, colleagues and communities
- Better understanding of communication barriers, especially for BSL users
- Removing barriers through practical action and mindset change
- Improving patient and staff experience as a quality issue
- Greater collaboration and networking across teams / workstreams
- Applying learning to documents, resources, correspondence and engagement
- Increased awareness of wellbeing, financial support and staff networks
- Considering human factors and population health in service improvement

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

Staff Survey Action Plans

Feedback regarding progress in relation to developing and implementing local actions in response to Staff Survey data

Examples of Actions Taken:

- Regularly reviewing priorities as a team
- Scheduling 50 min meetings to enable breaks
- Scheduling protected time for lunch breaks
- Setting clear expctations around deadlines
- Maintaining strong boundaries around working hours
- Office working same day every week, as a team

Indicators of Progress:

- **Local discussions happening around results**
- **Good engagement from Directorate Leads**
- **Exec involvement in team discussions**
- **Teams requesting ideas for engagement activities**

Reported Challenges and Barriers to Progress:

- **Recent periods of escalation**
- **Competing priorities**
- **Resource gaps resulting in capacity challenges**

Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services NHS Trust

People and Culture KPIs

Plan

Job Evaluation

JDs currently in process:	5	↓
JDs completed in month:	8	↑
Ave. days to complete:	10	↓

Recruitment

Vacancy creation to unconditional offer:	67.3	↓

Resource

Sickness

Rolling 12 month:	8.05%	↑
In month:	7.70%	↑

Wellbeing

OH referral to first offer of appointment:	6.67	↑
Sickness absence attributable to MH:	35.77%	↑

June 2026

Educate

Stat Mand training compliance:	91.76%	↑

Apprenticeships

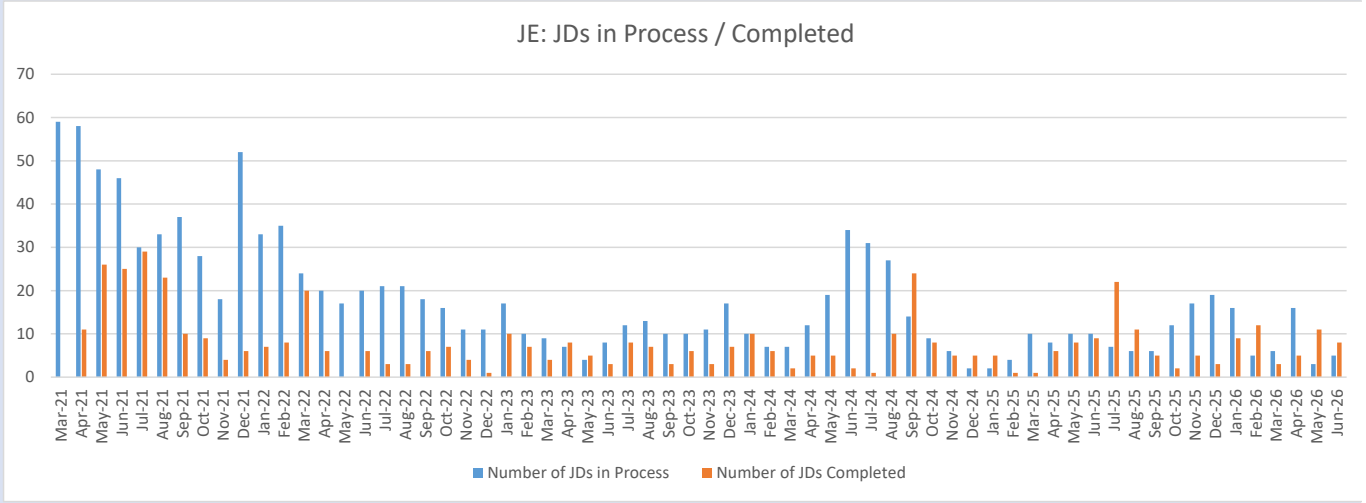
Apprenticeships in progress:	102	↑
Apprenticeships completed:	1	↑

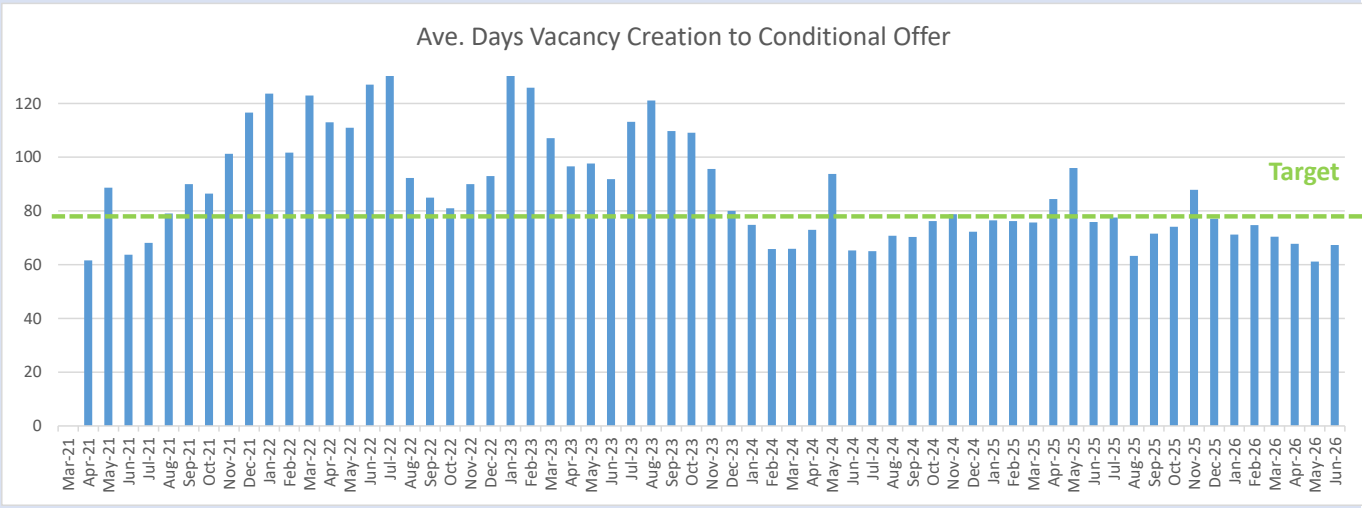
Engage

PADR Compliance:	73.57%	↓
Open ER cases:	71	↑
Formal requests for resolution:	20	↑

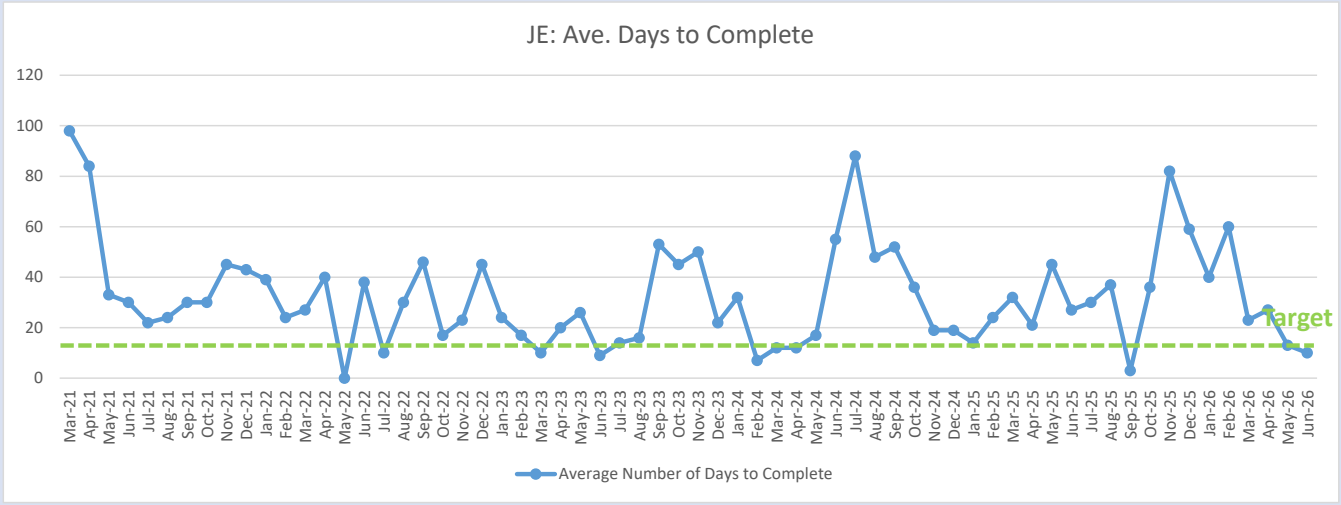
te: Sickness data is generated around 23rd of each month, so some reports may not include the lastest figures depending on when the data is collected

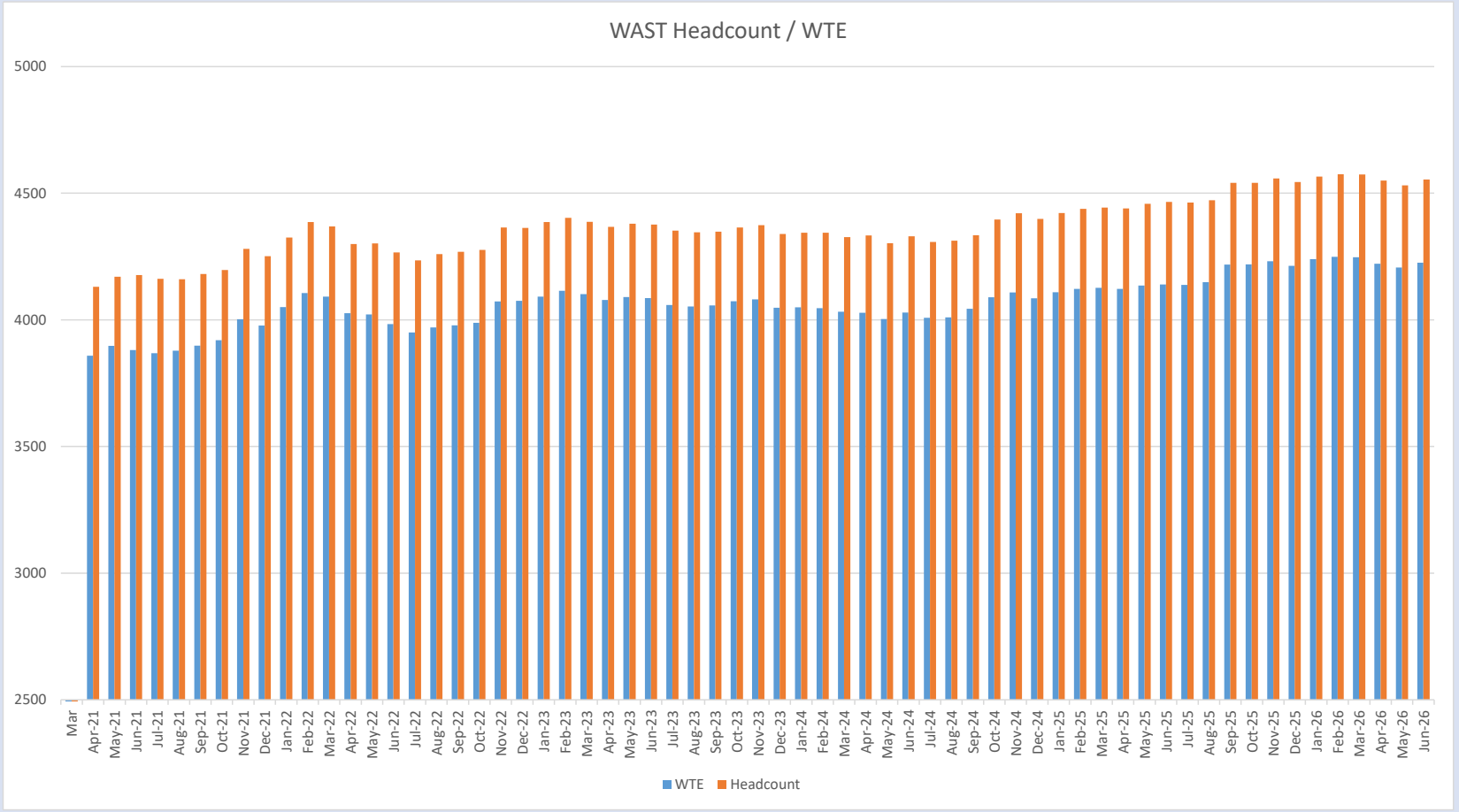
Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services NHS Trust



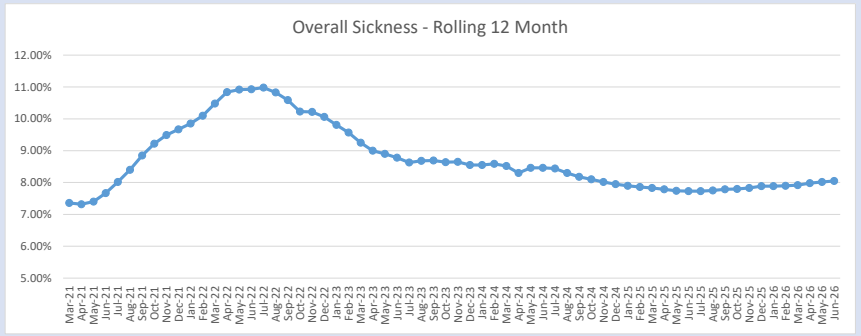


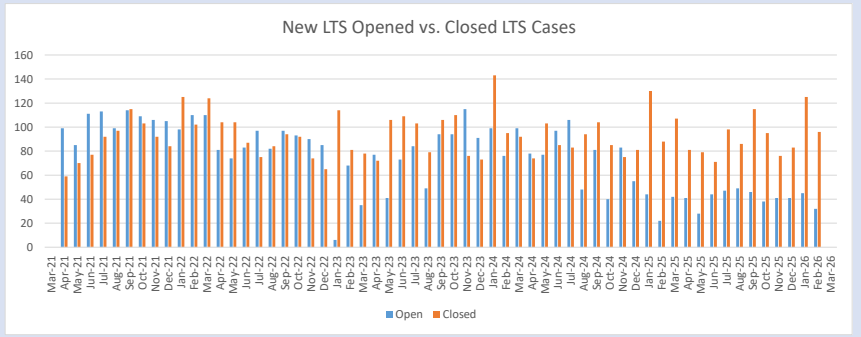
Return to Summary



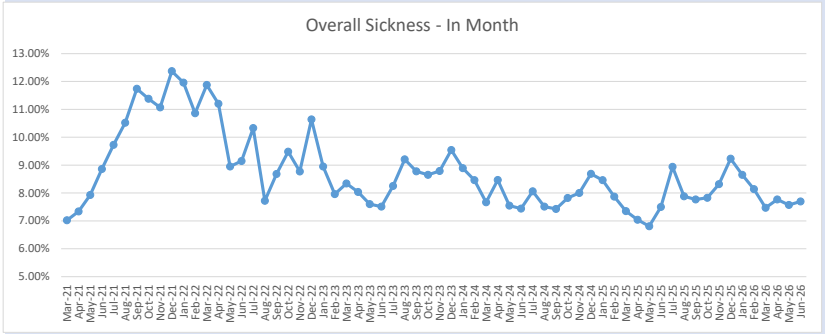

WAST Headcount / WTE
5000
4500
4000
3500
3000
2500
Mar
Apr-21
May-21
Jun-21
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Feb-22
Mar-22
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
Jun-24
Jul-24
Aug-24
Sep-24
Oct-24
Nov-24
Dec-24
Jan-25
Feb-25
Mar-25
Apr-25
May-25
Jun-25
Jul-25
Aug-25
Sep-25
Oct-25
Nov-25
Dec-25
Jan-26
Feb-26
Mar-26
Apr-26
May-26
Jun-26
WTE
Headcount

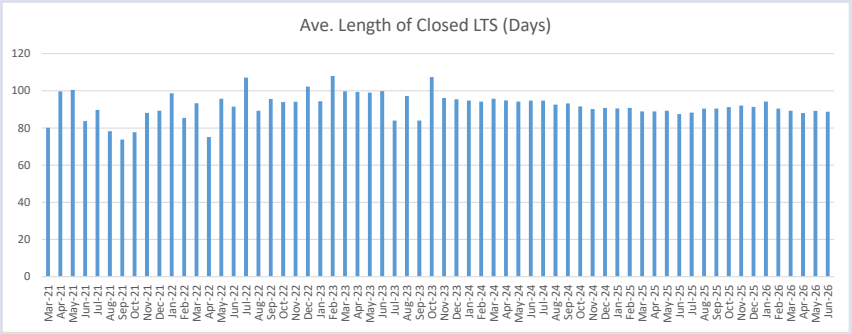
Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

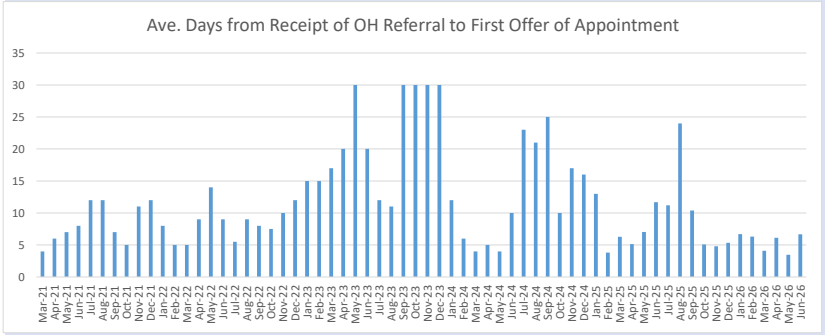


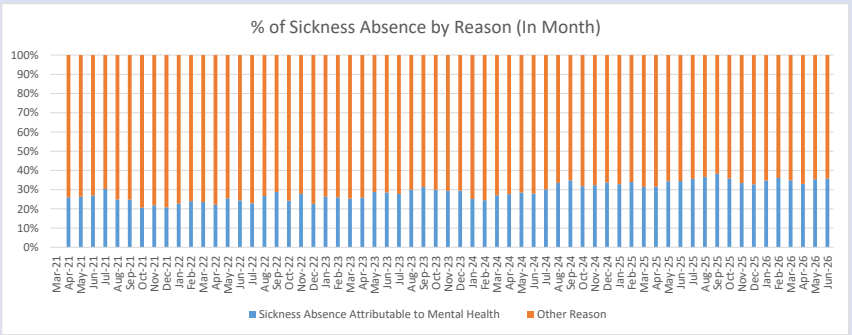


Return to Summary



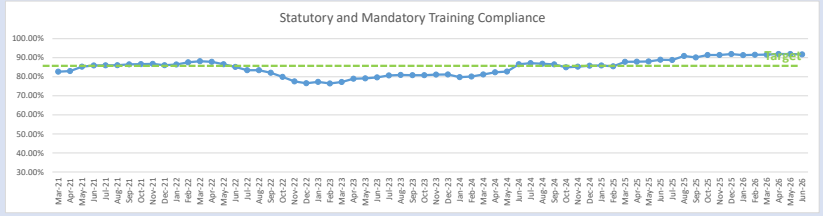


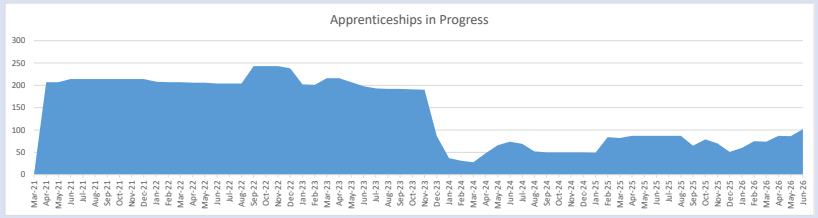




Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services NHS Trust

Return to Summary

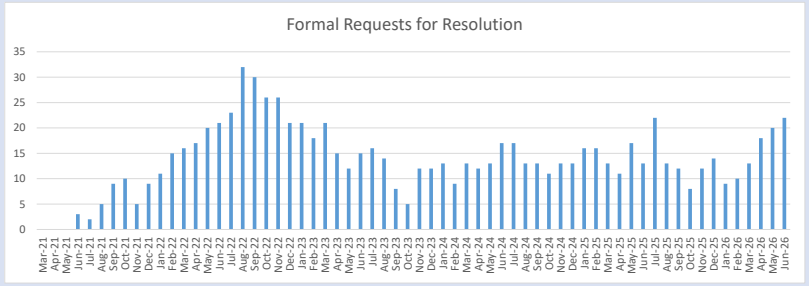


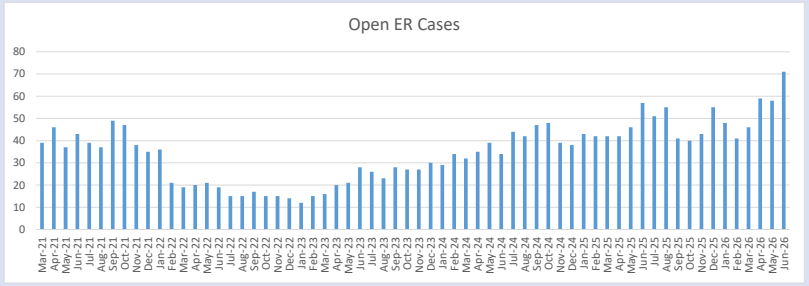


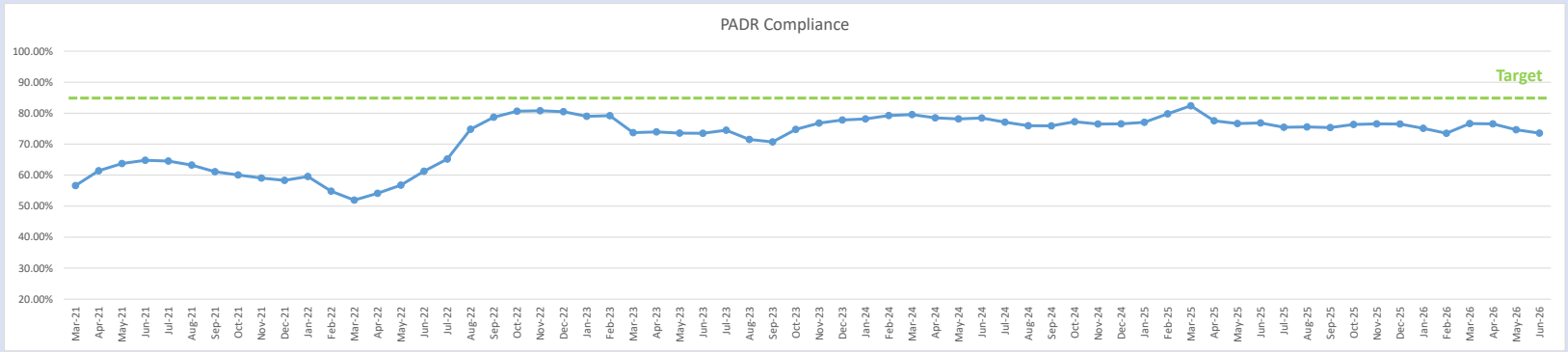
Apprenticeships Completed In Month

Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services NHS Trust

Return to Summary







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

Agenda Item No.	10

REPORT TITLE

Monthly Integrated Quality Performance Report June 2026

MEETING

Name of meeting	People and Culture Committee
Date of meeting	11 August 2026
Public or Private	Public
If private - rationale	Choose item from below

REPORT SPONSOR

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

PURPOSE OF REPORT

☐ Approval	☐ Endorsement
☒ Assurance	☒ Discussion
☐ Information (goes in consent items)	☐ Noting

REPORT SUMMARY

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

1. The purpose of this report is to provide the P&C Committee with the Trust's performance scorecard, the one that goes to Trust Board to give an overall view on the Trust's performance, and then committee specific metrics. This report is for **June 2026 and is the first iteration of the new P&C Committee specific monthly integrated quality & performance report.**

2. Given this is the first iteration, there are some indicators in the report that are still under development, with the expectation that these are resolved by the time of the second iteration. The report indicates good performance in areas like job evaluation, statutory & mandatory training, staff in post to establishment and shift overrun reductions (although these are still higher than the Trust would want to see). Committee members will be used to seeing indicators on abstractions and unit hours production, which are areas of focus now and moving forward into the winter plan. There are also some interesting new measures in this iteration, for example, volunteer numbers. It has not been possible to obtain pre-pandemic data, but there was a reduction in volunteers during the pandemic, with the Trust looking to rebuild this important cohort of our people. Similarly, the flu vaccination rate was 49.9% in 2020/21, but last winter had dropped to 28.8%. Welsh Government will be interested in the Trust's plans in this area, as part of winter planning.

3. 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 with a new approach being tested from 30 July, whilst also continuing with the more strategic focus on the People and Culture Plan.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The People and Culture Committee is requested to:

Consider the June 2026 Integrated Quality and Performance Report and actions being taken and determine whether:

a. The report provides sufficient assurance;
b. Whether further information, scrutiny or assurance are required, or
c. Further remedial actions are to be undertaken through Executives; and
d. Note the additional metrics included and the additional work that will continue with Directors to refine the PCC committee specific metrics.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance here regarding materiality and use of the Reading Room

Annex 1 Monthly Integrated Quality and Performance Dashboard

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
☒ SO1: Providing the right care or advice, in the right place, every time	☒ SO2: Enabling our people to be the best they can be
☒ SO3: Being at the forefront of innovation and technology	☒ SO4: Developing services in collaboration
☒ SO5: Being quality driven and clinically led	☒ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
160 High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service **558** Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences **100** Failure to persuade JCC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [link to standards]		
☒ Safe	☒ Timely	☒ Effective
☒ Efficient	☒ Equitable	☒ Person Centred
Quality Enablers (select all that apply) [link to standards]		
☒ Leadership	☒ Workforce	☒ Culture
☒ Information	☒ Learning Improvement & Research	☒ Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
☒ A socially responsible employer	☒ An innovative and sustainable organisation	☒ A pro-active, accessible and equitable care provider
☐ n/a	☐ n/a	☐ n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document here for further details.

Does this paper require an impact assessment	☒ No ☐ Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
30 July 2026	Hugh Bennett - Assistant Director Commissioning & Performance

SITUATION

1. The purpose of this report is to provide the PCC Committee with the Trust's performance scorecard (the same one that goes to Trust Board) to give an overall view on the Trust's performance, and then committee specific metrics. This report is for **June 2026**.

2. This is the first iteration of a PCC committee specific MIQPR.

BACKGROUND

3. The MIQPR continues to evolve. This iteration, the first PCC committee specific MIQPR, includes graphs for the Trust Board metrics, where PCC is the lead committee and additional graphs for metrics that are specific to the committee. Some metrics are still under development, with the expectation that these will be resolved through the next cycle of reporting.

4. The report includes trajectories for a number of measures; in the same way Trust Board has received. These should be regarded as an early iteration intended to support oversight and discussion, with further refinement expected as the underlying modelling matures.

5. Previous iterations of the MIQPR have included Statistical Process Control (SPC) charts. This version extends their use and introduces a revised presentation to support clearer interpretation by the committee.

Statistical Process Control (SPC) charts help distinguish between the normal variation expected within a stable process and signals that performance has changed. The centre line shows average performance, while the upper and lower process limits show the range within which results would usually be expected to fall.

Patterns within the limits indicate common cause variation. Patterns such as a sustained shift above or below the average, a trend, or a single point outside the limits indicate special cause variation and should prompt further consideration.

SPC helps the Board assess not only whether performance is above or below target, but whether the current system is capable of achieving that target consistently. The Board may also wish to consider, through a future development session, whether further time would be helpful to strengthen shared understanding of SPC interpretation.

ASSESSMENT

Our People

6. **Unit Hours Production**: The Trust produced 115,208 Ambulance Response unit hours during June 2026 and delivered an emergency ambulance unit hours production (UHP) of 87%, not achieving the 95% benchmark. Reduced overtime (linked to the financial plan), abstractions (IMTP productivity measure) and UCS recruitment (under review) are the underlying causes. These are areas of focus now and moving forward into the winter plan.

7. **Overruns:** The Trust experienced 3,189 overruns in June 2026 a decrease of 7.3% from June 2026 consistent with a downward trend over the past two years. The Trust is starting a plan, do, study, act (PDSA) of a new approach to shift finishes, designed to further reduce overruns. The PDSA started on the 30 July 2026.

8. **Trust sickness absence:** overall sickness was 7.57% in May 2026, a 10.57% increase from the same period last year and above the Trust ambition of 6%. The pattern remains consistent with seasonal pressure, and improvement action continues through the workforce wellbeing agenda, roster changes, occupational health support and wider operational reform.

9. **Abstractions:** In June 2026 EMS abstractions were 32.5%, remaining above the benchmark of 29.91%. Annual leave continues to represent the largest proportion of abstraction, supported by sustained levels of training activity and maternity leave. While a small improvement was observed compared with May 2026, overall abstractions remain broadly unchanged compared with the same period last year. In June 2026 111 total abstractions were very low at 21.5% which 9.2% is below the 30.7% benchmark. The improvement was driven primarily by continued reductions in sickness absence, alongside lower secondment levels. Annual leave remained stable despite seasonal leave demand, while maternity and other abstraction categories remained consistent. Overall, June demonstrates a positive trajectory and reflects improved workforce availability compared with both recent months and the same period in 2025.

10. **Disciplinary Cases:** there is a clear upward trend in the volume of open disciplinary cases across the past two years. Total open cases increased from 48 cases in July 2024 to 70 cases in June 2026, representing an increase of approximately 46%. While cases fluctuated throughout 2025, a sustained rise is evident from late 2025 onwards, culminating in the highest recorded level in June 2026. Inappropriate behaviour accounted for 58.5% of all cases in June 2026 and remains the dominant disciplinary category throughout the past two years and is the primary reason of overall case volume.

11. **Violence and Aggression:** in June 2026, there were 51 incidents of violence and aggression reported via Datix, a slight decrease from the 55 in May 2026, and remains above the 42.9 two-year average. 28 of the cases reported in June 2026, were Non-Physical Aggressive/Threatening behaviour (28).

12. **Sexual Harassment:** there have been 12 sexual behaviour or harassment reports since April 2026. Further work is required on this metric, to aid interpretation and understanding, for example, at one level this is twelve too many reports, conversely the Trust will want to see a culture where our people feel safe to report such issues, so it may go up over time.

13. **RIDDOR:** Four reports were made in June 2026, slightly above the two-year average (3.6).

14. **Turnover:** the Trust's overall turnover was 8.32 % for June 2026, remaining consistent and below the 10% target.

15. **Staff in Post to Establishment:** At the end of June 2026, The Trust's operational FTE variance was -248.92, with -108.99 with Emergency Medical Services. These numbers are low when set against the total workforce, but close attention is paid and will be paid to this metric and associated workforce planning. UCS staff in post to establishment has been identified as a particular concern, with corrective actions in place.

16. **Job Evaluation (JE):** During June 2026, 23 Job Evaluation (JE) requests were received, and eight Job Descriptions were completed. Request volumes have shown a sustained increase over the previous six months. Despite this upward trend, the average time taken to complete the JE process is materially reduced to only 10 days.

17. **Under-represented Groups:** the Trust has only recently started to routinely monitor appointments from under-represented groups. In June 2026, 26.7% of those who identified from under-represented groups were shortlisted, significantly achieving the >7% ambition.

18. **Race Equality:** This reporting metric is under development and will be available for the next iteration.

19. **Staff training and PADRs:** PADR completion remained below the 85% target at 73.57% in June 2026, while statutory and mandatory training compliance decreased minimally to 89.3%, but remains above target. The key message is that training compliance is stable, whereas PADR completion still requires sustained improvement action. Current work is focused on the PADR refresh programme, clearer managerial accountability and renewed communication to support uptake.

20. **Staff Survey:** Staff engagement survey participation has continued to improve significantly, rising from 23.2% in 2023 to 43.2% in 2025. This increasing response rate demonstrates growing staff willingness to provide feedback and contribute to organisational improvement. Engagement levels have remained consistently strong throughout the period, with the Engagement Index Score increasing to 67.3% in 2025, the highest score achieved over the last three years. These results indicate a positive and engaged workforce, supported by increasing confidence in staff voice and involvement.

21. **Flu Vaccination Rate:** is seasonal between September and February each year. As of the 2025/26 flu vaccination campaign, 28.8% of WAST staff have received a flu vaccination either through WAST or externally. This represents a broadly unchanged position compared with 2024/25 (28.9%). Whilst uptake has stabilised over the last two years, vaccination levels remain below those achieved in previous campaigns, particularly the peak of 49.9% recorded in 2020/21. Continued promotion of flu vaccination remains important in supporting workforce wellbeing, reducing avoidable illness, and maintaining operational resilience during periods of seasonal demand. Welsh Government will be interested in the Trust's plans in this area, as part of winter planning.

22. **Volunteer Strategy**: It has not been possible to obtain pre-pandemic data, but there was a material reduction in volunteers during the pandemic, with the Trust looking to rebuild this important cohort of our people. In June 2026 and across all groups, 768 of 1,149 registered personnel are currently active, representing an overall rate of 66.8%. This indicates that approximately two-thirds of the volunteer workforce is actively available to support service delivery. Volunteer Car Service (VCS) Drivers demonstrate the highest level with 74.4% currently active, although the Trust thinks that VCS drives are approximately a third down on their pre-pandemic levels. Community First Responders (CFRs) represent the largest active cohort, with 395 active responders from a total establishment of 595 (66.4%). Meanwhile, Community Welfare (CW) Responders have the lowest active participation rate at 64.5%, resulting in the largest proportional gap between registered and active personnel. Overall, the data reflects a substantial active volunteer resource, with particularly strong engagement among VCS Drivers and the greatest active capacity provided by the Community First Responder workforce.

RECOMMENDATION(S)

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

Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru /
Welsh Ambulance Services University NHS Trust

Monthly Integrated Quality & Performance Report

June 2026
Annex 1 – Top Indicator Dashboard

GIG CYMRU NHS WALES

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

Annex 1 – Top Indicator Dashboard
Version 1.0
July 2026

by Commissioning & Performance Team

Delivering on our Strategic objectives

Overall strategic objective profile

STRATEGIC OBJECTIVE	DESCRIPTOR	RED	AMBER	GREEN	TBD	MOA
SO1 – Our Patients	Significant performance challenges	8	2	4	2	0
SO2 – Our People	Mixed performance	2	1	3	0	0
SO3 – Innovation & Digital Transformation	Strong performance	0	0	1	0	1
SO4 – Partnerships & System Contribution	Significant performance challenges	5	0	0	0	1
SO5 – Quality, Safety & Patient Experience	Mixed performance	1	0	1	2	1
SO6 – Finance, Resources & Value	Mixed performance	2	0	2	0	0

The dashboard shows significant performance challenges across Strategic Objectives 1 and 4, with mixed performance across Strategic Objectives 2, 5 and 6, and strong performance in Strategic Objective 3. The most significant challenges currently facing the organisation relate to patient access, operational responsiveness, workforce capacity and wider system flow.

Section 1: Monthly Indicators / Top Indicator Dashboard

Top Monthly Indicators	Ambition 2026/27	Apr-26	May-26	Jun-26	2 Year Average	RAG
Our Patients (SO1&5)						
Return of Spontaneous Circulation (ROSC)	25-30%*	23.9%	22.1%	20.3%	21.6%	R
Stroke Call to Hospital Door Times	01:30	02:35	02:32	02:43	02:28	R
STEMI Call to Hospital Door Times	01:30	02:25	02:46	02:35	02:33	R
NOF Call to Hospital Door Times						
Arrest (Purple) Median	6-8 Minutes*	07:39	07:45	07:42	N/A	G
Arrest (Purple) 90th	<20 Minutes	18:23	18:00	18:20	N/A	G
Emerg. (Red) Median	6-8 Minutes*	09:24	09:12	09:32	N/A	R
Emerg. (Red) 90th	<20 Minutes	22:37	22:39	23:14	N/A	R
Now (Orange) Median	<60 Minutes	01:26	01:22	01:29	N/A	R
Time to Integrated Care RICS 1 90th Percentile	<60 Minutes					
Can't Send & Cancelled by Patient Volumes	<5,770	5,712	6,109	6,288	7,003	A
NHS111 Call Handling Abandonment Rates	<10-15%	18.8%	19.7%	16.1%	12.2%	A
Renal Repeat Cancellation	Zero	0	0	0	N/A	G
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	>70%	73.9%	72.8%	74.5%	76.7%	G
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	>95%	71.6%	72.7%	67.6%	77.8%	R
% of 111 call presented in Welsh, Answered in Welsh	>70%	60.0%	51.3%	58.0%	58.4%	R
National Patient Reported Experience Measure (average overall experience score)	85%					
Concerns Response within 30 Days	>40%					
Enactment of the Duty of Candour Total	100%	67%	100%	100%	N/A	G
National Reportable Incidents reports (NRI)	MOA	2	12	2	5	MOA
Joint Investigation Framework Referrals to HBs	<7	12	10	15	13	R

Top Monthly Indicators	Ambition 2026/27	Apr-26	May-26	Jun-26	2 Year Average	RAG
Our People (SO2)						
% of Under-represented Groups Offered	>7%	55.6%	34.4%	26.70%	N/A	G
EMS Hours Produced (Against Planned)	95%	88%	87%	87%	86.08%	A
Sickness Absence *(all staff)*	<6%*	7.72%	7.62%	7.70%	7.90%	R
Staff Turnover Rate	<10%*	7.87%	8.36%	8.32%	8.10%	G
PADR/Medical Appraisal	>85%	76.52%	74.63%	73.67%	73.96%	R
Statutory & Mandatory Training	>85%	89.40%	89.52%	89.31%	86.78%	G
Finance & Value (SO6)						
Average Jobs per Shift (EA)	>2.3	2.96	3.06	3.02	2.77	G
Average Jobs per Shift (APP)	4.75	2.57	2.59	2.59	2.98	R
NEPTS Activity Cancelled (by CMP, Patients & HBs)	<10%	19.1%	18.3%	19.3%	17.7%	R
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100%	100%	100%	G
Partnerships / System Contribution (SO3&4)						
Number of Patients using Albot	MOA	5,374	5,263	5,286	N/A	MOA
Webchats as a % of Web Site Hits	>1.35%	1.43%	1.51%	1.51%	N/A	G
111 Outcomes (999 & ED)	MOA	16.1%	15.4%	17.0%	19.0%	MOA
Successful Consult & Close Outcome	>22%	19.7%	17.2%	17.1%	17.9%	R
% See & Treat & Alternative pathways (of verified activity)	>20%	10.36%	9.59%	10.03%	10.58%	R
Number of Handover Lost Hours	<6000	13,748	14,057	13,874	17,512	R
Number of Handovers over 45 mins	Zero*	4,534	4,597	4,612	5,562	R
Reduction in Number of Conveyances to ED as % of Verified	30%	33.84%	37.92%	36.90%	35.44%	R

RAG Indicates -

TBD: Status cannot be calculated (To Be Determined)

MOA – Measure of Activity

Green: Performance is at or has exceeded the target *(Indicates no action is required)*

Amber: Performance is at or within 10% of target *(Indicates some issues/risks to performance (monitoring is required))*

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

***NHS Wales Performance Framework Measures 26/27 (Feb-26)**

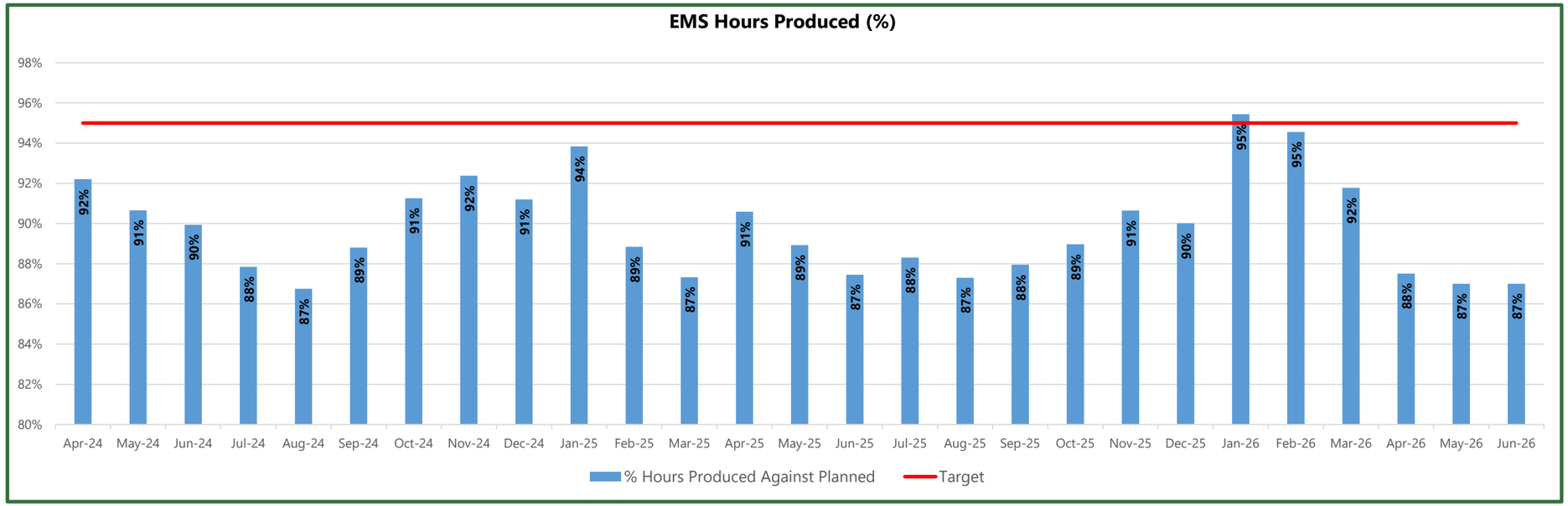
Our People

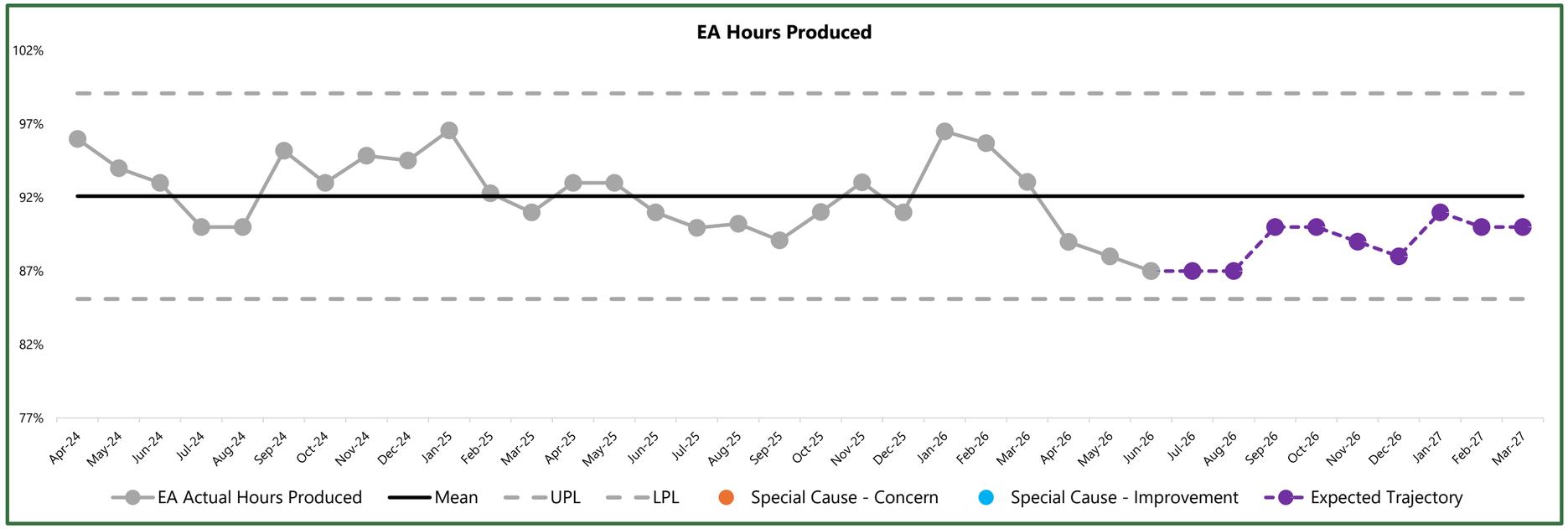
EMS Hours Production Indicators

EMS Production

A

Strategic Objective 2





Analysis

The total EMS hours produced is a key metric for patient safety. The SPC chart highlights that over the past two years this metric has stayed within normal process limits.

EMS Hours Produced achieved 87% in June 2026 which equated to 115,208 Actual Hours, against a planned total of 131,855, and remained below the 95% target, with reduced overtime availability linked to financial constraints a factor.

Remedial Plans and Actions

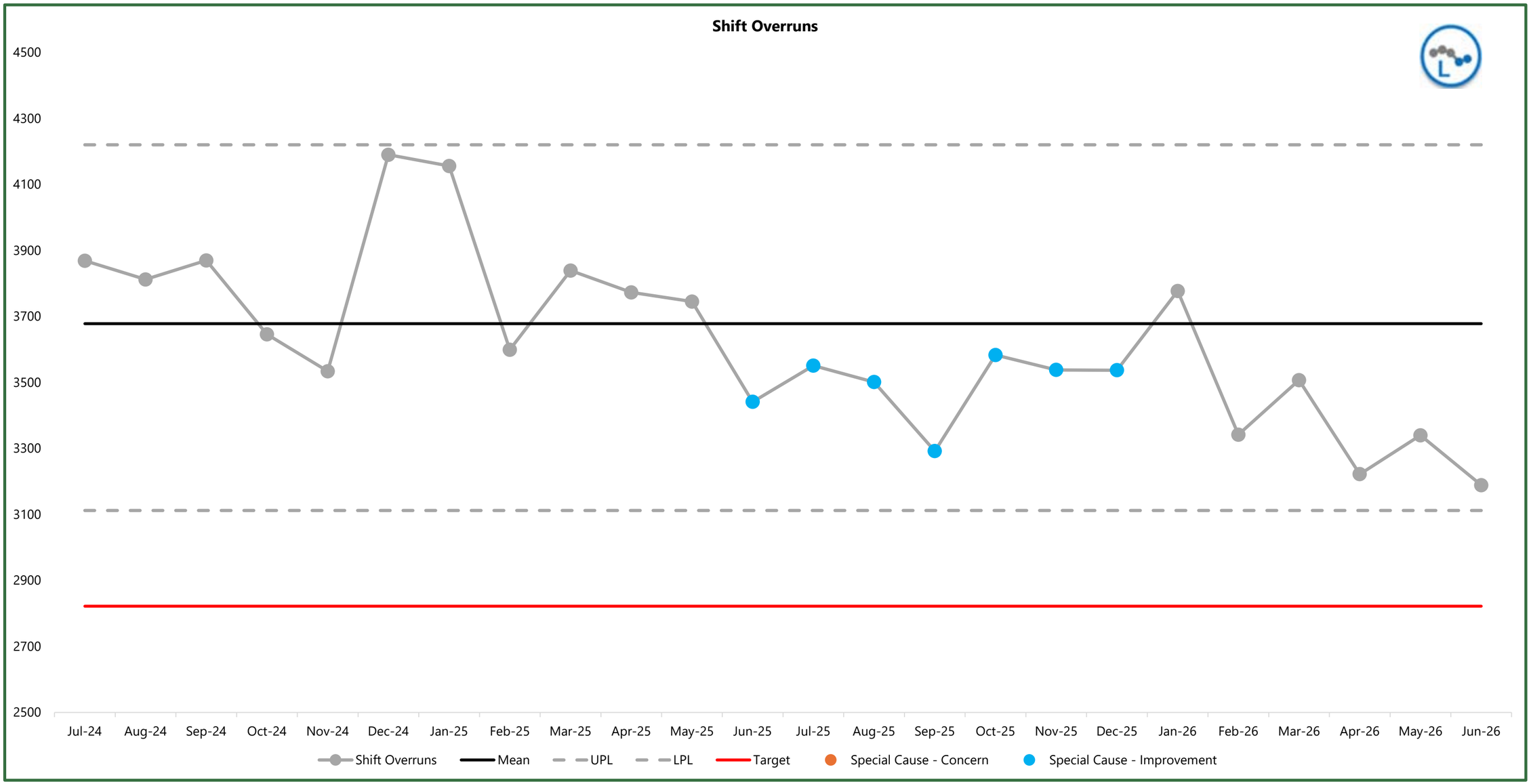
There are three issues affecting EMS UHP: abstractions (maternity, other, sickness) are higher than benchmark; overtime has had to be reduced to produce a balanced financial plan and vacancies in UCS, which are picked up in EMS in this case.

Expected Performance Trajectory

A UHP trajectory is being developed. The UCS recruitment gap is projected to close over this financial year, with a meeting arranged to consider how this can be sped up. The Trust maintains an ambition to reduce sickness to 6% and maintain abstractions to 30%. Reduced overtime availability will reduce future levels of production.

Our People

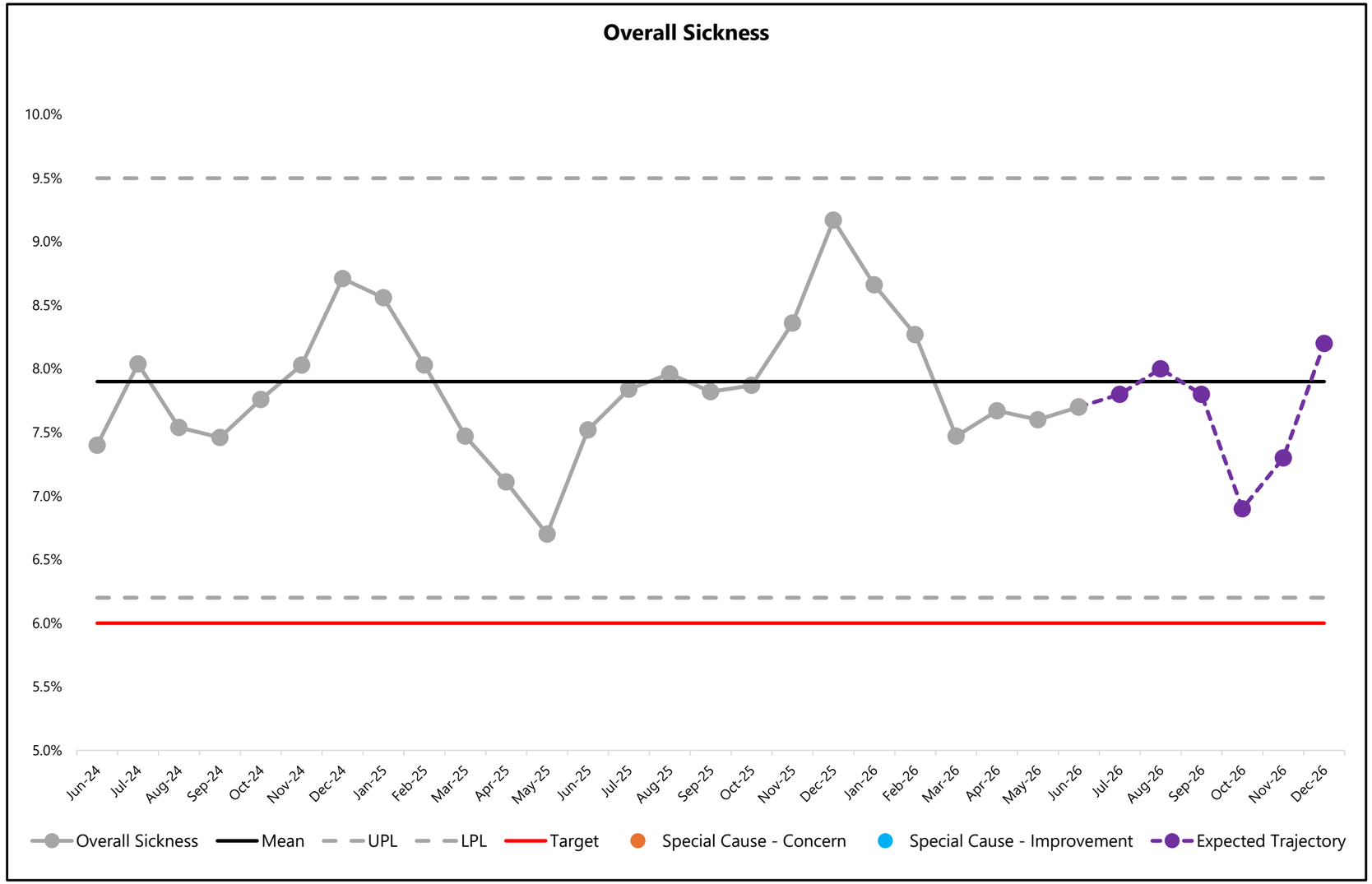
Overruns



Our People
Sickness Absence

Strategic Objective 2

Sickness
R



Analysis

Sickness levels in June 2026 were at 7.7%. Long term absence was at 5.54 % and short-term absence was at 2.16%.

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

The SPC chart shows that sickness absence remains in statistical control with variation occurring within expected limits. However, the process average of 7.9% is well above the organisational target of 6.0%. No special-cause improvement is evident, so achieving the target will require fundamental changes to the factors driving sickness absence rather than continued monitoring of normal variation.

Remedial Plans and Actions

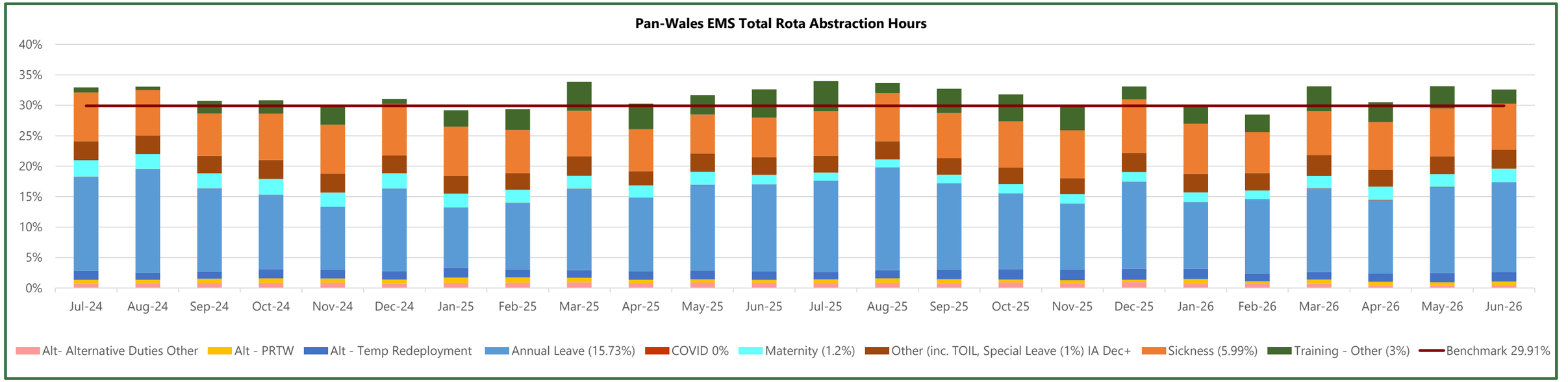
- Our Occupational Health Service Manager continues to offer specialised consultation to managers for sensitive and complex situations.
- The OH/Wellbeing team's work is guided by the Health and Wellbeing Plan 2025-29, with a focus on strengthening workplace relationships, enhancing organisational awareness on trauma, and addressing key health and wellbeing challenges while continuing to provide individual support.
- A review of all our external providers has been completed in preparation for the new financial year, and we are working with Procurement to ensure best value arrangements for these services.
- New 111 rosters are expected to go live which will improve staff experience
- There are also expected changes to the rest break policy and the approach to managing overruns in EMS, all of which are anticipated to have a positive effect on overall sickness levels.

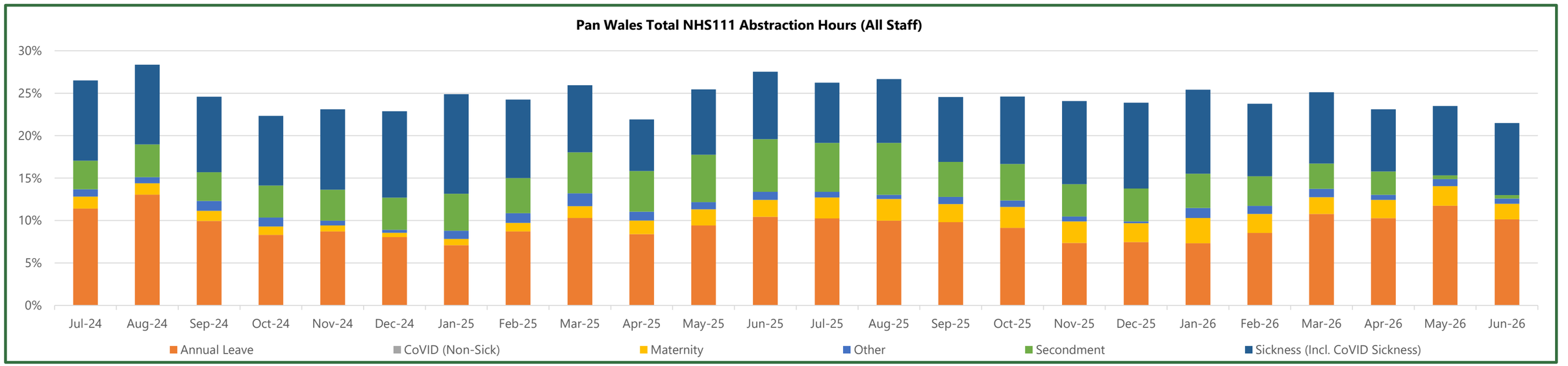
Expected performance

The purple line indicates expected trajectory over the remainder of the year, with sickness expected to follow normal seasonal patterns during the summer months but then decrease from September 2026 as changes to rosters, and potential changes to rest break policy and approaches to reducing overruns take effect.

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

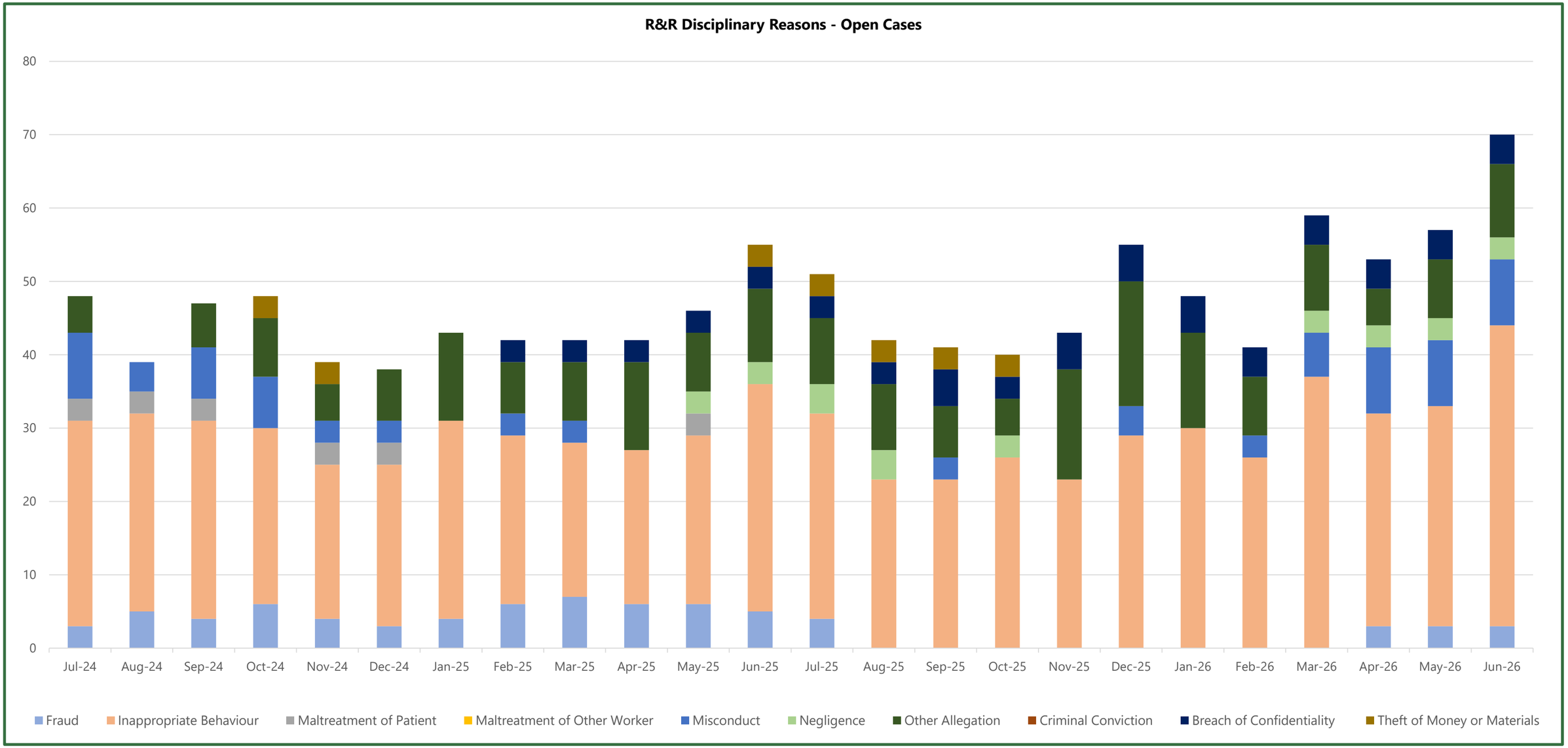
Our People
Abstractions





Our People
Disciplinary Cases

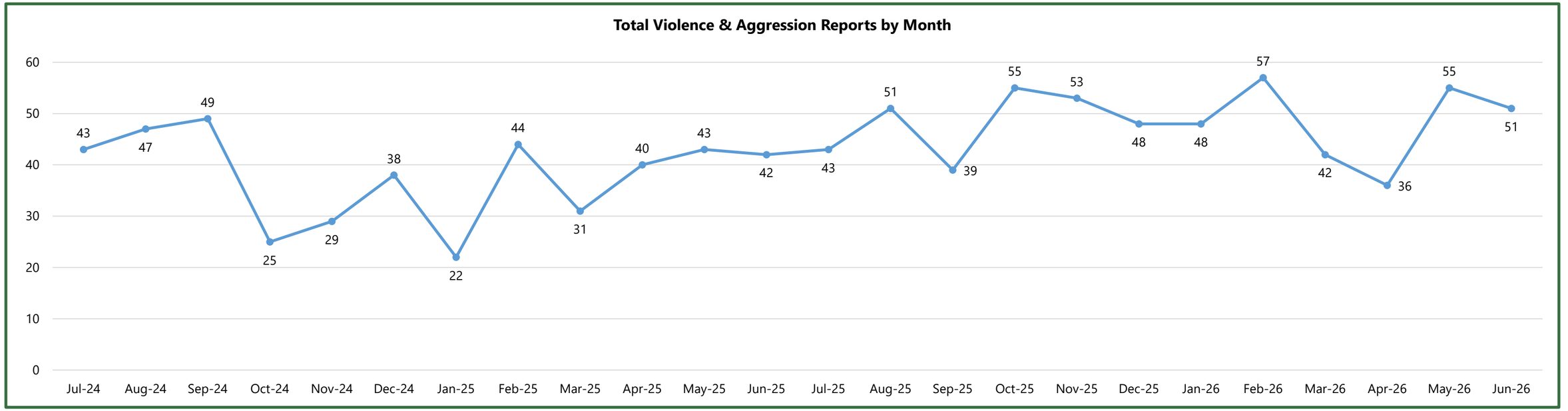
MOA

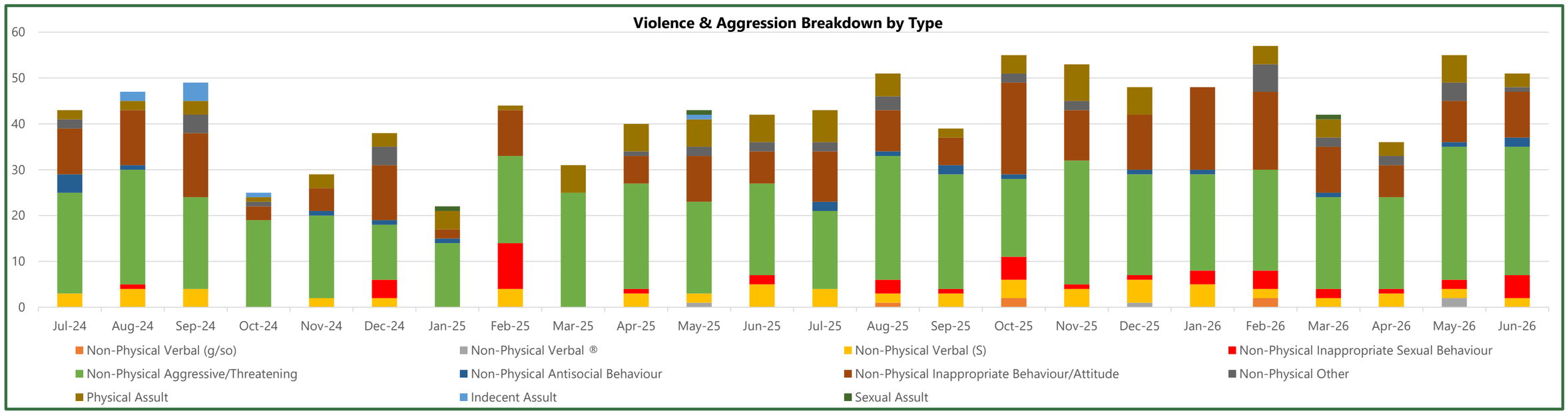


Our People

Violence and Aggression

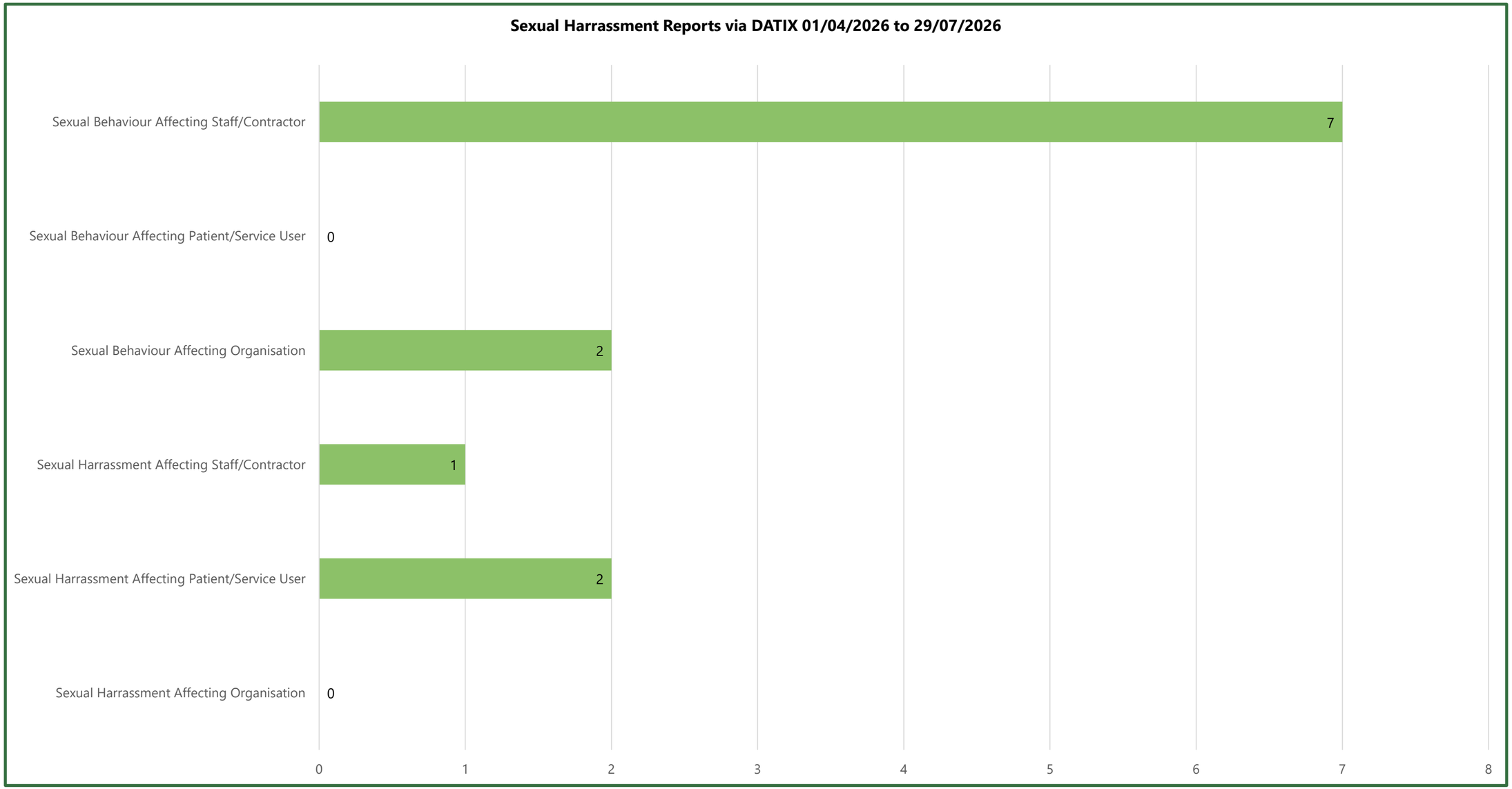
MOA





Our People
Sexual Harassment

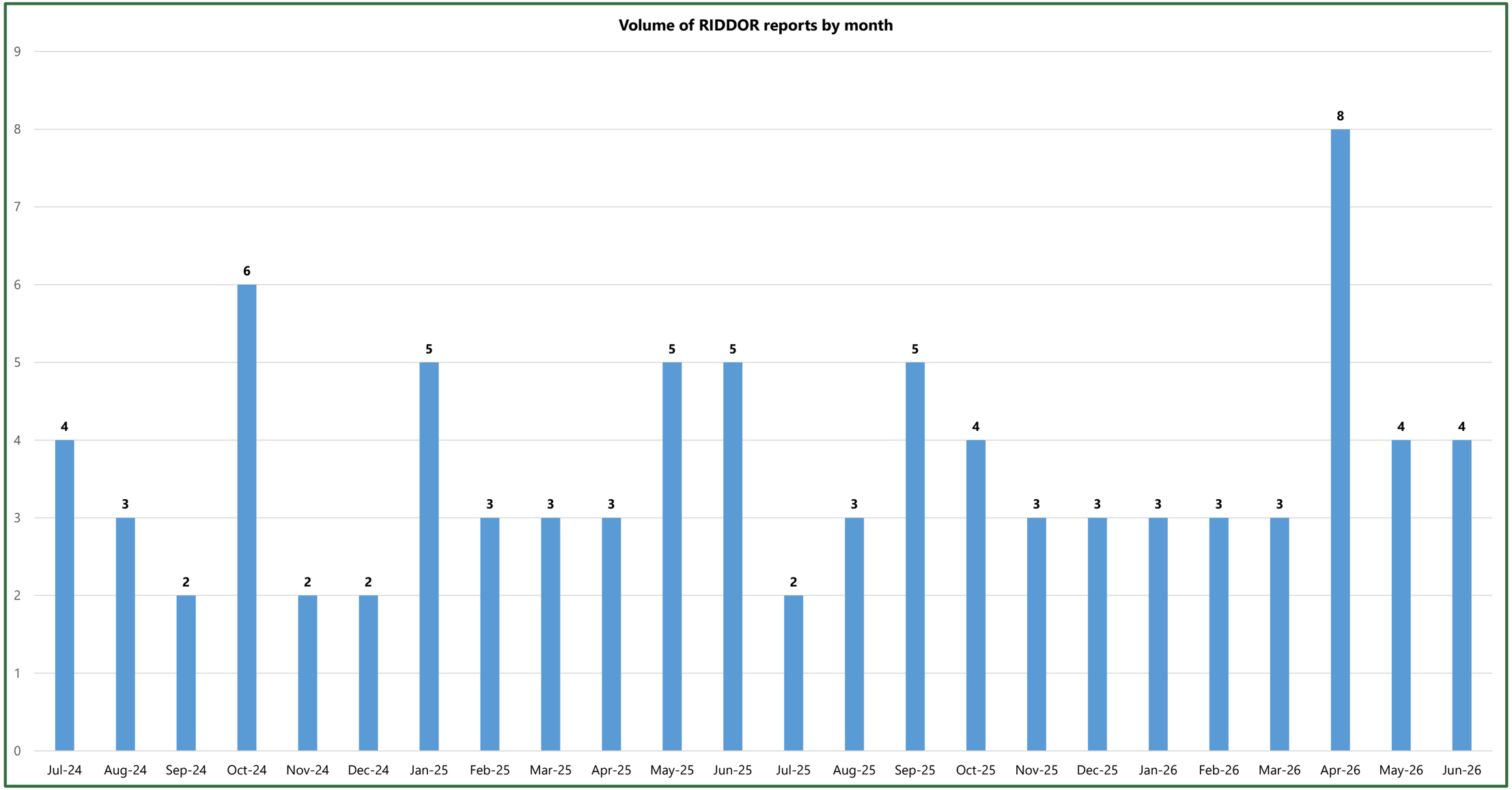
MOA



Slide under development – Data does not include those being reviewed by the highly confidential forum.

Our People
RIDDOR

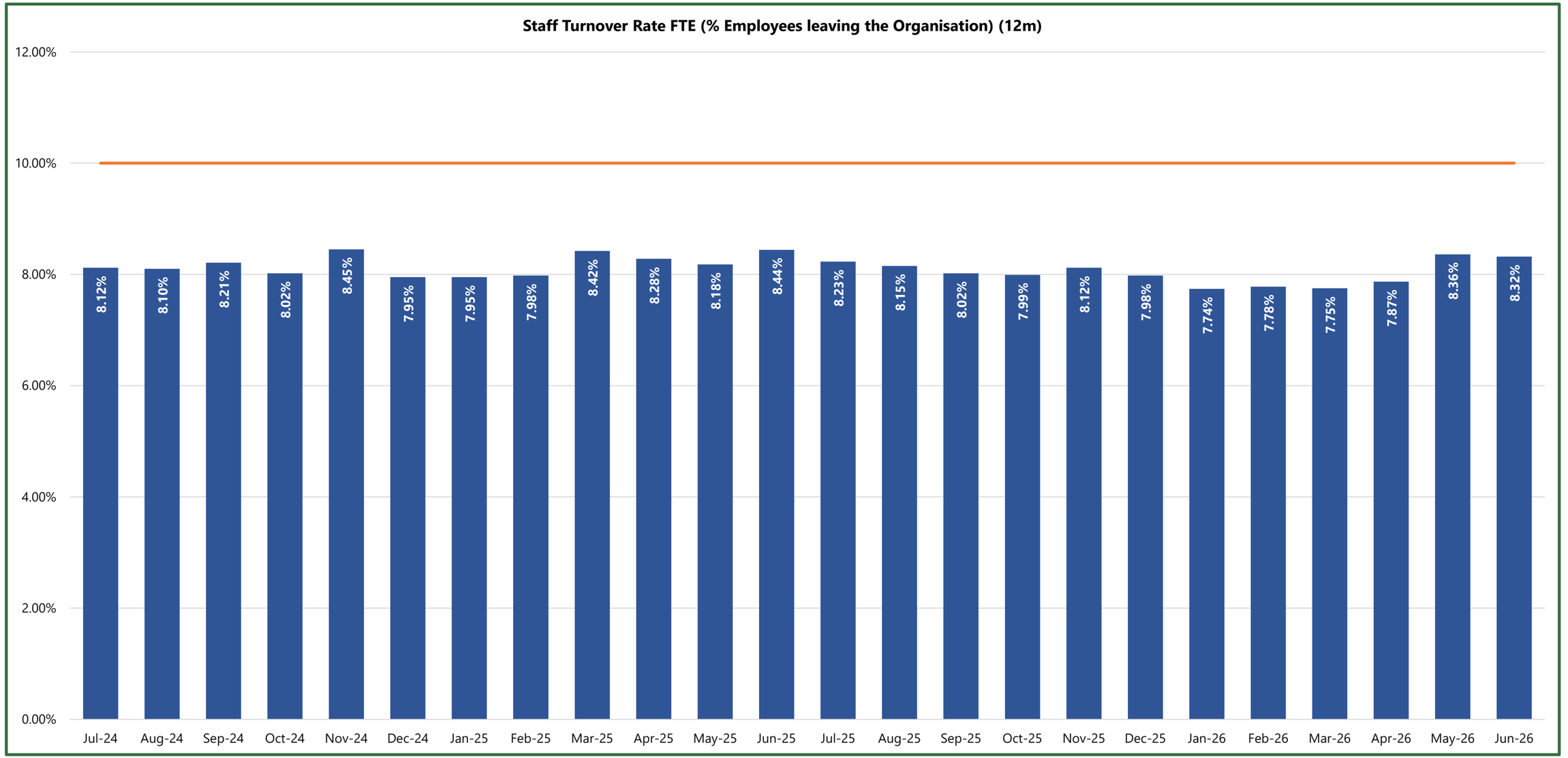
MOA



Our People
Turnover Indicators

Strategic Objective 2

Turnover
G

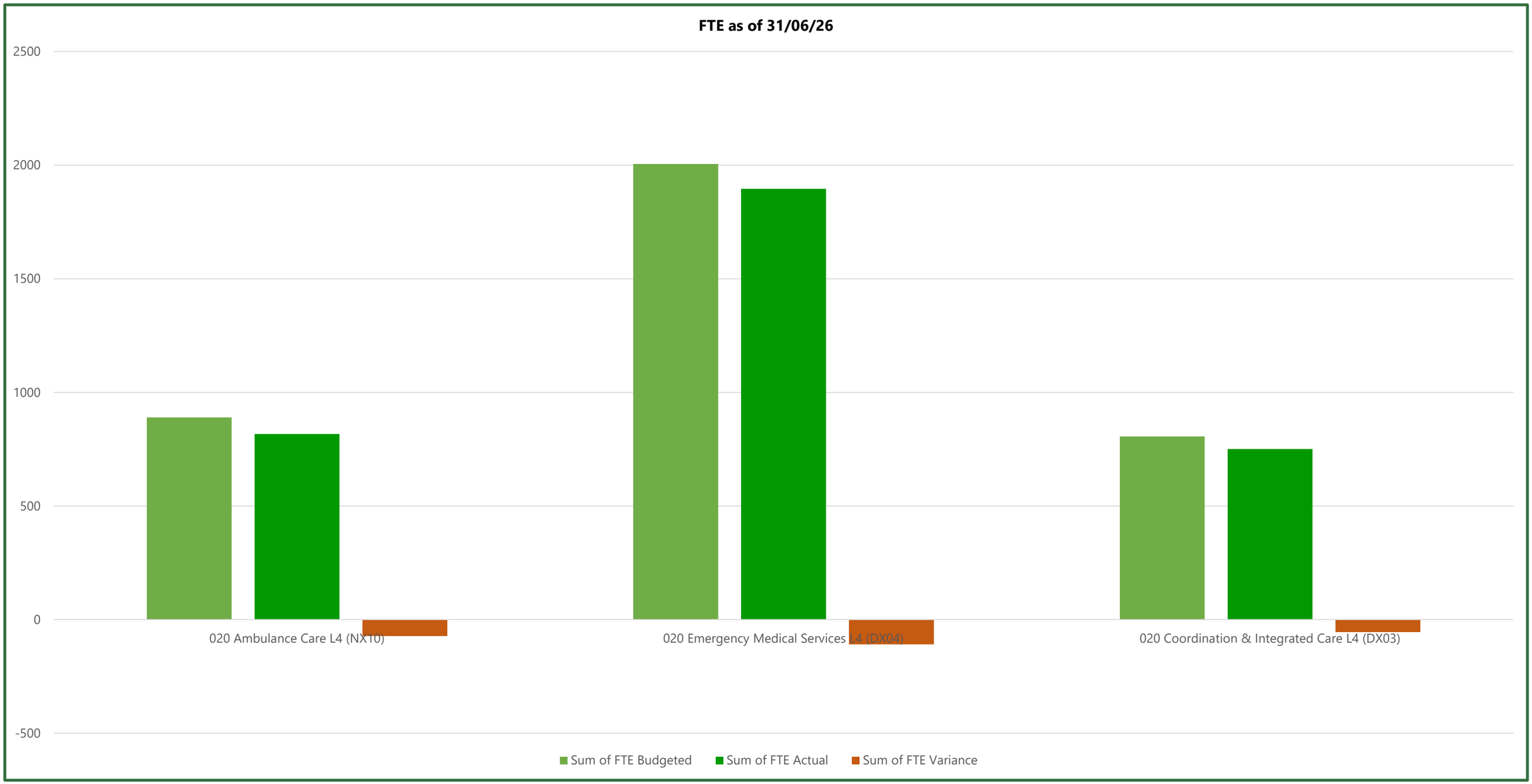


NB: Sickness data will always be reported one month in arrears

Our People

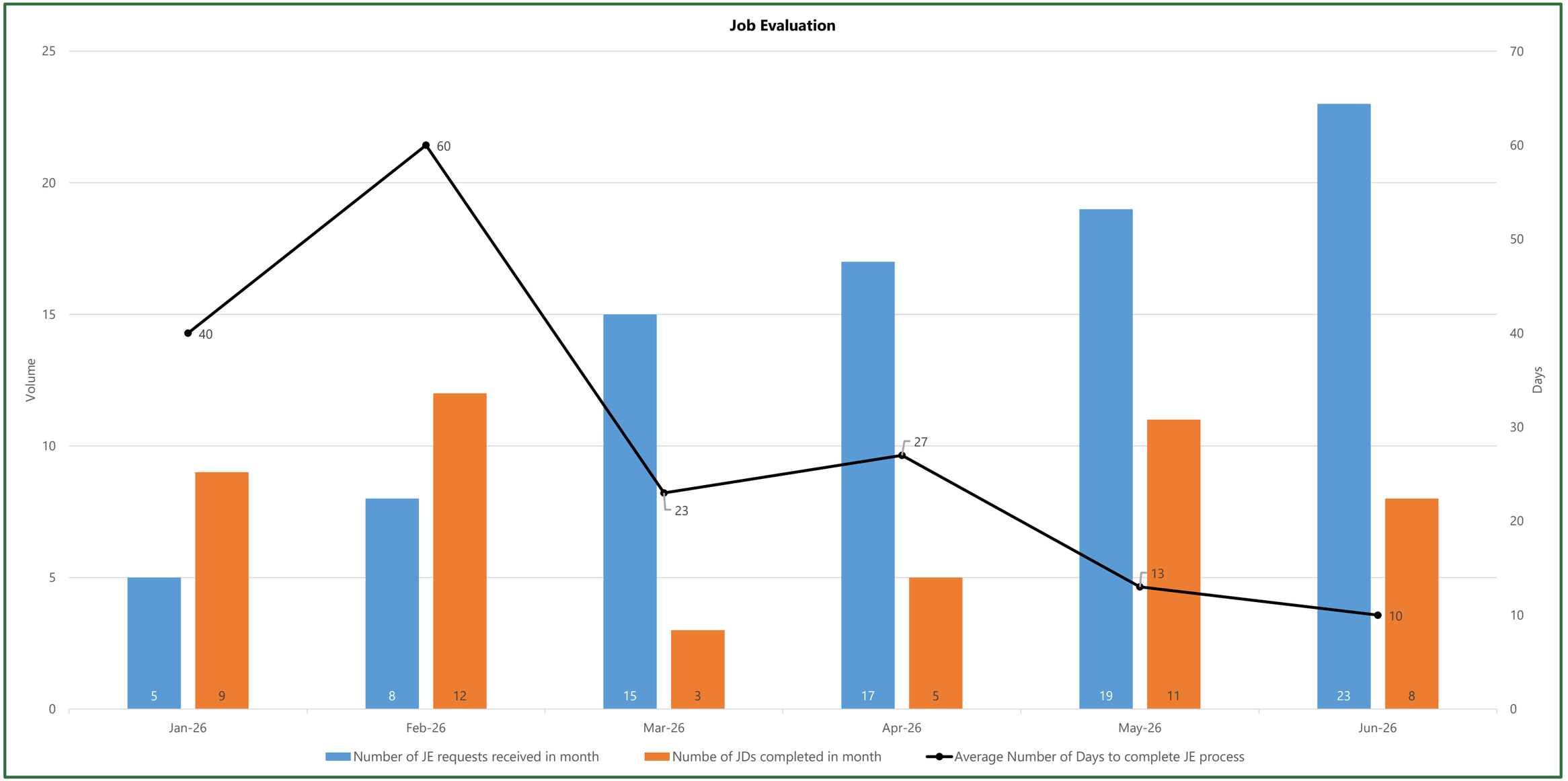
Staff in Post to Establishment

MOA



Our People
Job Evaluation

MOA

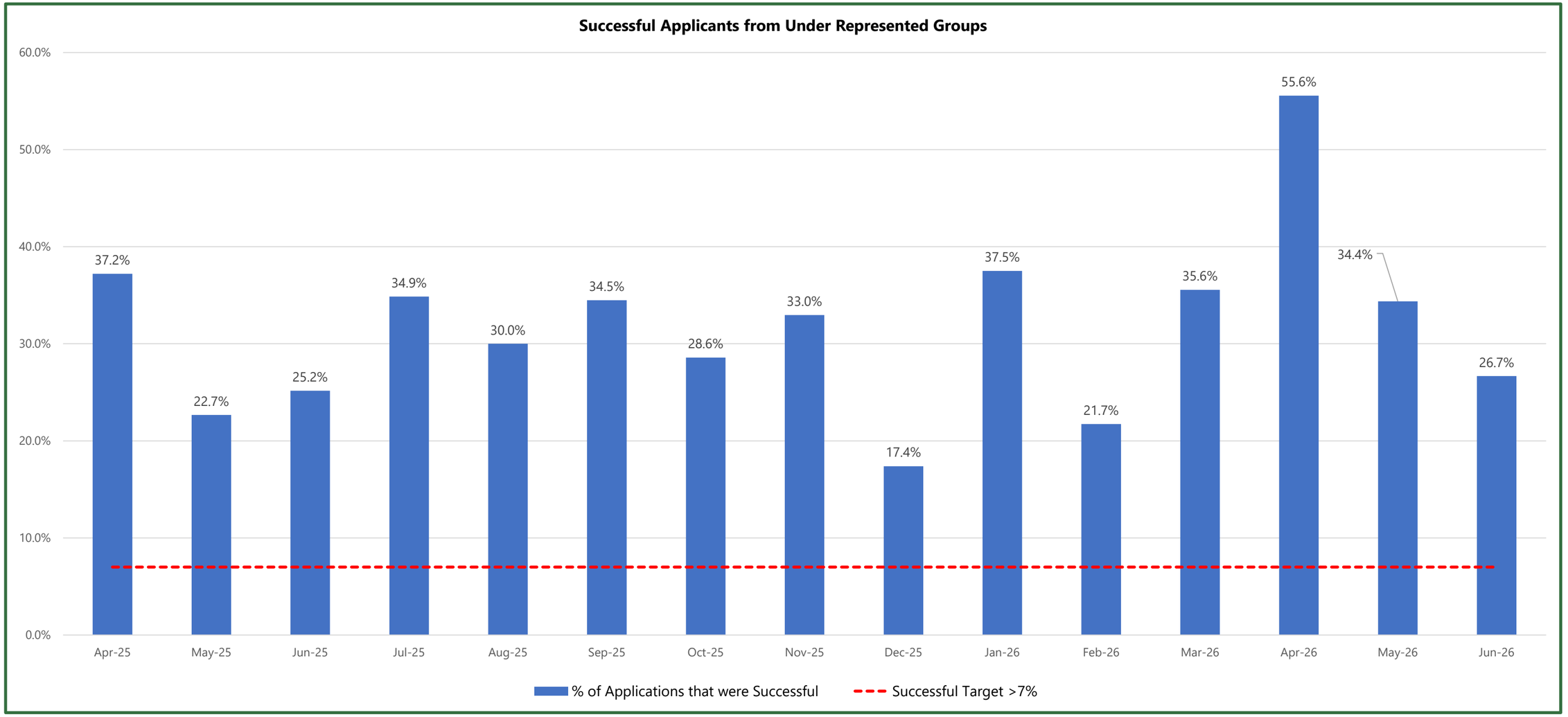


Our People

Successful Applicants from Under-Represented Groups

Strategic Objective 2

G



Caveat: Candidate may represent multiple categories

Our People
Race Equality

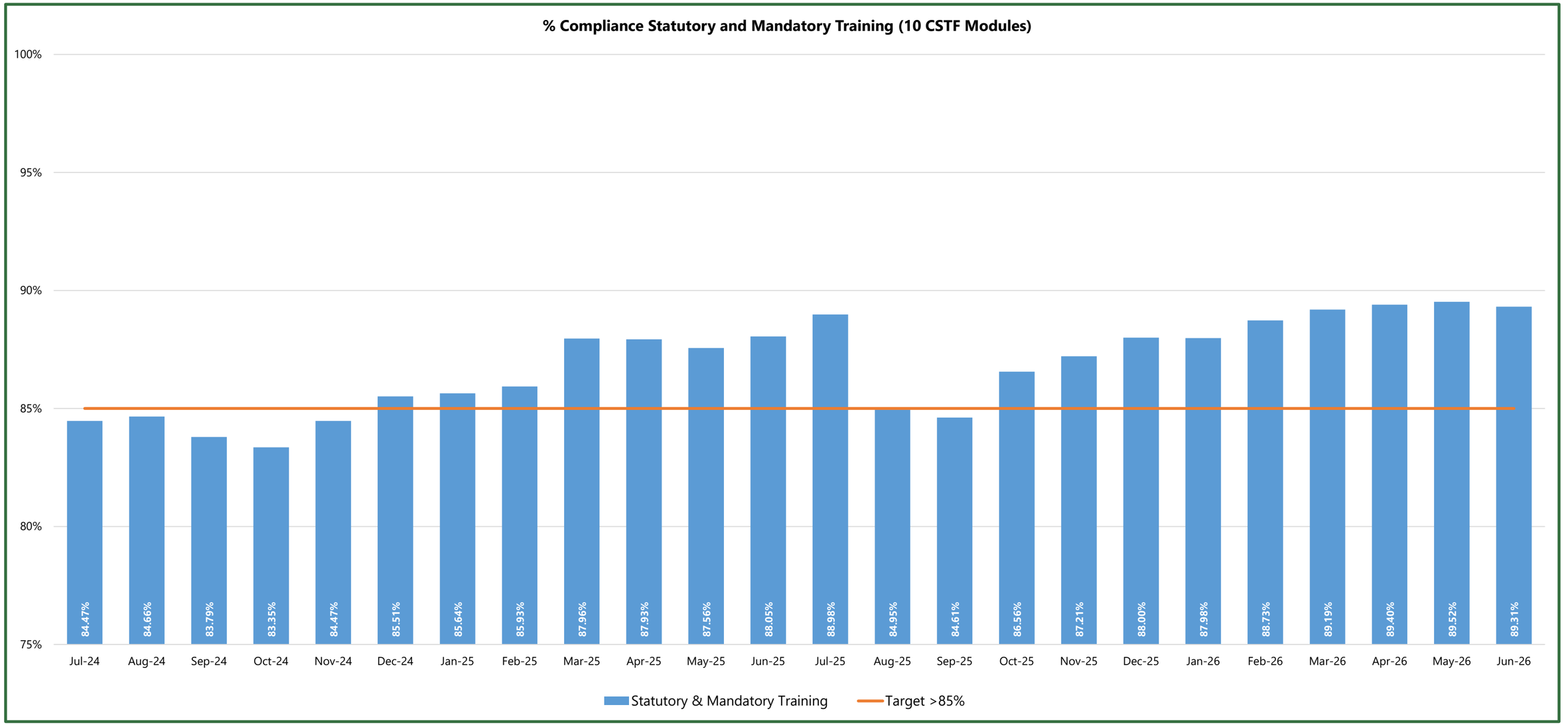
MOA

Under development

Our People
Training Rates Indicators

Strategic Objective 2

Stat & Mand
G

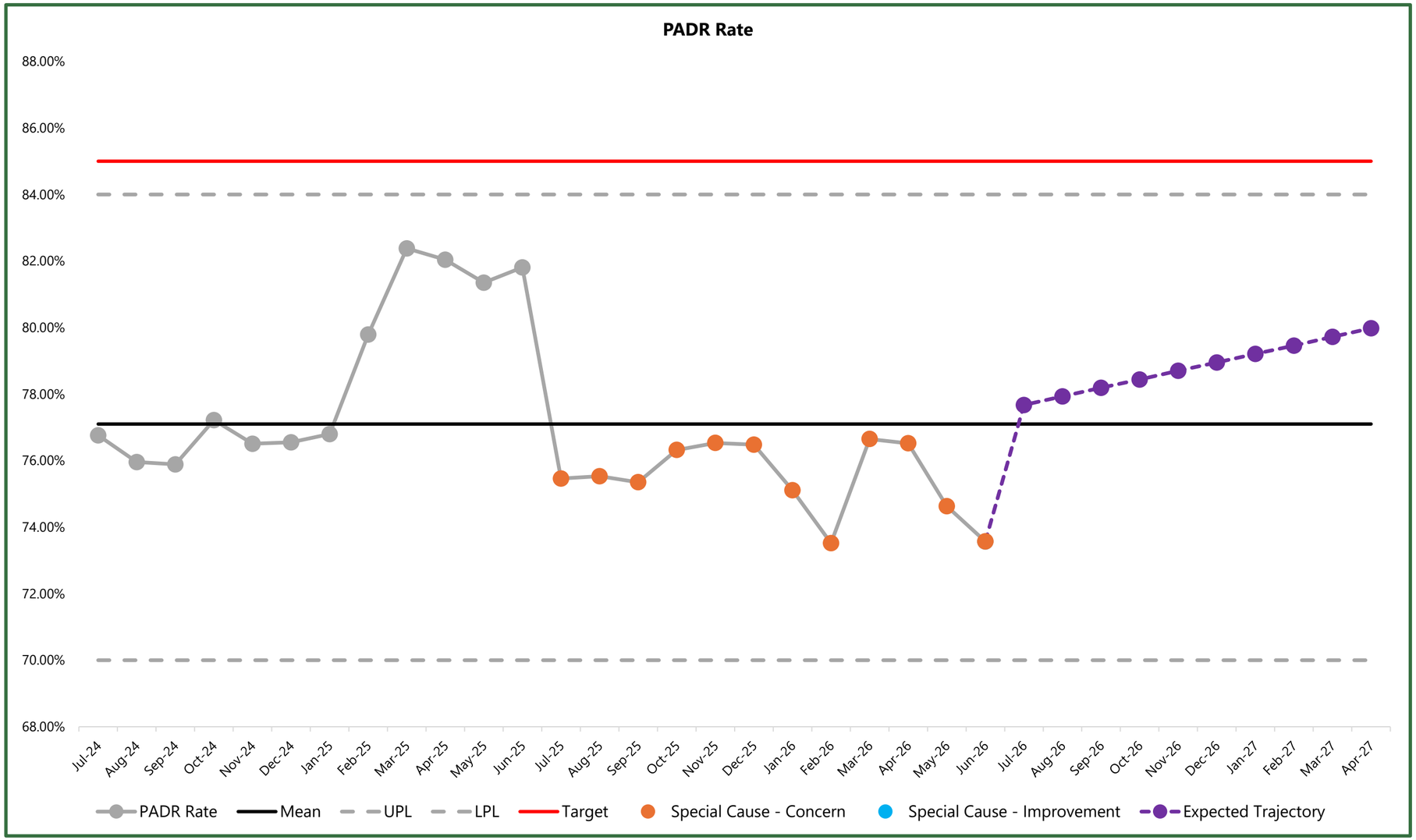


ESR Data correct at time of export. PADR data does not include pay progression.

Our People
PADR

Strategic Objective 2

PADR
R



Analysis

PADR rates were at 73.57% in June 2026 and remain below the 85% target.

PADR rates have shown as a special cause concern since July 2025, with 10 consecutive months falling below the mean. The target will not be achieved without specific improvement action.

Remedial Plans and Actions

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

Work on the PADR refresh is underway. The aim is to better reflect Our WAST Way and support meaningful, values-led conversations that have a genuine impact for our people. The proposed refresh seeks to simplify the process and embed a more continuous, constructive dialogue; provide practical tools and guidance to assist both managers and employees; and ensure PADRs are more clearly aligned with wellbeing, personal development, and individual career aspirations.

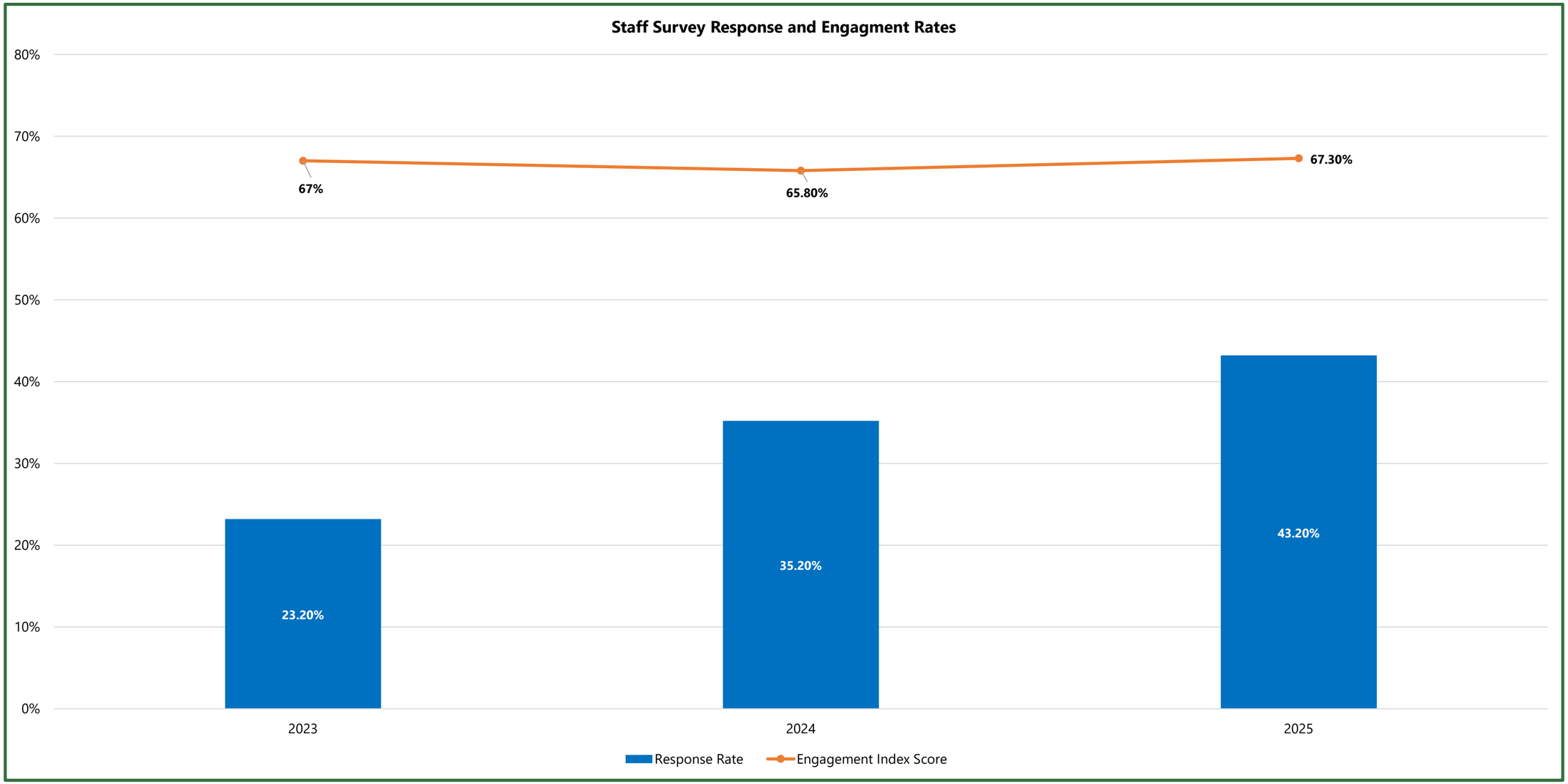
Expected Improvement

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

ESR Data correct at time of export. PADR data does not include pay progression.

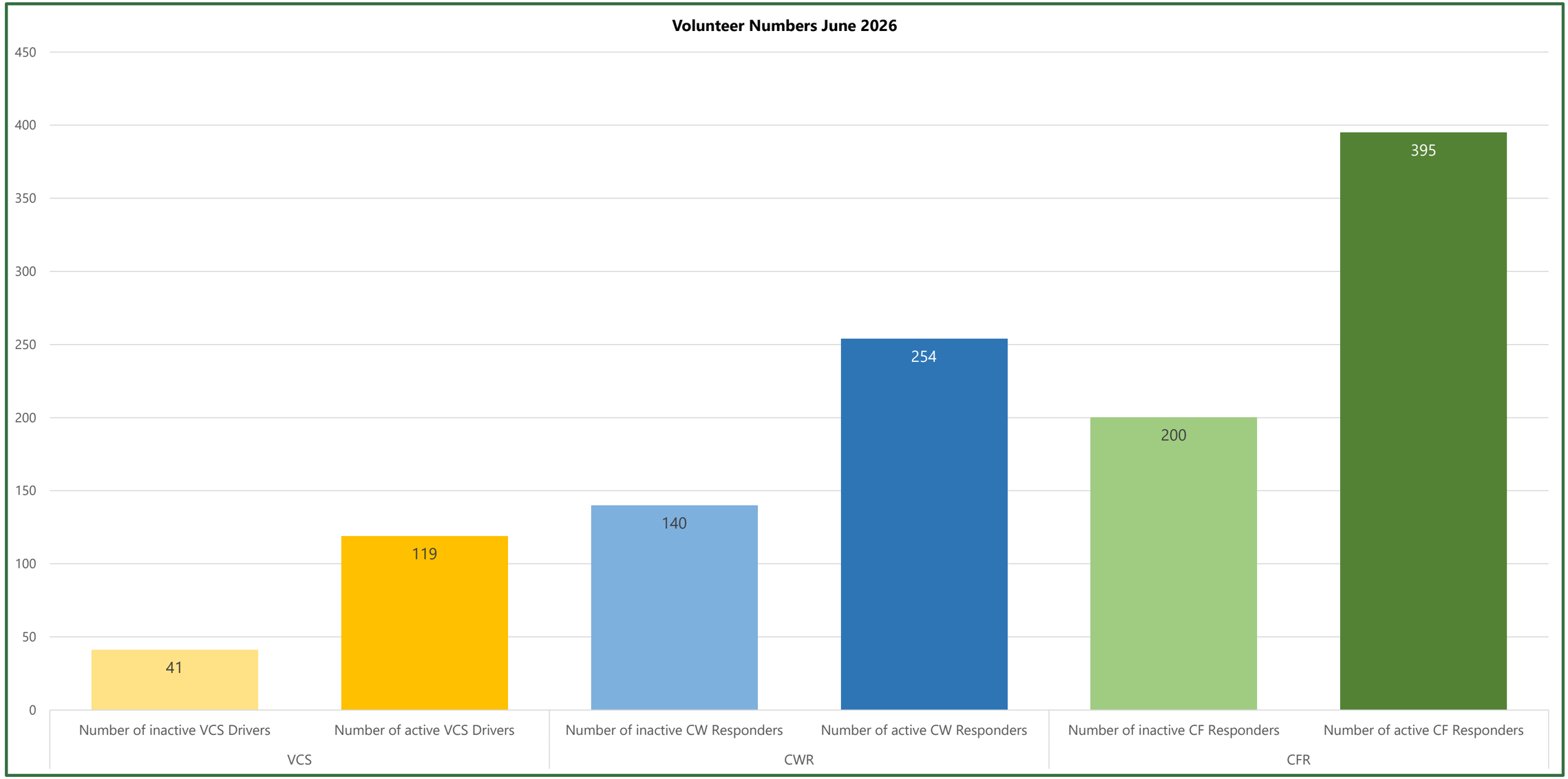
Our People
Staff Survey

MOA



Our People
Volunteer Strategy

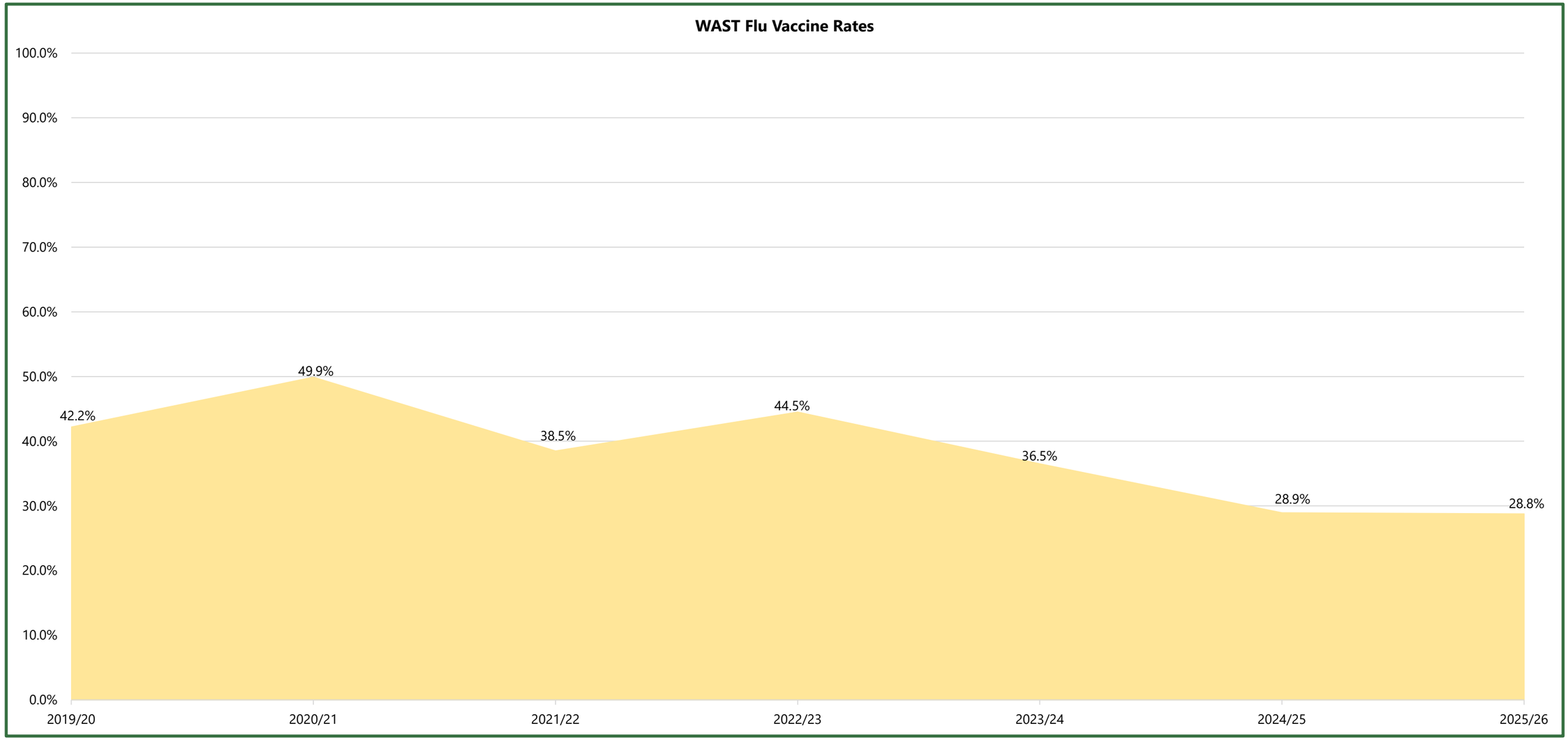
MOA



Our People

Flu Vaccination Rate

MOA



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 / PCRs	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		

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

Agenda Item No.	11

REPORT TITLE

Speaking up Safely Annual Report 2025/26

MEETING

Name of meeting	People and Culture Committee
Date of meeting	11 August 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Angie Lewis - Director of Culture Change
Author(s) of report	Lizzie O'Shea - Lead Speaking up Safely Guardian

PURPOSE OF REPORT

☐ Approval	☐ Endorsement
☒ Assurance	☐ Discussion
☐ Information (goes in consent items)	☐ Noting

REPORT SUMMARY

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

1. The Speaking Up Safely (SUS) service continued to mature throughout 2025/26 following the establishment of a dedicated team and a strategic focus on awareness, accessibility, organisational learning and improvement. During the reporting year, the service received 106 new concerns, demonstrating sustained staff engagement and growing confidence in speaking up mechanisms. Annual activity patterns remained consistent, with increased reporting during Speaking Up Safely Month and further growth towards the end of the year.

2. Significant progress has been achieved in raising awareness and improving access to support. Key developments included enhanced communications, newsletters, educational resources and targeted support for students and colleagues who may previously have faced barriers to speaking up. Partnership working with operational teams and educational establishments has improved understanding of available routes for support and contributed to an increase in concerns being raised appropriately.

3. The service has continued to influence practice beyond the Trust through participation in national ambulance sector networks. WAST played a leading role in developing national work relating to detriment mitigation and was recognised as the most improved ambulance service for Staff Survey Speaking Up results within the 2024/25 reporting cycle.

4. Analysis of concerns shows that most concerns originated from the Operations Directorate, reflecting the size of the workforce within that area. Concerns relating to inappropriate attitudes, behaviours, bullying and harassment and sexual safety remain the most common reasons for speaking up, accounting for approximately 65% of all cases. Collaboratively working with this directorate has seen greater awareness and support from our leaders. Data also demonstrates that concerns are frequently raised regarding individuals in more senior positions, reinforcing the importance of maintaining trusted and independent reporting mechanisms.

5. Looking forward, the service will focus on reducing detriment, strengthening organisational learning, enhancing data capability, developing educational resources and further embedding the Just and Learning Culture Forum. Continued implementation of the Detriment Mitigation Action Plan and development of an e-learning package will support cultural improvement and staff confidence in speaking up through all channels across the Trust.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The People and Culture Committee is requested to:

1. Receive the Speaking Up Safely Annual Report 2025/26 for assurance;

2. Note the achievements, activity levels, emerging themes and outcomes delivered by the Speaking Up Safely service during 2025/26; and

3. Support the continued development of initiatives including detriment mitigation, the Just and Learning Culture Forum, improved data systems and educational programmes to strengthen organisational learning and psychological safety.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance here regarding materiality and use of the Reading Room

Annex 1 Speaking Up Safely Annual Report 2025/26

Annex 2 Speaking Up Safely Annual Report slide deck

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
☒ SO1: Providing the right care or advice, in the right place, every time	☒ SO2: Enabling our people to be the best they can be
☐ SO3: Being at the forefront of innovation and technology	☒ SO4: Developing services in collaboration
☒ SO5: Being quality driven and clinically led	☒ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

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

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [link to standards]		
☒ Safe	☒ Timely	☒ Effective
☒ Efficient	☒ Equitable	☒ Person Centred
Quality Enablers (select all that apply) [link to standards]		
☒ Leadership	☒ Workforce	☒ Culture
☒ Information	☒ Learning Improvement & Research	☐ Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
☒ A socially responsible and inclusive employer	☒ An innovative and sustainable organisation	☒ A pro-active, accessible and equitable care provider
☐ n/a	☐ n/a	☐ n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document here for further details.

Does this paper require an impact assessment	☒ No ☐ Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
29 July 2026	Executive Leadership Team

SITUATION

1. This report provides the annual overview of Speaking Up Safely activity across the Trust for the period 1 April 2025 to 30 March 2026. The report outlines service activity, emerging themes, outcomes achieved, organisational learning and planned priorities for 2026/27. During the reporting period, 106 new concerns were received, demonstrating continued engagement with the service and increasing confidence in speaking up arrangements.

BACKGROUND

2. Speaking Up Safely enables colleagues to raise concerns safely and confidentially where they may feel unable to use traditional routes. During 2025/26, the service benefited from the establishment of a dedicated team which accelerated delivery of the Speaking Up Safely action plan. Significant work was undertaken to increase awareness, improve accessibility to the service, strengthen support for students and contribute to national learning across the ambulance sector and NHS Wales.

ASSESSMENT

3. The SUS service has continued to mature and strengthen throughout 2025/26. Activity levels remained high, with 106 concerns raised and evidence of increased engagement linked to awareness campaigns and partnership working. Of these concerns, 75 cases were closed within the reporting year and a further 14 have subsequently been concluded.

4. Operations Directorate concerns account for the majority of referrals, representing 88% of concerns and broadly reflecting workforce distribution. Concerns relating to inappropriate behaviours, bullying and harassment and sexual safety remain the predominant themes, representing approximately two thirds of all concerns received.

5. The SUS team has board oversight and scrutiny on a Quarterly basis. The Lead meets with the CEO, Chief People Officer, Director of Culture change and the champion Non-Executive Director to share themes and recommendations.

6. The report demonstrates positive indicators of trust and confidence in the service, including a reduction in anonymous reporting and evidence that individuals often move from anonymous reporting to confidential or open engagement as trust develops with the Guardian.

7. The service has delivered significant organisational benefits through awareness campaigns, support resources, best practice sharing, development of the Just and Learning Culture Forum and the introduction of the Detriment Mitigation Action Plan. The service has also received national recognition for its contribution to ambulance sector learning and improvement

RECOMMENDATION

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

NEXT STEPS

9. Continue delivery of the Speaking Up Safely action plan and awareness programme.

10. Further consider, implement and evaluate the Detriment Management Action Plan to reduce harm associated with speaking up.

11. Develop enhanced data systems to improve automation, reporting capability and organisational insight.

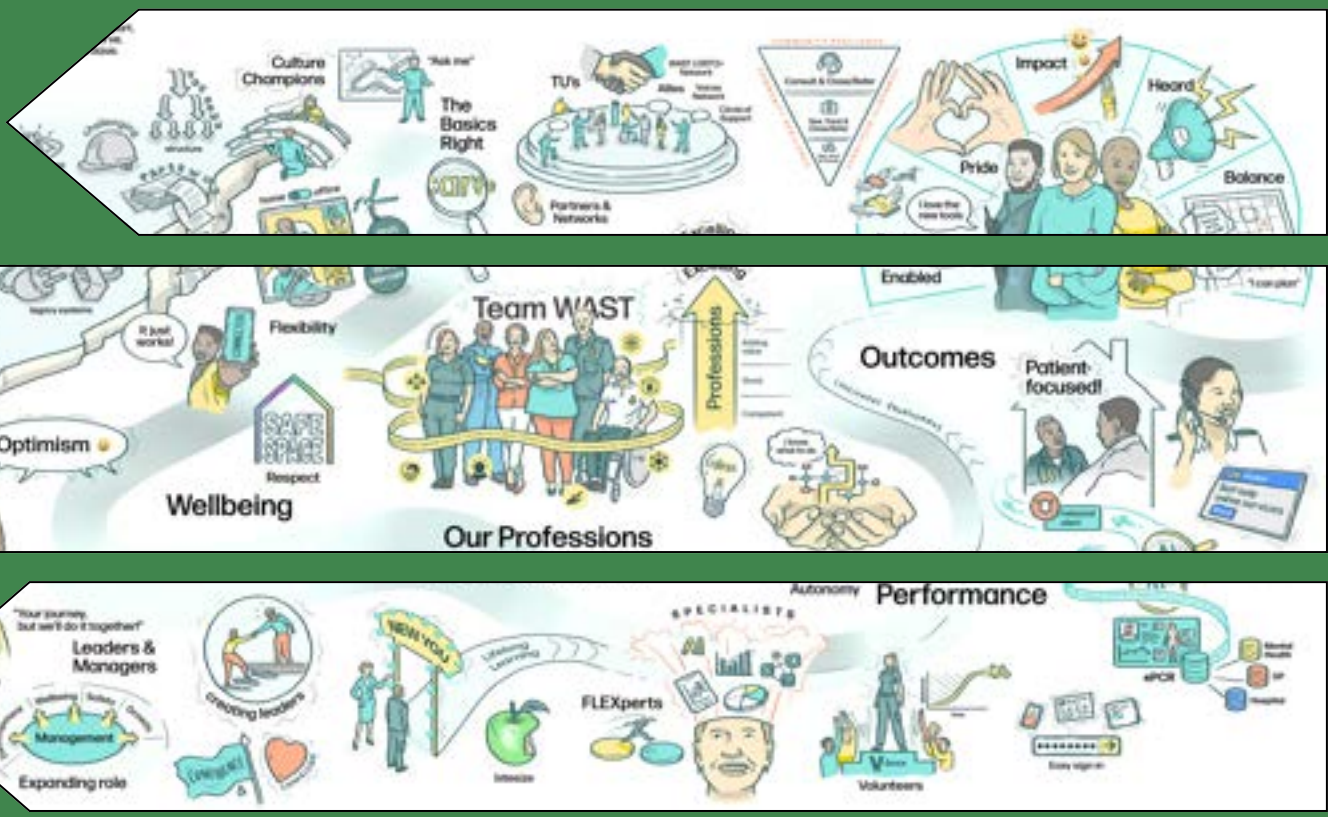
12. Embed the Just and Learning Culture Forum to strengthen organisational learning and accountability for improvement actions.

13. Develop a Speaking Up Safely e-learning package and continue work to improve psychological safety, reduce detriment and support staff confidence in speaking up through all channels across the Trust.

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

SPEAKING UP SAFELY

ANNUAL REPORT:
1ST APRIL 2025 - 30TH MARCH 2026



WRITTEN BY
LIZZIE O'SHEA - LEAD SPEAKING UP SAFELY GUARDIAN

A NOTE FROM SUS BOARD CHAMPIONS

I am pleased to see the continued commitment to, and progress within, the Speaking Up Safely agenda, with colleagues increasingly engaging with and demonstrating confidence in our speaking up processes. The success of recent campaigns and the sustained dedication of colleagues, managers and Speaking Up Safely champions have helped ensure that the Trust continues to be recognised as a leader in this field, and I would like to thank everyone for their ongoing engagement and commitment. Whilst there is much to celebrate, we must not become complacent, and I look forward to seeing the Trust maintain this momentum as we continue the important work of strengthening a culture where every voice is heard, valued and acted upon

Ceri Jackson- Non-Executive Director

A fantastic year of achievement and progress. The team's commitment, collaboration and focus on delivering outcomes for our people and patients have been exceptional.

Our commitment to creating a safe working environment where every colleague can speak up is essential . The progress that has been made during 25/26 will enable us to continue to fully embed a speaking up culture across WAST.

Angie Lewis- Director of Culture Change

.

EXECUTIVE SUMMARY

WAST's Speaking Up Safely (SUS) service has continued to mature and strengthen throughout 2025/26, supported by the establishment of a dedicated team and a clear focus on awareness, accessibility, learning and organisational improvement.

The service received 106 new concerns during the reporting period, demonstrating sustained engagement from colleagues and growing confidence in speaking up mechanisms. The annual reporting profile remained consistent, with increased activity during Speaking Up Safely Month and a notable rise in concerns towards the end of the year, suggesting that targeted awareness campaigns and stronger cross-directorate partnerships continue to improve visibility of the service.

A significant achievement this year has been the expansion of awareness and support initiatives, particularly for students and colleagues who may previously have experienced barriers to raising concerns. Enhanced communications, newsletters, educational resources and improved links with operational teams have strengthened understanding of the service and provided clearer routes for individuals seeking support. The team has also continued to influence practice beyond the Trust through national ambulance sector networks, contributing to learning on detriment, organisational culture and speaking up arrangements. WAST has been recognised as a leading service in this area in Wales, including notable improvements in staff survey results relating to speaking up.

Analysis of concerns highlights several important themes. Most concerns originated from the Operations Directorate, reflecting its proportion of the overall workforce, while incivility, remained the most common reason for speaking up, accounting for around two thirds of all concerns. Data also demonstrates that employees frequently raise concerns regarding individuals in more senior positions, reinforcing the importance of maintaining independent and trusted channels for staff voices.

Feedback from service users consistently highlights feeling listened to, supported and treated with compassion, although comments also identify the need for wider organisational systems to respond more effectively once concerns are raised.

Looking ahead, the team remains committed to reducing detriment, strengthening organisational learning, improving data capability and expanding educational opportunities. Initiatives such as the Just and Learning Culture Forum, the development of an e-learning package and continued implementation of the Detriment Mitigation Action Plan position the service well to support both cultural improvement and staff wellbeing across the Trust.

SPEAKING UP SAFELY- AWARENESS

The creation of a dedicated team has accelerated progress against the Speaking Up Safely action plan, with key milestones being delivered ahead of schedule. This places the service in a strong position to achieve all planned objectives over the coming year while continuing to support cultural improvement and organisational learning across the Trust

An area we have focused on is our Students. Through our links with the Universities we soon noticed a gap in support for our Students in being able to speak up. The routes were not clear as well as being underutilised. Working closely with the Education Team in WAST and our partnering Universities we created a support guide resource for our students.

This has led to an increase in students raising concerns about difficult experiences whilst on placement with us.

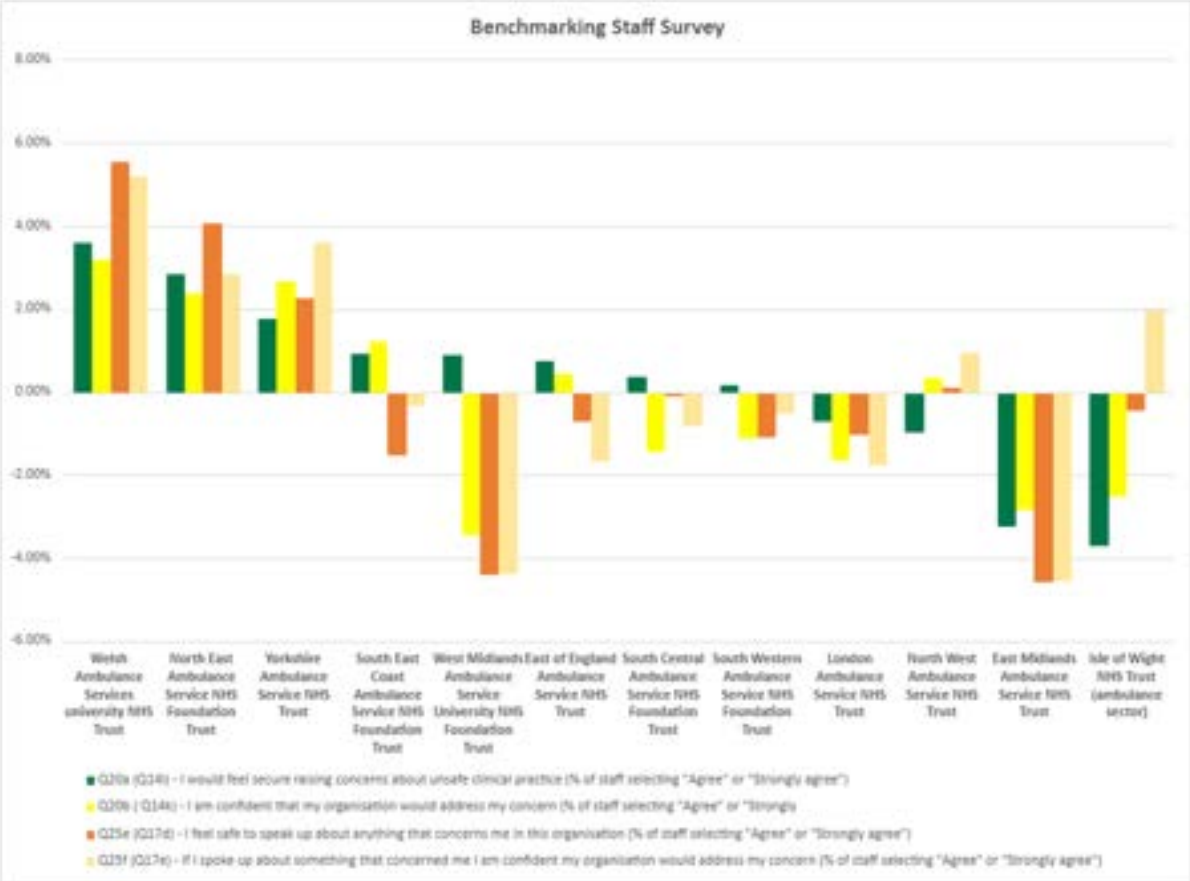
The February 2026 newsletter, Alternative Routes for Concerns, Guidance and Support, has received 156 unique views on the news post since publication. It was also shared through other channels and has been well received. Our Operations Team were signposting this Newsletter at training events and Operational Support days. This cross Directorate working will have no doubt increased awareness of SUS as well as led to the continuation of concerns. The Newsletter continues our efforts in working within the organisation to understand our role as opposed to the 'traditional routes.

SPEAKING UP SAFELY- SHARING CURRENT BEST PRACTICE

Sharing best practice continues to be a focus for the SUS Team. We do this both internally and externally.

We have launched our Just and Learning Culture Forum was launched. This is a space where specialists come together and focus on a cross departmental theme that has emerged through cases. The theme is then confidentially discussed and ideas for improvement across the organisation are documented and suggested. The group will then hold accountability for ensuring the actions are developed.

Through our National Ambulance Network of Guardians, we played a key role in developing a report for the AACE, showcasing the successes of Speaking Up Services across the sector and identifying areas for continued development.
We are delighted to report that WAST was recognised as the most improved ambulance service for Staff Survey Speaking Up results in the 2024/25 reporting cycle, reflecting our ongoing commitment to fostering a culture where staff feel safe and empowered to speak up.



SPEAKING UP SAFELY- SHARING CURRENT BEST PRACTICE

The Team presented their work to the National Ambulance Network on Detriment. The detriment mitigation action plan (DMAP) was showcased and a session was held with national Guardians to seek feedback. Other Ambulance services will begin to pilot the DMAP. It is envisaged that this tool will enable ambulance services across the UK to consider and reduce detriment and harm to those speaking up across the UK ambulance services.

Immediate feedback from the session included:

SECAMB: "It's clean and clear, address the risk, rather than somebody saying they feel, this makes clear if they do (risk of experiencing Detriment). Would love to use it, its Fantastic!"

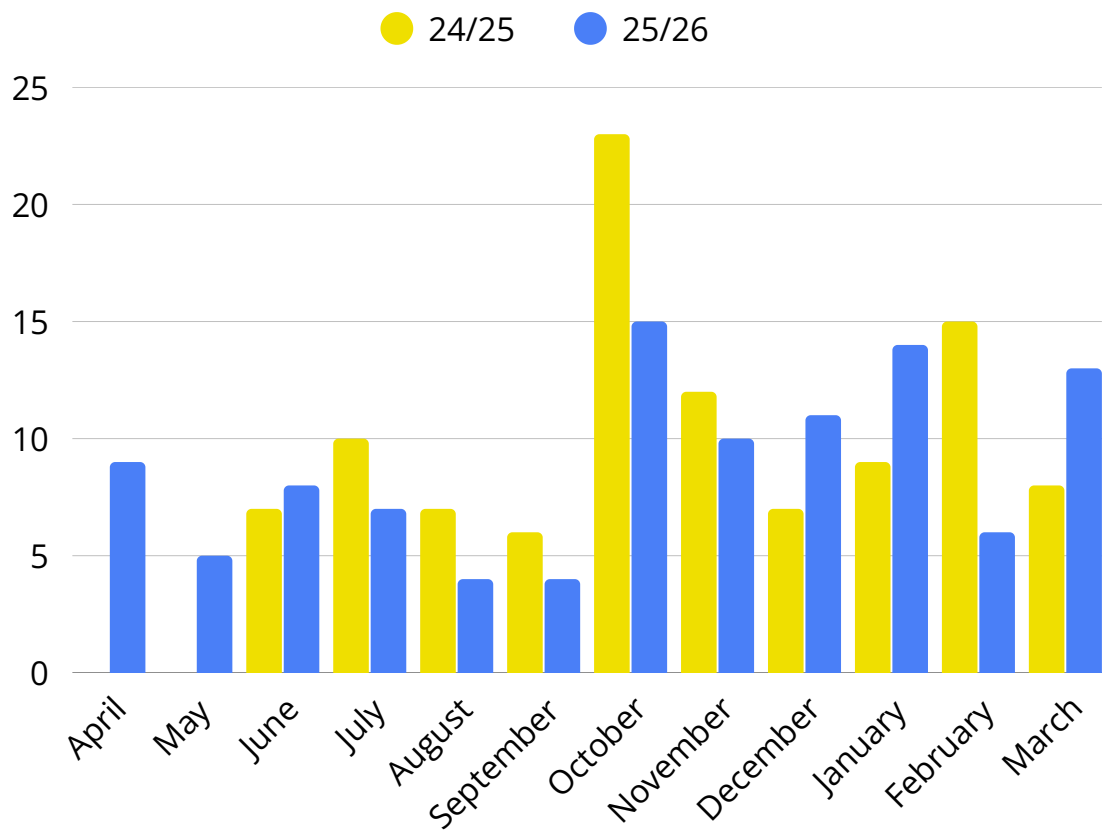
SWAST: "When can we have it? Its fantastic, fantastic work. It's great to hear it has been built on psychological evidence."

Our work on Speaking up Safely has been cited as best practice across the NHS in Wales and we are working closely with Welsh Government to share learning and tools.

The SUS team also has oversight and board scrutiny on a Quarterly basis. the Lead Guardian meets with the CEO, Director of People and the Non-Executive Director Champion to share insights and recommendations.

OVERVIEW OF CONCERNS

In the year of 2025-26 the Speaking up Safely team has recieved 106 new concerns.

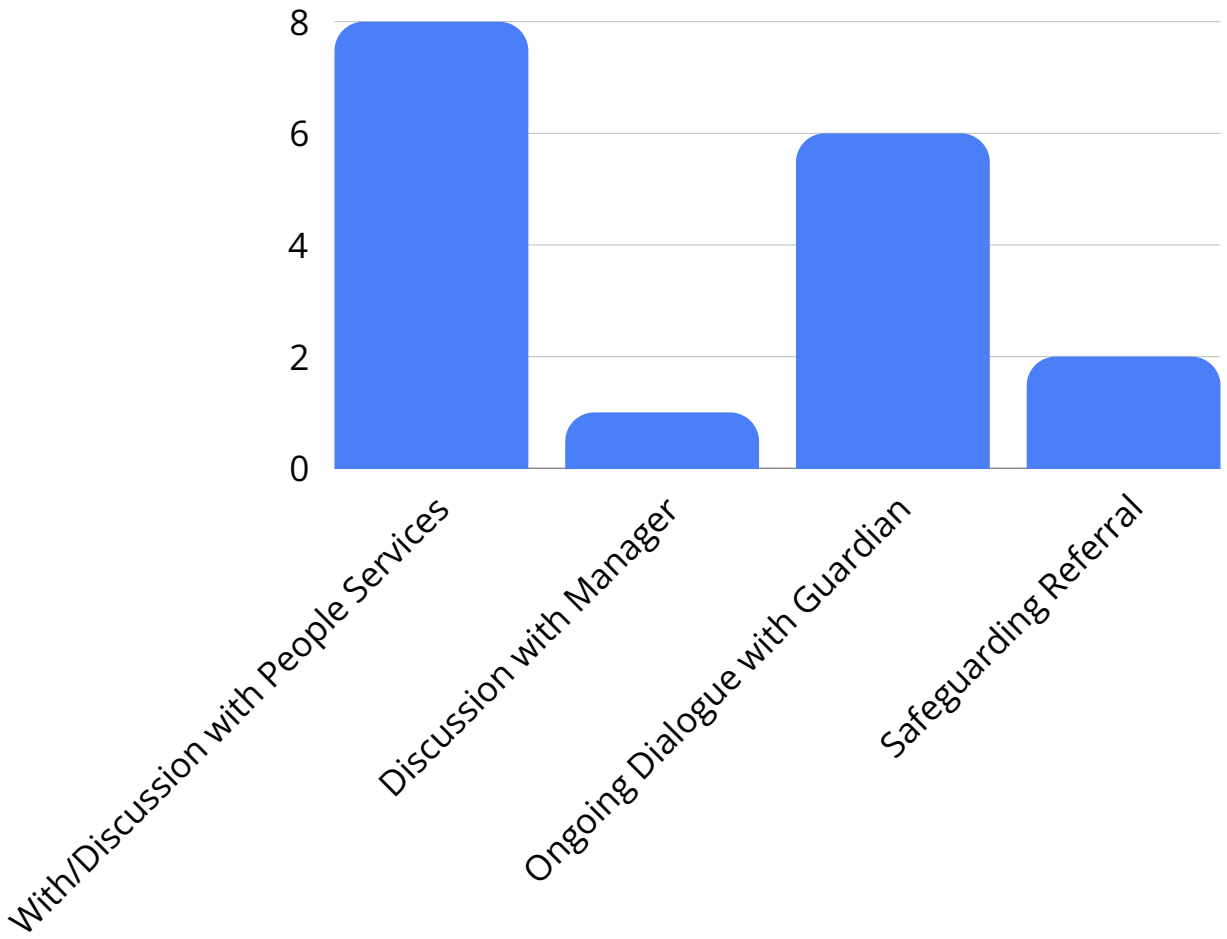


As per usual Q3 is when most concerns were raised with SUS. We believe this to be a link to our annual October Speaking up Safely month. There was also a spike in concerns in March 2026, especially in comparison to the previous year. The hypothesis that cross directorate working between ourselves and the Operations team being a strong reason. The February 2026 Newsletter was widely shared by the ops team.

CONCERNS: OPENED AND CLOSED

Of the 106 cases that were opened, in 2025/26, 75 were completed and closed within the same year, a further 14 have now also closed. Of the 17 concerns that remain open the reasons are tabled below.

Concerns that are with People Services are likely to be under investigation. Those concerns that are still in conversations with the Guardian are often people that require longer term support with their concerns.

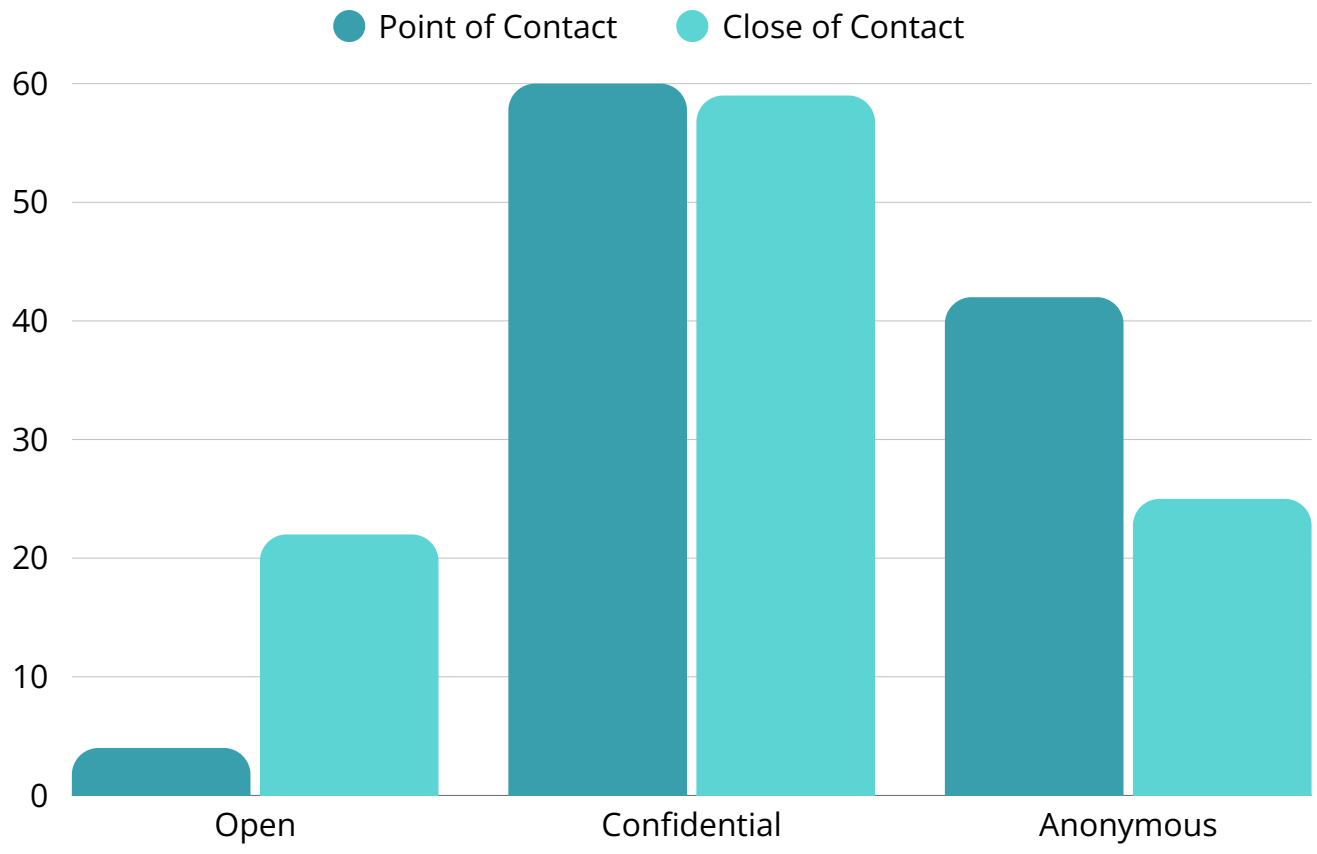


CONFIDENTIALITY

We see a reduction in anonymous cases as rapport with the Guardian strengthens in 25/26, this is a greater decrease than we see in the previous year.

We also see that the number difference in the cases that are open from beginning to the closure of a case is a much greater difference.

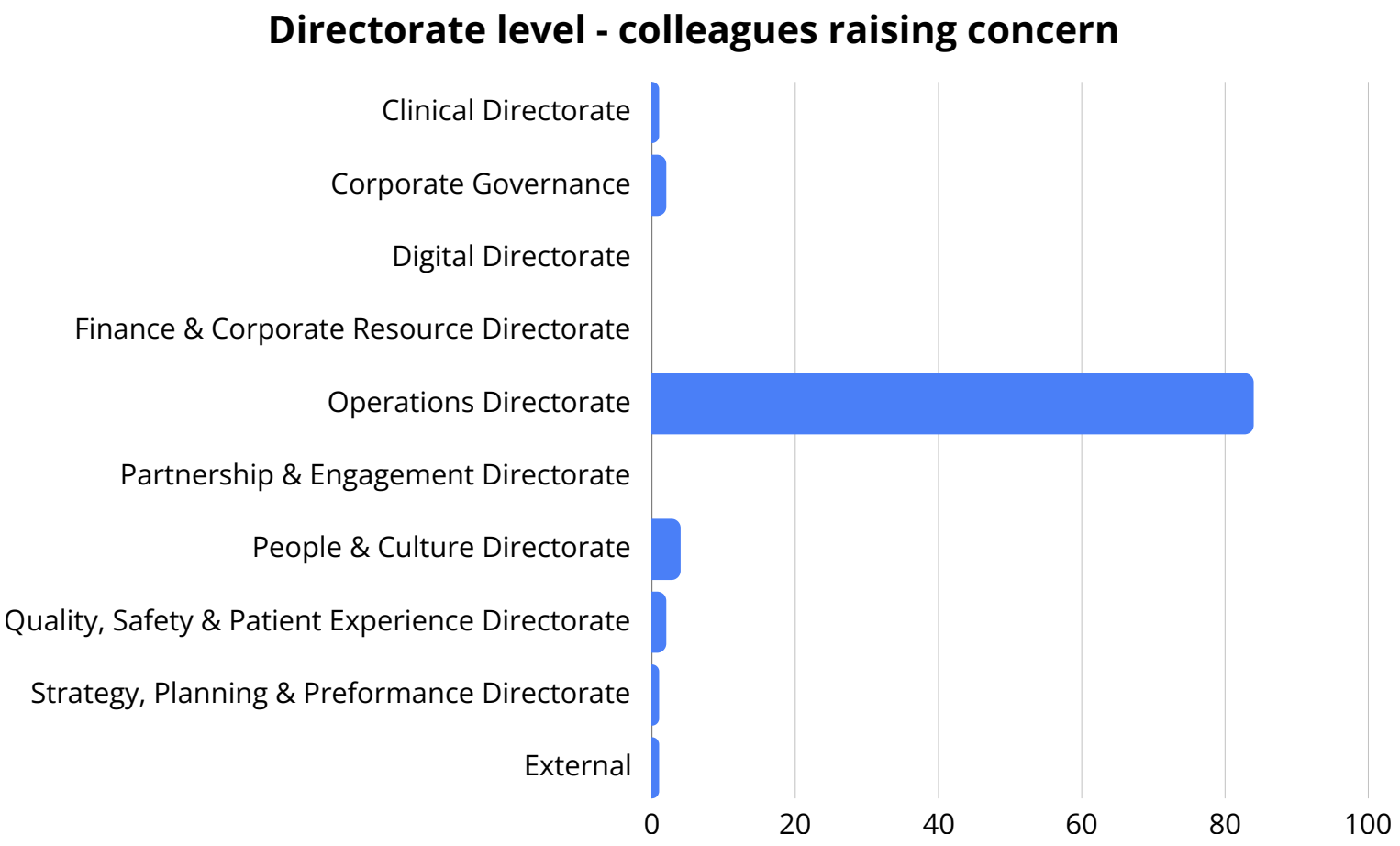
This suggests that once the conversation begins, the rapport and trust increases greatly to allow for this move.



Confidentiality continues to be 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.

We are working with our Trade Union colleagues and managers across WAST to reinforce this messaging.

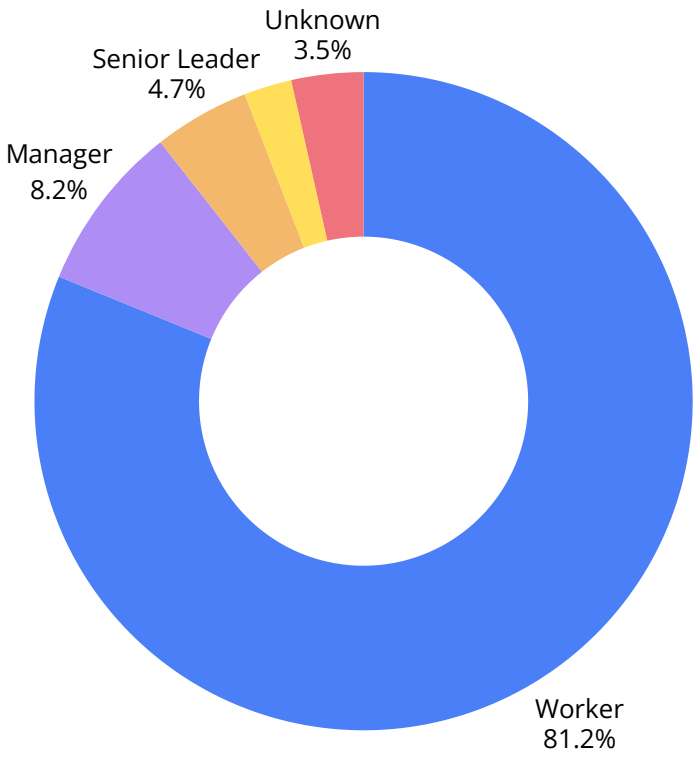
STAFF GROUPS



Unsurprisingly SUS continues to receive most concerns from the Operations Directorate. with 88% of our concerns. This almost mirrors the proportion of people with that directorate Trust wide.

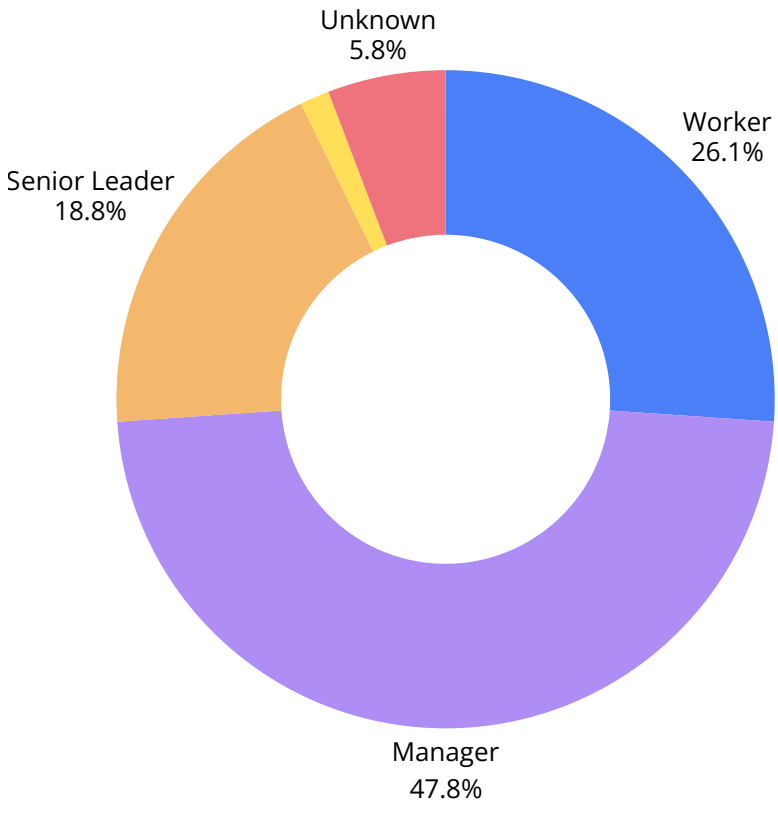
STAFF GROUPS

Level of Person Speaking up

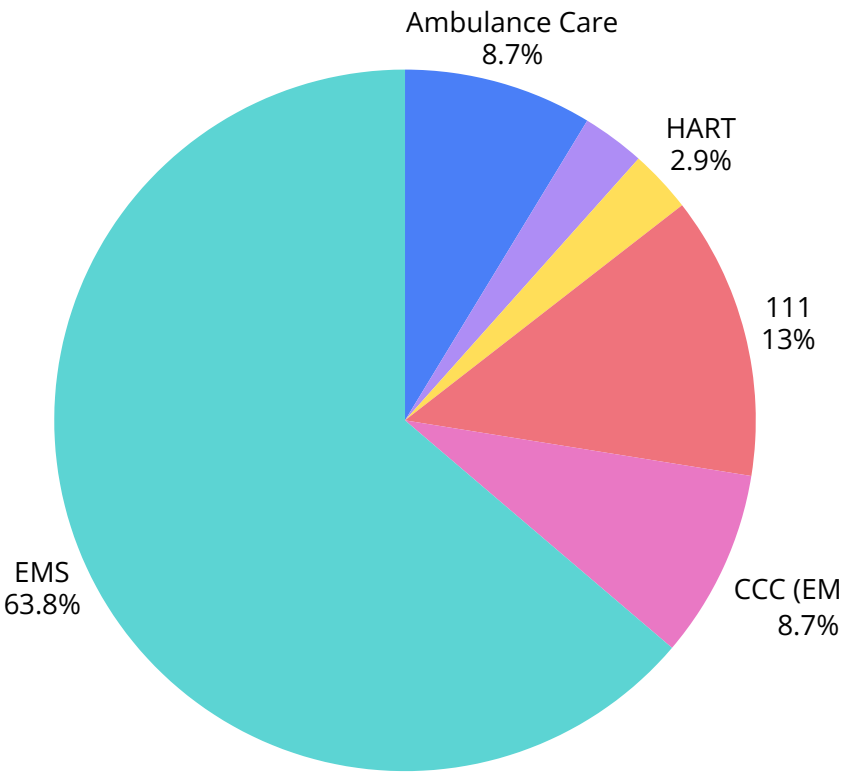


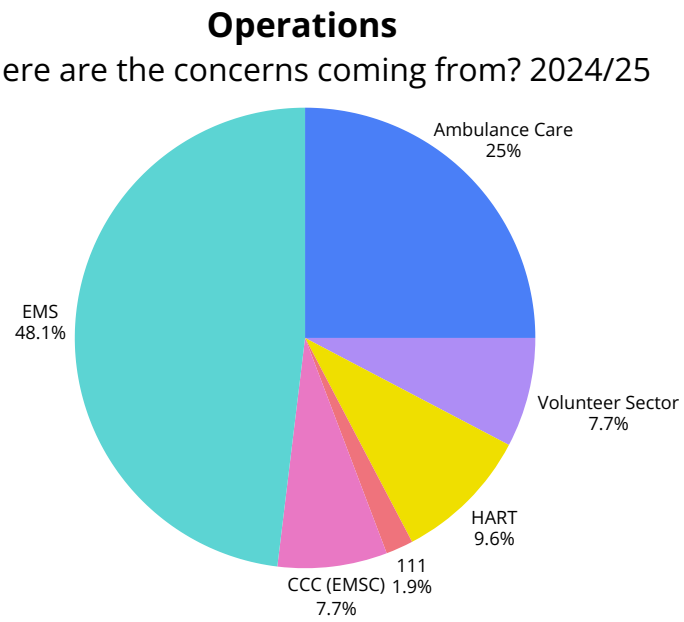
This data shows that the majority of people speak up about someone more senior to them. It also shows that we have a range of people speaking up, including very senior leaders. Further supporting the narrative that concerns and the ability to speak up is not limited in WAST.

Level of Person Spoken up about



OPERATIONS- DEEP DIVE



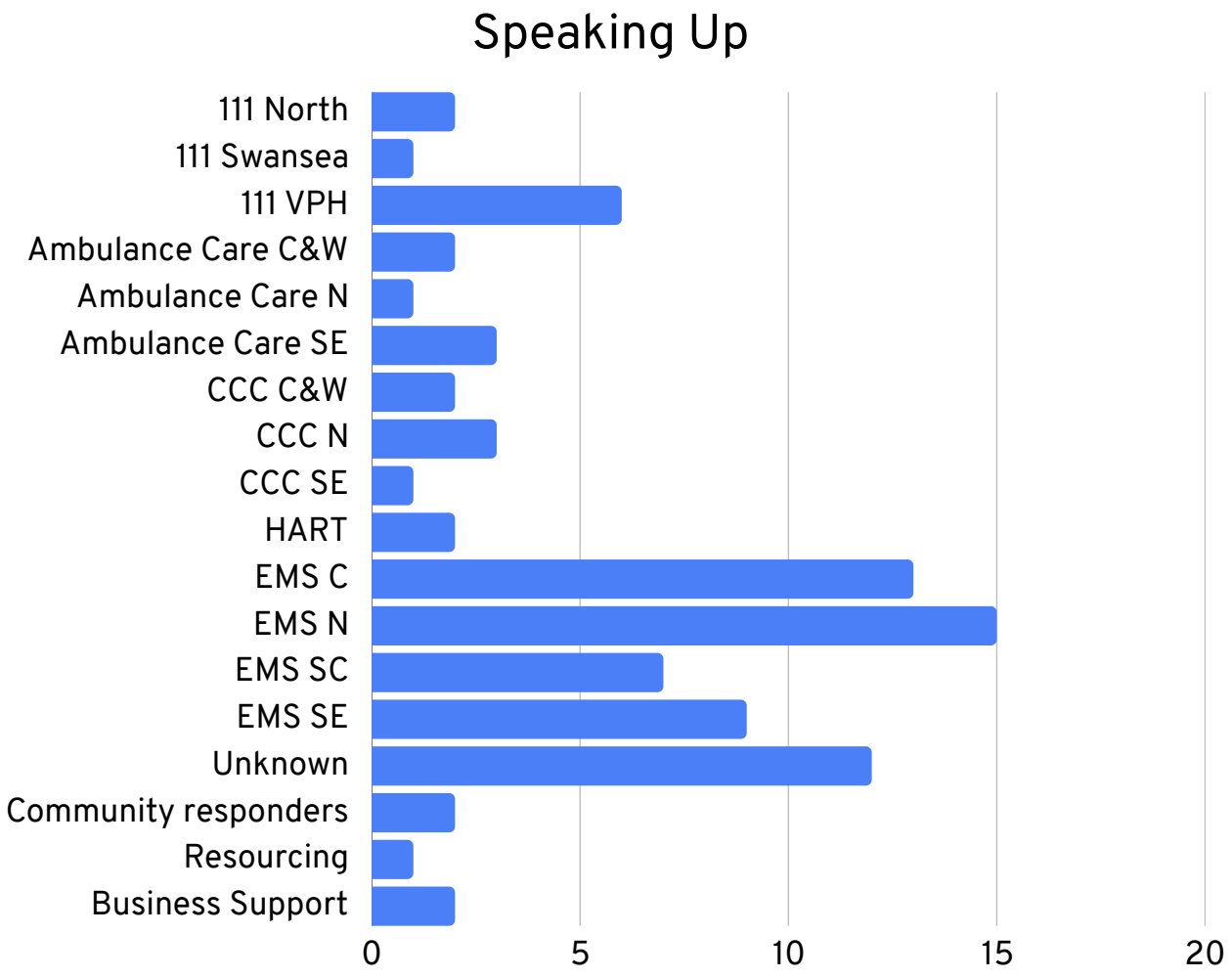


Comparing the data from year 24/25 to 25/26 shows that there has been an increase in concerns to SUS from both our EMS and NHS111 colleagues. There has also been a decrease in concerns from Ambulance care and from our HART department.

Our data on speaking up, with operations reporting the most concerns is in line with other Ambulance services across the UK.

The theme of speaking up and civility have been key areas of focus at the last two operational leadership events. There is increased awareness amongst managers of identifying and addressing concerns early.

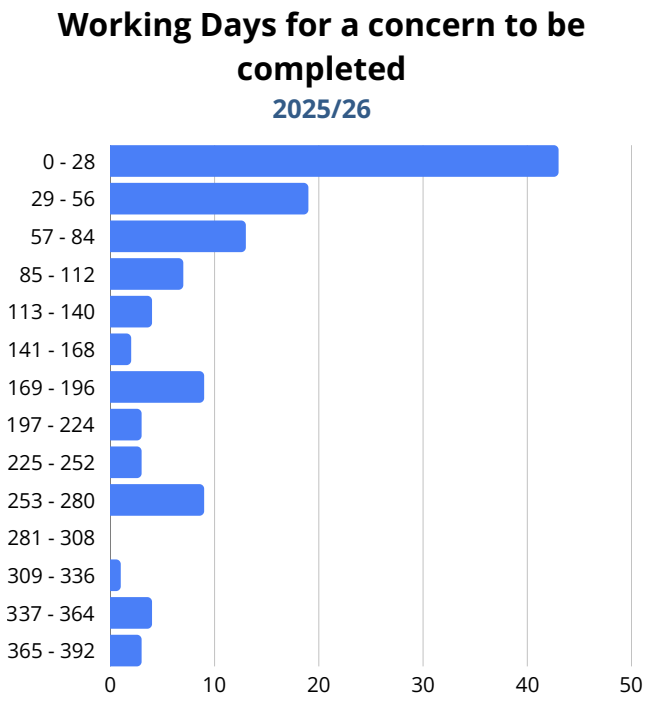
AREAS

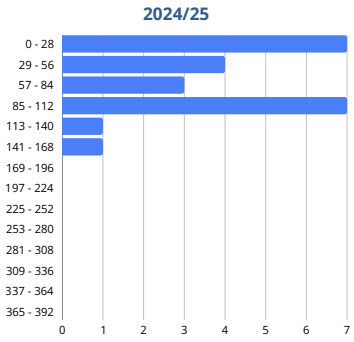


The chart above signifies that EMS N and EMS C is where most people are likely to speak up from in the operations directorate.

In NHS111 most concerns are from the SE hub and in the CCC most concerns are from the North Hub.

STAFF GROUPS





Average number of Working days for a concern to be completed
2025/26 - 99 Working Days
2024/25 - 61 Working Days (excluding Q1)

To note that this years includes cases that began in 2024/25 that remained open. When looking at the cases that exceeded 28 days for a response the outcomes were:

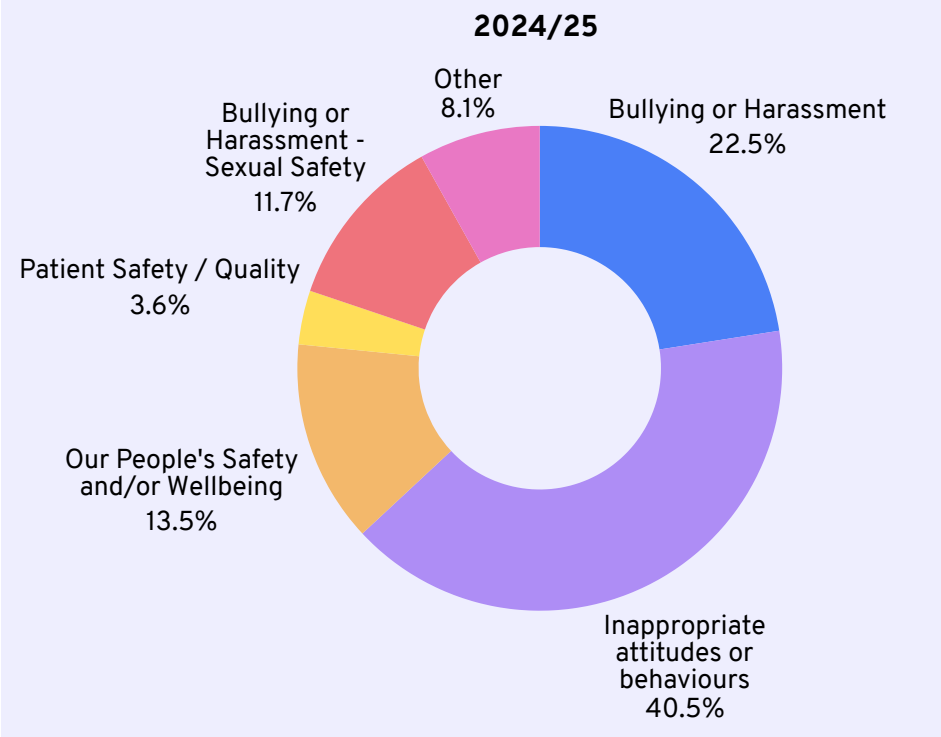
- Investigation, People Services or Case review
- Discussions with a Senior manager or Manager

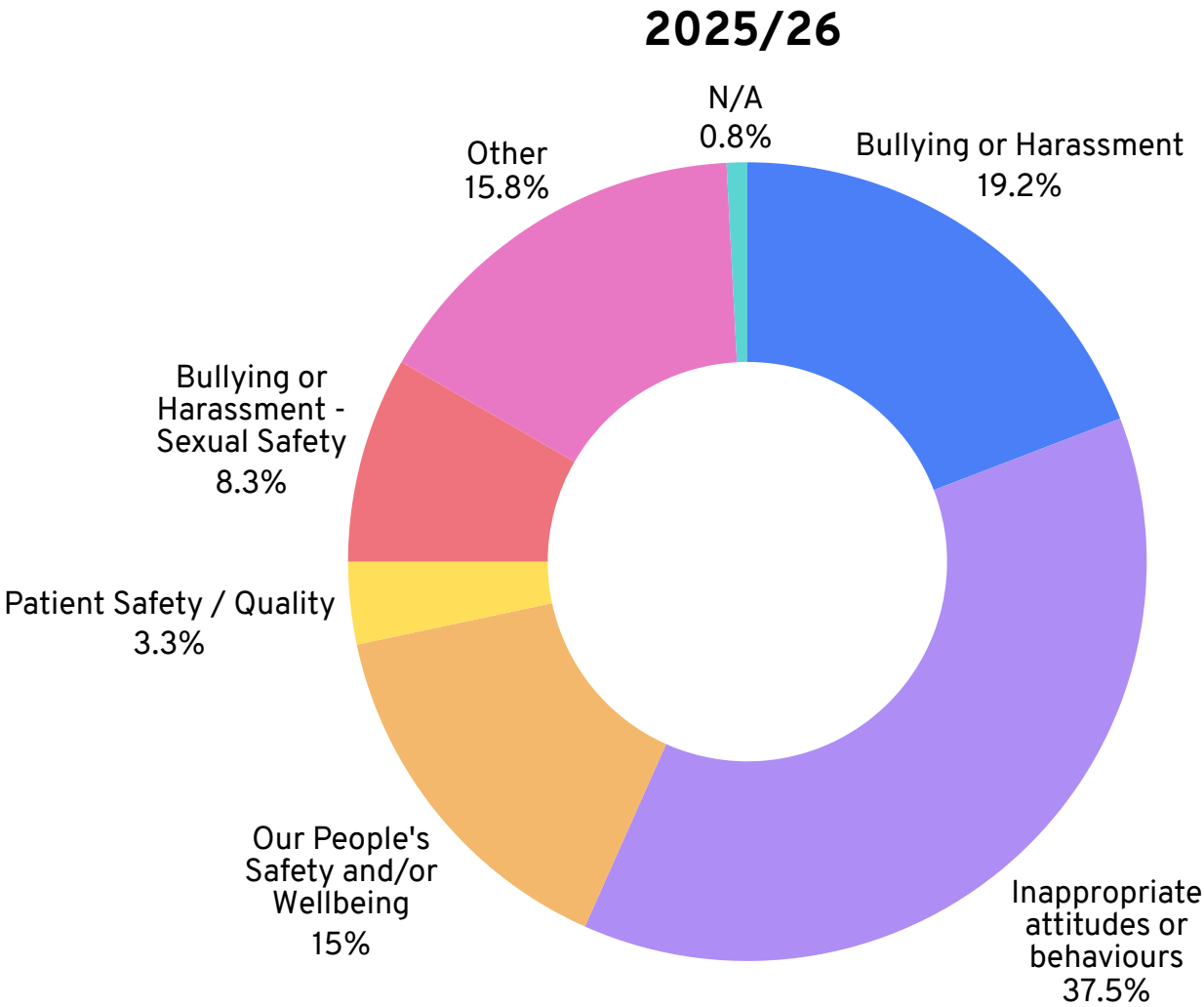
The increase may also supports that the concerns are more complex.

REASONS

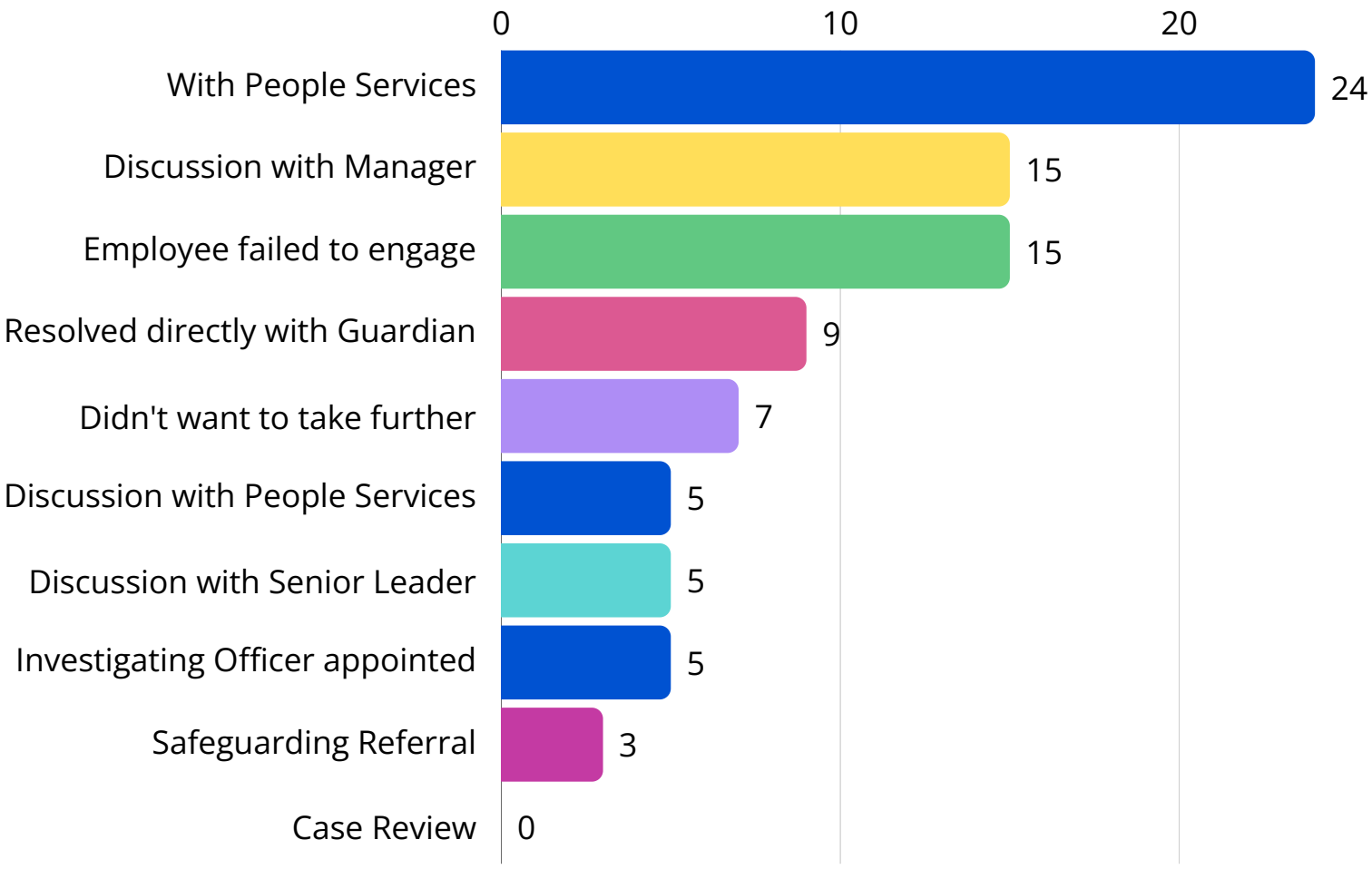
Incivility continues to be the main reason people come to SUS with a concern. Those who have experienced bullying and harassment or inappropriate behaviours make up 65% of all SUS cases in 25/26.

The Other category makes up 16.2% of SUS cases. These include Queries about an investigation, Employment and Progression, Process and Procedures, or an Enquiry.





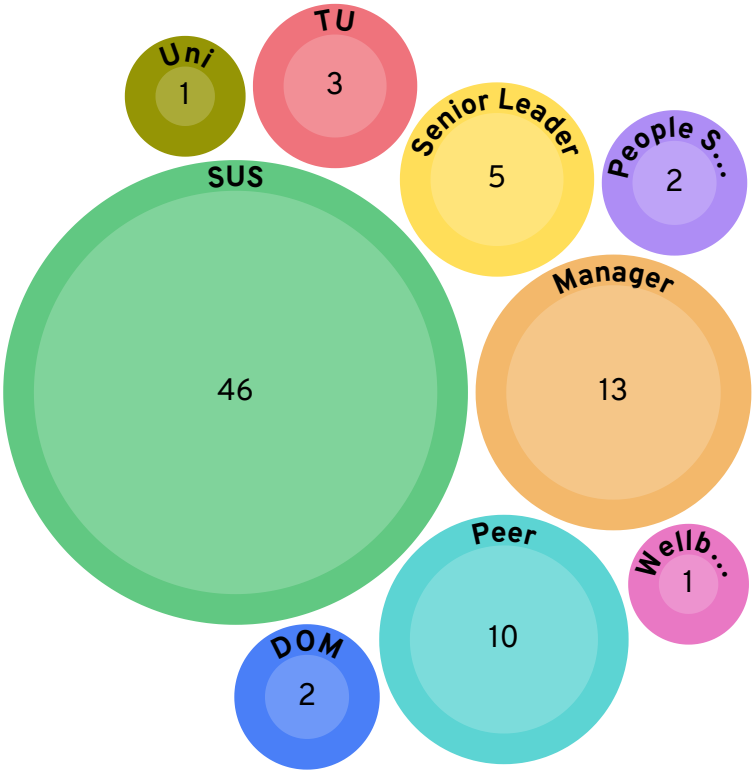
OUTCOMES



Our outcomes show that SUS rely heavily on cross departmental working to achieve the outcomes for our people. Most cases will require People Services involvement.

INTERESTING DATA

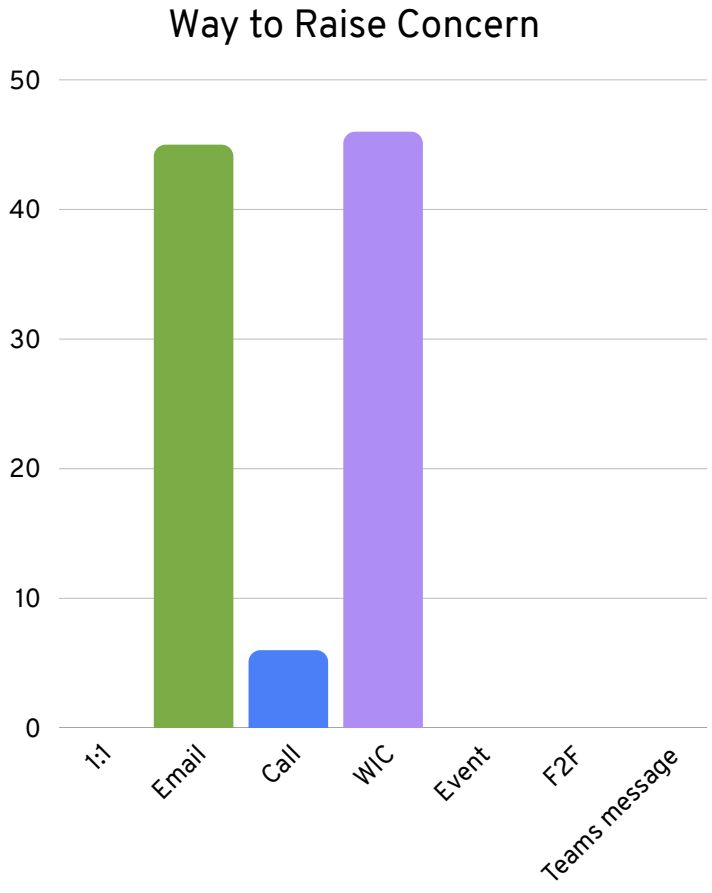
Where was the Concern First Raised?



We have 83 responses for this question. it shows that people value having an alternate route, and that for a number of reasons they felt unable to raise their concern in the traditional avenues.

45% of people had tried to raise their concern elsewhere, via a traditional route and still felt they needed the support of SUS. This could be for a multitude of reasons, stemming from no response to an unsatisfactory response.

Most people raise a concern either via the Guardian email or our Work in Confidence platform. This data shows that procuring the WIC platform is worth the return.



LOOKING AHEAD

As always, the primary focus of the SUS team is to support and empower our people to speak up. We remain committed to reducing the likelihood of detriment associated with speaking up and ensuring that meaningful organisational change is driven by the recommendations arising from cases.

Alongside this, the team is working closely with our Digital colleagues to enhance and future proof our database systems. Key objectives include increasing automation, building team based processes rather than relying on individuals, improving the capture of data such as EDI information and length of service, and enabling faster, more accurate in house reporting.

These improvements will also help inform wider organisational work, including engagement initiatives and the development of a Just and Learning Culture.
In July, the Trust's first Just and Learning Culture Forum was established. Chaired quarterly by the Lead Guardian, the forum brings together specialists from across the organisation to identify themes and trends from cases, ensuring learning is shared and meaningful improvements are implemented at an organisational level.

The team is also working closely with the LM365 team to develop an SUS e-learning module, with the aspiration of rolling this out across NHS Wales.

As highlighted previously, addressing detriment remains a major focus for the team. We are proud of the progress made so far and were privileged to work with a Clinical Psychologist in the development and implementation of our Detriment Management Action Plan (DMAP). We hope this work will not only reduce detriment associated with speaking up within WAST, but also contribute to improvements across the wider ambulance sector and NHS Wales.

CONCLUSION

The 2025/26 reporting year demonstrates that Speaking Up Safely has become an increasingly embedded and valued part of the Trust's culture. Colleagues continue to utilise the service as a trusted and independent route for raising concerns, with evidence of growing confidence, reduced reliance on anonymity and strong engagement across the organisation. The increasing volume and complexity of concerns highlight both the ongoing challenges facing the workforce and the importance of maintaining accessible mechanisms that enable staff to speak up safely.

While the service has achieved considerable success in supporting individuals, influencing organisational learning and sharing best practice nationally, the report also highlights areas that require continued attention. Concerns relating to workplace behaviour, dignity and respect remain prevalent, and feedback indicates that colleagues expect meaningful and visible organisational action when issues are identified. Continued partnership working with People Services, operational leaders and other specialist teams will therefore be essential to ensure that concerns result in sustainable improvement.

The Trust can be proud of the progress made over the past year, particularly the development of a dedicated SUS team, improved awareness activity, sector leading work on detriment mitigation and the establishment of forums that support learning and culture change. As the service moves into 2026/27, its focus will remain on empowering colleagues to speak up, strengthening psychological safety, reducing detriment and ensuring that the themes emerging from concerns are translated into tangible improvements for staff, patients and the organisation as a whole

Welsh Ambulance Services University NHS Trust

Speaking Up Safely

Annual Report 25/26

Codi Llais
Heb Ofn

Speaking
Up Safely

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

Key Highlights 25/26

The Speaking Up Safely service continues to grow in visibility, trust and impact, supporting a more open, inclusive and learning-focused culture across WAST.

106

New concerns received

The service continues to attract staff seeking support, reflecting growing confidence in the process and the team's approachability.

45%

Tried traditional routes first

Nearly half of those who came to SUS had already tried to raise their concern through another route, showing the service fills a vital gap when traditional channels fall short.

#1

Most improved service

WAST was recognised as the most improved ambulance service for Staff Survey Speaking Up results in the 2024/25 reporting cycle.

Awareness

Closing the Gap in Student Support

A gap was identified in the support available to students on placement. Working in partnership with the Education Team and partner universities, the Speaking Up Safely Team developed a dedicated support guide resource to address this need.

This initiative contributed to an increase in students raising concerns about difficult placement experiences.

Newsletter: Alternative Routes for Concerns, Guidance and Support

Published February 2026, this edition was shared through multiple channels and signposted at training events and Operational Support days to maximise reach.

156

Unique views of the February 2026 newsletter

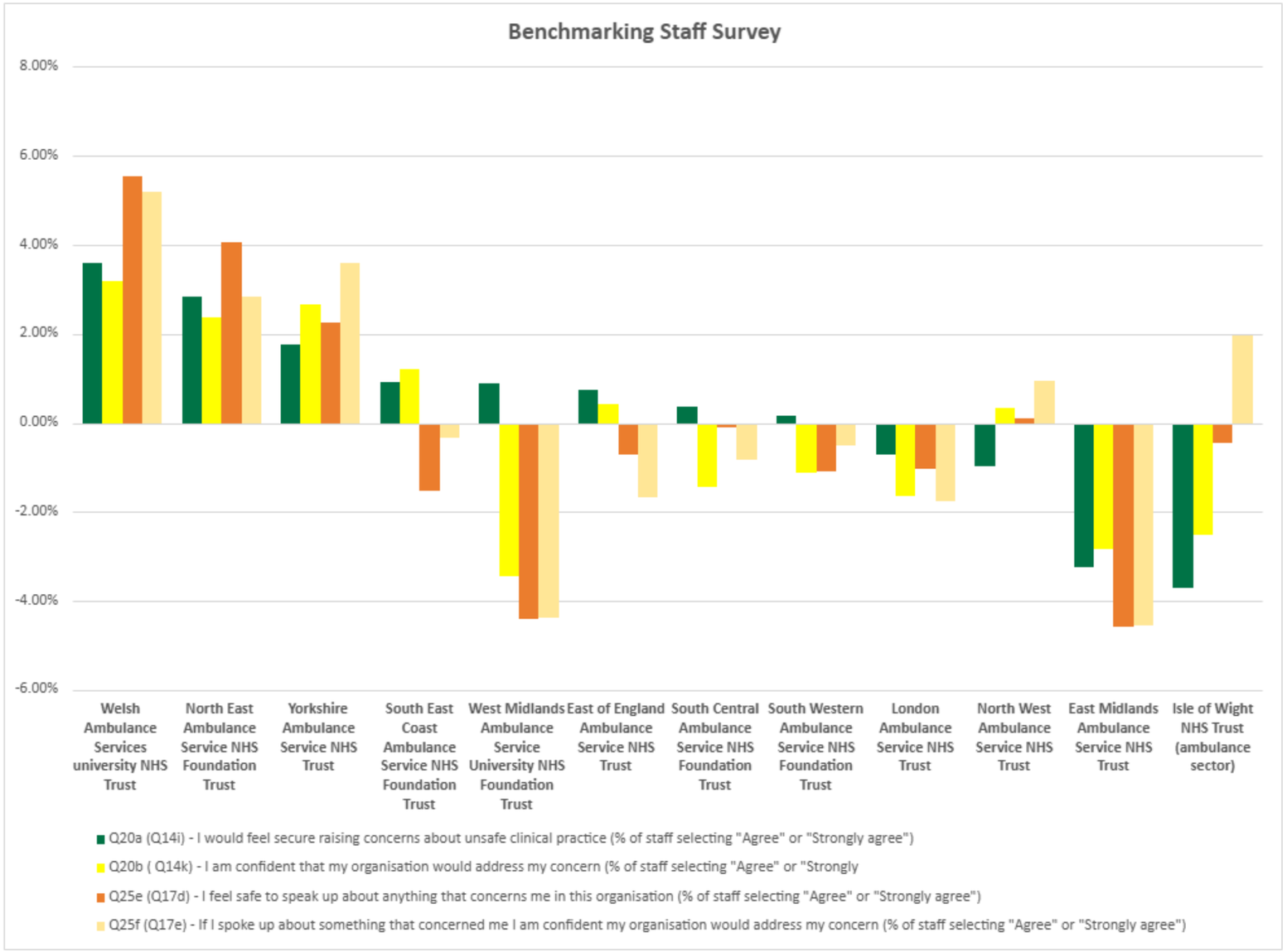
National Work

Sharing best practice with National groups

Multi-channel

Distributed via additional channels, training events & Operational Support days

Sharing best practice



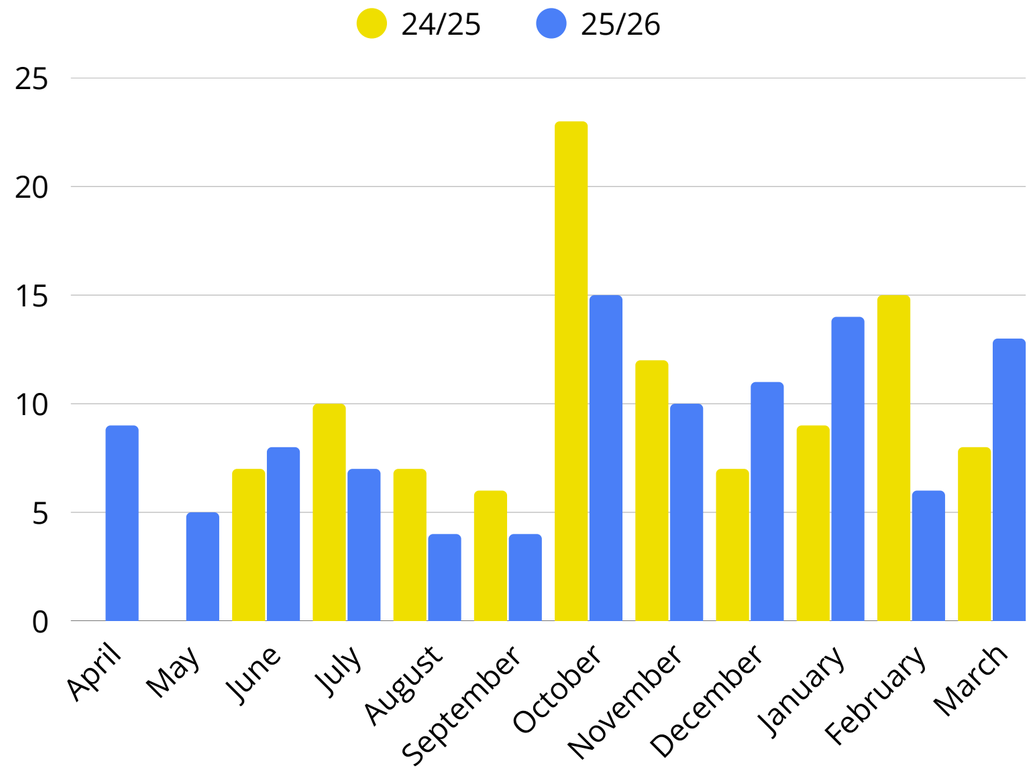
Most Improved Ambulance Service for Staff Survey Speaking Up Results 24/25

Through our National Ambulance Network of Guardians, we played a key role in developing a report for the AACE, showcasing the successes of Speaking Up Services across the sector and identifying areas for continued development.

We are delighted to report that WAST was recognised as the most improved ambulance service for Staff Survey Speaking Up results in the 2024/25 reporting cycle, reflecting our ongoing commitment to fostering a culture where staff feel safe and empowered to speak up.

Concerns

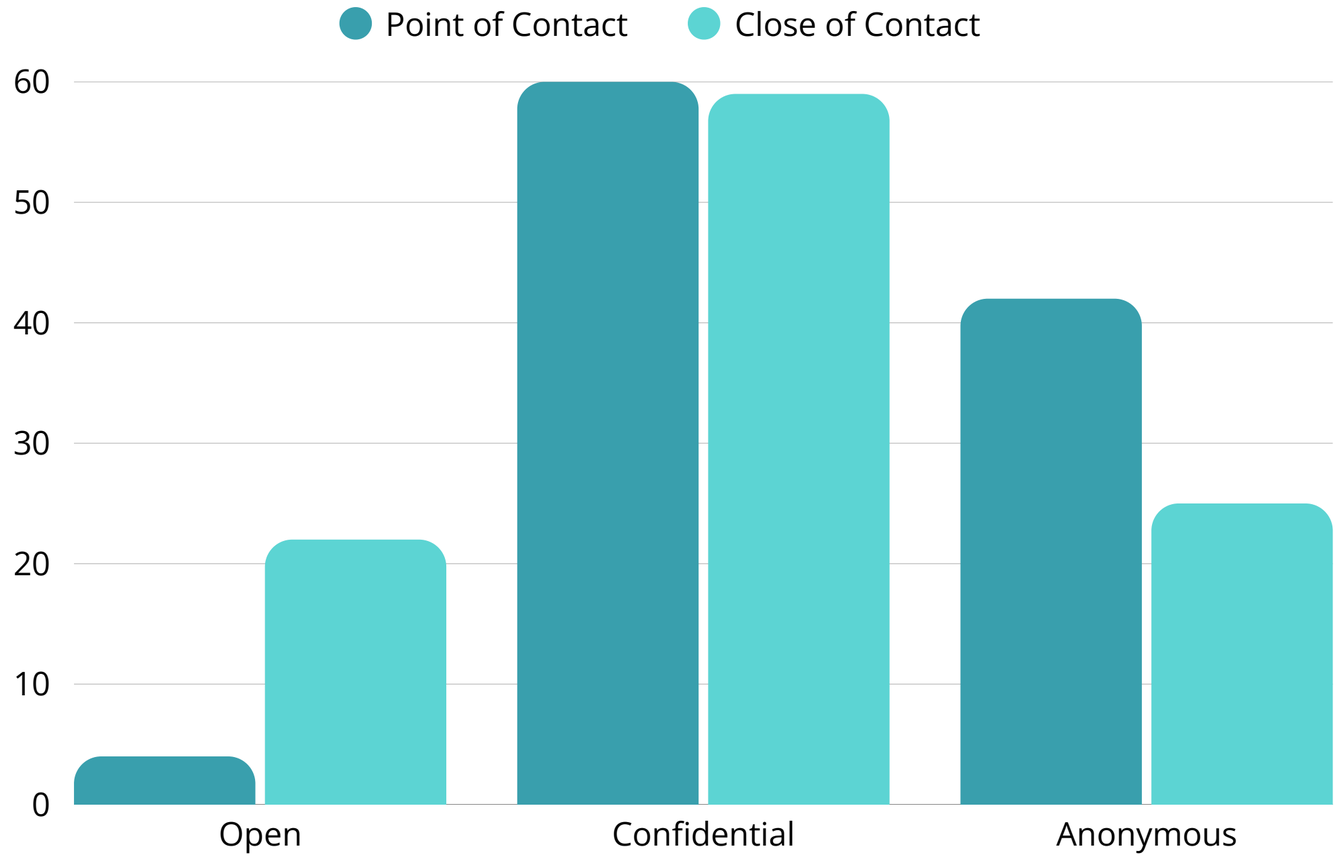
During 2025/26, the Speaking Up Safely Team received 106 new concerns



Confidentiality

Trust in the service continues to grow

Cases were more likely to move from anonymous to confidential reporting during engagement with the SUS Team.



Who raises concerns

Concerns are most commonly raised about individuals in more senior positions

The Speaking Up Safely service is trusted by a broad range of staff. The data below shows the profile of those raising concerns and the roles of those involved.

Role of person raising concern

Distribution across staff groups

81%

of concerns are raised by those without a managment role

12% leaders • 2**%** volunteers

Role of person spoken up about

Profile of those at the centre of cases

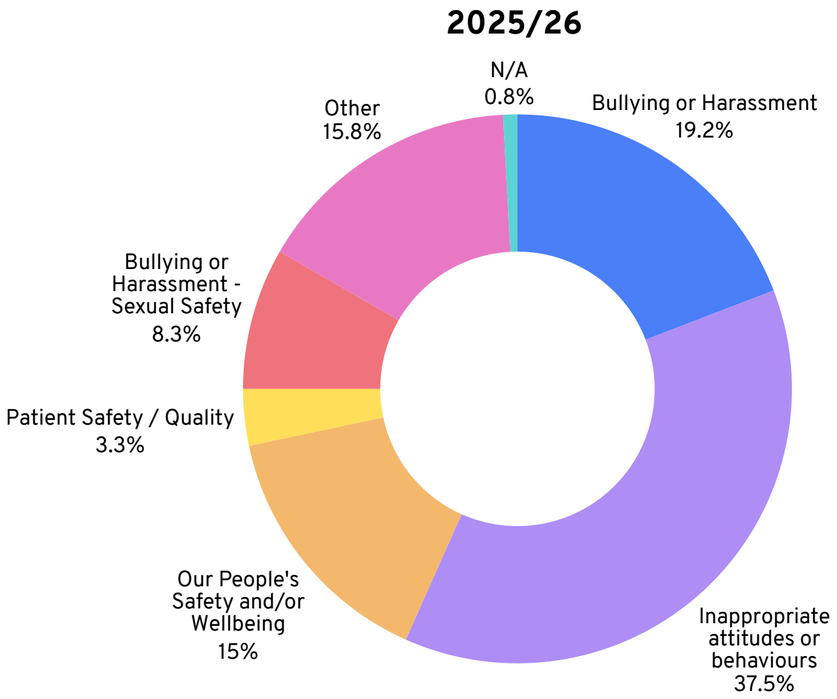
48%

of concerns involve managers

19% senior leaders • 26**%** Workers • **1%** volunteers
UNKNOWN

Concern reason

Incivility remains the primary reason people speak up.

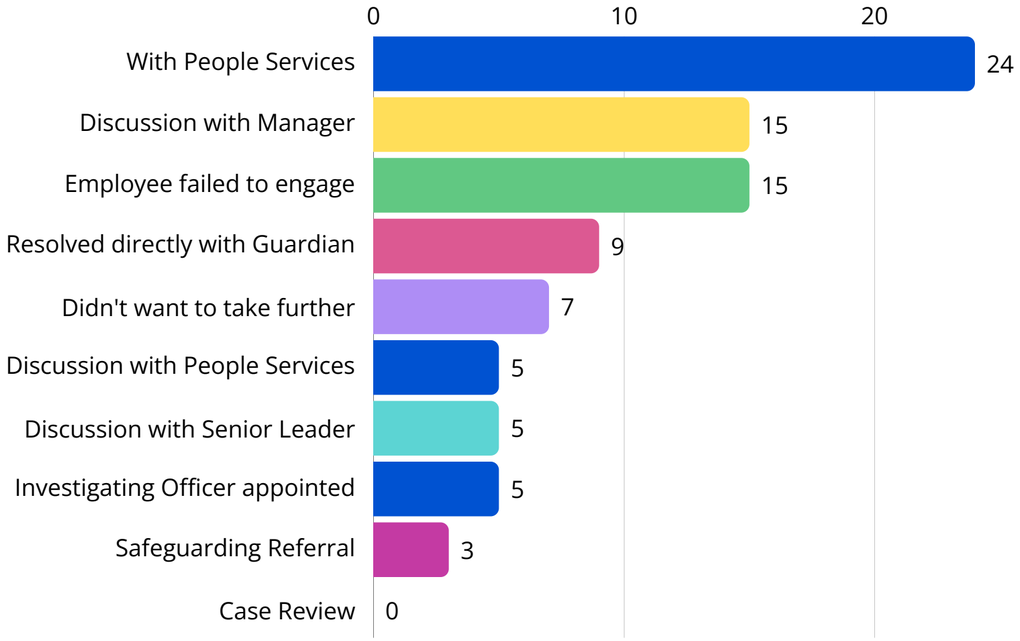


Incivility is the leading reason individuals raise concerns with SUS. Cases involving bullying, harassment, or inappropriate behaviours together account for 65% of all SUS cases in 2025/26.

The Other category represents 16.2% of cases, encompassing queries regarding investigations, employment and progression, process and procedures, and general enquiries.

Incivility remains the primary reason people speak up.

Outcomes



Outcomes depend on cross-departmental working

The outcomes we deliver are rarely the result of a single team. Effective resolution requires coordinated engagement across directorates, with People Services involved in the majority of cases to ensure consistent, fair, and well supported outcomes for our people.

> People Services engagement remains central to the resolution pathway across the majority of active cases.

Looking ahead

Our priorities for the coming year

We are focused on strengthening the service, deepening our insight, and supporting the people who make it work.

01

Considering & Reducing Detriment

02

Improving Data & Insight-making connections

03

NHS Wales National Contribution

04

Supporting all our people

Feedback

What our people are saying

My concerns were listened to, I felt supported and seen, and I was guided through the process with regular check-ins to make sure I was okay. The Guardian was amazing.

Speaking with the Guardian was really helpful, but I feel the Trust is not anywhere near ready to tackle the difficult problems. I would speak to them again, but with the expectation that nothing will change.

Very easy to use, felt comfortable that everything was confidential. I felt heard.

THANK YOU

Thanks for listening

Any questions?

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

Agenda Item No.	12

REPORT TITLE

Cultural Themes and Trends Report January – June 2026

MEETING

Name of meeting	People and Culture Committee
Date of meeting	11 August 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Angie Lewis, Director of Culture Change
Author(s) of report	Beverley Flood, Assistant Director of People Services

PURPOSE OF REPORT

☐ Approval	☐ Endorsement
☒ Assurance	☐ Discussion
☐ Information (goes in consent items)	☐ Noting

REPORT SUMMARY

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

1. This report provides an integrated view of workforce culture, employee relations activity, retention, colleague experience and speaking up trends across the Trust. Taken together, the data provides valuable insight into organisational culture, leadership behaviours and workforce wellbeing.

2. Employee relations activity remains high, with 79 new disciplinary cases recorded between January and June 2026, the highest January to June position in the last three years. Whilst this may reflect increased confidence in reporting and addressing concerns, the continued predominance of inappropriate behaviour cases indicates ongoing cultural challenges in some areas of the organisation.

3. Sexual Safety remains a significant area of focus. One in five new disciplinary cases (20.3%) included a Sexual Safety element and almost one quarter of all current disciplinary cases (24.65%) involve Sexual Safety concerns. This demonstrates the continued importance of creating safe working environments and maintaining visible organisational leadership in this area.

4. There is encouraging evidence that Compassionate Practices are becoming embedded, with 32% of disciplinary cases (closed within this period) resolved through informal action. This suggests increasing confidence in proportionate and restorative approaches whilst maintaining appropriate governance and oversight.

5. Workforce turnover remains relatively stable at approximately 9%, although retention challenges continue within EMSC and Integrated Care services. Data from Moving on Conversations suggests that workforce experience is increasingly influenced by career development opportunities, stress, local leadership and team culture rather than organisation-wide factors alone.

6. Insights from Moving on Conversations indicate that retirement is becoming an increasingly important contributor to workforce turnover. Alongside challenges relating to career progression and wellbeing, this presents a strategic workforce planning consideration for the Trust.

7. Speaking Up Safely data continues to provide valuable insight into organisational culture. 59% of concerns raised included an element of incivility, while half of individuals reported Speaking Up Safely as the first place, they felt able to raise concerns. This reflects both the persistence of behavioural concerns and growing confidence in speaking up mechanisms.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section
The People and Committee is requested to: Note the contents of this report and the supporting presentation

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance here regarding materiality and use of the Reading Room
The People and Culture Committee is requested to receive the following: **Annex 1** Cultural Themes and Trends presentation

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
☐ SO1: Providing the right care or advice, in the right place, every time	☒ SO2: Enabling our people to be the best they can be
☐ SO3: Being at the forefront of innovation and technology	☐ SO4: Developing services in collaboration
☐ SO5: Being quality driven and clinically led	☐ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
Risk 160 - High absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service. **Risk 558** – Deterioration of staff health and wellbeing in the face of continued system pressure as a consequence of workplace experiences.

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [link to standards]		
☒ Safe	☐ Timely	☐ Effective
☐ Efficient	☐ Equitable	☐ Person Centred
Quality Enablers (select all that apply) [link to standards]		
☐ Leadership	☒ Workforce	☒ Culture
☐ Information	☐ Learning Improvement & Research	☐ Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
☒ A socially responsible and inclusive employer	☐ An innovative and sustainable organisation	☐ A pro-active, accessible and equitable care provider
☐ n/a	☐ n/a	☐ n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document here for further details.

Does this paper require an impact assessment	☒ No ☐ Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
27 July 2026	Angie Lewis, Director of Culture Change

SITUATION

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

2. The findings provide insight aligned with the Trust's 2030 Strategy, focusing on creating an exceptional place to work, developing an agile, capable workforce, and embedding compassionate leadership.

BACKGROUND

3. 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
    - Further development of questionnaires for Moving on Conversations
    - Further development of dashboards for reporting.

ASSESSMENT

Employee Relations

4. Employee relations data continues to provide an important indicator of organisational culture. The opening of 79 new disciplinary cases during the reporting period represents the highest January to June position in three years. Whilst increased case volumes may indicate improved confidence in reporting concerns and managerial willingness to address behaviours, the sustained prevalence of inappropriate behaviour cases suggests that behavioural and cultural challenges remain present within parts of the organisation.

5. Sexual Safety continues to feature prominently within employee relations activity. The increase from less than 12% of new cases in the previous report to 20.3% of new cases in the current period is significant. While this may partly reflect greater awareness and confidence to report concerns, it also reinforces the importance of maintaining Board oversight of Sexual Safety improvements and ensuring preventative cultural interventions remain a priority.

6. There are positive indicators that Compassionate Practices are becoming embedded within people management approaches. The finding that 32% of cases concluded through informal action suggests greater use of early resolution where appropriate. This supports the Trust's ambition to develop a culture that balances accountability with compassion and learning. Formal evaluation will help determine the extent to which these practices are contributing to improved employee experience and organisational outcomes.

Workforce Sustainability and Retention

7. Overall turnover remains stable and around 9%, indicating a generally positive retention position. However, the continued concentration of turnover within EMSC and Integrated Care services suggests that workforce challenges are becoming increasingly localised rather than organisation-wide. This reinforces the need for targeted interventions informed by local workforce intelligence.

8. Three key themes emerge from the latest leaver feedback and exit interview data.

- **Retirement is becoming a more significant driver of workforce turnover**, with retirements increasing from 6 to 11 during the reporting period. This is particularly evident within Corporate Directorates, where 43% of leavers cited retirement as their reason for leaving, reinforcing the importance of succession planning, workforce forecasting and knowledge transfer.

- **Retention challenges vary across career stages and workforce groups**. Younger colleagues, particularly within Operations, are more likely to leave due to career progression opportunities and work-related stress, with 70% of leavers aged under 35 reporting stress at work. In contrast, colleagues aged 35 and over more commonly cited retirement and shift patterns. Operational colleagues were also more likely to report limited development opportunities, with 24% indicating they had insufficient opportunities to develop new skills.

- **Local leadership, management practice and team culture are key determinants of employee experience and retention**. Feedback consistently highlighted feeling undervalued, team dynamics, and inconsistent application of flexible working arrangements and Occupational Health recommendations, indicating that day-to-day management behaviours have a significant influence on retention outcomes.

  Taken together, these findings suggest that retention strategies should increasingly focus on leadership capability, career pathways and succession planning alongside traditional recruitment and retention interventions.

Speaking Up Safely

9. The Speaking Up Safely service continues to demonstrate its value as a key cultural indicator. The majority of concerns continue to be raised anonymously or confidentially, which remains indicative of a workforce that does not always feel fully comfortable raising concerns openly. However, the fact that many individuals subsequently identify themselves as trust develops demonstrates increasing confidence in the process and the role of the Freedom to Speak Up Guardian.

10. The most significant insight from Speaking Up Safely remains the prevalence of incivility, which featured in 59% of concerns raised during the period. Whilst this represents a lower proportion than reported previously, it continues to demonstrate that interpersonal behaviours and workplace relationships remain one of the most significant cultural challenges facing the organisation. Importantly, 50% of colleagues reported that Speaking Up Safely was the first place they felt able to raise their concern, highlighting the importance of maintaining independent routes for speaking up whilst continuing to strengthen local leadership capability and psychological safety.

Strategic Insights for Committee Consideration

The collective data suggests five areas that warrant continued oversight:

- Sexual Safety remains a material cultural risk, with a notable increase in representation within disciplinary casework.
- Incivility continues to be the dominant cultural theme across both employee relations and Speaking Up Safely data.
- Compassionate Practices are showing encouraging signs of impact, with increasing use of informal and proportionate resolution approaches.
- Workforce experience is becoming increasingly dependent on local leadership and team culture, creating variation across services and locations.

- Retirement, capability development and career progression are emerging as important workforce sustainability issues, requiring consideration as part of longer-term workforce planning.

RECOMMENDATION

11. The recommendation is set out in the front cover above.

NEXT STEPS

12. A further report to update committee is due in 6 months time.

Welsh Ambulance Services University NHS Trust

Cultural Themes and Trends

GIG CYMRU NHS WALES
Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services University NHS Trust

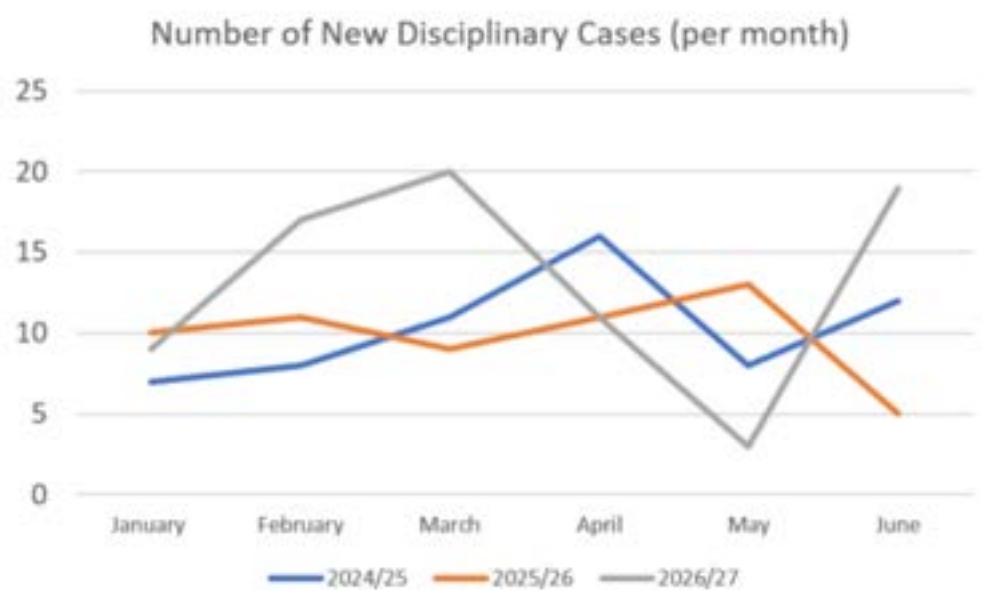
Cultural Themes and Trends
Version 4.0
Released: July 2026

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 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.
- Provide information on turnover rates across the Trust highlighting key areas.

EMPLOYEE RELATIONS

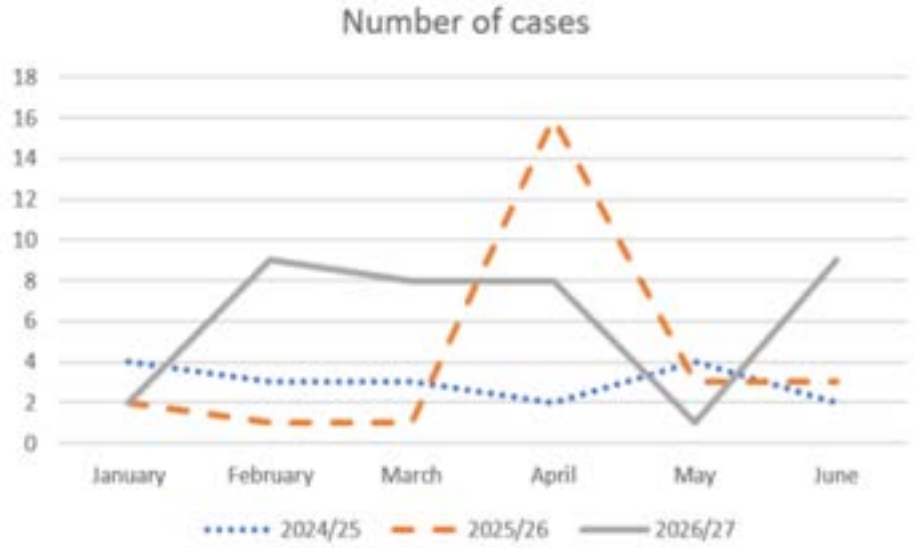


Disciplinary - In the period Jan 2026 to June 2026, the total number of new disciplinary cases was 79.

There has been an **increase** in new cases in this reporting period compared to the period from Jan 2025 to June 2025. This is the highest total for the Jan to June period in three years.

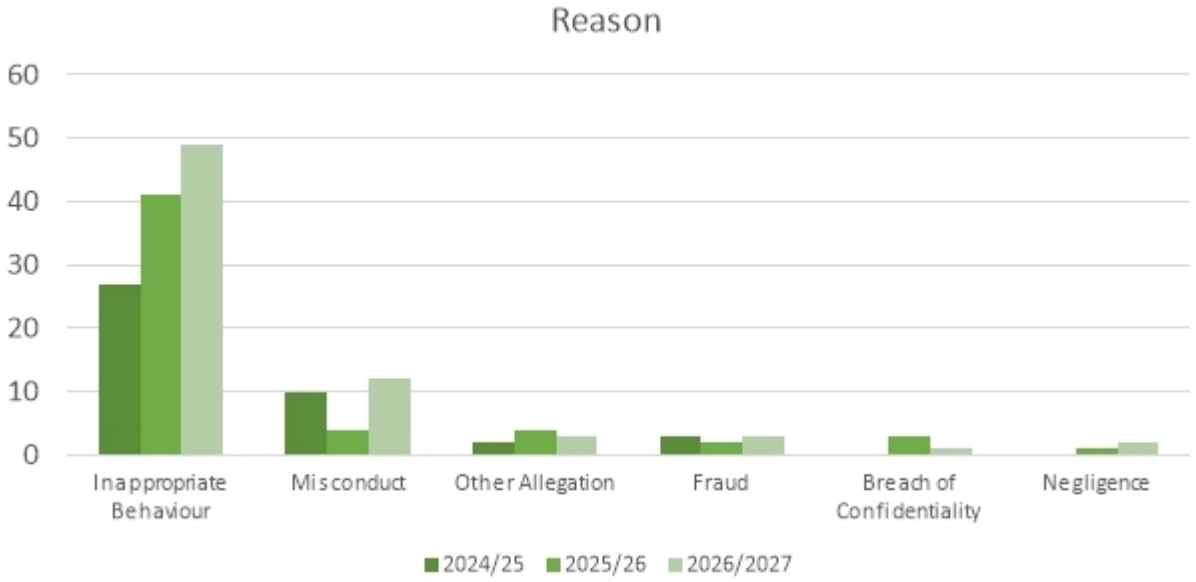
Requests for resolution - 2026/27 has shown consistently higher volumes of requests for resolution over the last 6 months

This trend may reflect increased workforce pressures, greater confidence in raising concerns, and emerging issues not fully addressed by existing policy frameworks.



Prepared by:
Bethan Davies

EMPLOYEE RELATIONS: DISCIPLINARY CASES



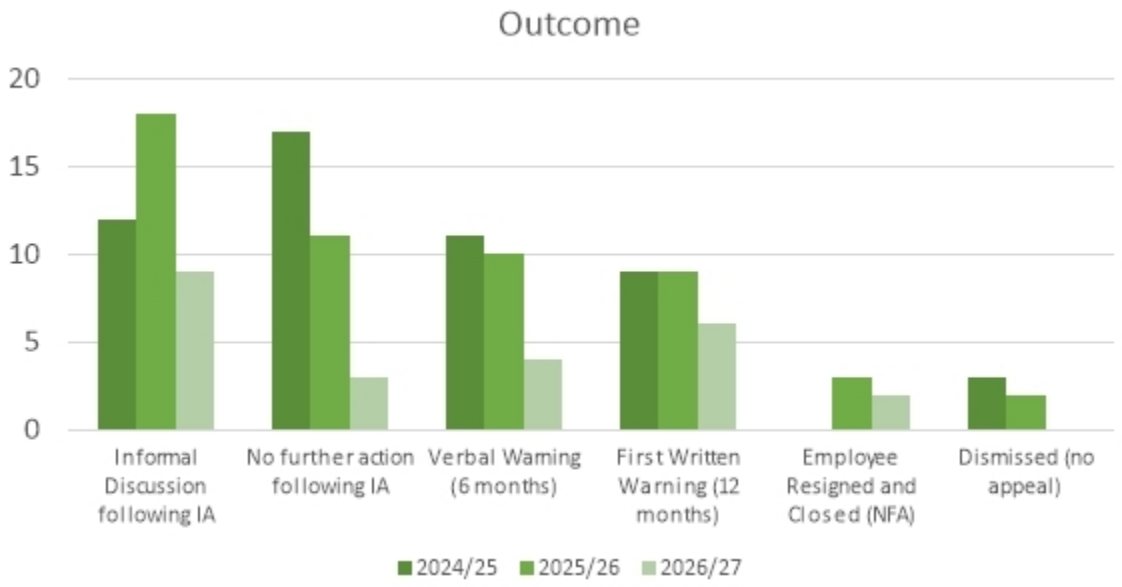
Inappropriate behaviour persists as the predominant reason for disciplinary measures, accounting for **62%** of cases raised between Jan to June 2026.

27 Days

The average duration of cases opened and closed during the period Jan to June 2026 was 32 days, from start to completion (inclusive of formal investigation where applicable).

51 cases, which commenced between Jan and June 2026, remain open. Of the 28 closed cases, **32%** concluded with **informal discussion following an initial assessment.**

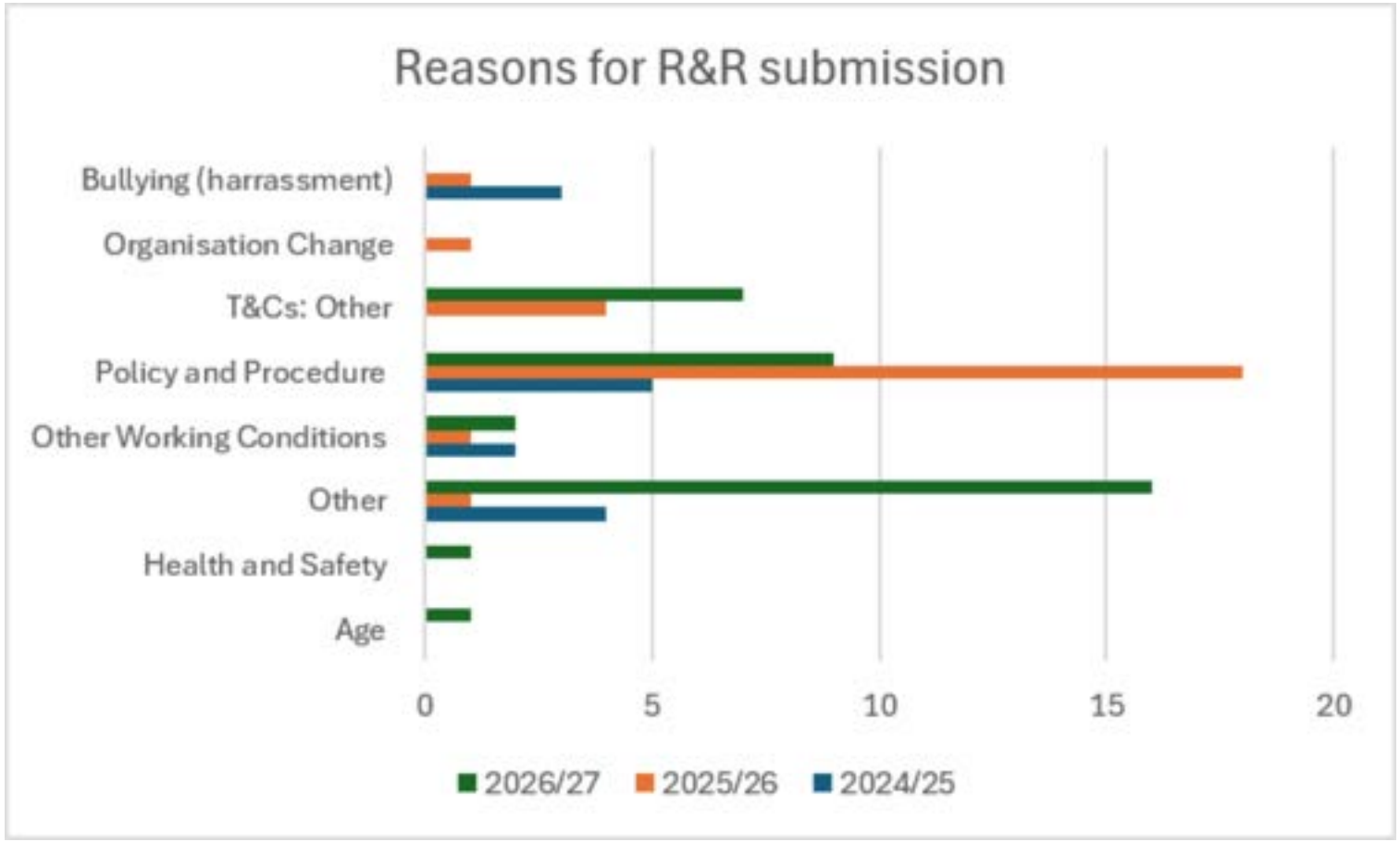
There were **two dismissals** in this period. These cases commenced prior to Jan 2026.



14 of the cases raised between Jan to June 2026 were fast tracked.

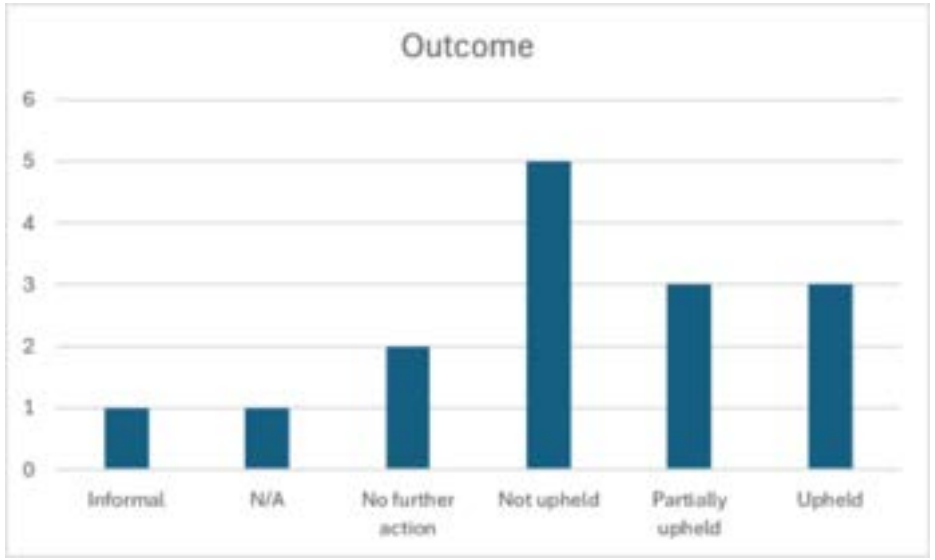
14 Fast Track

EMPLOYEE RELATIONS: REQUEST FOR RESOLUTION



57%

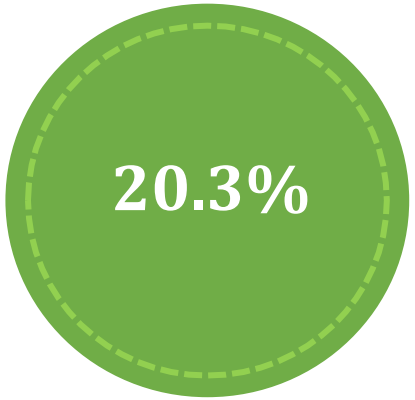
Of the new cases submitted between January and June, 21 **remain open.** This equates to 56.7% of new cases submitted in this period.



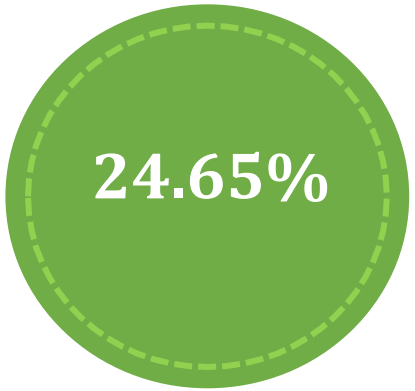
For cases submitted and closed from January to July 2026, the average duration from submission to closure was on average 19.75 days.

20 Days

SEXUAL SAFETY



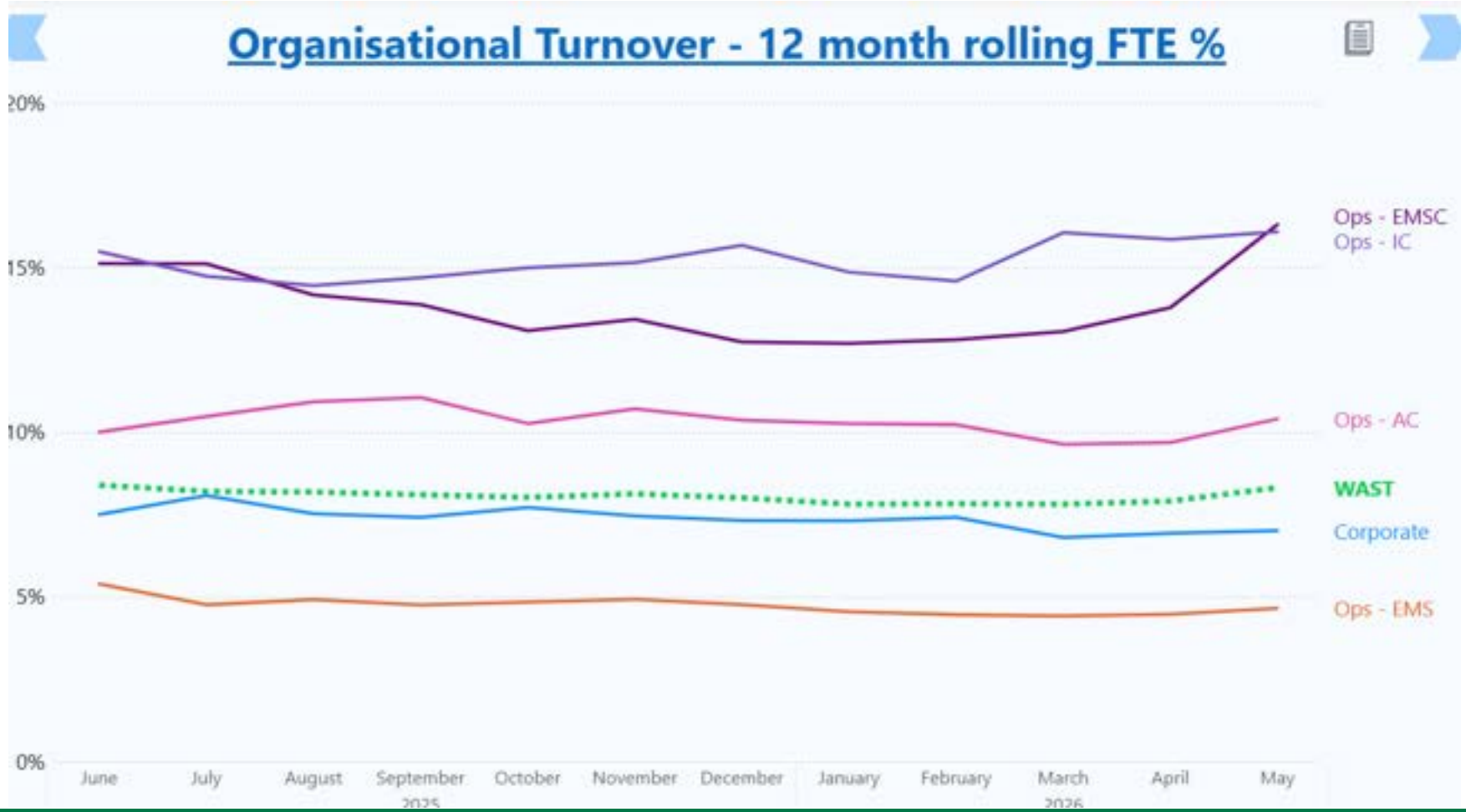
More than 20% of new cases between Jan and June 2026 were in relation to a Sexual Safety concern and are categorised under inappropriate behaviour or misconduct.



24.65% of the current 73 Disciplinary cases (including Initial/Fact Find Assessments) are reporting a sexual safety element.

STAFF TURNOVER

12 month rolling FTE %



Key Themes…

Turnover rates across the Trust have remained relatively static over the last 12 months, being at 9% in June 2025 and 8.99% in May 2026.

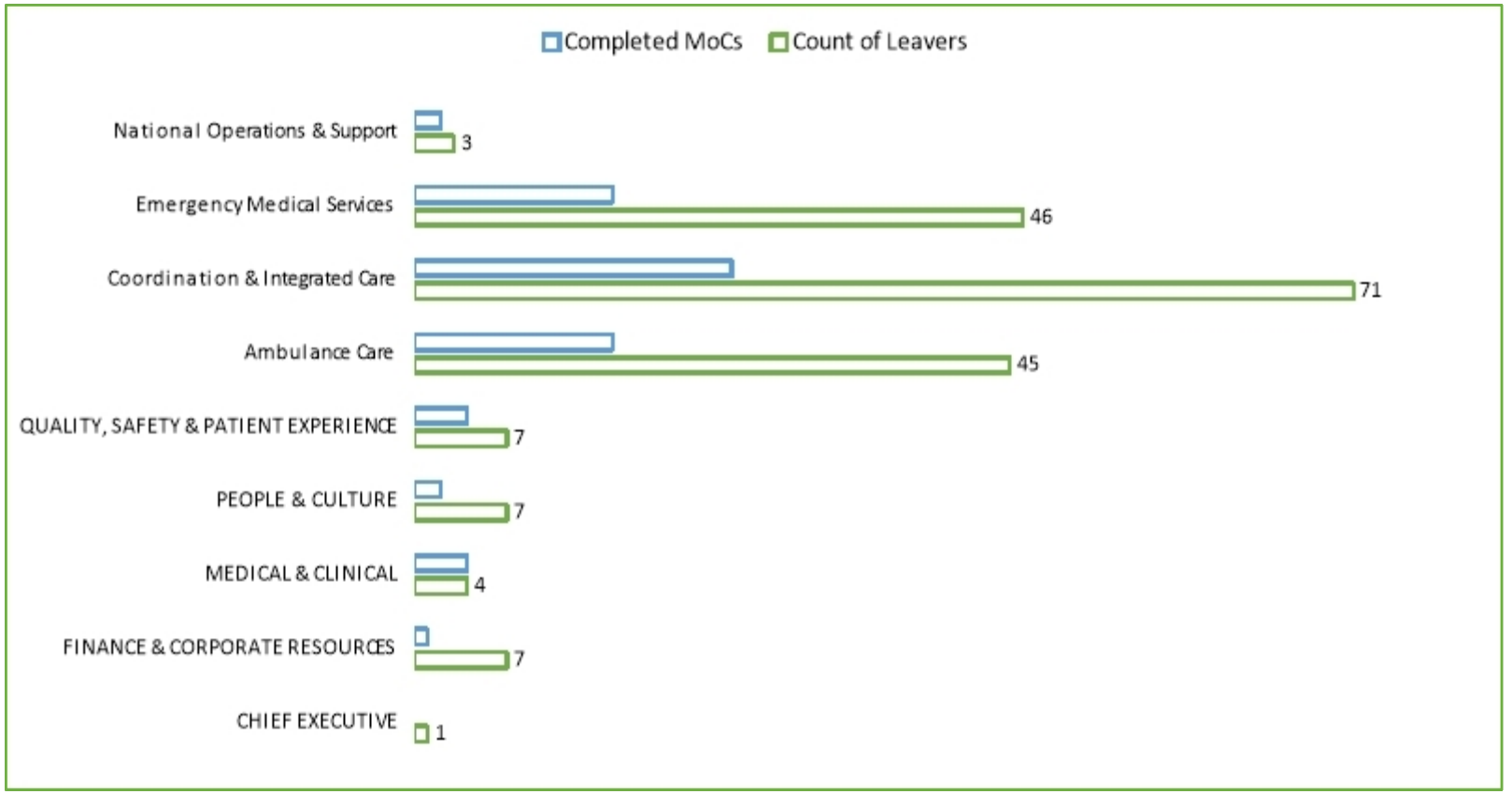
Turnover rates remain low within EMS and Corporate roles, **however EMSC and IC roles still showing high level of turnover**, (IC includes 111 and CSD).

Prepared by:
Matt Dawson

MOVING ON CONVERSATIONS DATA

Between 1st January 2026 and 22nd June 2026, **67 responses** have been received from across the Trust.

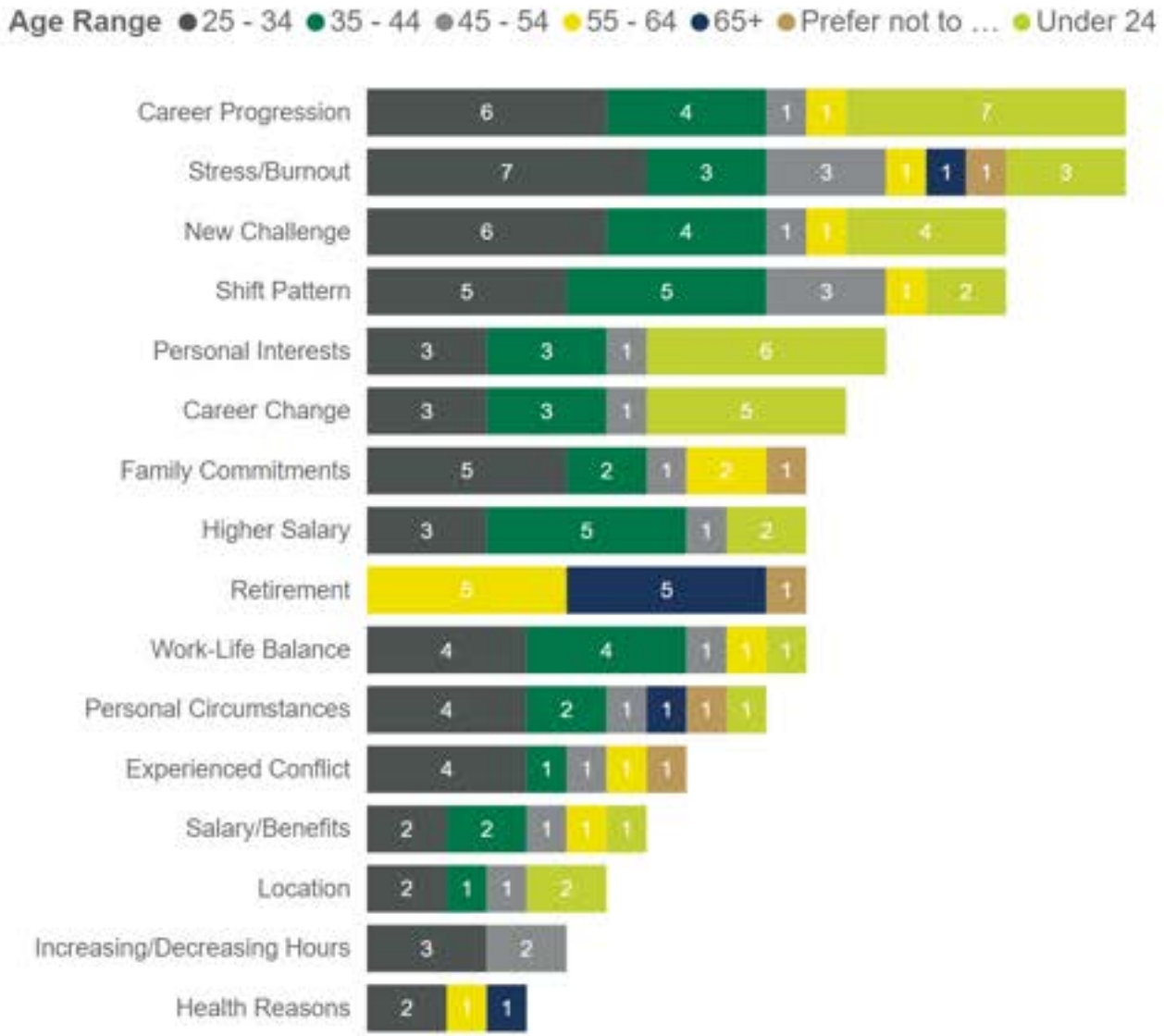
Of **Trust leavers** recorded in ESR for the same period have participated in the process.



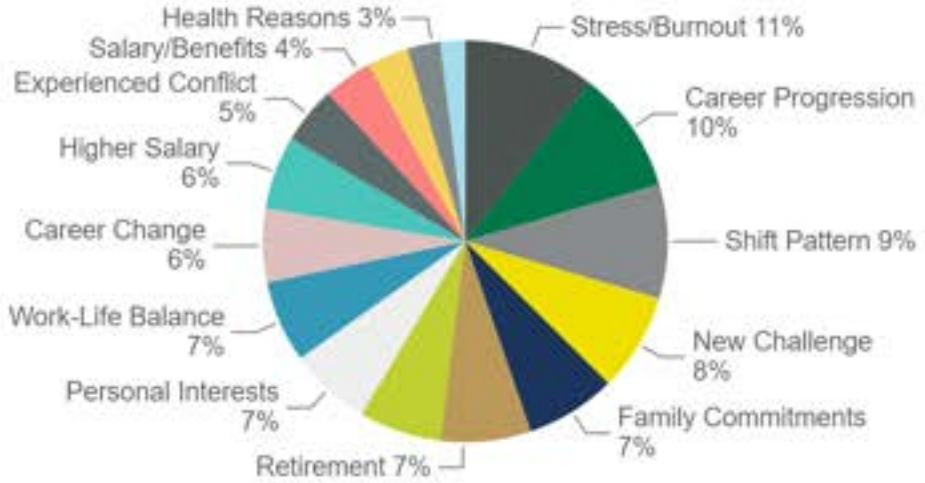
Prepared by: Emma Morgan

Reasons for Leaving

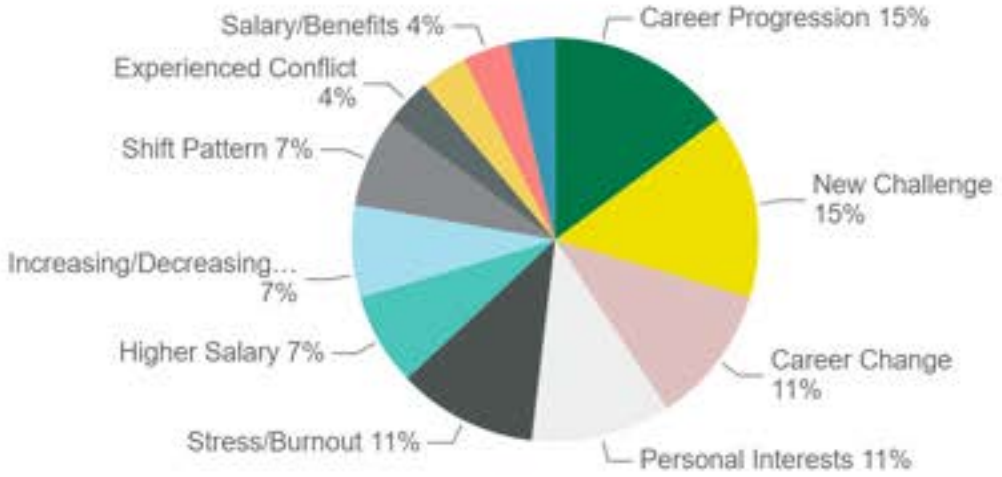
Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services University NHS Trust



Leaving the Trust



Changing Roles



Key Themes and Insights

Moving on Conversation data provides increasingly rich insight into workforce experience. Three strategic themes emerge:

1. Retirement is becoming a more prominent driver of workforce loss, particularly within corporate functions.
2. Career development and progression remain important factors for colleagues in earlier career stages.
3. Workplace experience is increasingly influenced by local leadership, team dynamics and management practice rather than national policy or organisational frameworks.

WAST Starters and Leavers Overview June 2025 – May 2026

Overview for previous 12 months

More starters than leavers

Gender: Equal numbers of men and women leaving; and equal men and women new employee

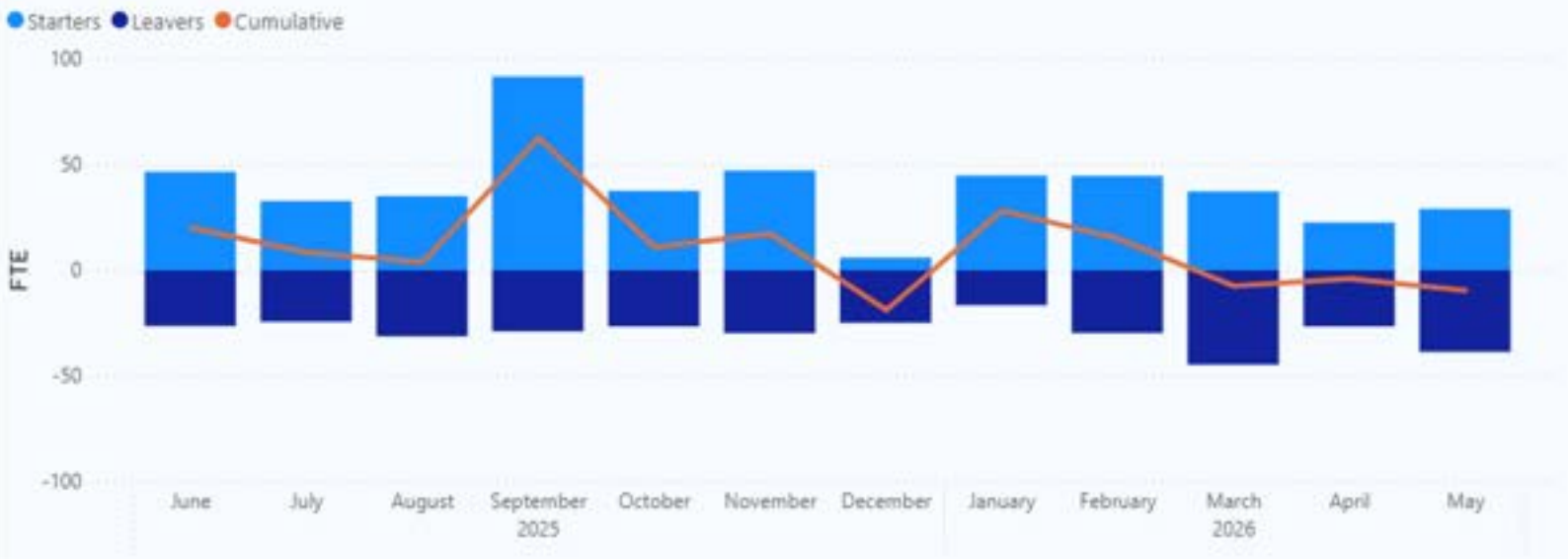
Overall turnover under 10% - **positive position**

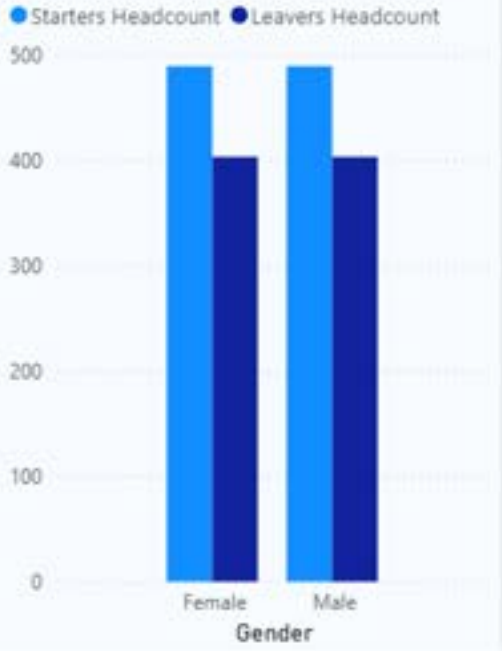
All WAST

Year	2025 June	July	August	September	October	November	December	2026 January	February	March	April	May
Headcount	4435	4447	4452	4530	4516	4536	4528	4560	4559	4548	4549	4531
FTE	4110.5	4120.5	4128.0	4207.5	4195.5	4210.7	4197.6	4233.4	4231.0	4220.1	4220.7	4205.7
Leavers Headcount	30	29	39	35	30	33	29	19	35	50	30	44
Leavers FTE	26.44	24.40	31.27	28.96	26.63	29.76	24.88	16.61	29.69	44.72	26.60	38.64
Starters Headcount	50	34	37	93	38	48	6	46	46	38	23	30
Starters FTE	46.59	32.75	35.09	91.70	37.57	47.16	6.00	44.79	44.63	37.28	22.56	29.01
Turnover Rate (Headcount) %	0.68%	0.65%	0.88%	0.77%	0.66%	0.73%	0.64%	0.42%	0.77%	1.10%	0.66%	0.97%
Period Turnover Rate (FTE) %	0.64%	0.59%	0.76%	0.69%	0.63%	0.71%	0.59%	0.39%	0.70%	1.06%	0.63%	0.92%

8.32%
12m%FTE WAST

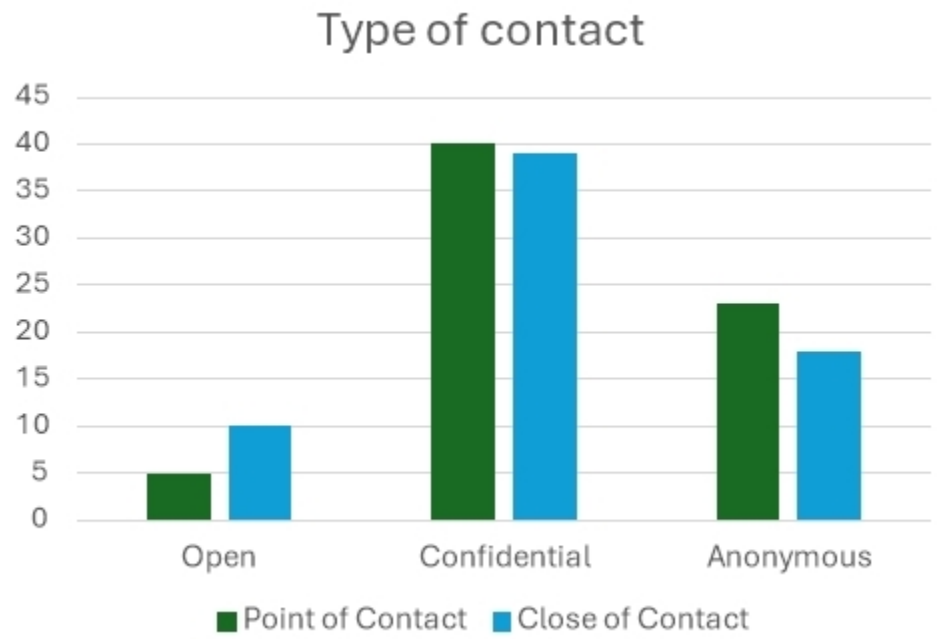
8.92%
Period Turnover Rate (Headcount) %





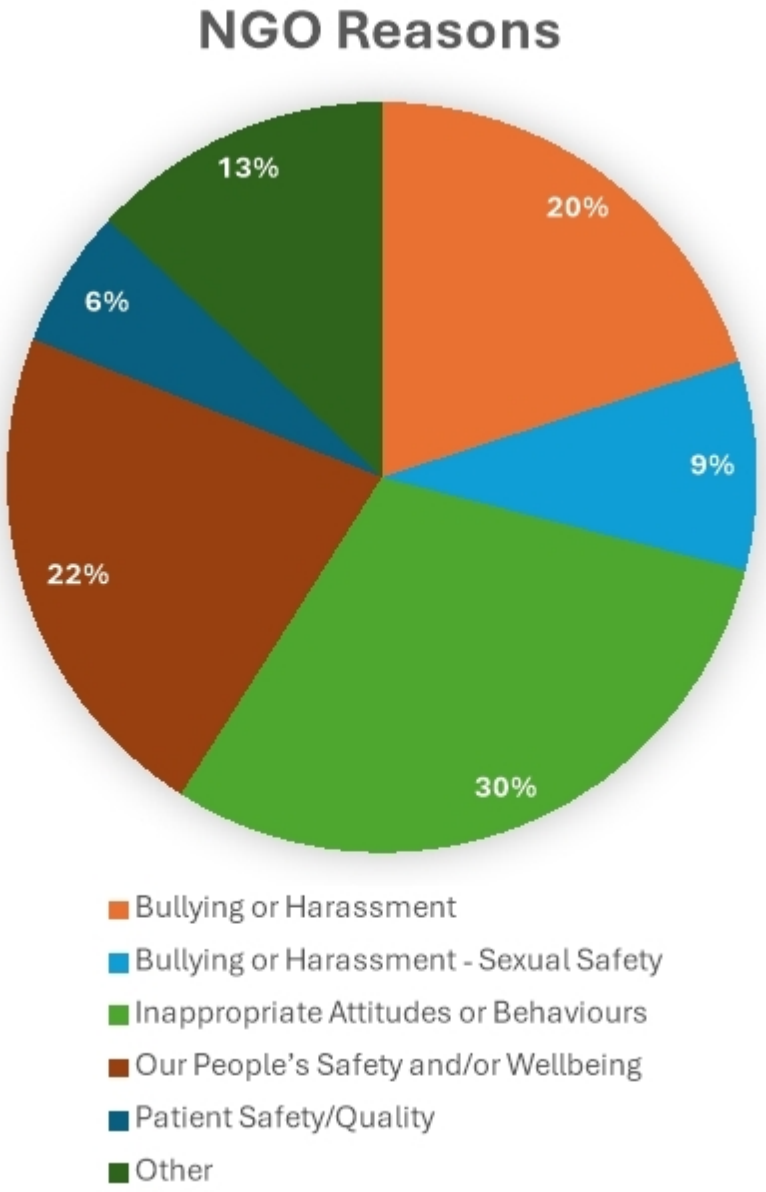
Speaking Up Safely: *Concerns*

- Between January and June 2026, there were **68 concerns** raised through Speaking Up Safely.
- 47% of concerns were raised through WIC.



Majority of concerns come to Speaking Up Safely in an anonymous or confidential format. At the point of contact 34% of concerns were 'anonymous' as rapport was built with the Guardian, this reduced to 27% of concerns remaining anonymous.

Speaking Up Safely: *Themes*



59% of SUS concerns had an element of **incivility between our people**

- Around 9% of cases included **sexual safety** issues, from sexualised remarks, showing of pornography to physical assaults. Incidents involving students are also increasing.
- **13%** of cases are categorised as '**other**'. These include cases related to employment progression and queries about investigations.
- **22%** of cases raised through SUS during this period related to **our people's safety and wellbeing**, while **6%** related to **patient safety**. Some cases may also present a transferable risk to patients and are therefore discussed with the safeguarding team as appropriate.
- During this period, the Operations Directorate accounted for 81% of Cases. This aligns with the fact that it accounts for approximately 88% of our people.

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

Agenda Item No.	13

REPORT TITLE

Strategic Equality Plan Annual Report 2025/26
(including Gender Pay Gap and Workforce Diversity Report)

MEETING

Name of meeting	People and Culture Committee
Date of meeting	11 August 2026
Public or Private	Public
If private - rationale	Choose item from below

REPORT SPONSOR

Executive sponsor	Angela Lewis
Author(s) of report	Kathryn Cobley

PURPOSE OF REPORT

☐ Approval	☒ Endorsement
☒ Assurance	☒ Discussion
☐ Information (goes in consent items)	☐ Noting

REPORT SUMMARY

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

1. These reports provide an annual update on the progress made to achieve the Trust's Strategic Equality Plan (SEP) objectives during 2025/26. It also provides data on the Trust's gender pay gap and workforce diversity for 2025/26.

2. These reports will be published on the Trust's website by 31 March 2027 in line with the requirements of the Public Sector Equality Duty.

3. Considerable progress has been made to deliver 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 decreased from 5.3% to 4.5%.

4. Work is ongoing to build upon the momentum of the achievements throughout the year with initiatives focusing on leadership and culture, speaking up, incivility, wellbeing, inclusive recruitment practices and accessibility of our services and sexual safety.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

Following on from Executive Leadership Team support on 29 July 2026, the People and Culture Committee is requested to:

1. DISCUSS and ENDORSE the Annual Summary of Progress EDI Report for 2025/26; and
2. Support a reframe of our EDI Objectives to ensure we focus our activity on the work which will have the greatest impact.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance here regarding materiality and use of the Reading Room

The People and Culture Committee is invited to receive:

Annex 1 Annual Summary of Progress EDI Report 2025/26.
(This report details the progress during 2025/26 against WAST's four Strategic Equality Objectives: Design Equitable Services, Lead by Example, Be an Employer of Choice, and Create Allyship)
Annex 2 Strategic Equality Plan Annual Report 2025/26
Annex 3 Gender Pay Gap Report 2025/26
Annex 4 Workforce Equality Monitoring Report 2025/26

These reports will be published on the Trust's website in line with the requirements of the Public Sector Equality Duty.

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
☒ SO1: Providing the right care or advice, in the right place, every time	☒ SO2: Enabling our people to be the best they can be
☒ SO3: Being at the forefront of innovation and technology	☒ SO4: Developing services in collaboration
☒ SO5: Being quality driven and clinically led	☒ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

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

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [link to standards]		
☒ Safe	☒ Timely	☒ Effective
☒ Efficient	☒ Equitable	☒ Person Centred
Quality Enablers (select all that apply) [link to standards]		
☒ Leadership	☒ Workforce	☒ Culture
☒ Information	☒ Learning Improvement & Research	☒ Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
☒ A socially responsible and inclusive employer	☒ An innovative and sustainable organisation	☒ A pro-active, accessible, and equitable care provider
☐ n/a	☐ n/a	☐ n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document here for further details.

Does this paper require an impact assessment	☒ No ☐ Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
15 July 2026	EDI Steering Group
29 July 2026	ELT

SITUATION

1. The purpose of these reports is to provide the People and Culture Committee with an annual update on the progress made to deliver the Trust's Strategic Equality Plan (SEP) Objectives during 2025/26. It also provides data on the Trust's gender pay gap and workforce diversity for 2025/26.

BACKGROUND

2. In line with the requirements of the Public Sector Equality Duty, the Trust is required to 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, The Workforce Race Equality Standard, the LGBTQ+ Action Plan and the Accessible Communication and Information Standards within the SEP annual report.

4. The information in this report covers the period between 1April 2025 – 31March 2026.

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 is needed 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

6. Key achievements in 2025/26

Good progress has been made across all four Strategic Equality Objectives. The achievements below have been aligned to the objective they best support:

Strategic Equality Objective	Aligned progress and achievements
Design Equitable Services	• Quality Improvement conference which focused on learning from service user experience to make improvements to patient experience. • Improved patient systems to flag communication needs to help people with a learning disability. • Sensory loss awareness training for staff to help support service users who have sight or hearing loss. • Introduction of a multilingual and accessible digital chatbot on our 111 NHS Wales system to improve timely and accessible healthcare advice. • Increased resource capacity to meet the demand for Welsh language speaking service users at our 111 contact centres. • 39 EQIAs undertaken to improve quality and accessibility of our services for our service users and workforce.
Lead by Example	• Launch of Our WAST Way and digital management essentials training programme with over 350 managers completing essential conversations workshops. • Leadership symposiums, development days and Trade Union social partnership conferences to support our senior managers in driving cultural and behavioural change. • Targeted sexual safety training delivered to senior operational managers with the roll out of a general awareness session for all staff. • Executive Sponsors appointed to People Networks to provide leadership support and increase visibility at Board level.

Be an Employer of Choice	• Employer Carer Confident Level 1 Award achieved, and Level 2 application submitted. • Increased usage of charitable funds to support workforce wellbeing initiatives. • Inclusive recruitment initiative rolled out to our 111 contact centres with early data indicating an increase in applications, shortlisting, and interviews for people from Black, Asian and Ethnic Minority backgrounds.
Create Allyship	• People Network growth and engagement activity, with the establishment of a new Veterans Network, Welsh Language Network and Dementia Friends Network. • Targeted allyship, active bystander for new starters and volunteers. • Increased engagement with people with a protected characteristic including ethnic minority communities, BSL service users and people with a learning disability at community level and national events.

Gender Pay Gap

7. Our gender pay gap has reduced from 5.3% to 4.5%. The split between men and women within the Trust remains equal, with a slight increase in the number of female staff over the past year who now account for 52% of the workforce.

8. We have achieved gender equality on our Board with the appointment of a new female Chief Executive Officer and Deputy Chief Executive Officer.

9. One of our female Assistant Directors of Operations completed the Aspiring Operations Director/Chief Operating Officer development programme - an AACE sponsored programme run by Hult Ashridge. The course was a specialist programme aimed to develop leaders who aspire to the most senior operational and delivery roles within the ambulance service. It ran over six months with a variety of learning activities spanning four modules - leadership context and perspective, leading with purpose, impact, and presence, leading inclusively and transition to Board level leadership.

10. Our gender pay gap still stems from our senior management roles in bands 8a – 8d. To address this, we have taken some learning from the Ambulance Leadership Forum workshops to explore options to implement a female only development programme.

11. We implemented informal mentorship for aspiring females as part of our International Women's Day events, which also included an imposter syndrome session.

12. The Trust will identify further actions to close the gender pay gap in line with new requirements of the Employment Rights Act by April 2027. These will include a deeper dive into our data and continuation of support initiatives for senior female leadership roles.

Workforce Diversity

13. 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.

14. Data also shows an increase in the number of Welsh speaking staff and the number of veterans and cadets joining the Trust.

15. 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, with particular emphasis on ethnicity completion rates which have improved by a further 2%.

16. We will continue to improve our ESR data and disaggregate data to identify areas where more targeted actions are needed.

WRES Report 2025

17. The Trust's Workforce Race Equality Standard Report for 2024/25 was received in July 2025 and was mostly positive in relation to the improvements made by the Trust throughout the year.

18. Feedback meetings with Welsh Government praised the efforts made to attract a more diverse workforce and they recognised we had now achieved equity for the number of Black, Asian and Ethnic Minority staff entering a disciplinary process compared with White staff. The Trust was also commended for equitable access to training opportunities.

19. The WRES Report for 2025/26 has been extended to other protected characteristics and will now become a Workforce Equality Standard Report. The Trust submitted data to HEIW in February 2026. We have recently received the report findings and are reviewing prior to meeting with Welsh Government in the Autumn.

The Impact of our Actions upon our Staff, Service Users and Stakeholders

20. 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.

21. Increased requests for support coming through to the Culture Change Team and our People Networks with positive outcomes and resolutions for individuals:

    - Automatic doors installation at our main offices to improve accessibility for wheelchair users.
    - Base layers for operational Muslim staff who wish to keep their arms covered when in non-clinical settings.

22. Increased applications, shortlisting, and interviews for people who attended our contact centre open days for Black, Asian and Minority Ethnic individuals.

    "I wanted to let you know that I have been shortlisted for the next stage of the NHS Call Handler role… Thank you so much for your guidance and support so far." (Feedback from attendee).

23. 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 inclusive recruitment initiative aimed at Black, Asian and Minority Ethnic individuals.

24. More staff have volunteered to take up the role of People Network Chairs and Co-Chairs with many already implementing support initiatives for staff:

    - Baby loss awareness remembrance trees
    - Perimenopause GP-led sessions for staff
    - Endometriosis-UK membership and action plan
    - Coffee mornings for carers

"I just wanted to say thank you so much for your time the other day; the networks that have been set up are such an amazing support." (Feedback from attendee at CEO Roadshow promotional event)

25. Listening to Deaf/deaf services users, who use British Sign Language, and people who do not speak English or Welsh, has informed our new chatbot on our 111 service.

Challenges and Mitigating Actions

26. 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.

27. To help address the above, the People and Culture Directorate 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

28. Operational pressures can limit staff attendance at SEP-related training. We are reviewing the training offer to streamline content and develop modular digital learning for operational teams.

29. Competing priorities can also affect team engagement with SEP actions. Executive leadership and People Network Sponsors will help embed the objectives, raise awareness, and support culture change.

30. Financial constraints may limit resources for EDI activity, including training, partnerships, memberships, and events. We will continue to seek best value options and prioritise statutory requirements.

31. Limited workforce diversity can affect decision-making, service design, and trust with communities. We will continue inclusive recruitment, improve data analysis, and target action where further support is needed.

Reflections and Next Steps

32. The annual report provides a strong narrative of progress. It shows WAST becoming more intentional about listening, more structured in governance, more visible in allyship, more practical in workforce support and more ambitious in accessible and equitable services. The main opportunity for the next phase is to ensure we continue to rigorously evaluate the range of interventions that are undertaken to assess impact and level of meaningful change delivered. This will

enable us to focus on a smaller number of targeted activities that have the greatest likelihood of moving our ED&I agenda forward at pace.

33. With the review of our People and Culture Plan and the expected results of NHS Wales first Workforce Equality Standard data report, it is an opportunity for us to review our Strategic Equality Objectives to ensure that they connect equity and fairness to our People and Culture Plan, Integrated Medium Term Plan, Quality Plan, Clinical Model Transformation and Wellbeing of Future Generations objectives.

34. The focus next year will be both consolidation and preparation in line with new Welsh Government reporting and monitoring procedures for Strategic Equality Plans (SEP Maturity Matrix Self-Assessment) and in line with other legislative and statutory requirements such as the Employment Rights Act which aims to bring about further improvements to reduce inequities.

35. This will include:
    - a review of equity and diversity training
    - review of WES data and identifying gaps and targeted action
    - Feedback and analysis of SEP Maturity Matrix
    - Consultation and engagement with colleagues, service users, and stakeholders to ensure that our SEP Objectives are current and aim to drive improvements for all who come into contact with the Trust
    .
36. Equity, diversity, and inclusion must be a shared organisational responsibility. Progress is not limited to a single team or programme: it is reflected in leadership development, quality improvement, patient experience, recruitment, workforce support, accessibility, Welsh language provision, community engagement, and service redesign.

RECOMMENDATION(S)

37. The recommendations are set out in the front cover above.

NEXT STEPS

38. Following endorsement by the People and Culture Committee, these reports will be presented to Trust Board for approval prior to publication on the Trust's website.

Welsh Ambulance Services University NHS Trust (WAST)

Annual Summary Progress EDI Report for 2025-2026

Purpose: to provide an annual summary of progress during 2025-2026 against WAST's four Strategic Equality Objectives: Design Equitable Services, Lead by Example, Be an Employer of Choice, and Create Allyship.

The Strategic Equality Plan Annual Report, along with a copy of our Gender Pay Gap Report and our Workforce Equality Monitoring Report are available in the reading room which provides full details of the achievements made throughout the year. These reports will be published on the Trust's website in line with the requirements of the Public Sector Equality Duty.

1. Executive summary

The annual report demonstrates steady progress across WAST's Strategic Equality Objectives, with a clear emphasis on moving inclusion from intent into everyday practice. The strongest evidence of progress is visible in the growth and influence of People Networks, the expansion of training and awareness activity, and the increasing use of patient, community and workforce insight to shape service and employment improvements.

A consistent theme is that lived experience is being used more purposefully. Staff networks, service user panels, community engagement events, staff survey feedback and targeted listening exercises, are all helping WAST to understand barriers, shape practical improvement and provide assurance that change is informed by the people most affected by it.

The year also shows a stronger emphasis on governance and sustainability. Examples include network executive sponsorship, social partnership activity, equality impact assessments, preparation for the Listening to People regulations, reporting and monitoring workstreams, for the All-Wales Anti-Sexual

Harassment Policy, and planned reviews of training, impact assessment procedures and inclusive recruitment activity.

2. Progress against the four Strategic Equality Objectives

How the activity aligns with the SEP

- Objectives reinforce each other rather than operating as separate programmes.
- Service design activity increasingly draws on patient and community experience, including people with protected characteristics.
- Leadership development is linked to practical behaviours: care, connect and value everyone.
- Employment activity focuses both on representation and on the conditions needed for people to belong and thrive.
- Allyship is a practical behaviour, supported by training, safe conversations and visible network activity.

Strongest areas of progress	Evidence in the report
Design Equitable Services	WAST strengthened community engagement, service user feedback, accessible communications, Welsh language provision, learning disability insight and patient-centred complaint handling preparations. ***Examples include:*** Welsh language 111 improvements, ReciteMe interpretation app, Albot chatbot, BSL evidence and accessibility standards work.
Lead by Example	WAST advanced inclusive leadership by strengthening and redesigning its approach to organisational development. ***Examples include:*** Launch of Our WAST Way, Essential Conversations training, cultural reviews, social partnership events and operational development days.
Be an Employer of Choice	Progress has been made on workforce wellbeing, inclusive recruitment, corporate onboarding, staff survey engagement, mentoring, women in leadership, reasonable adjustments and support for carers, veterans and disabled colleagues. ***Examples include*** Improved diversity data, inclusive recruitment activity in our Digital Directorate and our contact centres, Workforce Race Equality Standards (WRES) progress and gender pay gap reduction.
Create Allyship	WAST expanded allyship and active bystander training and has supported the establishment of new and growing people networks with more intersectional network activity and the creation of safe listening spaces. ***Examples include:*** Black History Month, Pride Cymru, Eid, Welsh language and culture events, neurodiversity pledge, women's health, Armed Forces links and carer confident activity.

3. People Networks: growth, voice and influence

Developing community, belonging and organisational insight

People Networks are one of the most substantial areas of progress this year. Engagement and activity have increased across existing networks, while new networks have emerged in response to staff interest and organisational need. Nearly a quarter of the workforce is now involved in People Networks, demonstrating significant reach and potential influence.

The networks provide safe spaces for connection, problem solving, mentoring and listening. They also contribute directly to service improvement, recruitment, policy development, community engagement and awareness raising. Executive sponsorship has helped raise the visibility of network voices at Board level, while monthly touchpoints support cross-network collaboration and a focus on intersectionality.

Network activity is also helping shift inclusion from specialist activity into everyday organisational life. Examples include Pride engagement, Eid celebrations, Black History Month, women's health events, neurodiversity and disability awareness, carers support, Welsh language learning, military and veteran support, and partnership working with external organisations.

Network or theme	Key contribution highlighted
LGBTQ+ Network	Pride engagement, HIV awareness work, partnership with AACE LGBT Network and participation in LGBTQ+ inclusion activity.
BEAM Network	Support for inclusive recruitment, Big Halal Expo engagement, Eid celebration and Black History Month learning.
Carers Network	Membership growth, carers policy influence, Carer Confident Level 1 and partnership working.
Purple Space Disability Network	Disability and neurodiversity awareness, Echoes of Experience, national pledge and psychologically safe spaces.
Women's Network	Women's health sessions, maternity uniform input, mentoring, imposter syndrome learning and CPR training resources.
Military Network	Veteran and cadet support, Gold ERS revalidation activity,
Welsh Language Network	National Eisteddfod, Welsh language learning and cultural engagement. Development of Welsh language chatbot and support for Welsh speaking call handlers.

Key message: People Networks are becoming a practical route for staff voice, belonging and organisational learning, helping WAST turn lived experience into visible improvement.

4. Inclusive leadership and workplace culture

Our WAST Way, social partnership and management development

Leadership and culture are central to the delivery of the SEP objectives. The launch of Our WAST Way in Spring 2025 provides a common behavioural framework based on care, connection and valuing everyone. This offers a practical resource for managers and leaders to create a more compassionate, inclusive and collaborative workplace.

The Essential Conversations training is a significant development because it supports managers with inclusion in everyday practice. The emphasis is on regular check-ins, feedback, early intervention, difficult conversations and maintaining healthy working relationships. Over 350 managers attended workshops, showing a broad investment in management capability.

Team cultural reviews and the development of the Cultural Early Warning Score demonstrate a growing use of people data and staff voice to understand local culture. This enables a preventative approach, identifying early signs of cultural health, listening to teams and shaping local improvement before concerns escalate.

Social partnership is also positioned as a culture enabler. Following a role-reversal activity and the first Social Partnership conference in Cardiff, the Trust has delivered further events across Wales to strengthen understanding between Trade Union representatives and senior managers.

- Our WAST Way sets shared expectations for inclusive leadership behaviours.
- Development days give operational managers space to discuss culture, inclusion and leadership in practice.
- Civility, psychological safety, open conversation and early intervention are recurring themes.
- Management Essentials provides a digital resource to support inclusive people management across the employee lifecycle.

Key message: WAST is building inclusive culture through leadership behaviours, management capability, team voice and partnership working rather than relying only on policy statements.

5. Supporting people through change and listening to the workforce

Using staff insight to guide improvement

The Trust recognises that large-scale change can affect employee experience and service delivery. WAST has appointed a Change Management Lead and developed new resources and guidance to help managers consider the impact of change on colleagues. This is particularly important as clinical service models move towards more remote clinical care, advice, triage and care closer to home.

Listening to the workforce is a key organisational priority. Engagement activity, pulse surveys and the NHS Staff Survey have created more opportunities for colleagues to contribute to improvement. The Trust achieved its largest-ever completion rate for the national NHS Staff Survey, with just under half of the workforce completing it.

Qualitative staff survey feedback is described as particularly important because it suggests staff feel able to share their experiences. The insight gathered has helped identify target areas for action, including burnout and stress, communication, inclusion and safety at work. These actions connect directly to the wider wellbeing, policy, network and culture work described throughout this report.

- New change management guidance and resources for leaders and managers.
- Development of a Stress Management Policy and wellbeing initiatives.
- Greater use of engagement activity, People Networks and staff survey learning.
- Sexual safety training, leadership development and early intervention conversations

Key message: the value of the staff survey is not only the response rate, but how qualitative insight is translated into visible action and fed back to staff.

6. Health and Wellbeing

Strengthening practical support for staff

Wellbeing activity is broad and practical. WAST welcomed a new Head of Wellbeing in 2025 to focus on the implementation of the Health and Wellbeing Plan. Assistant Psychologists and Wellbeing Practitioners continue to provide one-to-one support using trauma-informed approaches.

Sleep workshops have been developed in recognition of the challenges faced by shift workers. Occupational Health Leads are also leading the development of a Stress Management Policy based on HSE Stress Management Standards, including a digital individual stress risk assessment aligned to demands, control, support, relationships, role and change.

Charitable funds have supported practical initiatives such as walking groups, yoga sessions and pocket fans. These examples are important because they show wellbeing support being delivered through multiple routes: formal policy, clinical and psychological support, charitable funding, network collaboration and local activity.

The Trust has also supported several financial wellbeing initiatives in the form of awareness campaigns, education, signposting and partnership working. Activity included Talk Money Week, Debt Awareness Week, webinars, energy awareness training, Stop Loan Shark Wales sessions, Cambrian Credit Union engagement, TASC support, the Employee Assistance Programme and established salary savings and salary sacrifice schemes.

- Trauma-informed support, sleep workshops and a structured stress management approach.
- Walking groups, yoga and workplace comfort initiatives.
- Campaigns, webinars, signposting, partnership support and established employee schemes.
- Networks help identify needs, promote support and co-create practical responses.

Key message: wellbeing support is strongest when it combines policy, preventative action, practical resources and trauma-informed support that responds to the realities of ambulance service work.

7. Training, allyship and behaviour change

Making inclusion practical and visible

Training activity continues to raise and nurture cultural awareness. It includes sexual safety awareness, senior manager sessions, allyship and active bystander training, transgender awareness training, neurodiversity and disability sessions, carers awareness learning and wider cultural awareness activity. Together, this provides a broad education offer that supports behaviour change.

Sexual safety training roll out began to all staff in May 2025. A more in-depth session was developed for senior operational managers, focusing on professional boundaries, inappropriate behaviour and harassment at work. The training has received strong feedback, including high ratings and high proportions of attendees intending to use the learning at work.

The Allyship and Active Bystander training continues to receive positive feedback. More than 100 additional colleagues attended during 2025-2026, with a particular focus on new starters and volunteers. Examples of bystander action continue to be seen across the Trust. The training will be reviewed in the coming months with a view to developing a digital platform.

Equity and Fairness is also being embedded at corporate onboarding through the new digital platform launched in 2026. This is important because it places inclusion expectations at the start of the employee journey and signposts to further support for people who need it.

- Training is increasingly targeted to high-impact groups such as managers, new starters and volunteers.
- Feedback data suggests strong perceived relevance and practical application.
- The next phase should focus on evaluating outcomes, not only satisfaction and attendance.
- Digital platforms should be designed for accessibility, bilingual use and ease of access for operational staff

Key message: the report identifies limited capacity to roll out training to all staff. Digital learning platforms could help scale access while preserving the quality and impact of facilitated sessions.

8. Sexual safety and national policy leadership

Assurance, consistency and prevention

There has been ongoing local and national work to improve sexual safety. Locally, WAST has rolled out general awareness sessions and more targeted senior manager training. This approach recognises that low-level inappropriate behaviours can create permissive cultures and may develop into more serious concerns if not addressed early and consistently.

Nationally, the Head of Inclusion and Engagement has been appointed as Vice Chair of the All-Wales People Network. This group brings together Heads of Services across NHS Wales who lead on people services, organisational development and culture initiatives. It feeds into the NHS Wales Deputy Directors of Workforce Peer Group to provide assurance on employment regulations and support a consistent approach to improvement.

Following approval of the All-Wales Anti-Sexual Harassment Policy, the All-Wales People Network has been tasked with implementation through four national workstreams: communication, training, risk assessment, and reporting and monitoring. Welsh Ambulance Service is leading the reporting and monitoring workstream and has shared training resources to support a national training resource.

This demonstrates leadership beyond the organisation. WAST is not only implementing internal training and policy; it is also contributing to a consistent approach across NHS Wales.

- Support shared understanding of expectations and prevention.
- Build confidence to recognise and address harmful behaviours.
- Identify and manage situations where risk may arise.
- Strengthen assurance, consistency and organisational learning.

Key message: WAST is strengthening sexual safety through prevention, manager confidence, clearer reporting and national leadership, helping to create safer and more accountable workplace cultures.

9. Accessible communication and equitable service design

Improving access for service users

There has been strong attention to accessible communication. WAST contributed evidence to Welsh Government's Committee for Equality and Social Justice on proposals for a new BSL (Wales) Bill and has taken part in stakeholder work on the All-Wales Accessible Communication and Information Standards. This links strategic equality work directly to service access and the Duty of Quality.

Welsh language provision has improved, particularly within NHS 111. WAST has increased capacity to answer 111 calls in Welsh and introduced more flexible arrangements during busy periods. The proportion of calls to the 111 Welsh language line answered by Welsh-speaking call handlers increased from 45% to 62%, while patient transport booking line performance remained around 75%.

Digital access is another area of development. ReciteMe data shows use of translation, styling and accessibility tools across pages and countries, with mobile access highlighted as important. The new Albot chatbot for NHS Wales 111 was designed to support safer self-service, improve access and maintain a route back to human support.

WAST has also delivered accessibility training and learning, including workshops with RNIB and evidence of significant improvements in knowledge and confidence around sight loss. This suggests a strong link between accessibility, staff confidence and safer service delivery.

Accessibility theme	Examples of progress
BSL and accessible standards	Evidence to Welsh Government and participation in implementation stakeholder panels.
Welsh language access	More Welsh-speaking 111 call handlers, chatbot work and promotion of learning opportunities.
Digital inclusion	ReciteMe toolbar, Albot chatbot, mobile accessibility considerations and translation capability.
Sight-loss awareness	RNIB workshops with strong reported improvements in confidence and role application.

Key message: accessible communication is central to equitable service design because it improves understanding, choice, safety and confidence for people who may otherwise face barriers to care.

10. Listening to people and engaging communities

Citizen voice as a driver for quality improvement

Patient, service user and community voice have been central to the implementation of our SEP. The Patient Experience and Community Involvement Team continues to gather experience through service surveys, patient stories, the Have Your Say platform, targeted engagement and the People & Community Network.

Experience insight is linked to quality assurance. People's experience is described as part of the Quality Management System and is reported to the Quality Management Group. Where recurring concerns or deterioration are identified, these are escalated through directorate governance and triangulated with incidents, complaints, safety intelligence and operational performance.

Feedback themes show both strengths and improvement needs. Positive comments emphasise professional, caring staff, reassurance from 111 colleagues and appreciation for booking arrangements in Ambulance Care. Improvement themes include waiting times in the community, estimated time of arrival information, delays returning home after hospital appointments and waiting for 111 Wales callbacks.

WAST has transitioned to the new Listening to People framework, replacing Putting Things Right. The framework introduces a mandatory listening discussion, an early resolution stage, clearer communication standards and increased redress thresholds. This signals a more person-centred approach to concerns and complaints.

- The People & Community Network has 101 members and supports ongoing service-user involvement.
- The Patient Experience and Community Involvement Team attended 73 face-to-face opportunities and engaged with 2,346 people.
- Targeted engagement included groups known to experience health inequalities and barriers to care.
- Locality-led engagement is being supported through tools and processes for consistent recording and reporting.

Key message: experience insight is strongest when it moves beyond collection and becomes part of governance, learning, service improvement and transparent feedback to communities.

11. Prevention, education and community resilience

Shoctober, Blue Light Hub and targeted outreach

WAST uses education and community engagement as prevention tools. Shoctober supports pupils in Years 4 to 6 to understand appropriate use of 999 and develop basic lifesaving skills. Although delivery was affected by reduced volunteer availability, the programme remained an important contribution to prevention, public health and community resilience.

The Blue Light Hub App extends this prevention work digitally. Following feedback from teachers, young testers and evaluation activity, full bilingual voiceovers were developed for the CPR game to improve accessibility for children with lower literacy levels and for those whose first language is not English.

Community engagement also included targeted outreach with people and groups more likely to experience health inequalities. This year there has been engagement with Black and Minority Ethnic communities, carers, children and young people, condition-specific groups, people with learning disabilities, LGBTQ+ communities, disabled people and older people.

Examples such as Cardiff Mela, the Big Halal Expo, Black History Month, inclusive volunteering outreach and the Rapid Assessment Maternity Card show how engagement is being used to build trust, understand lived experience and improve access to emergency and urgent care.

- Working with our future generations to promote basic lifesaving skills, appropriate 999 use and long-term community resilience.
- Inclusive CPR awareness with bilingual voiceovers and broad public reach.
- Trust-building with diverse communities and listening to lived experience.
- A response to inequalities in maternity outcomes for Black, Asian and Minority Ethnic women.

Key message: prevention and community outreach help build trust, improve confidence in using services appropriately and strengthen resilience in communities that may experience barriers or inequalities.

12. Workforce diversity, Gender Pay Gap and Inclusive Recruitment

Representation, opportunity and fair access

The workforce diversity report demonstrates improvements in overall workforce representation. The Trust saw increases in ethnic minority staff, disabled staff, LGB+ staff, female staff, Welsh-speaking staff and veterans. This suggests that targeted inclusion activity, support for recruiting managers and unconscious bias recruitment practice is beginning to influence workforce composition. People Network members have also been involved in recruitment activity and interview panels to offer additional support for people joining the Trust who have a protected characteristic.

The NHS Wales Workforce Race Equality Standard Report 2025 recognised the progress made in attracting and recruiting more people from Black, Asian and Ethnic Minority backgrounds. This report also noted a significant reduction in the likelihood of Black, Asian and Ethnic Minority colleagues entering formal disciplinary processes, with the probability balanced with white colleagues. It also recognises racial equality in access to training opportunities and career progression.

Further inclusive recruitment activity includes diverse interview panel members, Contact Centre Open Days for people from Black, Asian and Ethnic Minority communities, national recognition of the Digital Directorate recruitment initiative at the HSJ Awards, and sharing best practice at national Anti-Racist Wales conferences.

WAST has seen progress on women in leadership roles. The Trust's gender pay gap reduced to 4.5%, and the report notes achievement of gender equality at Board level. The appointment of women to senior roles, including Chief Executive Officer, Deputy Chief Executive Officer, a Non-Executive Director and senior People and Culture roles, is helping bring greater balance to decision-making.

Women's leadership is also visible in national and sector activity. The Chief Executive Officer is one of only two female Chief Executives within the UK Ambulance Services and Chair of the UK Ambulance Women's Network. The Trust supported targeted female participation in the Aspiring Operations Director/Chief Operating Officer leadership development programme, which aimed to develop leaders who aspire to the most senior operational and delivery roles within the ambulance service. The focus of the programme included leadership context and perspective, leading with purpose, impact and presence, leading inclusively and transition to Board level leadership.

Our Inclusion and Engagement Team were also invited to participate in the Women Mastering Change roundtable discussion at the House of Lords to improve women's health. WAST also contributed to the development of NHS Wales Women's Health Strategy to ensure that the role of emergency care and 111 NHS Wales were included in the strategy.

Indicator reported	Change noted
Ethnic minority staff	Increased from 1.63% to 2.10%.
Disabled staff	Increased from 7.94% to 9.65%.

LGB+ staff	Increased from 5.72% to 6.50%.
Women	Increased from 50.5% to 52.32%.
Gender pay gap	Reduced from 5.3% to 4.5%.

Key message: workforce diversity and inclusive recruitment activity are showing measurable progress, but the next phase should focus on sustaining representation, reducing barriers and demonstrating fair outcomes across the employee journey.

13. Impact assessment

Embedding equality in decisions and opportunity

The Inclusion and Engagement Team supported 39 equality impact assessments in 2025-2026, with relevant examples including the Integrated Medium-Term Plan, Managing Friends and Family at Work Policy, Carers Policy, Working Time Regulations Policy and Contact Centre Roster Review, relocation of the 111 Contact Centre, and family leave policies.

Throughout the year, the Trust has been reviewing impact assessment processes and preparing for the Health Impact Regulations. A new integrated impact assessment procedure is in development which will bring together Equality, Quality, Health Impact, Socioeconomic, Welsh Language and Armed Forces impact assessment requirements for strategic decisions.

- EQIAs covered clinical policies, workforce policies, service change plans and corporate governance plans.
- Examples show consideration of carers, flexible working, stress and burnout, accessibility, LGBTQ+ parents and premises relocation.
- The next phase should continue to improve consistency, evidence quality and follow-up on actions identified through EQIAs.

Key message: progress is strongest where equality is built into decision-making systems, recruitment, leadership appointments, policy development and service change rather than considered only after decisions have been made.

14. The impact of our actions on staff, service users and stakeholders

Showing how SEP activity is making a practical difference

The implementation of the Strategic Equality Plan is beginning to show practical impact for colleagues, service users and stakeholders. The examples below demonstrate how inclusion activity is translating into changes in access, confidence, support and participation across the Trust.

- Increased requests for support through the Culture Change Team and People Networks have resulted in practical outcomes, including automatic doors at main offices to improve accessibility for wheelchair users and base layers for operational Muslim staff who wish to keep their arms covered in non-clinical settings.
- Contact Centre open days for Black, Asian and Minority Ethnic communities have supported increased applications, shortlisting and interviews, with positive feedback from attendees about guidance and support.
- Allyship and Active Bystander training is helping more staff feel confident to challenge negative and discriminatory behaviour, including respectful challenge in response to comments about inclusive recruitment activity.
- More staff have volunteered as People Network Chairs and Co-Chairs, leading initiatives such as baby loss awareness remembrance trees, perimenopause GP-led sessions, Endometriosis UK membership and action planning, and coffee mornings for carers.
- Listening to Deaf/deaf service users who use British Sign Language, and to people who do not speak English or Welsh, has informed the development of the new NHS Wales 111 chatbot.

"I wanted to let you know that I have been shortlisted for the next stage of the NHS Call Handler role… Thank you so much for your guidance and support so far." Feedback from a Contact Centre open day attendee.

"I just wanted to say thank you so much for your time the other day; the networks that have been set up are such an amazing support." Feedback from an attendee at a CEO Roadshow promotional event.

Key message: the impact of the SEP is most visible where staff and service-user voice leads to practical changes in access, confidence, support and participation.

15. Risk Assessment

Key risks, mitigations and capacity considerations

Challenges and Mitigating Actions

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.

To help address the above, the People and Culture Change Teams 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

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 undertaking a review of our current training offer with a view to condense some training and develop a modular based digital learning platform to help engage operational staff.

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 allocation of Executive Sponsors to each of our People Networks will help to engage senior leaders in moving initiatives forward and increase awareness and support for people who face disadvantage and discrimination.

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 third 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 statutory requirements.

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 will continue to promote

inclusive recruitment principles to help minimise unconscious bias in our recruitment activity. We will look to disaggregate existing data and use this to target actions at areas where more support is needed.

Key message: the main risk is that equality activity loses momentum if capacity, leadership focus and resources are not sustained; mitigation depends on embedding EDI into governance, workforce planning, training and service improvement.

16. Looking ahead to 2026-2027 and concluding reflections

Priorities for the next phase – a period of reflection

The Trust recognises that this year has been challenging because of the political and financial landscape but concludes that multiple small gains are contributing to a wider shift in workplace culture and people experience, which is evident in the quantitative and qualitative data available to us.

Overall, the annual report provides a strong narrative of progress. It shows WAST is becoming more intentional about listening, more structured in governance, more visible in allyship, more practical in workforce support and more ambitious in accessible and equitable services. The main opportunity for the next phase is to ensure we continue to rigorously evaluate the range of interventions that are undertaken to assess impact and level of meaningful change delivered. This will enable us to focus on a smaller number of targeted activities that have the greatest likelihood of moving our ED&I agenda forward at pace.

With the review of our People and Culture Plan scheduled for 2026, and the expected results of the first Workforce Equality Standard data report for NHS Wales, it is an opportune time for us to review our SEP Objectives to assess if they are still relevant and achievable. We need to ensure that they connect equity and fairness to our People and Culture Plan, Integrated Medium-Term Plan, Quality Plan, Clinical Model Transformation and Wellbeing of Future Generations objectives. Therefore, the focus next year will be both a period of consolidation and preparation for a revised set of objectives. This exercise will also consider Welsh Government's new reporting and monitoring procedures for Strategic Equality Plans (SEP Maturity Matrix Self-Assessment) and other legislative and statutory requirements such as the Employment Rights Act which aims to bring about further improvements to reduce inequities.

Equity, diversity and inclusion must be a shared organisational responsibility. Progress is not limited to a single team or programme; it is reflected in leadership development, quality improvement, patient experience, recruitment, workforce support, accessibility, Welsh language provision, community engagement and service redesign.

Final takeaway: WAST has made meaningful progress across all four Strategic Equality Objectives. The strongest story is one of connection: staff voice, service user experience, community engagement, leadership behaviours and inclusive governance are increasingly working together to improve equity and fairness.

Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru

Adroddiad Blynyddol y Cynllun Cydraddoldeb Strategol 2025-2026

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

AMB_Inclusion@wales.nhs.uk

Cyflwyniad

Croeso i Adroddiad Blynyddol Cynllun Cydraddoldeb Strategol Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru (WAST) ar gyfer 2025-2026.

Mae'r adroddiad hwn yn amlinellu'r cynnydd a wnaethom dros y flwyddyn ariannol 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

Ein Rhwydweithiau Pobl

Mae ein **rhwydweithiau pobl ffyniannus** yn parhau i dyfu. Mae ymgysylltiad a gweithgarwch rhwydweithiau wedi cynyddu ar draws pob un o'n rhwydweithiau gyda bron i **chwarter o'n gweithlu** bellach yn ymwneud â'n rhwydweithiau pobl. Ar ôl gweld llwyddiant ein rhwydweithiau hirhoedlog, mae cydweithwyr wedi cael eu hysbrydoli i sefydlu rhwydweithiau **newydd sy'n tyfu'n gyflym** drwy gydol y flwyddyn ddiwethaf gyda chyflwyniad **Rhwydwaith Milwrol**, **Rhwydwaith Ffrindiau Dementia**, a Rhwydwaith **y Gymraeg a Diwylliant.**

Darganfyddwch beth mae ein Rhwydweithiau Pobl wedi bod yn ei wneud dros y flwyddyn ar y tudalennau canlynol.

Rhwydwaith Pobl LHDTC+

Rhwydwaith LGBTQ+ Network

100 (+4%)
Aelodau

Llawn Balchder

Cefnogodd aelodau'r rhwydwaith gweithgarwch **ymgysylltu â'r gymuned** mewn digwyddiadau Pride ledled Cymru yn haf 2025 lle dysgodd cydweithwyr o brofiadau byw ein defnyddwyr gwasanaeth LHDTC+ a'u teuluoedd. Defnyddir yr adborth hwn i'n helpu i gynnal **asesiadau o'r effaith ar gydraddoldeb gwell** wrth adolygu ein polisïau a'n cynlluniau.

Eleni mae ein Rhwydwaith LHDTC+ wedi bod yn gweithio mewn partneriaeth â Rhwydwaith LHDT Cymdeithas Prif Weithredwyr Gwasanaethau Ambiwlans i ddatblygu adnodd gwybodaeth i addysgu staff y gwasanaeth ambiwlans ar **ddarparu gofal gwell i bobl sy'n byw gyda HIV.** Mae WAST wedi cysylltu â **Fast Track Cymru** i gynnal gweithdy i staff ynghylch ymwybyddiaeth o HIV, meddyginiaeth ataliol fel PrEP a PEP, yr ymgyrch U=U a'r uchelgais i **ddod â throsglwyddo HIV i ben yng Nghymru erbyn 2030**.

Ym mis Gorffennaf, fe wnaethom hefyd fynychu Cynhadledd Cynhwysiant LHDTC+ yng Nghymru 2025 a ddaeth â gweithwyr proffesiynol o bob sector ynghyd i drafod **cryfhau cyfranogiad a chynhwysiant LHDTC+ yng Nghymru** ac adeiladu ar amcanion Cynllun Gweithredu LHDTC+ Llywodraeth Cymru ar gyfer Cymru 2023 .

Rhwydwaith Pobl BEAM

Mae'r aelodaeth wedi dyblu i 13 aelod

Mae gweithgarwch ac ymgysylltiad rhwydwaith wedi tyfu, sy'n adlewyrchu ein hymdrechion i **gynyddu amrywiaeth y gweithlu**. Mae aelodau'r rhwydwaith wedi cefnogi gweithgarwch recriwtio drwy sicrhau **amrywiaeth ethnig ar baneli rhanddeiliaid a chyfweld** ar gyfer swyddi uwch a digwyddiadau recriwtio ar raddfa fawr o fewn WAST.

Bu'r Rhwydwaith yn bresennol am yr ail flwyddyn yn olynol yn y **Big Halal Expo** yng Nghaerdydd ym mis Chwefror 2026, a ddenodd dros 3,000 o fynychwyr. Treuliodd cydweithwyr amser **yn dysgu sgiliau achub bywyd sylfaenol i deuluoedd** a fynychodd y digwyddiad i helpu i **annog mwy o CPR gan wylwyr yn ein cymunedau Mwslimaidd**.

Cynhaliodd y Rhwydwaith ei ail ddigwyddiad dathlu **Eid** yn ein pencadlys lle daeth staff ynghyd i ddysgu am ddiwylliant Mwslimaidd i **helpu i feithrin cynghreiriaeth â'n cydweithwyr Mwslimaidd** a deall anghenion ein defnyddwyr gwasanaeth Mwslimaidd yn well.

Cynhaliodd y Rhwydwaith hefyd ei **ddigwyddiad Mis Hanes Pobl Dduon cyntaf** lle cafodd staff gyfle i gwrdd ag unigolion a dysgu am eu hanes a'u profiadau bywyd.

BEAM

Rhwydwaith Cymorth Cyfoedion i Ofalwyr

Rhwydwaith Gofalwyr

Carers Network

Mae'r aelodaeth wedi treblu i

75 o Aelodau Rhwydwaith

Cyflogwr Hyderus o ran Gofalwyr Lefel 1 wedi'i chyflawni

Ion

- Cyfarfod Cymorth Cyfoedion Rhwydwaith

Ebr

- Panelwr Cystadleuaeth Ffotograffiaeth
- Cinio a Dysgu, Pasbort Gofalwyr
- Cyfarfod Cymorth Cyfoedion Rhwydwaith

Mai

- Galw Heibio i Ddemensia a Gofalwyr
- Gwahoddiad Adborth Polisi Gofalwyr

Meh

- **Wythnos Gofalwyr** - Gofalu am Gydraddoldeb
- **Yr Ail Benblwydd y Rhwydwaith**
- Ymgynghoriad ar Bolisi Gofalwyr

Med

- Sesiwn Celf Ty Elwy
- Cefnogi 60fed Penblwydd Gofalwyr DU

Tach

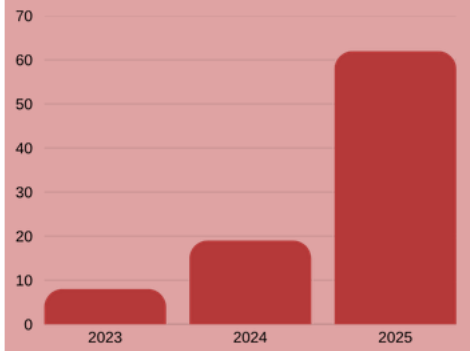
- Diwrnod Hawliau Gofalwyr
- Cymeradwywyd Polisi Gofalwyr

Rhag

- Apwyntiwyd Cyd-Cadair

EIN HEFFAITH

- Cyfarfodydd rhwydwaith **chwarterol**
- **Cyfleoedd hyfforddi**
- **Dylanwadodd ar Bolisi** Gofalwyr cyntaf WAST
- Gweithio mewn partneriaeth cryf
- Cymuned rhwydwaith **sy'n tyfu**



Aelodaeth rhwydwaith sy'n tyfu

Cefnogi Gofalwyr • Dylanwadu ar Newid • Adeiladu Cymuned ar draws WAST

Rhwydwaith Anabledd Purple Space

Dim byd amdanom ni hebddon ni

7 → 112 o aelodau
Twf 16 gwaith wedi'i sbarduno gan ymddiriedaeth, gwelededdd a phrofiad bywyd

Twf ers mis Hydref 2023

Dylanwad Cenedlaethol
- **Addewid Niwroamrywiaeth Genedlaethol**

Ymwybyddiaeth ac Addysg
- **Ymwybyddiaeth o reoli poen**
- **Ymwybyddiaeth o atal dweud**

Cydweithredu rhwng Rhwydweithiau
- **Ymwybyddiaeth o Endometriosis Iechyd Menywod**
- **Grŵp Ffocws Digidol**

Diogelwch Seicolegol
- **Sesiwn Grŵp Echoes of Experience**

- ✓ Wedi adeiladu hunaniaeth Rhwydwaith Purple Space, gan gyd-greu pwrpas, brand a llais clir i gynyddu gwelededdd ac ymgysylltiad ar draws WAST.
- ✓ Aelodaeth wedi cynyddu'n sylweddol, gan greu lle dibynadwy a diogel yn seicolegol i dros 100 o gydweithwyr gysylltu, rhannu profiadau a dylanwadu ar newid.
- ✓ Wedi cyflwyno sesiynau ymwybyddiaeth, gan gynnwys niwroamrywiaeth, anabledd a phrofiad bywyd, gan gryfhau dealltwriaeth a chynhwysiant ar draws WAST.
- ✓ Lansiwyd Echoes of Experience, gan ddarparu mannau diogel a strwythuredig i gydweithwyr rannu profiadau, llunio blaenoriaethau a llywio camau gweithredu sefydliadol.
- ✓ Wedi cydweithio â phartneriaid mewnol ac allanol, gan gynnwys sefydliadau arbenigol, i ddod ag arbenigedd a phrofiad bywyd i WAST.

Y Rhwydwaith Menywod

Women's NETWORK RHWYDWAITH Menywod

103 o aelodau yn y Rhwydwaith Iechyd Menywod

20 Aelod o'r Grŵp Llywio

Er mwyn symud ymlaen â mentrau penodol, mae aelodau o'n Rhwydwaith Iechyd Menywod cyffredinol wedi sefydlu **Grŵp Llywio** newydd i helpu i ddatblygu a gweithredu mentrau penodol er mwyn gwella profiadau menywod yn y gweithle.

Mae Aelodau'r Rhwydwaith wedi cefnogi **Grŵp Llywio Defnyddwyr Gwisgoedd Cenedlaethol** Ymddiriedolaethau Ambiwlans y DU i ddatblygu gwisgoedd mamolaeth gwell.

Mae eitemau trowsus newydd hefyd wedi'u hychwanegu at yr ystod o wisgoedd i gynnig ffit mwy cyfforddus i gydweithwyr.

Mewn partneriaeth ag **Empower All Training** dan arweiniad meddygon teulu ac **Endometriosis.org.uk** i gyflwyno cyfres o sesiynau iechyd yn canolbwyntio ar newidiadau mislif a hormonaidd a sut i gefnogi menywod yn y gwaith.

International Women's Day

- ✓ Cyflwynodd sesiwn **syndrom y ffugiwr** i staff ar draws yr Ymddiriedolaeth
- ✓ Cynnig estynedig o **fentora** gan ein harweinwyr benywaidd mwyaf uwch
- ✓ Arddangoswyd **adnoddau hyfforddi prototeip** newydd yng Nghynhadledd Iechyd Menywod Gogledd Cymru i annog mwy o CPR gan wylwyr i fenywod

Rhwydwaith Milwrol

37 o Aelodau

Cynnig cefnogaeth i:
Hyfforddwyr Cadetiaid
Cyn-filwyr
Aelodau o'r teulu

Sefydlwyd Tachwedd 2025

Cynrychiolodd staff o'r rhwydwaith WAST mewn **Paredau Dydd y Cofio** yn y Senotaff yn Llundain ac mewn seremonïau lleol yng Nghaerdydd.

Ailddilysu Cynllun Cydnabod Cyflogwyr Aur

- Mae angen ail-ddilysu er mwyn i WAST gynnal statws ERS Aur
- Ailsefydlwyd y berthynas â Rheolwr Perthynas Amddiffyn Cymru
- Adolygiad o weithio mewn partneriaeth â'r Lluoedd Arfog wedi'i gynnal
- Ffurflen gais wedi'i chyflwyno ac yn aros am ganlyniadau

Y Gymraeg a Diwylliant

Rhwydwaith Cymraeg

Mae aelodaeth bron wedi **treblu** eleni i

51 o Aelodau

779 (17.5%)

Staff sy'n siarad Cymraeg
(Lefel 3 ac uwch)

i fyny 0.5% ar y flwyddyn flaenorol

Uchafbwyntiau

- ✓ Hwyluso rhoi **bot sgwrsio Cymraeg** ar waith ar ein gwefan 111
- ✓ **Ymgysylltu â'r gymuned** yn yr **Eisteddfod Genedlaethol 2025**
- ✓ Darlun llawn o sgiliau iaith Gymraeg ein gweithlu wedi'u cofnodi ar y system Cofnodion Staff Electronig (**cydymffurfiaeth o 97%**)
- ✓ Cymorth i gynyddu ein gallu i ateb galwadau 111 yn Gymraeg
- ✓ Hyrwyddo **cyfleoedd dysgu Cymraeg**

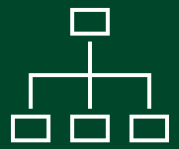
16 o Gadeiryddion a Chyd-Gadeiryddion

Cyfarfodydd pwynt cyswllt misol i helpu i greu gweithgarwch ar draws Rhwydweithiau sy'n canolbwyntio ar groestoriadedd ac integreiddio diwylliannol.

Mae gan bawb lais!

Gan ddarparu mynediad at fannau gwrando diogel, mentora a datrys problemau.

Mae Noddwyr Gweithredol wedi cael eu dyrannu i bob Rhwydwaith Pobl i helpu i gryfhau llais ein Rhwydweithiau Pobl ac i gynyddu gweledigaeth ar Lefel y Bwrdd.



LLYWODRAETHU
Llywodraethu strwythuredig gydag amcanion clir ar gyfer pob rhwydwaith

CYLCHLYTHYR TYMOROL
Ymgysylltu â'r gweithlu i hyrwyddo gweithgarwch rhwydwaith ac annog aelodaeth newydd

CYSTADLEUAETH LLYFRAU
Ymgysylltu â dros 100 o gydweithwyr gan gynyddu dealltwriaeth o faterion cyfoes er mwyn deall profiadau bywyd

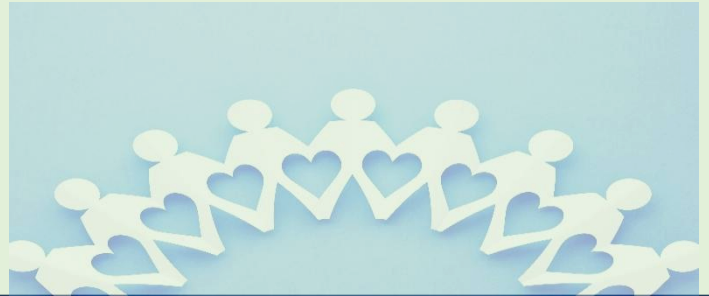
GWELLA GWYBODAETH
Addysgu eraill, codi ymwybyddiaeth o anghydraddoldeb a meithrin perthnasoedd da a chynghreiriaeth yn y gweithle

Tyfu ein Rhwydwaith Hyrwyddwyr Diwylliant

Mae’r Rhwydwaith Hyrwyddwyr Diwylliant yn parhau i **arwain trwy esiampl**, gan helpu i **adeiladu gweithle mwy cynhwysol** lle mae **cynghreiriad ac ymddygiadau cadarnhaol** yn rhan o fywyd gwaith bob dydd. Drwy hyn, mae'r rhwydwaith yn llunio diwylliant lle nad yw cydraddoldeb, amrywiaeth a chynhwysiant yn nodau yn unig—maent yn cael eu byw a'u profi'n weithredol ar draws y sefydliad.

Mae Hyrwyddwyr Diwylliant yn chwarae **rhan ymarferol hanfodol** wrth sicrhau bod hyn yn digwydd. Maen nhw'n creu lle ar gyfer **sgyrsiau agored**, yn cefnogi cydweithwyr, ac yn herio pethau nad ydynt yn teimlo'n iawn—gan annog amgylchedd gwaith mwy parchus a chefnogol. Er mwyn eu helpu i wneud hyn yn dda, mae hyrwyddwyr yn cymryd rhan mewn sesiynau datblygu sy'n gysylltiedig ag **Ein Ffordd WAST** — gan ganolbwyntio ar ein tri ymddygiad pwysicaf; ***gofalu, cysylltu, a gwerthfawrogi pawb***. Mae'r sesiynau hyn hefyd **yn meithrin sgiliau hyfforddi ac annog**, gan roi offer ymarferol a hyder i hyrwyddwyr i gefnogi eraill a **dylanwadu ar newid cadarnhaol** yn eu meysydd.

Mae'r rhwydwaith hefyd yn rhannu cylchlythyrau rheolaidd sy'n amlygu pynciau allweddol fel niwroamrywiaeth, cwrteisi mewn gofal iechyd, a chodi llais heb ofn. Cafodd y rhain groeso da ac maent bellach yn cael eu rhannu'n ehangach, gan gynnwys ymhlith uwch arweinwyr a chyfarwyddwyr anweithredol. Drwy barhau i ddysgu gyda'i gilydd, mae Hyrwyddwyr Diwylliant yn tyfu mewn hyder i gael sgyrsiau ystyrlon a gweithredu fel rhwydwaith cefnogol a chysylltiedig ar draws WAST.



Arweinyddiaeth a Diwylliant

Ein Ffordd WAST

Yng ngwanwyn 2025, lansiwyd ein **Hymddygiadau Arweinyddiaeth a Rheolaeth a'n Fframwaith Datblygu** b (Ein Ffordd WAST) er mwyn gwella diwylliant y gweithle yn WAST. Mae'r fframwaith hwn yn diffinio 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 ac mae'n canolbwyntio ar dair elfen allweddol – ***Gofalu, Cysylltu a Gwerthfawrogi Pawb*** gan gynnwys cyfrifoldebau moesegol a deddfwriaethol i gefnogi diwylliant cadarnhaol a chynhwysol .

Mae Ein Ffordd WAST wedi cynnwys cyflwyno rhaglen gychwynnol o **weithgarwch Sgyrsiau Hanfodol**, gan gefnogi rheolwyr gyda chynhwysiant bob dydd yn ymarferol – gan gynnwys gwiriadau rheolaidd, adborth, ac ymdrin â sgyrsiau anodd gydag empathi a gofal.

Mae **dros 350 o Reolwyr** wedi mynychu gweithdai sy'n archwilio dulliau profedig o **hwyluso ymyriadau cynnar** i fynd i'r afael ag ymddygiadau ac osgoi pryderon sy'n gwaethygu yn y gweithle. Anogir rheolwyr i ddefnyddio offer **a modelau sgwrsio** sy'n **seiliedig ar dystiolaeth** i helpu i ddatrys problemau yn y gweithle a chynnal perthnasoedd gwaith iach.

Rydym wedi cyflwyno **Hanfodion Rheoli,** adnodd digidol sy'n dwyn ynghyd ganllawiau ac offer ymarferol i gefnogi rheoli pobl gynhwysol ar draws cylch bywyd y gweithiwr.

Arweinyddiaeth a Diwylliant

Adolygiadau Diwylliannol Tîm

Rydym wedi cynnal **adolygiadau diwylliannol wedi'u targedu ar draws tair maes gweithredol**, gan ganolbwyntio ar ddeall profiad tîm a nodi blaenoriaethau gwella. Mae hyn wedi cryfhau'r ffocws o fewn **adolygiadau diwylliannol ar lais a chynhwysiant y tîm**, gan sicrhau bod cydweithwyr yn teimlo eu bod yn cael eu clywed, eu gwerthfawrogi a'u cynnwys yn y broses o lunio camau gwella lleol.

Diwylliant Tîm

Rydym wedi datblygu a dechrau profi'r **Sgôr Rhybudd Cynnar Diwylliannol (CEWS)** i helpu timau i nodi arwyddion cynnar o iechyd diwylliannol ac ymyrryd yn gynharach. Mae hyn yn rhoi mwy o ffocws ar ddefnyddio **data pobl (gan gynnwys mewnwelediad o'r Arolwg Staff)** mewn ffordd fwy ymarferol i lywio penderfyniadau a gweithgarwch gwella ar lefel tîm.

Cryfhau Partneriaeth Gymdeithasol

Yn dilyn ein menter 'Cerdded yn eu Hesgidiau', lle daeth rheolwyr gweithredol a Phartneriaid Undebau Llafur ynghyd i brofi gweithgarwch gwrthdroi rolau, a'n cynhadledd Partneriaeth Gymdeithasol gyntaf a gynhaliwyd yng Nghaerdydd yn 2025, mae staff wedi dangos awydd am **ragor o waith partneriaeth** rhwng ein Partneriaid Undebau Llafur a'n Huwch Dimau Rheoli. Mae hyn wedi arwain at gyfres o **ddigwyddiadau Partneriaeth Gymdeithasol** ledled Cymru sydd wedi dod â chynrychiolwyr Undebau Llafur ac uwch reolwyr ynghyd i wella dealltwriaeth o brofiad gweithwyr, polisïau disgyblu a gweithdrefnau diogelu er mwyn galluogi gweithio partneriaeth llyfnach i gyflawni canlyniadau priodol ac amserol i bawb sy'n gysylltiedig.

Arweinyddiaeth a Diwylliant

Diwrnodau Datblygu Rheolaeth Weithredol

Mae ein Tîm Pobl a Diwylliant wedi cefnogi cydweithwyr mewn cyfres o Ddiwrnodau Datblygu Rheoli Gweithrediadau, gan ddod ag arweinwyr gweithredol ynghyd i ganolbwyntio ar **gryfhau diwylliant** ac **arweinyddiaeth sefydliadol yn ymarferol.** Mae'r digwyddiadau hyn wedi'u halinio ag *Ein Ffordd WAST* ac yn darparu lle ar gyfer sgyrsiau agored a gonest am ddiwylliant, cynhwysiant ac ymddygiadau arweinyddiaeth. Mae sesiynau wedi cynnwys siaradwyr allanol fel Dr Debbie Fradkin a oedd yn ei sesiwn '**Civility Saves Lives**' yn edrych ar y niwed posibl y gall ymddygiad gwael ei gael i staff, defnyddwyr gwasanaeth a darpariaeth gwasanaeth. Roedd sesiynau eraill yn cynnwys sesiynau **"sbotolau**" mewnol lle mae arweinwyr yn rhannu cyflawniadau a dulliau ymarferol o wella diwylliant o fewn eu timau.

Mae uwch arweinwyr hefyd wedi cymryd rhan mewn **trafodaethau panel**, gan ddangos diffuantrwydd a bregusrwydd wrth fodelu rôl yr ymddygiadau a ddisgwylir ar draws y sefydliad. Mae'r digwyddiadau'n rhoi pwyslais cryf ar **rannu offer ymarferol, technegau ac enghreifftiau o sefyllfaoedd go iawn**, gan helpu rheolwyr i roi gwerthoedd ar waith drwy eu harweinyddiaeth o ddydd i ddydd.

Mae adborth o'r digwyddiadau yn amlygu lefelau uchel o ymgysylltiad a boddhad, gyda sgoriau cryf cyson ar draws pob maes ac adborth cadarnhaol ar berthnasedd a ffocws ar werthoedd ac ymddygiadau.

Cefnogi ein pobl drwy gyfnodau o newid

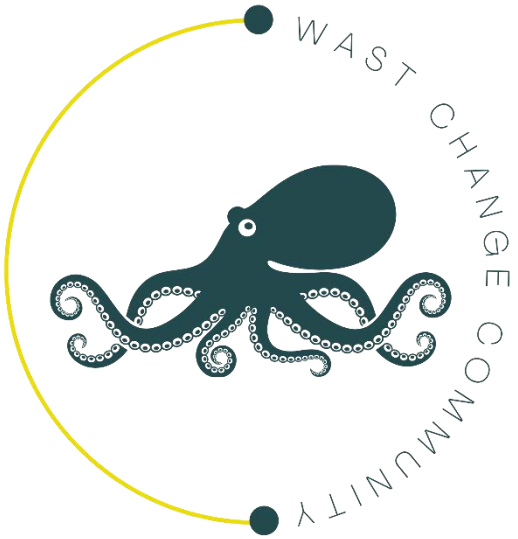
Buddsoddi mewn Rheoli Newid

Mae WAST wedi penodi Arweinydd Rheoli Newid newydd i gefnogi ein cydweithwyr a defnyddwyr gwasanaeth drwy gyfnodau o newid ar raddfa fawr i wella profiadau ein gweithwyr a gwasanaethau gofal iechyd sy'n esblygu.

Mae newidiadau i'r ffordd rydym yn darparu ein gwasanaethau gofal iechyd yn parhau i symud tuag at ddarparu **mwy o ofal clinigol, cyngor a brysbennu o bell**, a **darparu gofal gartref ac yn ein cymunedau**. Mae hyn yn helpu pobl i aros yn eu cartrefi ac osgoi'r angen i gael eu cludo i ofal brys a mynd i'r ysbyty, gan leddfu pwysau ar ein byrddau iechyd a gwella ansawdd gofal. Nod ein rhaglen Trawsnewid Model Clinigol yw darparu'r **gofal iawn, yn y lle iawn, ar yr amser iawn**.

Rydym yn cydnabod, ynghyd â'r heriau economaidd cyfredol, bod angen inni fonitro profiad gweithwyr a gweithredu mecanweithiau cymorth.

Mae adnoddau a chanllawiau rheoli newid newydd wedi'u datblygu i gefnogi arweinwyr a rheolwyr i ddeall effeithiau newid ar gydweithwyr yn well ac i fabwysiadu dull mwy cynhwysol a strwythuredig wrth gynllunio a gweithredu newid.



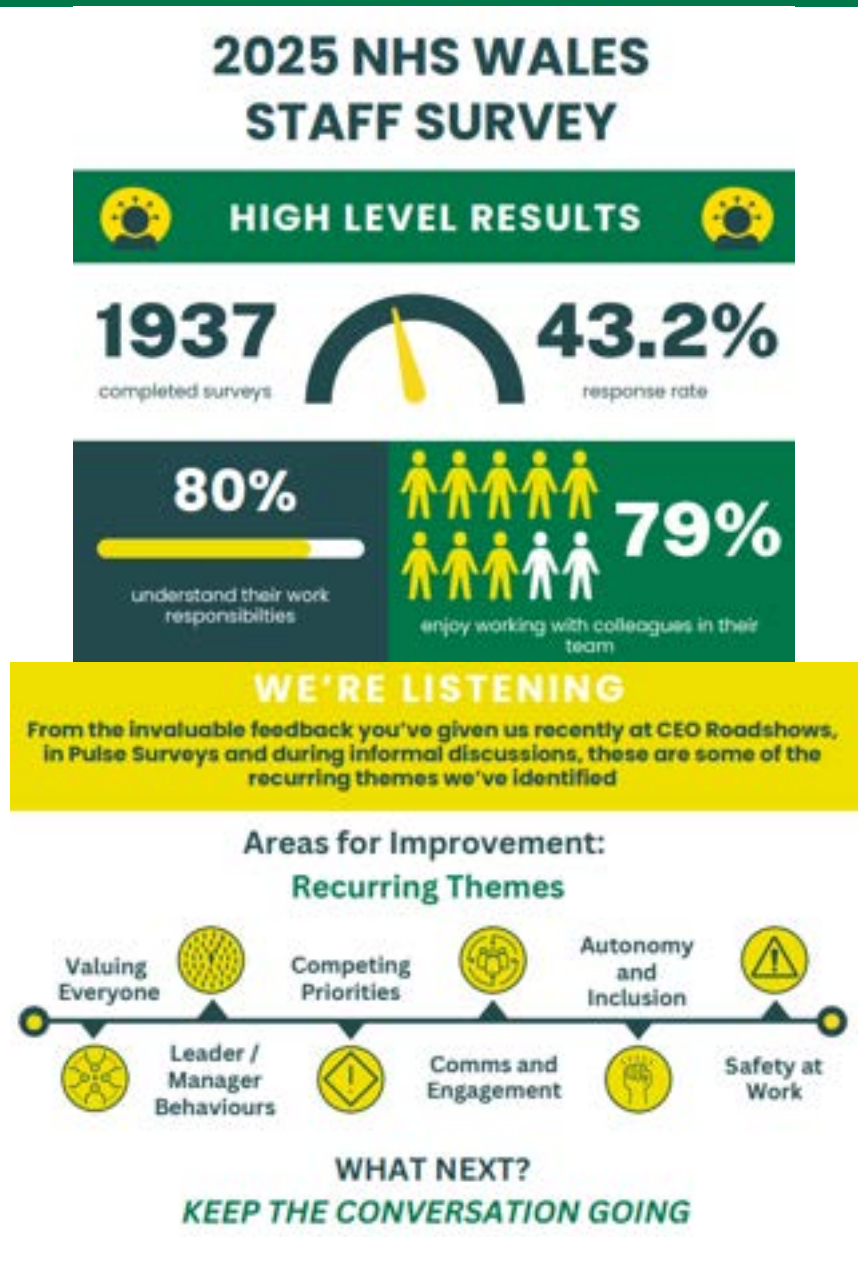
Gwrando ar ein Gweithlu

Cynyddu Ymgysylltiad â'n Ein Gweithlu

Un o themâu allweddol WAST eleni fu creu cyfleoedd i gydweithwyr gael llais a chyfrannu at welliant sefydliadol. Rydym wedi gwneud hyn drwy arolwg staff y GIG, arolygon pwls, a gweithgareddau ymgysylltu.

Arweiniodd ein hymdrechion i gynyddu ymgysylltiad y gweithlu at ein cyfraddau cwblhau uchaf erioed ar gyfer **Arolwg Staff GIG**, gyda bron i hanner y gweithlu yn cwblhau'r arolwg. Gwahaniaeth amlwg eleni oedd y **data ansoddol** a ddaeth drwy'r arolwg staff sy'n dangos bod staff yn teimlo'n ddiogel i rannu eu profiadau.

Mae hyn wedi ein galluogi i nodi rhai **camau gweithredu wedi'u targedu** o ran lleihau diffygiad a straen staff, cyfathrebu, cynhwysiant a diogelwch yn y gwaith. Mae'r rhain yn cynnwys Polisi Rheoli Straen newydd, cefnogaeth gan y Rhwydwaith Pobl ac amrywiaeth o fentrau cefnogi llesiant fel y rhai a geir yn yr adroddiad hwn.



Cefnogi a Datblygu ein Gweithlu

Ym mis Mawrth 2026 cynhaliwyd Fforwm Arweinyddiaeth Ambiwlansys mawreddog, a gynhaliwyd gan Gymdeithas Prif Weithredwyr Ambiwlans. Fel cynhadledd flynyddol uchel ei pharch, mae Fforwm Arweinyddiaeth Ambiwlansys yn dwyn ynghyd randdeiliaid allweddol—gan gynnwys rheolwyr, arweinwyr, llunwyr polisi, academyddion a phartneriaid—sydd wedi ymrwymo i ddatblygu sector ambiwlans y DU.

Unwaith eto, chwaraeodd cydweithwyr o Wasanaeth Ambiwlans Cymru ran allweddol wrth **arddangos ein harweinyddiaeth** ar ddatblygu mentrau cenedlaethol i **wella profiad gweithwyr**.

Yn nigwyddiad eleni, lansiodd un o'n Cadeiryddion Rhwydwaith Pobl **addewid cenedlaethol** i wella profiadau cydweithwyr niwroamrywiol sy'n gweithio o fewn y Sector Ambiwlans. Mae'r addewid wedi'i ddatblygu gan Fforwm Anabledd Ambiwlans Cenedlaethol a bydd yn cael ei ddefnyddio i annog datblygu fframwaith i gefnogi gweithredu addasiadau rhesymol.

Cefnogi a Datblygu ein Gweithlu

Cefnogi Iechyd a Llesiant

Croesawodd yr Ymddiriedolaeth ei Phennaeth Llesiant newydd yn 2025 sydd wedi bod yn canolbwyntio ar weithredu ein **Cynllun Iechyd a Lles**. Mae ein tîm o Seicolegwyr Cynorthwyol ac Ymarferwyr Llesiant yn parhau i gynnig **cefnogaeth a chyngor un-i-un** i unigolion gan ddefnyddio amrywiaeth o **ddulliau sy'n seiliedig ar drawma**.

Gan gydnabod manteision iechyd cwsg a'r aflonyddwch y mae ein gweithwyr sifft yn ei brofi, mae ein Seicolegydd Cynorthwyol wedi datblygu a chyflwyno cyfres o **weithdai cwsg** gyda'r nod o wella ansawdd cwsg a lliniaru effeithiau niweidiol cwsg gwael ac aflonyddgar. Mae'r sesiynau'n hyrwyddo technegau cysgu ac ymlacio y gall pawb eu defnyddio.

Polisi Rheoli Straen

Dros y flwyddyn ddiwethaf, mae ein Pennaeth Iechyd Galwedigaethol wedi bod yn arwain grŵp llywio sy'n datblygu Polisi Rheoli Straen newydd a fydd yn nodi sut y bydd yr Ymddiriedolaeth yn nodi, asesu a rheoli straen sy'n gysylltiedig â gwaith er mwyn cyflawni ei dyletswyddau cyfreithiol a chefnogi lles staff. Bydd yn seiliedig ar Safonau Rheoli Straen yr Awdurdod Gweithredol Iechyd a Diogelwch (HSE) a bydd yn cyflwyno asesiad risg straen unigol digidol newydd sy'n cyd-fynd â chwe maes gwaith allweddol: gofynion, rheolaeth, cefnogaeth, perthnasoedd, rôl a newid. Bydd yr asesiad risg yn darparu dull strwythuredig i staff a rheolwyr nodi ffynonellau pwysau, cytuno ar gamau ymarferol ac adolygu cynnydd dros amser. Bydd yn cefnogi adnabod pryderon yn gynnar a bydd yn helpu i sicrhau dull cyson o reoli straen sy'n gysylltiedig â gwaith ar draws y sefydliad. Bydd y manteision disgwyliedig i staff yn cynnwys cyfathrebu cliriach ynghylch pwysau gwaith, mwy o ymwybyddiaeth o ffactorau sy'n effeithio ar eu rôl, mynediad cynharach at gymorth lle mae anawsterau'n codi, ac amgylchedd gwaith mwy cyson a chefnogol, gan helpu i leihau effaith straen sy'n gysylltiedig â gwaith a chefnogi iechyd a llesiant cyffredinol.

Tlodi mislif

Gan weithio mewn partneriaeth â'n Partneriaid Undebau Llafur, mae UNSAIN wedi ariannu pecynnau mislif ar gyfer ein gweithlu. Mae'r cynhyrchion ecogyfeillgar wedi'u gosod mewn gorsafoedd ac yn ein swyddfeydd ledled Cymru ac maent ar gael i'r rhai sydd eu hangen yn rhad ac am ddim. Mae trafodaethau i ymestyn y fenter hon ar y gweill.

Cyllid Elusennol yn Cefnogi Llesiant Staff

Ioga Staff

Ariannwyd cyfres o sesiynau ioga rhad ac am ddim gan Gyllid Elusennol WAST yn Nhŷ Elwy yn Llanelwy, ac yn Depot Ymbaratoi Caerdydd. Cafodd y sesiynau hyn adborth cadarnhaol gan staff, ac roedd llawer ohonynt yn ddiolchgar o gael y cyfle i roi cynnig ar ioga am y tro cyntaf.

Ffaniau poced

Cydweithiodd Rhwydwaith y Menywod a Rhwydwaith Purple Space â Chyllid Elusennol i greu ffannau neilon plygadwy bach i helpu i gadw staff yn oer yn ystod tywydd cynnes a chwiliadau poeth .

Grŵp Cerdded Dynion y Gogledd

Yn dilyn ein menter teithiau cerdded tywysedig ‘Mind Over Mountains’, mae Cyllid Elusennol Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru wedi ariannu rhywfaint o offer ar gyfer grŵp cerdded newydd ‘Men of North’ drwy Gronfa Chwaraeon yr Elusen. Dan arweiniad aelodau staff, mae'r grŵp cerdded hwn yn canolbwyntio ar iechyd meddwl a llesiant dynion. Mae hefyd wedi ysbrydoli grwpiau cerdded eraill ar draws WAST yn ein hardaloedd Canolog a Gorllewinol.

Cymorth Llesiant Ariannol

Sgiliau Rheoli Arian

Mae mwy o bobl yn teimlo pwysau ychwanegol yn yr hinsawdd economaidd bresennol lle mae cost byw yn dod yn fwyfwy anfforddiadwy i lawer. Mae hyn yn cael effaith andwyol ar iechyd meddwl a llesiant wrth i fwy o bobl gael eu gwthio i dlodi. Gyda chostau tanwydd ar gyfer teithio i'r gwaith ac adref, ynghyd â chostau cynyddol bwyd bwyd, tai a biliau cyfleustodau, rydym yn cydnabod y gallai fod angen cymorth ychwanegol ar ein gweithlu. Dros y flwyddyn ddiwethaf rydym wedi gweithredu sawl mecanwaith cymorth i helpu i wella lles ariannol.

Ymgyrchoedd Ymwybyddiaeth

- Cefnogwyd **Wythnos Siarad am Arian**, gan godi ymwybyddiaeth o lesiant ariannol ar draws y sefydliad (Tachwedd 2025)
- Cydnabod a hyrwyddo **Wythnos Ymwybyddiaeth Dyledion**, gan gyfeirio staff at gymorth ac adnoddau perthnasol (Mawrth 2026)
- Hyrwyddodd weminar Gwasanaeth **Arian a Phensiynau** ar bensiynau ac ysgariad (Ionawr 2026)

Addysg a Datblygu Sgiliau

- Cydweithiodd â'r **Gell Llesiant Gaeaf**, gan gyflwyno sesiwn llesiant ariannol bwrpasol gyda'r Gwasanaeth Arian a Phensiynau gan ganolbwyntio ar gynllunio ariannol a chamau ymarferol ar gyfer 2026 (Ionawr 2026)
- Hyrwyddodd **weminar cyllidebu** gyda'r arbenigwr arian Stacey Stowman (Chwefror 2026)
- Rhannu a hyrwyddo cyfres o sesiynau **hyfforddi ymwybyddiaeth ynni** ar-lein a ddarparwyd gan **Cyngor ar Bopeth** Ynys Môn, gan gefnogi staff i reoli costau ynni cynyddol (Mawrth 2026)
- Gweithiom mewn partneriaeth â **Stop Loan Sharks Wales** i gyflwyno sesiynau gwybodaeth ar effeithiau benthyca arian anghyfreithlon ar bobl agored i niwed a chynnig canllawiau a chefnogaeth i ddioddefwyr (Gorffennaf 2025)

Cymorth Llesiant Ariannol

Ochr yn ochr ag ymgyrchoedd a digwyddiadau wedi'u targedu, mae WAST yn parhau i gefnogi staff trwy ystod o **fentrau llesiant ariannol** sefydledig a hirhoedlog, wedi'i gynllunio i feithrin gwydnwch ariannol a darparu cefnogaeth ymarferol a hygyrch drwy gydol y flwyddyn. Mae'r rhain yn cynnwys:

Gwasanaethau Cymorth a Chyfeirio

- Hyrwyddo sefydliadol y Rhaglen Cymorth i Weithwyr (Health Assured), sy'n cynnwys cymorth llesiant ariannol gyfrinachol
- Cyfeiriwyd staff at Dîm Llesiant y sefydliad am gyngor, arweiniad a chymorth personol sy'n ymwneud â phryderon ariannol

Gweithio mewn Partneriaeth

- Hwylusodd ymweliad ar y safle gan Undeb Credyd Cambrian i hyrwyddo cynlluniau cynilo ar gyfer y Nadolig a gwydnwch ariannol (Ionawr 2026, Tŷ Elwy)
- Cynnal partneriaeth gref gyda TASC (Elusen Staff Ambiwlans), gan ddarparu mynediad at Gynghorydd Dyled a Budd-daliadau i staff

- ➢ Cynlluniau arbedion cyflog a chynlluniau aberthu cyflog
- ➢ Cynllun prydlesu ceir
- ➢ Cynllun cyfarpar electronig yn y cartref
- ➢ Cynllun beicio i'r gwaith

Gwella Ansawdd

Cynhadledd Ansawdd

Yn unol â gweithredu Dyletswydd Ansawdd a Nodau Llesiant Deddf Llesiant Cenedlaethau'r Dyfodol, mae WAST yn parhau i ymgysylltu â staff yn ein Cynhadledd Ansawdd flynyddol. Y thema ar gyfer 2025 oedd "**Effaith Barhaol ac Effaith Domino ar Ragoriaeth**", ac roedd yr agenda yn arddangosfa bwerus o **arweinyddiaeth dosturiol, profiad bywyd, ac arloesedd sy'n cael ei yrru gan ansawdd** ar draws yr Ymddiriedolaeth, a gynhaliwyd yng Nghlwb Criced Sir Forgannwg yng Nghaerdydd.

Agorwyd y digwyddiad gan y Cyfarwyddwr Anweithredol, Bethan Evans, a osododd y naws ar gyfer diwrnod a oedd yn canolbwyntio ar gydweithio, tosturi a gwelliant parhaus.

Siaradodd y siaradwr gwadd, Dr Adrian Neal, am gyfathrebu tosturiol ac archwiliodd y rhwystrau seicolegol a systemig i empathi mewn gofal iechyd a chynigiodd strategaethau ymarferol i gefnogi staff i gynnal tosturi o dan bwysau.

Un o uchafbwyntiau'r diwrnod oedd ein **"Panel Cleifion"** a ddaeth â'n **Cynghorwyr Profiad Bywyd** ynghyd â Phennaeth Profiad Cleifion a Chynnwys y Gymuned yr Ymddiriedolaeth, a'n Rheolwr Partneriaid mewn Gofal Iechyd. Roedd eu hymgysylltiad drwy gydol y dydd a'u mewnwelediadau gwerthfawr fel rhan o'r panel holi ac ateb yn atseinio gyda llawer o'r mynychwyr, a ddisgrifiodd y profiad fel un **"ysbrydoledig", "sy'n ysgogi'r meddwl",** ac **"yn ein hatgoffa pam rydym yn gwneud yr hyn a wnawn"**.

"Roedd y digwyddiad yn seiliedig ar y ffactor dynol – nid ffeithiau a data. Roedd y myfyrdod ar dosturi, digwyddiadau a effeithiodd ar deuluoedd a chydweithwyr, a chynrychiolwyr y cleifion yn gwella'r rheswm pam rydyn ni i gyd yno yn ein rolau: diogelwch cleifion."
Mynychwr

Diogelwch Rhywiol

Ym mis Mai 2025, dechreuodd WAST gyflwyno ei **sesiwn ymwybyddiaeth gyffredinol Diogelwch Rhywiol** i'r holl staff. Mae adborth gan y mynychwyr wedi bod yn gadarnhaol gyda chyfranogiad da gan y rhai a fynychodd y sesiwn.

Mae sesiwn hyfforddi mwy manwl a phwrpasol wedi'i datblygu a'i chyflwyno i uwch reolwyr gweithredol yn ein pedair ardal ledled Cymru. Canolbwyntiodd y sesiwn hon ar y **ffiniau proffesiynol, ymddygiad amhriodol ac aflonyddu rhywiol** yn y gwaith ac mae wedi'i chynllunio i reolwyr feithrin hyder wrth gydnabod ac ymdrin ag ymddygiadau i helpu i **gefnogi newid diwylliant**. Mae'n adeiladu ar y gweithdai sgyrsiau hanfodol ac yn galluogi uwch reolwyr i ddeall yr effaith ehangach a'r effaith ymledol y gall ymddygiadau amhriodol lefel isel a ganiateir eu cael ar ddiwylliant y sefydliad, gan arwain at broblemau diwylliannol sydd wedi'u gwreiddio'n ddyfnach ac ymddygiadau sy'n gwaethygu ac sy'n fwy difrifol ac yn fwy cymhleth i'w rheoli.

Mae'r hyfforddiant hwn wedi'i ategu gan sesiynau dysgu ychwanegol a ddarparwyd gan arbenigwyr sydd ag arbenigedd mewn rheoli diwylliant yn y gweithle.

★★★★★

Mae cydweithwyr yn rhoi sgôr o

4.57 allan o 5 seren i'r hyfforddiant hwn

Byddai **92.9%** o'r mynychwyr yn **argymell yr hyfforddiant** i eraill

Dysgodd 79% o'r mynychwyr **gryn dipyn** neu lawer iawn

Dywedodd **99%** o'r mynychwyr fod yr hyfforddiant wedi **bodloni eu disgwyliadau**

Bydd **94%** o'r mynychwyr **yn defnyddio'r hyn maen nhw wedi'i ddysgu** yn y gweithle **bob dydd** neu'n aml

Diogelwch Rhywiol

Rhwydwaith Pobl Cymru Gyfan

Mae ein Pennaeth Cynhwysiant ac Ymgysylltu wedi cael ei benodi'n Is-gadeirydd **Rhwydwaith Pobl Cymru Gyfan**. Mae'r grŵp cenedlaethol hwn yn cynnwys Penaethiaid Gwasanaethau ar draws GIG Cymru sy'n arwain ar wasanaethau pobl, datblygu sefydliadol a mentrau diwylliant. Mae'r grŵp yn bwydo i mewn i Grŵp Cymheiriaid Dirprwy Gyfarwyddwyr y Gweithlu GIG Cymru cenedlaethol i roi **sicrwydd ynghylch cydymffurfedd** â rheoliadau cyflogaeth ac i sicrhau **dull cyson o wella**.

Yn dilyn cymeradwyo **Polisi Gwrth-Aflonyddu Rhywiol newydd i Gymru Gyfan,** mae Rhwydwaith Pobl Cymru Gyfan wedi cael y dasg o weithredu'r polisi gan arwain ar bedwar ffrwd waith genedlaethol. Mae hyn er mwyn sicrhau dull cyson o ymdrin ag aflonyddu rhywiol ac **ymrwymiad cenedlaethol i atal aflonyddu rhywiol** yn GIG Cymru.

Mae Gwasanaeth Ambiwlans Cymru yn arwain ar y llif gwaith adrodd a monitro ac mae wedi rhannu ein hadnoddau hyfforddi i helpu i ddatblygu adnodd hyfforddi cenedlaethol.

Ffrydiau Gwaith y Polisi Gwrth-Aflonyddu Rhywiol

- **Cynllun cyfathrebu**
- **Rhaglen Hyfforddi ar Aflonyddu Rhywiol**
- **Asesiad risg**
- **Adrodd a Monitro**

Hyfforddiant Cynghreiriad a Hyfforddiant Gwylwyr Gweithredol

Hyfforddiant Cynghreiriad a Hyfforddiant Gwylwyr Gweithredol

Yn 2025-2026, mynychodd dros 100 yn rhagor o gydweithwyr ein Hyfforddiant Cynghreiriad a Gwylwyr Gweithredol arobryn ac roedd yr adborth yn parhau i fod yn hynod gadarnhaol. Eleni, rydym wedi **targedu dechreuwyr newydd** a'n **gwirfoddolwyr** wrth iddynt gychwyn ar eu teithiau eu hunain o fewn Gwasanaeth Ambiwlans Cymru.

Ers cyflwyno'r hyfforddiant hwn dair blynedd yn ôl, rydym yn dechrau gweld **enghreifftiau o weithredu gan wyliwyr gweithredol** ledled yr Ymddiriedolaeth. Fodd bynnag, mae'r Ymddiriedolaeth yn gyfyngedig o ran adnoddau a chapasiti i gyflwyno'r hyfforddiant hwn i'r holl staff. Wrth nodi tair blynedd ers cyflwyno'r hyfforddiant hwn, byddwn yn cynnal adolygiad o'r hyfforddiant yn ei ffurf bresennol ac yn anelu at ddatblygu **llwyfan digidol** er mwyn galluogi mwy o staff i gael mynediad at elfennau o'r hyfforddiant pwysig hwn.

Mae cydweithwyr yn rhoi sgôr o **4.64** allan o 5 seren i'r hyfforddiant hwn

Dysgodd 82% o'r mynychwyr **gryn dipyn** neu lawer iawn

Bydd **94%** o'r mynychwyr **yn defnyddio'r hyn maen nhw wedi'i ddysgu** yn y gweithle **bob dydd** neu'n aml

Dywedodd **99%** o'r mynychwyr fod yr hyfforddiant wedi **bodloni eu disgwyliadau**

Byddai **99%** o'r mynychwyr yn **argymell yr hyfforddiant** i eraill

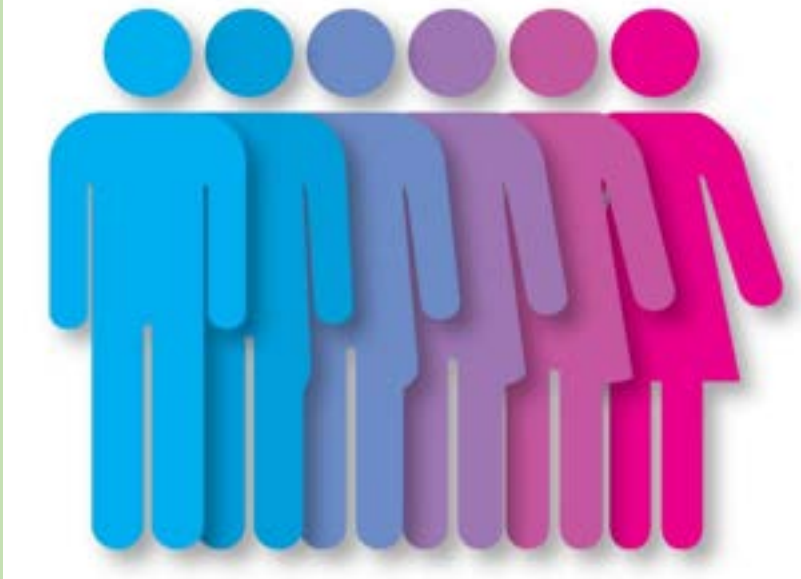
Hyfforddiant Cydraddoldeb a Thegwch

Cydraddoldeb a Thegwch wrth wraidd Ymsefydlu Corfforaethol

Mae Cydraddoldeb a Thegwch wedi'i ganoli yn ein **platfform digidol ymsefydlu corfforaethol** newydd a lansiwyd yn 2026. Ar y pwynt mynediad i WAST, caiff dechreuwyr newydd eu cyfeirio at ystod o hyfforddiant i **ddeall cynghreiriaeth ac anghydraddoldeb** yn well a'r hyn y gallwn ni i gyd ei wneud i ddileu gwahaniaethu. Mae staff hefyd yn cael eu cyfeirio at gymorth pellach i'r bobl sydd ei angen.

Hyfforddiant Ymwybyddiaeth Drawsryweddol Newydd

Mewn ymateb i gais am well dealltwriaeth o hunaniaeth rhywedd, rydym wedi datblygu sesiwn hyfforddi ymwybyddiaeth drawsryweddol fer wedi'i hanelu at ein staff gweithredol a allai ddod i gysylltiad â defnyddwyr gwasanaeth trawsryweddol. Mae'r hyfforddiant yn canolbwyntio ar esbonio'r gwahaniaethau rhwng rhyw, hunaniaeth rhywedd, mynegiant rhywedd a chyfeiriadedd rhywiol ac yn archwilio'r rhesymau pam mae hyn yn bwysig i weithwyr gofal iechyd proffesiynol wrth gynnig cyngor a thriniaeth glinigol.



Meistroli Amrywiaeth

Adborth o'r diwrnod:

"Am griw gwych o bobl sydd gennych chi'n gweithio yn WAST"

"Hoffwn i weithio i WAST ar ôl gweld y cyflwyniadau"

"Am dîm cefnogol a phroffesiynol!"

"Mor lwcus ydyn ni i gael cymaint o bobl ofalgar yn gweithio i sefydliad mor hanfodol yma yng Nghymru"

"Daeth cysylltiad a pherthyn i'r amlwg yn glir ac yn uchel"

"Roedd yn fraint ac yn anrhydedd bod yn rhan o'r amrywiaeth, yr wybodaeth, a'r tosturi yn yr ystafell honno. Y cryfder cyfunol hwnnw yw'r hyn sydd ei angen ar gynhwysiant."

Ym mis Medi 2025, cynhaliodd yr Ymddiriedolaeth y parth iechyd yng Nghynhadledd Meistroli Amrywiaeth yng Nghaerdydd. Fe wnaeth ein gweithdai **ganolbwyntio ar wasanaethau cynhwysol, llais y claf, pŵer cysylltiad a llesiant y gweithlu**, yn ogystal â llwybrau i mewn i WAST. Ar y prif lwyfan, siaradodd ein Cyfarwyddwr Newid Diwylliant, Angela Lewis, fel rhan o banel arbenigol yn rhannu mewnwelediad gyda'r holl fynychwyr ar sut rydym yn gwella amrywiaeth yn WAST.

Roedd **cydweithio** yn thema allweddol yn y Parth Iechyd, gyda chyflwyniadau gan dimau **Profiad y Claf a Chynnwys y Gymuned a Thrawsnewid Clinigol**, gan gynnwys defnyddiwr gwasanaeth yn rhannu ei **phrofiad cadarnhaol** o wasanaethau WAST; timau **Gwirfoddoli** a **Recriwtio** yn trafod y llwybrau i mewn i WAST, ynghyd â stori bersonol gan gydweithiwr a aeth o fod yn Wirfoddolwr Gwerthfawr i fod yn Aelod Gwerthfawr o'r Tîm; a Chadeiryddion y Rhwydweithiau Pobl yn trafod **Grym Cysylltiad ac Ymdeimlad o Berthyn** fel rhan o banel. Y llinyn drwyddo draw oedd pwysigrwydd amrywiaeth ar draws pob agwedd ar y sefydliad i staff, gwirfoddolwyr ac yn y pen draw cleifion.

Cynrychiolodd pob cydweithiwr WAST gyda balchder, gonestrwydd a hiwmor lle bo'n briodol. Er bod gennym ffordd bell i fynd o hyd o ran newid diwylliant a gwneud WAST yn sefydliad cynhwysol, rydym yn gwneud cynnydd ac mae bod yn rhan o ddigwyddiadau fel hyn yn ein galluogi i adeiladu ar y momentwm.

Hyrwyddo Cydraddoldeb, Dileu Gwahaniaethu a Chreu Cynghreiriaeth

Menywod yn Meistroli Newid

Roedd Pennaeth Cynhwysiant ac Ymgysylltu a Rheolwr Datblygu Sefydliadol yr Ymddiriedolaeth ymhlith grŵp dethol o westeion a wahoddwyd i drydydd digwyddiad blynyddol **Menywod yn Meistroli Newid** yn Nhŷ'r Arglwyddi yn Llundain.

Daeth y digwyddiad, a gynhaliwyd gan y Farwnes Tanni Grey-Thompson ac a guradwyd gan Bernie Davies, sylfaenydd Mastering Diversity CIC, ag arweinwyr o bob sector ynghyd i rannu eu straeon a'u mewnwelediadau ymarferol ar gyfer llywio newid fel menywod.

Dyma'r tro cyntaf i Wasanaethau Ambiwlans Cymru gael eu cynrychioli yn y digwyddiad, a oedd yn cynnwys **trafodaeth bord gron** ar ffyrdd o wreiddio amrywiaeth ar draws sefydliadau.

"Roedden ni wrth ein bodd yn cael ein gwahodd i Dŷ'r Arglwyddi am drafodaeth wirioneddol ysbrydoledig ar Fenywod yn Meistroli Newid.
Roedd yn gyfle anhygoel i gysylltu ag arweinwyr o wahanol sectorau a rhannu mewnwelediadau ar feithrin amgylchedd cynhwysol lle mae amrywiaeth yn cael ei dathlu.
Hayley Jones Dunne

Hyrwyddo Cydraddoldeb, Dileu Gwahaniaethu a Chreu Cynghreiriaeth

Gwella Gwasanaethau Iechyd Menywod

Dathlodd WAST **Ddiwrnod Rhyngwladol y Menywod** yng **Nghynhadledd Iechyd Menywod Gogledd Cymru** ym Mhrifysgol Bangor. Dyma'r ail flwyddyn i'r digwyddiad hwn gael ei gynnal, gan ddenu cannoedd o ymwelwyr sydd eisiau dysgu mwy am sut i wella iechyd menywod a chreu rhwydweithiau gwell rhwng sefydliadau'r sector cyhoeddus, preifat a'r trydydd sector.

Roedd **Achub Bywyd Cymru**, sy'n cael eu cynnal gan WAST, yn bresennol yn y digwyddiad i gasglu adborth ar **bra prototeip newydd** maen nhw wedi'i ddatblygu. Gellir rhoi'r bra ar fodelau pren a ddefnyddir i ddysgu sgiliau CPR a hyfforddiant diffibriliwr. Mae hyn er mwyn helpu i ddarparu profiad **hyfforddi mwy realistig** i bobl sydd angen perfformio sgiliau achub bywyd ar fenywod. Mae ymchwil yn dangos bod menywod yn llai tebygol o dderbyn CPR gan wylwyr a bod y dull newydd hwn yn ceisio newid hyn ac **achub bywydau mwy o fenywod**.

Cyfrannodd WAST hefyd at y diwrnod ymgynghori a datblygu ar gyfer **Strategaeth Iechyd Menywod newydd GIG Cymru** i sicrhau bod pwyntiau mynediad at ofal iechyd drwy GIG 111 a gofal iechyd brys i fenywod wedi'u hymgorffori yn y cynlluniau strategol hirdymor.

ACHUB BYWYD CYMRU | SAVE A LIFE CYMRU

Gwella hygyrchedd

Gwella ein Cynnig Cymraeg

Ochr yn ochr â'n menter recriwtio gynhwysol, mae WAST hefyd wedi bod yn annog **mwy o siaradwyr Cymraeg** i ymuno â'n rolau trinwyr galwadau. Mae hyn er mwyn diwallu'r galw cynyddol am ein **gwasanaeth 111 Cymraeg** pwrpasol, sydd wedi'i gynllunio i ddiwallu anghenion ein defnyddwyr gwasanaeth sy'n siarad Cymraeg a **gwella ansawdd gofal**.

Mae mwy o drinwyr galwadau sy'n siarad Cymraeg ar gael yn ystod oriau brig ar benwythnosau ynghyd ag opsiynau optio allan mwy hyblyg yn ystod cyfnodau prysur.

Er bod ein gallu i ateb galwadau Cymraeg i'n llinell archebu cludiant cleifion wedi aros yn weddol sefydlog, tua 75%, cynyddodd ein gallu i ateb galwadau i'n gwasanaeth 111 o 45% i 62%.

17%

Atebwyd 62% o alwadau i'n llinell 111 yn y Gymraeg gan drinwyr galwadau sy'n siarad Cymraeg yn 2025-2026

Bil Iaith Arwyddion Prydain (Cymru)

Ym mis Rhagfyr 2025, gwahoddwyd ein Cyfarwyddwr Gweithredol Nyrsio a Phennaeth Cynhwysiant ac Ymgysylltu i gyflwyno tystiolaeth i Bwyllgor Cydraddoldeb a Chyfiawnder Cymdeithasol Llywodraeth Cymru ar y cynigion i gyflwyno Bil Iaith Arwyddion Prydain (Cymru). Mae WAST yn croesawu egwyddorion y Ddeddf gan y bydd yn annog sefydliadau i **wella cyfathrebu hygyrch** i bobl sy'n defnyddio Iaith Arwyddion Prydain.

Mae ein Pennaeth Cynhwysiant ac Ymgysylltu hefyd wedi cymryd rhan ym Mhaneli Rhanddeiliaid Llywodraeth Cymru sy'n edrych ar gynlluniau gweithredu ar gyfer Safonau Cymru Gyfan ar gyfer Cyfathrebu a Gwybodaeth Hygyrch a lansiwyd ym mis Tachwedd 2025. Mae hyn yn cynnwys cynlluniau i **gynyddu hygyrchedd ein gwefan 111** sy'n darparu gwybodaeth a chyngor ar gyflyrau gofal iechyd.

Gwella hygyrchedd

RNIB Cymru
Golwg gwahanol
See differently

Fel rhan o'n hymdrechion i wella ein cyfathrebu â'n defnyddwyr gwasanaeth Byddar, fe wnaethom bartneru â'r RNIB i gyflwyno cyfres o **weithdai Ymwybyddiaeth o fod yn Fyddar** ym mis Tachwedd 2025.

📈 Mewnweliadau allweddol

Cyfranogwyr yn nodi gwelliant sylweddol mewn gwybodaeth a hyder ar:	%
Achosion colli golwg	*88%*
Effaith ar lesiant	*81%*
Colli golwg a risg cwympo	*75%*
Addasu amgylcheddau'n ddiogel	*81%*
Ymwybyddiaeth o'r RNIB a gwasanaethau lleol	*75%*

⚠️ Rhwystrau a nodwyd wrth roi'r dysgu ar waith

🛠️ Adnoddau cyfyngedig i wneud newidiadau ffisegol
⏱️ Cyfyngiadau amser

✅ Rhoi'r dysgu ar waith

⭐ **Sgôr gyffredinol**
Rhagorol: 88% Da: 6%

100% yn cytuno neu'n cytuno'n gryf eu bod yn gallu: Defnyddio'r dysgu yn eu rôl ddydd i ddydd
100% yn cytuno neu'n cytuno'n gryf eu bod yn gallu: Rhoi'r cyngor cywir i rywun sydd wedi colli ei olwg pan fo angen
Enghraifft o effaith y dysgu: Asesiadau cwympiadau gwell
Enghraifft o effaith y dysgu: Cyfathrebu mwy cynhwysol (e.e. maint ffont, delweddau)
Enghraifft o effaith y dysgu: Cyfeirio ac atgyfeirio gwell

👉 Casgliad cyffredinol a phrif bwyntiau:

Dangosodd dros 90% o'r cyfranogwyr welliannau sylweddol mewn ymwybyddiaeth o golli golwg craidd, hyder, a dealltwriaeth sy'n gysylltiedig â diogelwch, gyda chytundeb cyffredinol bod yr hyfforddiant yn berthnasol i'w rôl.

Mae hyfforddiant Vision Friends yn cael ei werthfawrogi'n fawr gan staff Gwasanaeth Ambiwlans Cymru. Mae'n darparu dysgu clir ac ymarferol, yn gwella hyder ac ymwybyddiaeth o golli golwg yn sylweddol, ac mae'n berthnasol yn uniongyrchol i rolau clinigol ac anghlinigol.

Gwella hygyrchedd

Mae ReciteMe yn **offeryn hygyrchedd a chymorth iaith** sy'n cael ei ddarparu drwy'r cwmwl ac sy'n gwella cynhwysiant a defnyddioldeb gwefannau.

Mae data yn dweud wrthym fod y bar offer yn cael ei gyrchu gan ddefnyddio dyfeisiau symudol yn bennaf, gan amlygu pwysigrwydd **hygyrchedd sydd wedi'i optimeiddio ar gyfer dyfeisiau symudol.**

Cofnodwyd defnydd ar draws 25 o wledydd, gan gynnwys UDA, Sbaen, yr Eidal, a Norwy, er bod y rhan fwyaf o'r mynediad wedi tarddu o'r DU .

Cyfanswm y tudalennau yr edrychwyd arnynt

2649

Cyfieithu
Defnyddiwyd yr offeryn cyfieithu **5,906** o weithiau, llawer mwy nag offer eraill.

Defnyddiodd defnyddwyr yr offeryn i gyfieithu i **115 o ieithoedd**, gan amlygu angen cryf am fynediad amlieithog. Roedd ieithoedd fel Asameg, Armeneg, Serbeg a Tsieceg ymhlith y rhai a ddewiswyd amlaf.

Steilio
Ymhlith y nodweddion eraill a ddefnyddiwyd y gyffredin roedd newid y ffont, addasu lliwiau, a newid maint y cyrchwr, gan gefnogi darllenadwyedd a lleihau straen gweledol.

Gwella hygyrchedd

Bot sgwrsio rhithwir newydd

Yn 2025, cyflwynodd WAST bot sgwrsio arloesol newydd 'Albot' ar ein **gwasanaeth 111 GIG Cymru**.

Mae GIG 111 Cymru yn **bwynt mynediad cyntaf** ac yn borth hanfodol i ofal brys a gofal heb ei drefnu. Mae ein platfform ar-lein yn darparu cyngor dibynadwy, cyfeiriaduron a gwirwyr symptomau ac mae ein trinwyr galwadau yn darparu cyngor trwy ein gwasanaeth ffôn.

Cafodd Albot ei greu i drawsnewid platfform ar-lein GIG 111 Cymru o safle statig i blatfform rhyngweithiol, dan arweiniad cleifion. Gan gydweithio'n agos â Robotics AI a Druid AI, rydym wedi datblygu Albot i rymuso cleifion i **hunanwasanaethu'n ddiogel ac yn hyderus**, gan wella mynediad, cysondeb a phrofiad, wrth leddfu'r pwysau ar ein trinwyr galwadau.

Adeiladwyd y rhaglen ar egwyddorion cryf o **gydweithio, tryloywder a diogelwch cleifion**. Lluniodd timau o wasanaethau clinigol, digidol, cyfathrebu ac iaith naws a phersonoliaeth Albot i adlewyrchu ein gwerthoedd o empathi, eglurder ac ymddiriedaeth. Profwyd prototeipiau cynnar gyda staff ac aelodau'r cyhoedd i fireinio llwybrau cynnwys, nodi bylchau a sicrhau hygyrchedd ar draws ystod eang o ddyfeisiau a lefelau llythrennedd.

Aethpwyd ati'n rhagweithiol i leihau'r risg o allgáu. Adolygodd **arbenigwyr hygyrchedd** a chlinigwyr yr iaith a'r tôn i sicrhau empathi ac eglurder ar gyfer pynciau sensitif. Mae'r **feddalwedd cyfieithu fewnol** yn golygu bod gwybodaeth ar gael mewn sawl iaith. Amlygodd profion defnyddwyr hefyd bwysigrwydd cynnal llwybr di-dor yn ôl at gymorth dynol, felly cynlluniwyd Albot i ategu, nid disodli, y gwasanaeth ffôn 111.

NHS 111 Wales
NHS Direct Wales

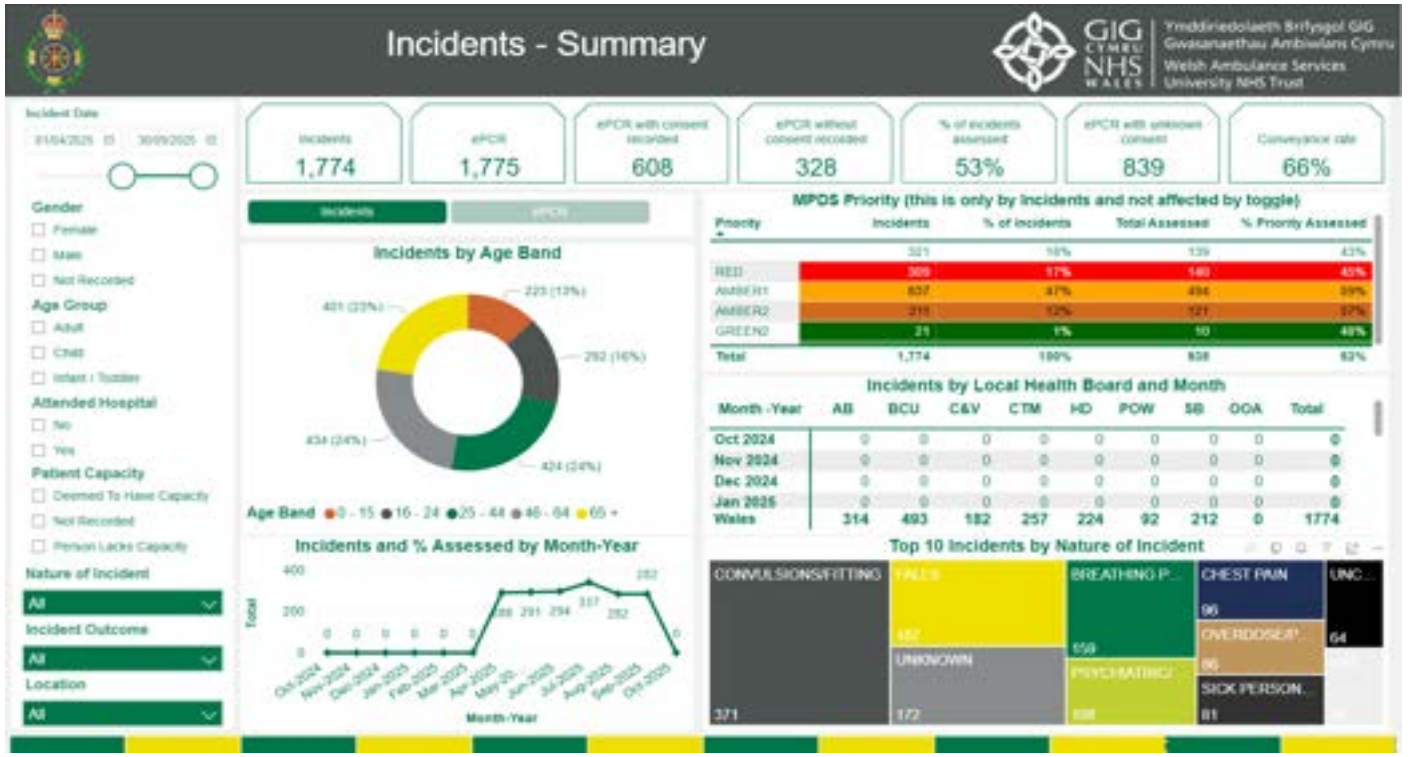
Cefnogi Pobl ag Anableddau Dysgu

Dangosfwrdd Anableddau Dysgu

Mae'r dangosfwrdd yn darparu data ar y cynnydd mewn digwyddiadau lle defnyddiwyd y **tab anghenion ychwanegol** ar y Cofnod Clinigol Claf electronig (ePCR) i gofnodi angen ychwanegol neu anabledd dysgu. Confylsiynau/ffitio, cwympo a phroblemau anadlu oedd y tri digwyddiad hysbys a gofnodwyd. Mae'r data hwn yn werthfawr i'n helpu i ddeall **darlun ehangach o iechyd** ymhlith y boblogaeth ag anabledd dysgu, eu galw posibl ar wasanaethau a sut y gallwn gynllunio'n well i gefnogi'r grŵp cleifion agored i niwed hwn yn y gymuned.

Mae WAST bellach wedi penodi **Arbenigwr Clinigol Anabledd Dysgu**, a fydd yn eistedd o fewn y Tîm Iechyd Meddwl, Dementia ac Anabledd Dysgu.

Bydd y Tîm Profiad y Claf a Chynnwys y Gymuned yn cydweithio'n agos â nhw i sicrhau bod data profiad bywyd, canmoliaeth, cwynion a data clinigol a gesglir trwy ePCR yn cael eu triongli a'u defnyddio gyda'i gilydd i gefnogi gwelliannau parhaus mewn gofal, profiad cleifion a chanlyniadau cleifion ar gyfer pobl ag anabledd dysgu.



Gwrando ar Bobl

Panel Defnyddwyr Gwasanaeth

Yn Nigwyddiad Ansawdd WAST eleni, cynigiodd panel o bobl sy'n byw gyda dementia neu'n gofalu am rywun sydd â dementia eu mewnwelediadau personol ar ddefnyddio ein gwasanaethau ac roeddent ar gael i ateb cwestiynau gan staff WAST yn y gynulleidfa. Dywedodd pobl a fynychodd y digwyddiad wrthym pa mor effeithiol oedd clywed yn uniongyrchol gan bobl â phrofiad bywyd, a bydd panel tebyg bellach yn rhan o bob digwyddiad Ansawdd yn y dyfodol.

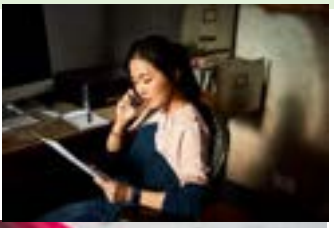
Recriwtio Arbenigwr Clinigol Anabledd Dysgu

I gefnogi'r broses o recriwtio Arbenigwr Clinigol Anabledd Dysgu i Dîm Iechyd Meddwl WAST, eisteddodd claf ag anabledd dysgu ar banel y rhanddeiliaid, a chyda chefnogaeth y Tîm Profiad y Claf a Chynnwys y Gymuned, cymeron nhw ran weithredol yn y broses o ddewis yr ymgeisydd llwyddiannus.

Mae cynrychiolaeth profiad bywyd yn hanfodol i WAST fel darparwr gofal iechyd, mae'n dod ag arbenigedd hanfodol gan y rhai sydd wedi llywio'r system fel cleifion, gofalwyr, neu aelodau o'r teulu, sy'n helpu i greu gwasanaethau mwy perthnasol, ymatebol a chyfartal.

Gwrando ar Bobl

Mae WAST wedi bod yn paratoi i weithredu'r **trefniadau rheoleiddio diwygiedig ar gyfer rheoli pryderon a chwynion**. Bydd y canllawiau *Gweithio i Wella* hirhoedlog yn cael eu disodli gan ddull newydd o'r enw *Gwrando ar Bobl*, sy'n **canolbwyntio mwy ar yr unigolyn**. Mae'r newid hwn yn nodi cam pwysig ymlaen o ran y ffordd y mae staff ledled GIG Cymru yn ymateb i bryderon, yn cefnogi unigolion a theuluoedd ac yn dysgu o brofiadau ar draws ein gwasanaethau.



Beth fydd yn newid?

Mae'r fframwaith *Gwrando ar Bobl* newydd yn cryfhau ein hymrwymiad i fod yn agored, yn dosturiol ac i ymateb yn amserol.

Cynnig gorfodol o sesiwn gwrando gweithredol

Bellach, bydd angen sgwrs wyneb yn wyneb, dros y ffôn neu ar fideo ar ôl nodi pob pryder, a fydd yn sicrhau bod pobl yn teimlo eu bod yn cael eu clywed cyn gynted â phosibl.

Cam datrys cynnar newydd

Bydd cyfnod pwrpasol o 10 diwrnod gwaith yn galluogi datrysiad cyflym a thosturiol lle bo'n briodol.

Mwy o dryloywder a didwylledd

Rhwymedigaethau cryfach o ran ymddiheuro ar unwaith, tryloywder a chyfathrebu clir pan fydd niwed yn digwydd.

Amserlenni a safonau cyfathrebu clir

Rhaid nodi pryderon o fewn 5 diwrnod gwaith, a rhaid i lythyrau canlyniad ddefnyddio iaith glir a bod yn hygyrch.

Trothwy iawndal ariannol uwch

Bydd yr uchafswm iawndal a fydd ar gael heb ymyrraeth gan lys yn cynyddu o £25,000 i £50,000.

Mae'r newidiadau hyn wedi'u cynllunio i gefnogi system fwy empathig ac ymatebol sy'n sicrhau bod unigolion yn teimlo bod rhywun yn gwrando arnynt, a'u bod yn cael eu gwerthfawrogi a'u parchu drwy gydol y broses.

Profiad Pobl o Wasanaeth Ambiwlans Cymru

Mae ein Tîm Profiad y Claf a Chynnwys y Gymuned yn parhau i fesur **adborth defnyddwyr gwasanaeth** drwy sawl sianel gan gynnwys arolygon profiad gwasanaeth, straeon cleifion, a'r platfform *Dweud Eich Dweud* ar-lein. Mae hyn yn aml yn cynnwys **ymgysylltiad cymunedol wedi'i dargedu â phobl â nodwedd warchodedig.**

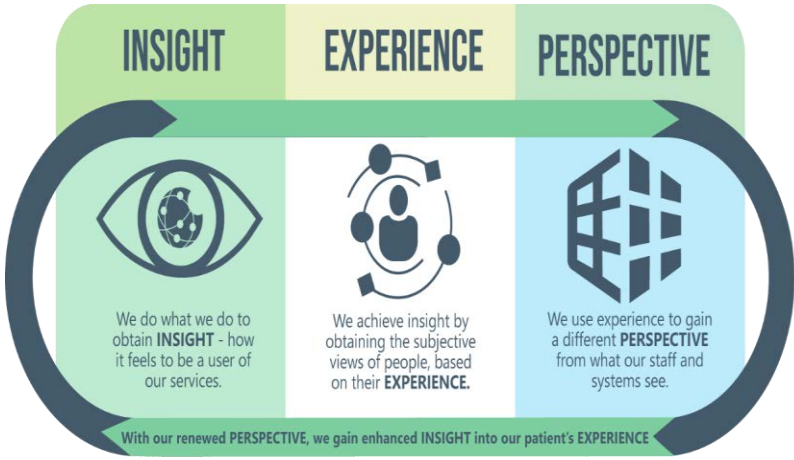
Mae WAST wedi ymrwymo i sicrhau bod pobl yn cael y profiad gorau posibl wrth gael mynediad at ein gwasanaethau. Mae profiad pobl yn elfen allweddol o **ofal sy'n canolbwyntio ar y person** ac mae'n cael ei lunio gan ein staff, disgwyliadau unigol, a'r argraffiadau a ffurfir drwy gydol eu taith gofal. Mae'n adlewyrchu sut mae pobl yn teimlo am gael mynediad at ofal a'i dderbyn, yn seiliedig ar eu teimladau o'r driniaeth a'r gefnogaeth a ddarperir.

Mae profiad pobl yn elfen graidd o'n **System Rheoli Ansawdd**, gan roi sicrwydd ynghylch diogelwch, effeithiolrwydd a chanolbwyntio ar y person ein gwasanaethau. Mae'n cefnogi cyflawni'r **Ddyletswydd Ansawdd**, gofynion Gwrando ar Bobl a **Safonau Ansawdd Iechyd a Gofal**.

Caiff data am brofiadau defnyddwyr ei adrodd i **Grŵp Rheoli Ansawdd** yr Ymddiriedolaeth drwy adborth defnyddwyr er mwyn ei adolygu a darparu sicrwydd bod camau wedi'u cymryd, pan fo'n briodol, i wella ansawdd gwasanaethau a phrofiadau defnyddwyr gwasanaethau.

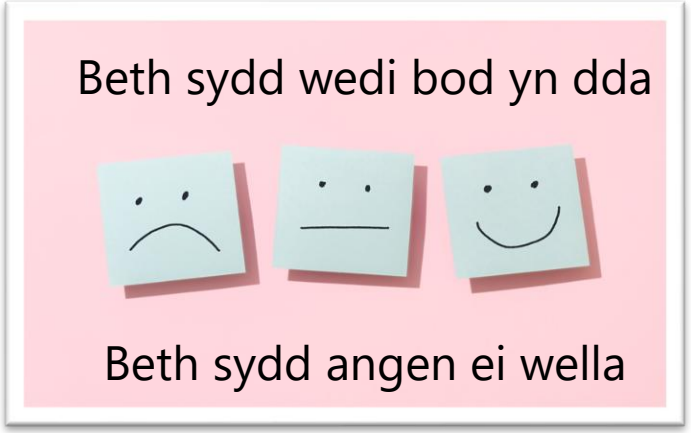
Pan nodir pryderon sy'n codi dro ar ôl tro neu ddirywiad ym mhrofiad defnyddwyr, cânt eu huwchgyfeirio drwy drefniadau llywodraethu'r Gyfarwyddiaeth a'u triongli â digwyddiadau, cwynion, gwybodaeth ddiogelwch a pherfformiad gweithredol er mwyn cefnogi gwelliannau wedi'u targedu a goruchwyliaeth weithredol.

'Y Cylch Profiad'



"Os yw ansawdd i fod wrth wraidd popeth a wnawn, rhaid ei ddeall o safbwynt cleifion."
Arglwydd Darzi

Profiad Pobl o Wasanaeth Ambiwlans Cymru



Agweddau ar brofiad o safon yn seiliedig ar adborth pobl

Mae thema gyson o'r adborth a dderbyniwyd gan gleifion, gofalwyr, cymunedau ac unigolion dros y chwe mis diwethaf wedi canolbwyntio ar aros a phrydlondeb yn gyffredinol ar draws pob maes gwasanaeth. Er bod y themâu wedi bod yn negyddol, mae themâu yr un mor gadarnhaol wedi'u cofnodi yn ymwneud â staff sy'n gweithio ar draws yr holl wasanaethau.

- Mae pobl wedi canmol yr Ymddiriedolaeth am y gweithlu proffesiynol a gofalgar.
- Mae'r system archebu a gyflwynwyd o fewn Gofal Ambiwlans yn cael ei gwerthfawrogi gan gleifion.
- Mae pobl wedi canmol yr wybodaeth dda a ddarparwyd gan staff o fewn y gwasanaeth 111 a'i staff cysurlon.

- Mae pobl yn bryderus ynghylch hyd yr amser maen nhw'n aros yn y gymuned am ymateb ac ynghylch yr amseroedd cyrraedd amcangyfrifedig a ddarperir.
- Mae pobl yn anfodlon â'r amser y mae'n ei gymryd i'w dychwelyd adref ar ôl eu hapwyntiadau ysbyty.
- Mae pobl yn anfodlon ar hyd yr amser y maent yn gorfod aros am alwad yn ôl gan wasanaeth GIG 111 Cymru.

Gweithio mewn Partneriaeth â'n Defnyddwyr Gwasanaethau

I fynd i'r afael â rhywfaint o'r adborth a dderbyniwyd gan ein defnyddwyr gwasanaethau, mae gweithgarwch ymgysylltu cymunedol wedi parhau trwy **ddull mwy lleol** gyda'r Tîm Profiad y Claf a Chynnwys y Gymuned yn darparu cefnogaeth, cyngor ac arweiniad i dimau gweithredol i alluogi **ymgysylltu ystyrlon** yn eu **hardaloedd a'u meysydd gwasanaeth**.

Mae'r Tîm hefyd wedi bod **yn datblygu offer a phrosesau** i gefnogi cofnodi ac adrodd cyson ar weithgarwch ymgysylltu ar draws y sefydliad, gan wella goruchwyliaeth, lleihau dyblygu a chryfhau sicrwydd ynghylch graddfa, ansawdd ac effaith gwaith ymgysylltu.

Mae'r dull hwn yn cefnogi model cynaliadwy o gynnwys y gymuned, gan alluogi'r Tîm Profiad y Claf a Chynnwys y Gymuned i gynnal ffocws strategol ar gasglu profiadau pobl, dysgu sefydliadol a gwella ansawdd, gan sicrhau bod llais y dinesydd yn parhau i lywio datblygu gwasanaethau a gwneud penderfyniadau.

Llais y Dinesydd - Rhwydwaith Pobl a'r Gymuned

101 o Aelodau Rhwydwaith

Mae Rhwydwaith Pobl a'r Gymuned WAST yn parhau i chwarae rhan hanfodol wrth lywio a gwella gwasanaethau. Maent wedi derbyn diweddariadau rheolaidd sy'n amlygu ehangder y gweithgarwch ar draws yr Ymddiriedolaeth a'i hymrwymiad parhaus i gynnwys y gymuned.

Ymgysylltu â'n Cymunedau

Ymgyrch addysgol flynyddol yw **Shoctober**, a sefydlwyd yn 2016, sydd wedi'i halinio â Chymru Iachach a Chynllun Ataliad y Galon y Tu Allan i'r Ysbyty GIG Cymru (2017).

Mae'r rhaglen yn cyflwyno **sesiynau wyneb yn wyneb i ddisgyblion** ym Mlynyddoedd 4 i 6, gan ganolbwyntio ar ddefnydd priodol o 999 a datblygu **sgiliau achub bywyd sylfaenol**. Ei nod craidd yw meithrin gwydnwch cymunedol hirdymor a **gwella cyfraddau goroesi ataliad y galon** ledled Cymru.

Er bod effaith lawn Shoctober yn cael ei gwireddu dros y tymor hwy, mae adborth yn parhau i ddangos budd ystyrlon yn y byd go iawn. Mae enghreifftiau diweddar yn cynnwys **plant yn arwain oedolion yn hyderus wrth roi CPR** yn dilyn hyfforddiant Shoctober blaenorol, gan ddarparu tystiolaeth ymarferol o hyder ac ymwybyddiaeth gynyddol, ynghyd â gwell gallu i ymyrryd yn gynnar.

Mae'r ymgyrch hefyd yn cefnogi cyflawni Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 a Chonfensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn, gan atgyfnerthu cyfraniad yr Ymddiriedolaeth at atal, addysg, gwella iechyd a gwydnwch y boblogaeth yn y dyfodol.

Er bod yr effaith yn bennaf yn hirdymor, mae Shoctober yn darparu buddion atal cynnar ac yn cefnogi amcanion iechyd cyhoeddus a gwydnwch cymunedol ehangach.

Effeithiwyd ar y ddarpariaeth yn ystod y cyfnod adrodd gan lai o argaeledd gwirfoddolwyr, gan arwain at lai o ymgysylltiadau ysgolion nag yn y blynyddoedd blaenorol. Er gwaethaf hyn, mae'r rhaglen wedi parhau i ddarparu budd cymunedol ystyrlon ac mae'n parhau i fod yn fenter atal ac addysg bwysig.

Fel rhan o ailstrwythuro trefniadau staffio'r sefydliad, bydd cyfrifoldeb am Shoctober yn trosglwyddo o'r Tîm Profiad y Claf a Chynnwys y Gymuned i'r Gyfarwyddiaeth Glinigol a Meddygol, gan ddarparu cydlyniad agosach ag arweinyddiaeth glinigol, cryfhau perchnogaeth strategol, a chefnogi cynaliadwyedd a datblygiad hirdymor y rhaglen.

41 o wirfoddolwyr sy'n cymryd rhan

35 o oriau wedi'u cyflawni

950 o ddisgyblion sy'n cymryd rhan

Ymgysylltu â'n Cymunedau

Ap Hwb Golau Glas

Yn dilyn lansio **gêm CPR** y llynedd, ac wedi'i lywio gan adborth gan athrawon, profwyr ifanc a gwerthusiad gan y BMJ Open, mae **trosleisiau dwyieithog llawn** wedi'u datblygu i **wella hygyrchedd i blant â lefelau llythrennedd is** ac i'r rhai nad Saesneg yw eu hiaith gyntaf.

Mae hyn yn cefnogi **profiad dysgu mwy cynhwysol** ac yn cryfhau gwerth yr ap fel offeryn addysgol ac ymgysylltu, gan helpu i wella hyder mewn ymwybyddiaeth o CPR ac ymateb brys o oedran cynnar.

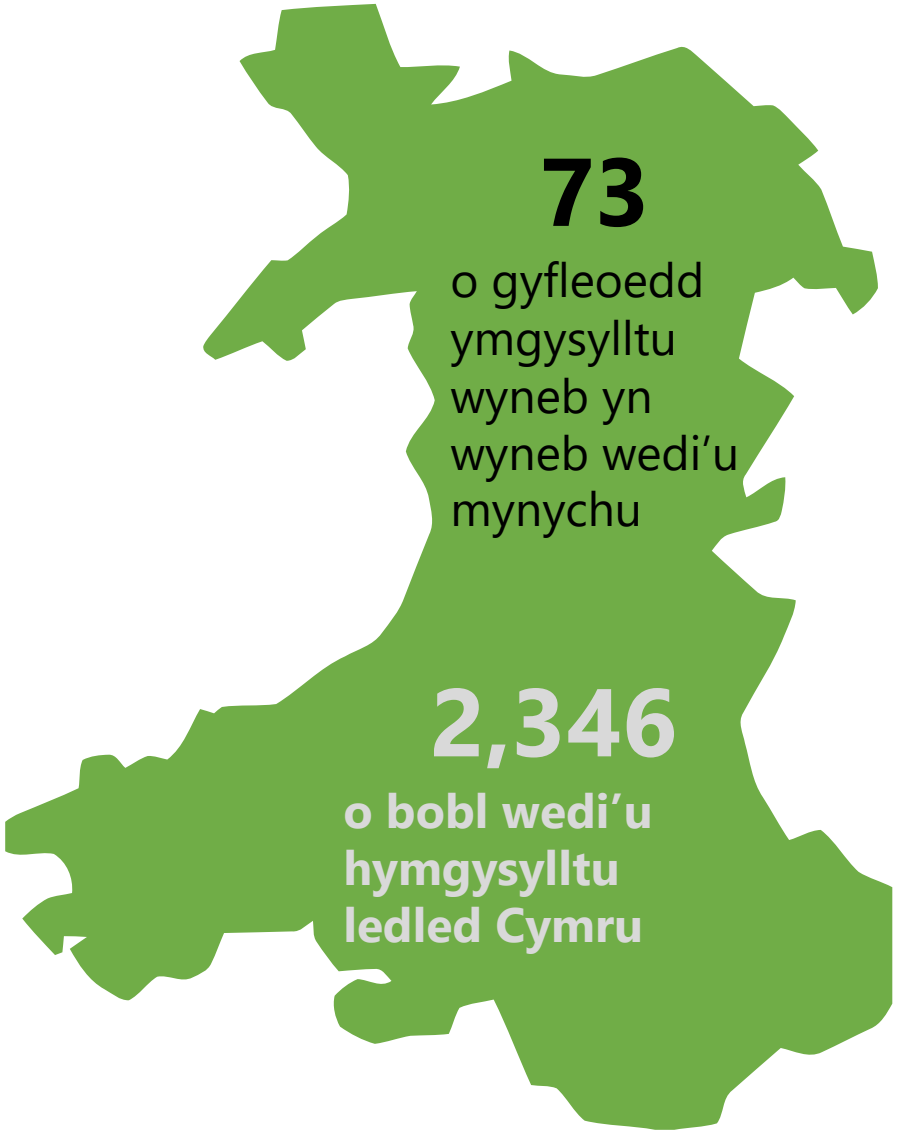
Mae'r gwaith hwn yn cefnogi Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) drwy gyfrannu at Gymru lachach drwy **well gwybodaeth am CPR**, Cymru sy'n Fwy Cyfartal drwy **leihau rhwystrau iaith a llythrennedd**, a Chymru â diwylliant bywiog lle mae'r Gymraeg yn ffynnu drwy ddarpariaeth ddwyieithog gryfach.

Mae'r fersiwn wedi'i diweddaru i fod i gael ei rhyddhau yng Ngwanwyn 2026 gyda staff a gwirfoddolwyr yn cael eu hatgoffa y gellir defnyddio'r ap hefyd fel offeryn chwarae a thynnu sylw wrth gefnogi plant yn ystod arsylwadau neu gludo i'r ysbyty.

Ers lansio'r ap, mae wedi'i osod 14,908 o weithiau ar ddyfeisiau Android a 5,594 o weithiau ar ddyfeisiau iOS, gan roi sicrwydd o gyrhaeddiad parhaus ac ymgysylltiad parhaus gan y cyhoedd.

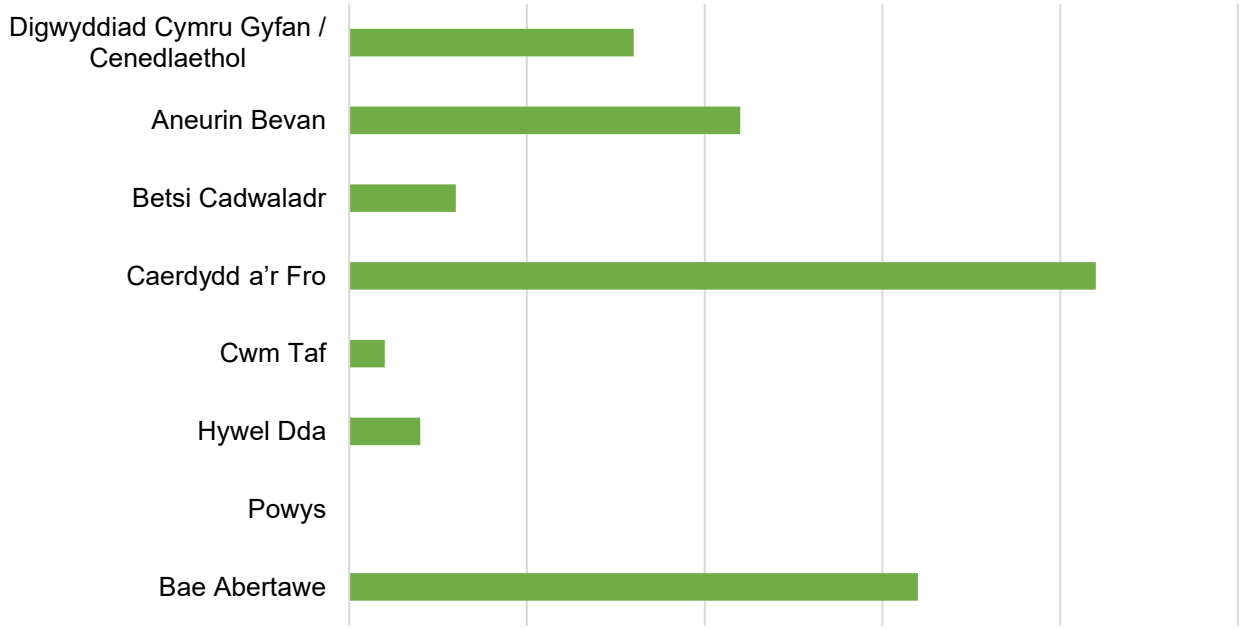
Mae'r ap yn cefnogi atal, addysg ac ymyrraeth gynnar drwy wella ymwybyddiaeth o CPR ac ymestyn mynediad cynhwysol at ddysgu ar draws cymunedau.

Ymgysylltu â'n Cymunedau

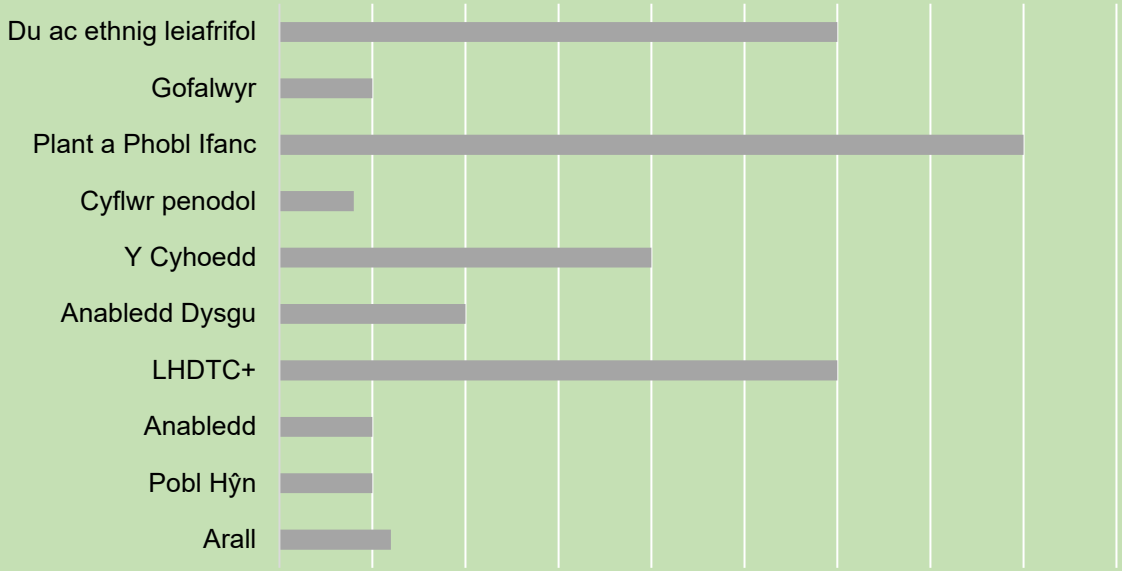


Mynychodd y Tîm Profiad y Claf a Chynnwys y Gymuned 73 o gyfleoedd ymgysylltu wyneb yn wyneb ledled Cymru, gan ymgysylltu â 2,346 o bobl.

Fe wnaethom 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.

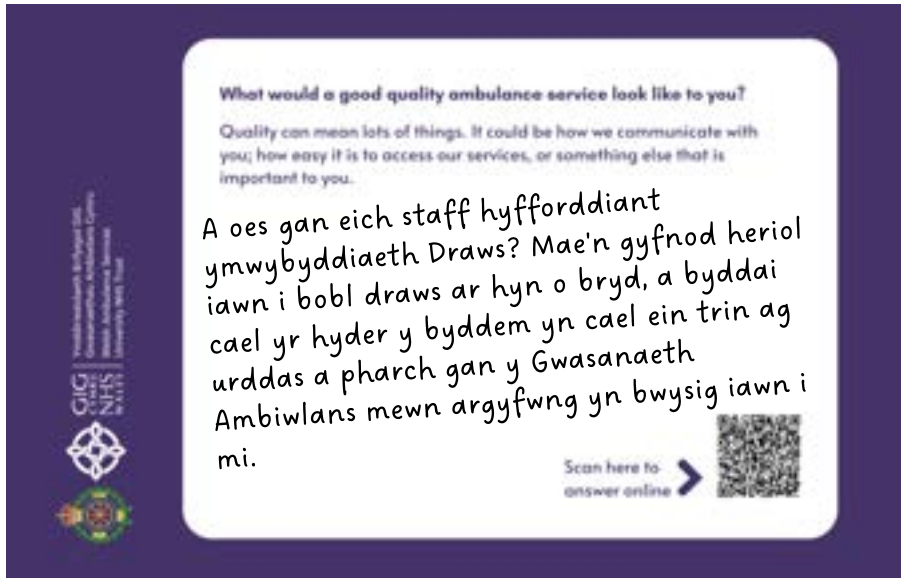


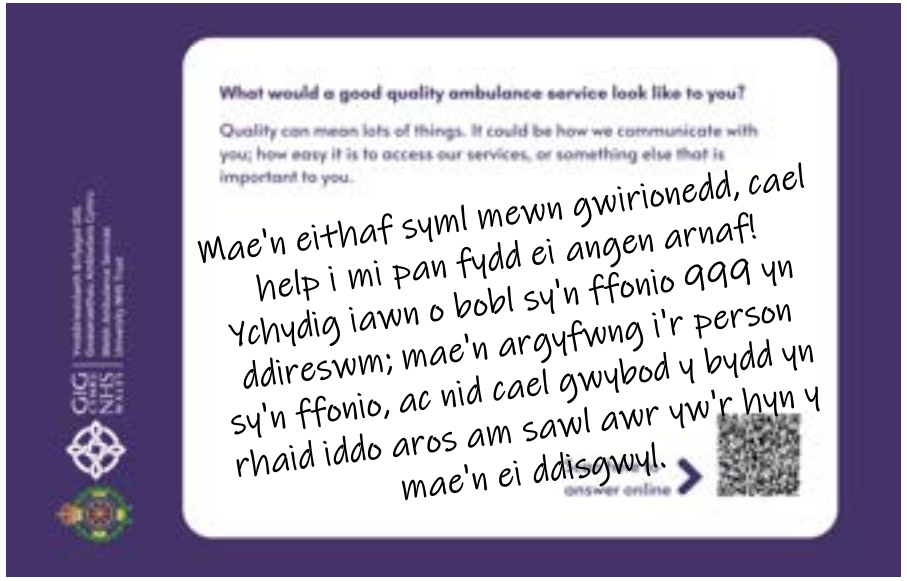
Ymgysylltu â'n Cymunedau



Parhaodd profiadau ac adborth, a gasglwyd trwy ein hymgysylltiad â chymunedau, i gwmpasu trawsdoriad mawr o'r boblogaeth.

Parhaodd gwaith ymgysylltu wedi'i dargedu â grwpiau y gwyddys eu bod yn profi anghydraddoldebau iechyd, rhwystrau i gael mynediad at ofal iechyd a chanlyniadau iechyd gwaeth, gan sicrhau bod gan leisiau'r bobl fwyaf agored i niwed gyfle i rannu eu barn a'u profiadau.





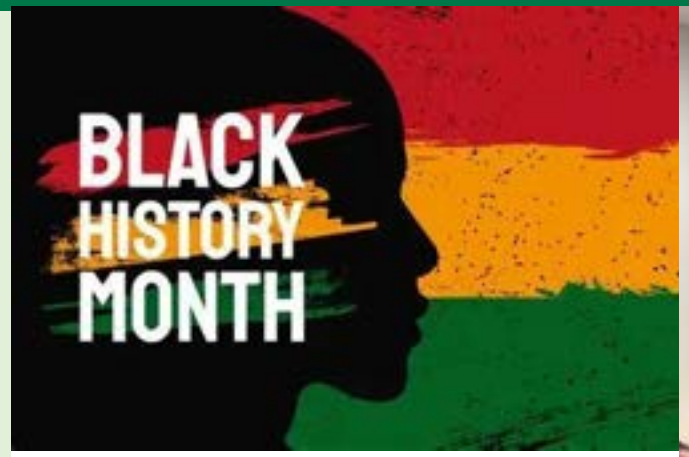
Ymgysylltu â'n Cymunedau

Cynyddu Amrywiaeth ymhlith ein Gwirfoddolwyr

Mae ein Tîm Gwirfoddolwyr ac Adnoddau wedi estyn allan at ein cymunedau mewn ardaloedd lle mae amrywiaeth ethnig yn uchel i hyrwyddo cyfleoedd gwirfoddoli sydd ar gael fel Ymatebwyr Cyntaf yn y Gymuned a Gyrwyr Ceir Gwirfoddol. Mae hyn wedi arwain at gynnydd yn nifer y gwirfoddolwyr Du, Asiaidd ac ethnig leiafrifol, gan gynnwys y rhai sy'n ffoaduriaid neu'n geiswyr lloches.

Cerdyn Asesu Cyflym Mamolaeth

Mewn ymateb i'r data sy'n amlygu'r anghydraddoldebau mewn canlyniadau i fenywod Du, Asiaidd ac ethnig leiafrifol o fewn gwasanaethau mamolaeth, mae ein Bydwraig Arweiniol Glinigol wedi bod yn gweithio gyda chydweithwyr ledled Cymru i ddatblygu Cerdyn Asesu Cyflym Mamolaeth ar gyfer menywod Du, Asiaidd ac ethnig leiafrifol. Nod hyn yw gwella profiad menywod o gael mynediad at wasanaethau mamolaeth brys drwy Wasanaeth Ambiwlans Cymru a helpu staff i sicrhau profiadau cyfartal i bob menyw.



Ym mis Hydref, fe wnaethon ni ddathlu Mis Hanes Pobl Dduon drwy wahodd aelodau allweddol o'r gymuned i'n Pencadlys yn VPH i ddysgu am eu teithiau personol a'u profiad bywyd.

Ymunodd Edward Watts MBE, DL, arweinydd cymunedol a chyn-filwr, a Vernesta Cyril OBE, y fydwraig Ddu gyntaf yng Nghymru, â staff a gwirfoddolwyr i siarad am yr hiliaeth a brofwyd ganddynt, sut y gwnaethant oresgyn yr heriau hynny, a sut y maent wedi ymroi eu bywydau i helpu eraill i wneud yr un fath.

Ymgysylltu â'n Cymunedau

Mela Caerdydd a'r Big Halal Expo

Mynychodd WAST digwyddiadau Mela Caerdydd a'r Big Halal Expo eto eleni. **Gwyliau amlddiwylliannol** blynyddol a gynhelir yng Nghaerdydd yw'r rhain sy'n dathlu treftadaeth amrywiol Caerdydd a Chymru.

Mae mynychu'r digwyddiadau hyn yn ein galluogi i gyfarfod ac ymgysylltu â chymunedau lleol amrywiol mewn lleoliad cynhwysol a hygyrch, gan gysylltu â chymunedau sy'n aml yn wynebu rhwystrau i gael mynediad at ofal iechyd.

Mae Cynllun Gweithredu Cymru Wrth-Hiliol 2024 wedi'i ddiweddaru yn dweud wrthym fod profiadau o hiliaeth wrth dderbyn gofal iechyd a chymdeithasol yn parhau i gael eu hadrodd o fewn a thu allan i systemau cwynion presennol.

Mae mynychu'r digwyddiadau hyn yn rhoi llwyfan inni **ymgysylltu'n barhaus ac adeiladu ymddiriedaeth** gyda chymunedau a ymyleiddiwyd, gan roi cyfle inni wrando ar brofiadau bywyd ein defnyddwyr gwasanaethau.

Adroddiad Amrywiaeth y Gweithlu 2024-2025

Rydym yn falch o weld rhai gwelliannau pellach i amrywiaeth gyffredinol ein gweithlu gyda chynnydd bach yn nifer y staff o leiafrifoedd ethnig, staff ag anabledd a staff LHD a'n staff benywaidd.

Mae'r Ymddiriedolaeth hefyd wedi gweld cynnydd yn nifer y **staff sy'n siarad Cymraeg** a'n **cyn-filwyr.**

Mae ein **menter recriwtio cynhwysol wedi'i thargedu** yn cael effaith ar dimau lle mae recriwtio parhaus. Mae annog a chefnogi Rheolwyr Recriwtio i gael gwell dealltwriaeth o **ragfarn anymwybodol** yn y broses recriwtio hefyd yn cael effaith ar sut rydym yn llunio rhestr fer ac yn cynnal cyfweliadau. Er enghraifft, asesu'r sgiliau iaith sydd eu hangen ar gyfer rolau penodol a chydnabod rhwystrau iaith i bobl nad ydynt yn siarad Saesneg fel iaith gyntaf. Yn yr un modd, gwneud addasiad rhesymol yn ystod y cyfweliad ar gyfer pobl ag anabledd dysgu.

Mae ein **Rhwydweithiau Pobl** hefyd yn golygu y gallwn **gynnig cefnogaeth ychwanegol** i bobl sy'n ymuno â'r Ymddiriedolaeth sydd â nodwedd warchodedig. Mae ein hamrywiaeth gynyddol yn y gweithlu yn adlewyrchu aelodaeth gynyddol ein Rhwydweithiau Pobl.

Mae copi llawn o'n hadroddiad amrywiaeth y gweithlu i'w weld yn yr atodiadau.

Cynyddodd staff **Du, Asiaidd ac ethnig leiafrifol** o 1.63% i **2.10%**

Cynyddodd nifer y staff ag **anabledd** o 7.94% i **9.65%**

Cynyddodd nifer y staff sy'n nodi eu bod yn **LHD+** o 5.72% i **6.50%**

Cynyddodd nifer y **menywod** o 50.5% i **52.32%**

Amrywiaeth y Gweithlu – Cymunedau'r Lluoedd Arfog

Ers Pandemig COVID-19 lle gofynnodd yr Ymddiriedolaeth am gymorth ein Lluoedd Arfog i helpu gyda darparu gwasanaethau, mae ein perthynas wedi cryfhau ac wedi caniatáu **mwy o weithio mewn partneriaeth** a chydweithio er budd ein personél Lluoedd Arfog a'u teuluoedd. Mae hyn wedi arwain at **gynnydd yn nifer y Cyn-filwyr, Cadetiaid a'u teuluoedd sy'n ymuno â WAST**. Er mwyn cydnabod ein gwerthfawrogiad o'r Lluoedd Arfog ac i gefnogi integreiddio i'r Ymddiriedolaeth, rydym wedi gweithredu sawl menter.

- ✓ Mae **Polisi Galw i Wasanaethu** yn cefnogi Cadetiaid a Milwyr Wrth Gefn yn y gweithle
- ✓ Mae gan Hyfforddwyr Gwirfoddol Cadetiaid **oriau gwaith hyblyg** i gydbwyso cyfrifoldebau
- ✓ Mynychu **digwyddiadau coffa** rhanbarthol a chenedlaethol
- ✓ Cwrs **hyfforddi Ymatebwyr Cyntaf yn y Gymuned pwrpasol** ar gyfer Cadetiaid gyda hyfforddiant meddygol lefel 4
- ✓ Tîm Ymatebwyr Cyntaf Cymunedol wedi'i sefydlu yn RAF y Fali
- ✓ Gweithio mewn partneriaeth gydag **Fighting With Pride** i godi ymwybyddiaeth o wahaniaethu hanesyddol yn erbyn personél Lluoedd Arfog LHDTC+
- ✓ Cefnogodd elusen iechyd meddwl Cyn-filwyr **Woody's Lodge**, gyda staff yn darparu cefnogaeth feddygol yn ystod digwyddiadau beicio a rhedeg elusennol.

SUPPORTING VETERANS & EMERGENCY SERVICES
WOODY'S LODGE

Adroddiad Safon Cydraddoldeb Hiliol y Gweithlu 2025

Ym mis Mehefin 2025, cyhoeddodd GIG Cymru ei hail Adroddiad Safon Cydraddoldeb Hiliol y Gweithlu (WRES) a oedd yn dadansoddi data o Arolwg Staff y GIG, y System Cofnodion Staff Electronig, ac achosion disgyblu.

Roedd yr adroddiad yn cydnabod yr ymdrechion a wnaed gan yr Ymddiriedolaeth i weithredu set o argymhellion wedi'u targedu o'r flwyddyn flaenorol ac yn cydnabod y cyflawniadau a wnaed i ddenu a recriwtio mwy o bobl o gefndiroedd Du, Asiaidd ac ethnig leiafrifol

Nodwyd hefyd ein gostyngiad sylweddol yn y tebygolrwydd y byddai cydweithwyr Du, Asiaidd ac ethnig leiafrifol yn mynd i brosesau disgyblu ffurfiol, gan gydbwyso'r tebygolrwydd â rhai ein cydweithwyr gwyn.

Cafodd yr Ymddiriedolaeth gydnabyddiaeth am gydraddoldeb hiliol o ran mynediad at gyfleoedd hyfforddi a datblygiad gyrfa.

Beth ydym ni wedi'i gyflawni?

Cynnydd mewn cyfraddau datgan ethnigrwydd ar ESR

Cyfraddau denu ymgeiswyr o gefndiroedd ethnig amrywiol gwell

Cyfleoedd cyfartal ar gyfer datblygu a dilyniant gyrfa

Cynnydd mewn amrywiaeth ethnig yn y gweithlu

Dim anghydraddoldeb o ran tebygolrwydd y bydd cydweithwyr BAME yn mynd i brosesau disgyblu

Cynyddu Amrywiaeth ein Gweithlu

Mae WAST yn ymestyn ein **Menter Recriwtio Cynhwysol i'n Timau Gofal Integredig** sy'n recriwtio trinwyr galwadau i'n gwasanaeth GIG 111 a 999.

Mae pobl wedi cael gwahoddiad i fynychu **Diwrnodau Agored Canolfan Gyswllt** pwrpasol ar gyfer pobl o gymunedau Du, Asiaidd ac ethnig leiafrifol. Roedd croeso hefyd i eraill nad oeddent o gefndiroedd lleiafrifol ethnig fynychu diwrnodau agored ar ddyddiadau ar wahân. Cynhelir dadansoddiad llawn o'r gweithgarwch recriwtio yn 2026-2027 ond mae arwyddion cynnar yn dangos bod cynnydd wedi bod yn nifer y ceisiadau a'r penodiadau gan ymgeiswyr amrywiol.

Hyfforddiant Rhagfarn Anymwybodol wedi'i gyflwyno i aelodau panel rhanddeiliaid ar gyfer penodiadau'r Tîm Gweithredol.

Cyfarwyddwr Newid Diwylliant wedi'i wahodd i siarad yng **Nghynhadledd Arweinyddiaeth Sector Cyhoeddus Gwrth-Hiliol Genedlaethol Cymru** i rannu ein dull llwyddiannus o weithredu Safon Cydraddoldeb Hil y Gweithlu

Aelodau panel cyfweld amrywiol yn ein digwyddiad recriwtio Parafeddygon Graddedig

Mentoriaeth wedi'i ddarparu i **Addysg a Gwella Cymru** i gyflwyno mentrau recriwtio cynhwysol tebyg

Cafodd ein menter recriwtio gynhwysol o fewn ein Cyfarwyddiaeth Ddigidol ei chydnabod yn genedlaethol ac fe'i rhoddwyd ar y rhestr fer ar gyfer **Gwobr HSJ**.

Gwahoddiad i Bennaeth Cynhwysiant ac Ymgysylltu rannu arfer gorau ar ein recriwtio cynhwysol yng **Nghynhadledd Genedlaethol Gwrth-Hiliol Cymru.**

Cynyddu Amrywiaeth ein Gweithlu

Rhaglen Darpar Aelodau'r Bwrdd

Manteisiodd WAST ar y cyfle i gymryd rhan yn Rhaglen Darpar Aelodau'r Bwrdd Llywodraeth Cymru. Trefnodd Academi Cymru **raglen ddatblygu** ar gyfer pobl o gefndiroedd Du, Asiaidd ac ethnig leiafrifol lle gallent ddysgu am rôl Byrddau GIG Cymru a chael cipolwg ar y prosesau llywodraethu a gwneud penderfyniadau y tu ôl i sefydliadau GIG Cymru. Mae'r diffyg amrywiaeth ethnig ar draws Byrddau'r GIG yn amlwg gyda cheisiadau prin yn hanesyddol gan bobl o fewn cymunedau amrywiol o ran ethnigrwydd pan fydd swyddi gwag yn codi. Nod y rhaglen oedd mynd i'r afael â hyn ac annog mwy o amrywiaeth yn ein Byrddau yn y dyfodol. Roedd WAST yn falch o fentora un o gynrychiolwyr y rhaglen, **Meshack Ezeadim,** ar gyfer y rhaglen 12 mis, lle bu'n gweithio ochr yn ochr â'n Cyfarwyddwr Newid Diwylliant i ddysgu am sut mae Gwasanaeth Ambiwlans Cymru yn cael ei reoli ar lefel weithredol.

Daeth Meshack, sy'n dod o Nigeria, i'r DU i astudio ar gyfer ei radd Meistr mewn Adnoddau Dynol, gyda'r nod o weithio o fewn y GIG. Rhoddodd y rhaglen gyfle a chipolwg hanfodol ar WAST sydd wedi cadarnhau ei uchelgais i geisio rôl mewn cefnogi diwylliant y gweithlu. Yn dilyn cwblhau Rhaglen Darpar Aelodau'r Bwrdd, mae Meshack wedi cael ei benodi'n llwyddiannus yn Swyddog Cymorth Prosiectau o fewn ein Tîm Pobl a Diwylliant lle mae'n parhau i ffynnu a gwneud gwahaniaeth i'n mentrau diwylliannol yn y gweithle.

Adroddiad Bwlch Cyflog Rhwng y Rhywiau 2025-2026

Rydym wedi gweld gostyngiad pellach yn ein bwlch cyflog rhwng y rhywiau eleni sydd bellach yn **4.5%.**

O'i gymharu ag Ymddiriedolaethau Ambiwlans eraill y DU, mae Gwasanaeth Ambiwlans Cymru yn perfformio'n dda. Fodd bynnag, rydym yn cydnabod bod ein bwlch cyflog rhwng y rhywiau yn parhau i gael ei achosi gan nifer anghymesur o ddynion yn ein rolau uchaf, a chymhareb anghymesur o weithwyr benywaidd-gwrywaidd sy'n gweithio oriau contract rhan-amser.

Mae ymdrechion yr Ymddiriedolaeth i fynd i'r afael â chydraddoldeb rhywedd o fewn ein huwch dîm rheoli wedi dwyn ffrwyth eleni gyda menywod yn cael eu penodi i'r rolau canlynol; Prif Swyddog Gweithredol, Dirprwy Brif Swyddog Gweithredol, Cyfarwyddwr Anweithredol a dau Gyfarwyddwr Cynorthwyol o fewn ein Cyfarwyddiaeth Pobl a Diwylliant.

Mae hyn wedi arwain at well cydbwysedd yn ein Bwrdd Gweithredol a'n huwch dîm arwain i helpu i lywio ein prosesau gwneud penderfyniadau.

I lawr o 5.3 i **4.5%**

Eleni, rydym wedi cyflawni Cydraddoldeb Rhywiol ar Lefel y Bwrdd

Menywod mewn rolau arwain

Mae ein **Prif Swyddog Gweithredol** newydd, Emma Wood, yn un o ddim ond dwy Brif Weithredwr benywaidd o fewn Gwasanaeth Ambiwlans y DU. Mae hi eisoes yn gwneud gwahaniaeth drwy ymgymryd â rôl Cadeirydd Rhwydwaith Menywod Ambiwlans y DU a gyrru mentrau cenedlaethol i wella profiadau cydweithwyr benywaidd ar draws holl Ymddiriedolaethau Ambiwlans y DU.

Mae Rachel Marsh, ein Cyfarwyddwr Gweithredol Strategaeth, Cynllunio a Pherfformiad, wedi cael ei phenodi'n llwyddiannus yn **Ddirprwy Brif Swyddog Gweithredol** yr Ymddiriedolaeth. Mae Rachel yn angerddol am sicrhau cydraddoldeb i fenywod ac mae hefyd wedi ymgymryd â rôl Mentor Gweithredol i'n Rhwydwaith Pobl LHDTC+ ac mae'n helpu'r Ymddiriedolaeth i lywio cymhlethdodau sicrhau cynhwysiant o bob rhyw o fewn yr Ymddiriedolaeth.

Mae ein Cyfarwyddiaeth Pobl a Diwylliant hefyd wedi gweld menywod yn cael eu penodi i rolau arweinyddiaeth gyda Beverly Flood yn ymgymryd â rôl **Cyfarwyddwr Cynorthwyol Gwasanaethau Pobl,** a Samanatha Chapman a fydd yn ymuno â'r Ymddiriedolaeth fel **Cyfarwyddwr Cynorthwyol Diwylliant a Datblygu Sefydliadol**. Mae'r ddwy fenyw yn dod â chyfoeth o brofiad o rolau blaenorol yn y sector preifat a chyhoeddus.

Emma Wood,
Prif Swyddog Gweithredol

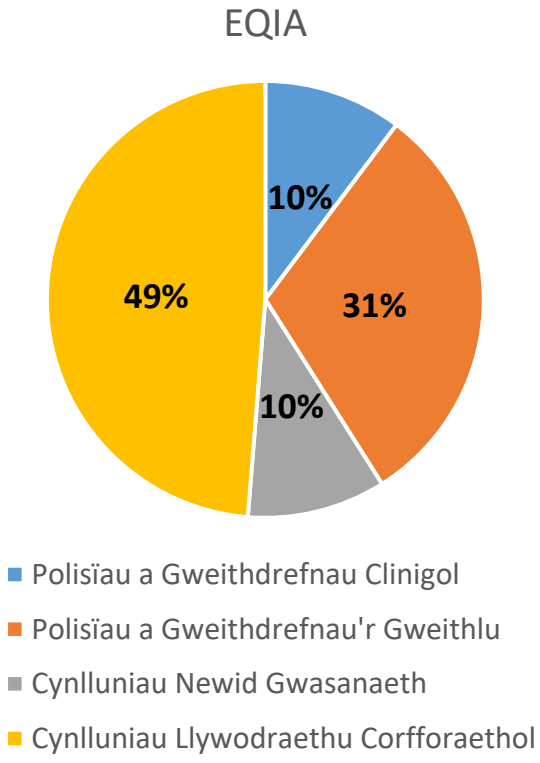
Rachel Marsh,
Dirprwy Brif Swyddog Gweithredol
Cyfarwyddwr Gweithredol Strategaeth, Cynllunio a Pherfformiad

Sam Chapman,
Dirprwy Gyfarwyddwr Diwylliant a Datblygu Sefydliadol

Bev Flood,
Cyfarwyddwr Cynorthwyol Gwasanaethau Pobl

Asesiadau o'r Effaith ar Gydraddoldeb

Yn ystod 2025-2026 mae'r Ymddiriedolaeth wedi cwblhau 39 o asesiadau o'r effaith ar gydraddoldeb



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.
- **Rheoli Ffrindiau a Theulu yn y Gwaith** – yn sicrhau triniaeth deg i gydweithwyr yn y gwaith.
- **Polisi Gofalwyr** – yn cefnogi gofalwyr di-dâl yn y gwaith ac yn darparu canllawiau i reolwyr llinell ar Ddeddf Absenoldeb Gofalwyr.
- **Polisi Rheoliadau Amser Gwaith ac Adolygu Rhestr Ddyletswyddau'r Ganolfan Gyswllt** – yn amddiffyn cydweithwyr sy'n agored i straen a diffygiad ac yn diogelu ansawdd y gofal a ddarperir i ddefnyddwyr ein gwasanaethau. Yn darparu opsiynau gweithio mwy hyblyg i gydweithwyr.
- **Adleoli ein Canolfan Gyswllt 111** – yn sicrhau nad yw cydweithwyr dan anfantais oherwydd adleoli a bod adeiladau newydd yn hygyrch.
- **Absenoldeb Mamolaeth, Tadolaeth, Absenoldeb Rhiant a Rennir ac Absenoldeb Gofal Newyddenedigol** – yn cefnogi rhieni newydd ac yn darparu cydraddoldeb i rieni LHDTC+.

Ein Casgliadau

Mae'r Ymddiriedolaeth yn gwybod bod hon wedi bod yn flwyddyn anodd. Mae hyn oherwydd newidiadau mewn gwleidyddiaeth a phwysau ariannol. Hyd yn oed gyda'r heriau hyn, rydym wedi gwneud cynnydd. Mae newidiadau bach yn helpu i wneud y gweithle yn well i staff a gwirfoddolwyr.

Yr hyn y mae'r adroddiad yn ei ddangos

- Rydym yn gwrando'n fwy gofalus ar bobl.
- Rydym yn gwella sut mae penderfyniadau'n cael eu gwneud.
- Rydym yn gwneud mwy i gefnogi tegwch, cynhwysiant a pharch.
- Rydym hefyd yn gweithio i wneud ein gwasanaethau'n haws i bawb eu defnyddio.

Y cam nesaf yw dangos yn gliriach pa wahaniaeth y mae'r gwaith hwn yn ei wneud. Mae hyn yn cynnwys y gwahaniaeth y mae'n ei wneud i staff, gwirfoddolwyr, cleifion a chymunedau.

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 2026-2027

Beth sy’n digwydd nesaf?

Yn 2026, byddwn yn adolygu ein Cynllun Pobl a Diwylliant. Byddwn hefyd yn edrych ar wybodaeth newydd am gydraddoldeb ar gyfer GIG Cymru. Bydd hyn yn ein helpu i wirio a yw ein hamcanion cydraddoldeb yn dal yn gywir.

Mae angen i ni sicrhau bod ein hamcanion yn cefnogi ein cynlluniau ehangach. Mae'r rhain yn cynnwys cynlluniau am bobl, ansawdd, gwasanaethau a'r dyfodol.

Bydd y flwyddyn nesaf yn amser i adeiladu ar yr hyn rydym wedi'i wneud. Bydd hefyd yn ein helpu i baratoi amcanion cydraddoldeb newydd ar gyfer y dyfodol.

Mae gan bawb rôl

Mae tegwch, amrywiaeth a chynhwysiant yn gyfrifoldeb i bawb. Nid un tîm yn unig sy'n gwneud y gwaith hwn. Dylai fod yn rhan o arweinyddiaeth, recriwtio, cefnogi staff, gofal cleifion a dylunio gwasanaethau. Dylai hefyd fod yn rhan o hygyrchedd, gwasanaethau Cymraeg ac ymgysylltiad cymunedol.

Cysylltwch ag aelod o'r tîm i ddysgu mwy am ein Cynllun Gweithredu Tegwch, Amrywiaeth a Chynhwysiant ar gyfer 2026-2027:

AMB_Inclusion@wales.nhs.uk

Cysylltu 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

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

Welsh Ambulance Services University NHS Trust

Strategic Equality Plan Annual Report 2025-2026

GIG CYMRU NHS WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services
University NHS Trust

AMB_Inclusion@wales.nhs.uk

Introduction

Welcome to the Welsh Ambulance Services University NHS Trust (WAST) Strategic Equality Plan Annual Report for 2025-2026.

This report outlines the progress we have made over the financial 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

Our People Networks

Our **thriving people networks** continue to grow. Network engagement and activity has increased across each of our networks with nearly a **quarter of our workforce** now involved in our people networks. Having seen the success of our longstanding networks, colleagues have been inspired to establish **new and fast-growing** networks throughout the past year with the introduction of a **Military Network**, **Dementia Friends Network**, and a **Welsh Language and Culture** Network.

Find out what our People Networks have been doing over the year on the following pages.

LGBTQ+ People Network

Rhwydwaith LGBTQ+ Network

100 (+4%)
Members

Full of Pride

Network members supported **community engagement** at Pride events across Wales in the summer of 2025 where colleagues learned from the lived experience of our LGBTQ+ service users and their families. This feedback is used to help us undertake **more effective impact assessments** when reviewing our policies and plans.

This year our LGBTQ+ Network has been working in partnership with the Association of Ambulance Chief Executives' LGBT Network to develop an information resource to educate ambulance service staff on **providing better care to people living with HIV.** WAST has linked with **Fast Track Cymru** to run a workshop for staff around HIV awareness, preventative medication such as PrEP and PEP, the U=U campaign and the ambition to **end HIV transmission in Wales by 2030**.

In July we also attended the LGBTQ+ Inclusion in Wales Conference 2025, which brought together professionals from across sectors to discuss **strengthening LGBTQ+ participation and inclusion in Wales** and building on the aims of Welsh Government's LGBTQ+ Action Plan for Wales 2023.

BEAM People Network

Membership has doubled to 13 Members

Network activity and engagement has grown, reflecting our efforts to **increase workforce diversity**. Network members have supported recruitment activity by ensuring **ethnic diversity on stakeholder and interview panels** for senior positions and large-scale recruitment events across WAST.

The Network enjoyed its second year of attendance at the **Big Halal Expo** in Cardiff in February 2026 which attracted over 3,000 attendees. Colleagues spent time **teaching basic lifesaving skills to families** who attended the event to help **encourage more bystander CPR in our Muslim communities.**

The Network held its second **Eid** celebratory event at our headquarters where staff came together to learn about Muslim culture to **help build allyship with our Muslim colleagues** and better understand the needs of our Muslim service users.

The Network also held its **first Black History Month event** where staff had the opportunity to meet with individuals and learn about their history and lived experiences.

BEAM

Carers Peer Support Network

Rhwydwaith Gofalwyr

Carers Network

Membership has trebled to

75 Network Members

Carer Confident Employer Level 1 Achieved

Jan

- Network Peer Support Meeting

Apr

- Photo Competition Panellist
- Lunch & Learn, Carers Passport
- Network Peer Support Meeting

May

- Dementia & Carers Drop-in
- Carers Policy Feedback Invitation

Jun

- **Carers Week** - Caring About Equality
- **Network 2nd Anniversary**
- Carers Policy Consultation

Sep

- Art Session in Ty Elwy
- Supporting Carers UK 60th Anniversary

Nov

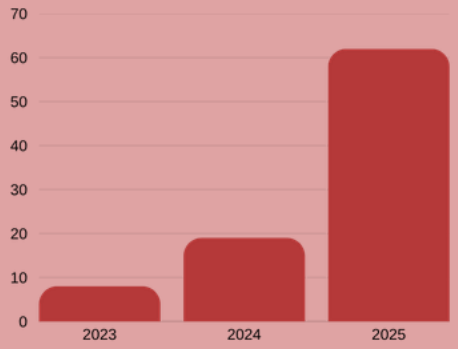
- Carers Rights Day
- **Carers Policy Approved**

Dec

- Co-Chair Appointed

OUR IMPACT

- **Quarterly** network meetings
- **Training opportunities**
- **Influenced WAST's first Carers Policy**
- Strong **partnership** working
- **Growing** network community



Network Membership Growth

Supporting Carers • Influencing Change • Building Community across WAST

Purple Space Disability Network

WAST PURPLE SPACE

Nothing about us without us

7 → 112 members

16x growth driven by trust, visibility and lived experience

Growth since October 2023

National Influence
- ❖ National Neurodiversity Pledge

Awareness & Education
- ❖ Pain management
- ❖ Stuttering awareness

Network Collaboration
- ❖ Women's Health Endometriosis Awareness
- ❖ Digital Focus Group

Psychological Safety
- ❖ Echoes of Experience Group Session

- ✓ Built the Purple Space Network identity, co-creating a clear purpose, brand and voice to increase visibility and engagement across WAST.
- ✓ Grown membership significantly, creating a trusted and psychologically safe space for over 100 colleagues to connect, share experiences and influence change.
- ✓ Delivered awareness sessions, including neurodiversity, disability and lived experience, strengthening understanding and inclusion across WAST.
- ✓ Launched Echoes of Experience, providing safe, structured spaces for colleagues to share experiences, shape priorities and inform organisational action.
- ✓ Collaborated with internal and external partners, including specialist organisations, to bring expertise and lived experience into WAST.

Women's Network

Women's NETWORK RHWYDWAITH Menywod

103 Women's Health Network Members

20 Steering Group Members

To move specific initiatives forward, network members from our overarching Women's Health Network have established a new **Steering Group** to help take forward specific initiatives to improve women's experiences within the workplace.

Network Members have supported the UK Ambulance Trusts' **National Uniform User Steering Group** to develop better maternity uniforms.

New trouser items have also been added to the range of uniform to offer a more comfortable fit for colleagues.

Partnered with GP-led **Empower All Training** and **Endometriosis.org.uk** to deliver a series of health sessions focusing on menstrual and hormonal changes and how to support women at work.

International Women's Day

- ✓ Delivered an **Imposter Syndrome** session to staff across the Trust
- ✓ Extended an offer of **mentorship** from our most senior female leaders
- ✓ Showcased new **prototype training resources** at the North Wales Women's Health Conference to encourage more bystander CPR for women

Military Network

37 members

Offering support to:
Cadet Instructors
Veterans
Family Members

Established November 2025

Staff from the network represented WAST at **Remembrance Day Parades** at the Cenotaph in London and in local ceremonies in Cardiff.

Gold Employer Recognition Scheme Revalidation

- Revalidation required for WAST to maintain Gold ERS status
- Re-established relationship with Defence Relationship Manager for Wales
- Review of partnership working with the Armed Forces undertaken
- Application Form submitted and awaiting results

Welsh Language and Culture

Welsh Language Network

Membership has nearly **trebled** this year to

51 Members

779 (17.5%)

Welsh Speaking Staff
(Level 3 and above)

Up 0.5% on previous year

Highlights

- ✓ Facilitated the implementation of a Welsh language chatbot on our 111 website
- ✓ **Community engagement** at the **National Eisteddfod 2025**
- ✓ Full picture of our workforce's Welsh language skills recorded on the Electronic Staff Record system (**97% compliance**)
- ✓ Support to increase our capacity to answer 111 calls in Welsh
- ✓ Promotion of **Welsh language learning opportunities**

Rhwydweithiau Pobl WAST People Networks

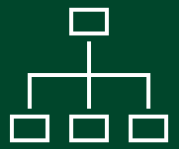
16 Chairs and Co-Chairs

Monthly Touchpoint meetings to help create cross-Network activities that focus on intersectionality and cultural integration.

These provide access to safe listening spaces, mentoring and problem-solving.

Everyone has a voice!

Executive Sponsors have been allocated to each People Network to help amplify the voices of our People Networks and to raise visibility at Board level.



GOVERNANCE
Structured governance with clear objectives for each network

SEASONAL NEWSLETTER
Engaging with the workforce to promote network activity and encourage new membership

BOOK COMPETITIONS
Engaging over 100 colleagues and increasing understanding on topical issues to understand lived experience

ENHANCING KNOWLEDGE
Educating others, raising awareness of inequity and fostering good relations and allyship in the workplace

Growing our Culture Champions Network

The Culture Champions Network continues to **lead by example**, helping to **build a more inclusive workplace** where **allyship and positive behaviours** are part of everyday working life. Through this, the network is shaping a culture where equality, diversity and inclusion aren't just aims—they're actively lived and experienced across the organisation.

Culture Champions play a **crucial hands-on role** in making this happen. They create space for **open conversations**, support colleagues, and challenge things that don't feel right—all while encouraging a more respectful and supportive working environment. To help them do this well, champions take part in development sessions linked to **Our WAST Way**—focusing on our three most important behaviours; ***care, connect, and value everyone***. These sessions also **build coaching skills**, giving champions practical tools and confidence to support others and **influence positive change** in their areas.

The network also shares regular newsletters that spotlight key topics such as neurodiversity, civility in healthcare, and speaking up safely. These have been well received and are now being shared more widely, including with senior leaders and non-executive directors. By continuing to learn together, Culture Champions are growing in confidence to have meaningful conversations and act as a supportive, connected network across WAST.

Leadership and Culture

Our WAST Way

In Spring 2025 we launched our **new Leadership and Management Behaviours and Development Framework** (Our WAST Way) to improve workplace culture at WAST. 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 and is focused on three key components – ***Care, Connect and Value Everyone, including*** ethical and legislative responsibilities to support a positive and inclusive culture.

Our WAST Way has included the initial roll-out of a programme of **Essential Conversations activity**, supporting managers with everyday inclusion in practice – including regular check-ins, feedback, and handling difficult conversations with empathy and care.

Over 350 managers have attended workshops which explore proven methods to **facilitate early interventions** to address behaviours and avoid escalating concerns within the workplace. Managers are encouraged to use **evidence-based conversational tools and models** to help resolve workplace issues and maintain healthy working relationships.

We have introduced **Management Essentials,** a digital resource bringing together practical guidance and tools to support inclusive people management across the employee lifecycle.

Leadership and Culture

Team Cultural Reviews

We have delivered **targeted cultural reviews across three operational areas**, focusing on understanding team experience and identifying improvement priorities. This has strengthened the focus within **cultural reviews on team voice and inclusion**, ensuring colleagues feel heard, valued and involved in shaping local improvement actions.

Team Culture

We have developed and begun testing the **Cultural Early Warning Score (CEWS)** to help teams identify early signs of cultural health and intervene earlier. This has increased the focus on using **people data (including Staff Survey insight)** in a more practical way to inform decisions and improvement activity at a team level.

Strengthening Social Partnership

Following our 'Walking in Their Shoes' initiative, where operational managers and Trade Union Partners came together to experience role reversal activities, at our first Social Partnership Conference which took place in Cardiff in 2025, staff have demonstrated an appetite for **greater partnership working** between our Trade Union Partners and our Senior Management Teams. This has led to a series of **Social Partnership events across Wales which have brought together** Trade Union representatives and senior managers to improve understanding of employee experience, disciplinary policies, and safeguarding procedures to enable smoother partnership working to achieve appropriate and timely outcomes for all involved.

Leadership and Culture

Operational Management Development Days

Our People and Culture Team have supported colleagues at a series of Operations Management Development Days, bringing operational leaders together to focus on **strengthening organisational culture** and **leadership in practice**. These events are aligned to *Our WAST Way* and provide space for open, honest conversations about culture, inclusion and leadership behaviours. Sessions have included external speakers such as Dr Debbie Fradkin whose session '**Civility Saves Lives**' looked at potential harm that poor behaviours can have on staff, service users and service delivery. Other sessions included internal **"spotlight**" sessions where leaders share achievements and practical approaches to improving culture within their teams.

Senior leaders have also taken part in **panel discussions**, demonstrating openness and vulnerability, while role-modelling the behaviours expected across the organisation. The events place a strong emphasis on **sharing practical tools**, **techniques and real-life examples**, helping managers translate values into action in day-to-day leadership.

Feedback from the events demonstrates high levels of engagement and satisfaction, with consistently strong scores across all areas and positive comments on the relevance and focus on values and behaviours.

Supporting Our People Throughout Change

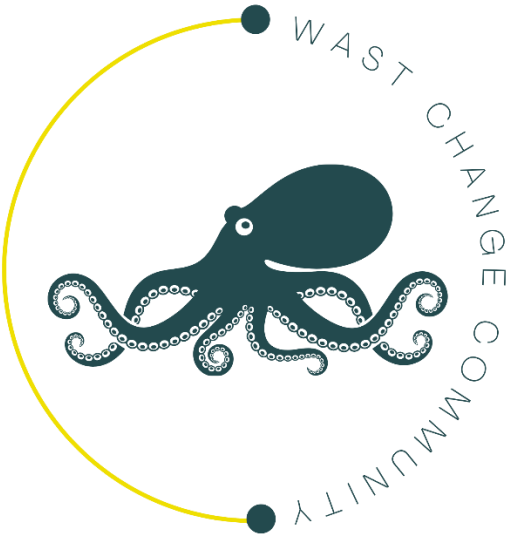
Investing in Change Management

WAST has appointed a new Change Management Lead to support our colleagues and service users throughout large-scale change to improve both our employee experiences and evolving healthcare services.

Changes to the way in which we deliver our healthcare services continue to shift towards providing **more remote clinical care, advice and triage**, and **delivering care at home and in our communities**. This is helping people to remain in their homes and avoiding the need for conveyance to emergency care and hospital admittance, relieving pressures on our health boards and improving quality of care. Our Clinical Model Transformation aims to provide the right care**, in the right place, at the right time**.

We recognise that change of this scale, coupled with current economic challenges, means we need to monitor employee experiences and implement support mechanisms.

New change management resources and guidance have been developed to support leaders and managers to better understand the impacts of change on colleagues and to take a more inclusive and structured approach when planning and implementing change.



Listening to our Workforce

Increasing our Workforce Engagement

A key theme for WAST this year has been creating opportunities for colleagues to have a voice and contribute to organisational improvement. We have done this via the NHS Wales staff survey, pulse surveys and engagement activities.

Our efforts to increase workforce engagement resulted in our largest ever completion rate for the **NHS Wales Staff Survey** with just under half of the workforce completing the survey. A noticeable difference this year was the qualitative data from the staff survey, which indicates that staff feel safe to share their experiences.

This has allowed us to identify some **targeted actions** around reducing staff burnout and stress, communication, inclusion and safety at work. These include a new Stress Management Policy, People Network support and a range of wellbeing support initiatives such as those found within this report.

Supporting and Developing our Workforce

In March 2026 the prestigious Ambulance Leadership Forum (ALF) took place, hosted by the Association of Ambulance Chief Executives. 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.

Once again, colleagues from Welsh Ambulance Service played a key role in **showcasing our leadership** on developing national initiatives to **improve employee experience**.

This year's event saw one of our People Network Chairs launch a **national pledge** to improve the experiences of neurodiverse colleagues working within the Ambulance Sector. The pledge has been developed by the National Ambulance Disability Forum and will be used to encourage the development of a framework to support the implementation of reasonable adjustments.

Supporting and Developing our Workforce

Supporting Health and Wellbeing

The Trust welcomed its new Head of Wellbeing in 2025 who has been focusing on the implementation of our **Health and Wellbeing Plan**. Our team of Assistant Psychologists and Wellbeing Practitioners continue to offer **one-to-one support** and advice to individuals using a range of trauma-informed methodologies.

Recognising the health benefits of sleep and the disruption experienced by our shift workers, our Assistant Psychologist has developed and rolled out a series of **sleep workshops** aimed at improving sleep quality and relieving the harmful effects of poor and disruptive sleep. The sessions promote sleep and relaxation techniques that can be adopted by all.

Stress Management Policy

Over the past year, our Head of Occupational Health has been leading a steering group who are developing a new Stress Management Policy which will set out how the Trust will identify, assess and manage work-related stress in order to meet its legal duties and support staff wellbeing. It will be based on the Health and Safety Executive (HSE) Stress Management Standards and will introduce a new digital individual stress risk assessment aligned to six key areas of work: demands, control, support, relationships, role and change. The risk assessment will provide a structured approach for staff and managers to identify sources of pressure, agree practical actions and review progress over time. It will support the early identification of concerns and will help ensure a consistent approach to managing work-related stress across the organisation. The expected benefits for staff will include clearer communication about work pressures, increased awareness of factors affecting their role, earlier access to support where difficulties arise, and a more consistent and supportive working environment, helping to reduce the impact of work-related stress and support overall health and wellbeing.

Period Poverty

Working in partnership with our Trade Union Partners, Unison has funded period packs for our workforce. The eco-friendly products have been placed in stations and our offices across Wales and are free to those who need them. Discussions to extend this initiative are in progress.

Charitable Funds Supporting Staff Wellbeing

Staff Yoga

A series of free yoga sessions were funded by WAST's Charitable Funds at Ty Elwy in St Asaph, and at the Cardiff Make Ready Depot. These sessions received positive feedback from staff, many of whom were grateful to have the opportunity to try yoga for the first time.

Pocket Fans

The Women's Network and Purple Space Network collaborated with Charitable Funds to create small fold-away nylon fans to help keep staff cool during warm weather and hot flushes.

Men of North Walking Group

Following on from our 'Mind Over Mountains' guided walks initiative, WAST's Charitable Funds has funded some equipment for a new 'Men of North' walking group through the Charity's Sports Funds. Led by staff members, this walking group focuses on men's mental health and wellbeing. It has also inspired other walking groups across WAST in our Central and West localities.

Financial Wellbeing Support

Money Management Skills

More people are feeling additional pressure in the current economic climate, where the cost of living is becoming increasingly unaffordable for many. This is having a detrimental impact upon mental health and wellbeing as more people are pushed into poverty. As fuel costs for travel to and from work rise, along with food, housing and utility bills, we recognise that our workforce may need extra support. Over the past year we have implemented several support mechanisms to help improve financial wellbeing.

Awareness Campaigns

- Supported **Talk Money Week**, raising awareness of financial wellbeing across the organisation (Nov 2025)
- Recognised and promoted **Debt Awareness Week**, signposting staff to relevant support and resources (March 2026)
- Promoted a **Money and Pensions** Service webinar on pensions and divorce (Jan 2026)

Education & Skills Development

- Collaborated with the **Winter Wellbeing Cell**, delivering a bespoke financial wellbeing session with the Money and Pensions Service focusing on financial planning and practical steps for 2026 (Jan 2026)
- Promoted a **budgeting webinar** with money expert Stacey Stowman (Feb 2026)
- Shared and promoted a series of online **energy awareness training** sessions delivered by **Citizens Advice** Ynys Môn, supporting staff to manage rising energy costs (March 2026)
- Partnered with **Stop Loan Shark Wales** to deliver information sessions on the impacts of illegal money lending on vulnerable people and offering guidance and support for victims (July 2025)

Financial Wellbeing Support

Alongside targeted campaigns and events, WAST continues to support staff through a range of established, long-standing **financial wellbeing initiatives**, designed to build financial resilience and provide practical, accessible support throughout the year. These include:

Support Services & Signposting

- Organisational promotion of the Employee Assistance Programme (Health Assured), which includes confidential financial wellbeing support
- Signposted staff to the organisation's Wellbeing Team for personalised advice, guidance, and support relating to financial concerns

Partnership Working

- Facilitated an on-site visit from Cambrian Credit Union to promote Christmas savings schemes and financial resilience (Jan 2026, Ty Elwy)
- Maintained strong partnership working with The Ambulance Staff Charity (TASC), providing access to a Debt and Benefits Advisor for staff

- ➢ Salary savings and salary sacrifice schemes
- ➢ Car Lease Scheme
- ➢ Home electronics scheme
- ➢ Cycle to Work scheme

Quality Improvement

Quality Conference

In line with the implementation of the Duty of Quality and the Wellbeing of Future Generations Act, WAST continues to engage staff at our annual Quality Conference. The theme for 2025 was "**Lasting Impact and the Domino Effect on Excellence**", and the agenda was a powerful showcase of **compassionate leadership, lived experience, and quality-driven innovation** across the Trust, held at the Glamorgan County Cricket Club in Cardiff.

The event was opened by Non-Executive Director, Bethan Evans, who set the tone for a day focused on collaboration, compassion and continual improvement.

Guest speaker, Dr Adrian Neal, spoke about compassionate communication and explored the psychological and systemic barriers to empathy in healthcare and offered practical strategies to support staff in sustaining compassion under pressure.

A highlight from the day was our **"Patient Panel"** which brought together our **Lived Experience Advisors** with the Trust's Head of Patient Experience and Community Involvement, and our Partners in Healthcare Manager. Their engagement throughout the day and valuable insights as part of the question and answer panel resonated with many of the attendees who described the experience as **"inspiring," "thought-provoking,"** and **"a reminder of why we do what we do."**

"The event was based on the human factor – not facts and data. The reflection on compassion, incidents that affected families and colleagues, and the patient representatives enhanced the reason we are all there in our roles: patient safety."
Attendee

Sexual Safety

In May 2025, WAST began the roll-out of its **Sexual Safety general awareness session** to all staff. Feedback from attendees has been positive, with strong engagement throughout the sessions.

A more in-depth and bespoke training session has been developed and rolled out to senior operational managers in four localities across Wales. This session focused on **professional boundaries, inappropriate behaviour and sexual harassment** at work and is designed to help managers build confidence in recognising and addressing behaviours to help **support culture change**. It builds upon the essential conversations workshops and allows senior managers to understand the wider impact and ripple effect of permissible low-level inappropriate behaviours which can lead to the manifestation of deeper-rooted cultural problems and escalating behaviours which are more serious in nature and more complex to manage.

This training has been complemented with additional learning sessions provided by specialists with expertise in workplace culture management.

Colleagues rate this training **4.57** out of 5 stars

92.9% of attendees would **recommend the training** to others

79% of attendees **learned a great deal** or a lot

99% of attendees said that the training **met their expectations**

94% of attendees **will use what they have learnt** in the workplace **every day** or often

Sexual Safety

All Wales People Network

Our Head of Inclusion and Engagement has been appointed as the Vice Chair of the **All Wales People Network**. This national group consists of Heads of Service across NHS Wales who are leading on people services, organisational development and culture initiatives. The group feeds into the national NHS Wales Deputy Directors of Workforce Peer Group to provide **assurance on compliance** with employment regulations and to ensure a **consistent approach to improvement**.

Following the approval of a new All Wales Anti-Sexual Harassment Policy, the All Wales People Network has been tasked with the implementation of the policy leading on four national workstreams. This is to ensure a consistent approach to sexual harassment and a national **commitment to preventing sexual harassment** in NHS Wales.

Welsh Ambulance Service is leading on the reporting and monitoring workstream and has shared our training resources to help develop a national training resource.

Anti-Sexual Harassment Policy Workstreams

- **Communication Plan**
- **Sexual Harassment Training Programme**
- **Risk Assessment**
- **Reporting and Monitoring**

Allyship and Active Bystander Training

Allyship and Active Bystander Training

In 2025-2026, over 100 more colleagues attended our award-winning Allyship and Active Bystander Training with feedback remaining overwhelmingly positive. This year, we have **targeted new starters** and our **volunteers** as they embark upon their own journeys within Welsh Ambulance Service.

It has been 3 years since the introduction of this training and we are starting to see **examples of bystander action** across the Trust. However, the Trust is limited in resources and capacity to roll out this training to all staff. In line with the three-year anniversary of this training, we will undertake a review of the training in its current form and aim to develop a **digital platform** where more staff can access elements of this important training.

Colleagues rate this training

4.64 out of 5 stars

82% of attendees **learned a great deal** or a lot

94% of attendees **will use what they have learnt** in the workplace **every day** or often

99% of attendees said that the training **met their expectations**

99% of attendees would **recommend the training** to others

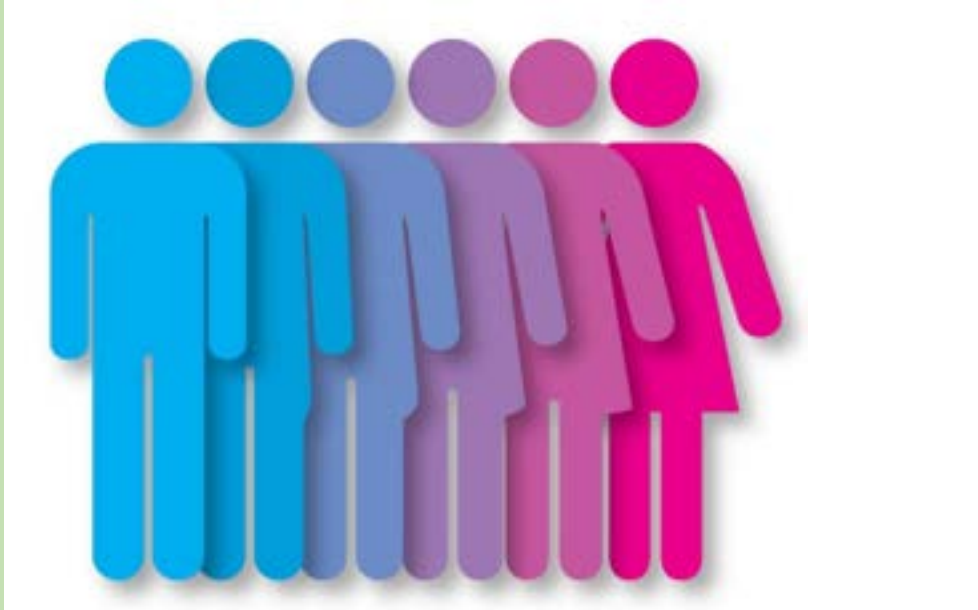
Equity and Fairness Training

Equity and Fairness at the Heart of Corporate Induction

Equity and Fairness is centred in our new **corporate onboarding digital platform that was launched** in 2026. At the point of entry to WAST, new starters are signposted to a suite of training to better **understand allyship and inequity** and what we can all do to eliminate discrimination. Staff are also signposted to further support for people who need it.

New Transgender Awareness Training

In response to a request for better understanding of gender identity, we have developed a short transgender awareness training session aimed at our operational staff who may support transgender service users. The training focuses on explaining the differences between sex, gender identity, gender expression and sexual orientation and explores the reasons why this matters to healthcare professionals when offering clinical advice and treatment.



Mastering Diversity

Feedback from the day:

"What a brilliant bunch of people you have working in WAST"

"I want to work for WAST after seeing the presentations"

"What a supportive, professional team!"

"How lucky we are to have so many caring people working for such an essential organisation here in Wales"

"Connection and belonging came through loud and clear"

"It was a privilege and an honour to be part of the variety, the knowledge, and the compassion in that room. That combined strength is what inclusion needs."

In September 2025, the Trust hosted the health zone at the Mastering Diversity Conference in Cardiff. Our workshops **focused on inclusive services**, **the patient voice, the power of connection and workforce wellbeing**, as well as pathways into WAST. On the main stage, our Director of Culture Change, Angela Lewis spoke as part of an expert panel sharing insight with all attendees on how we are improving diversity at WAST.

Collaboration was a key theme for the Health Zone with presentations from the **Patient Experience and Community Involvement and Clinical Transformation** teams, including a service user sharing her **positive experience** of WAST services. The **Volunteering** and **Recruitment** teams spoke about the pathways into WAST with a personal story from a colleague who went from being a Valued Volunteer to a Valued Team Member. The People Network Chairs formed a panel to discuss the **Power of Connection and Belonging**. The common theme throughout was the importance of diversity across all areas of the organisation for staff, volunteers and ultimately patients.

Every colleague represented WAST with pride, honesty, and humour where appropriate. Whilst we still have a long way to go in terms of culture change and making WAST an inclusive organisation, we are making progress and being involved in events such as this enables us to build on the momentum.

Advancing Equality, Eliminating Discrimination and Creating Allyship

Women Mastering Change

The Trust's Head of Inclusion and Engagement, and Organisational Development Manager were among a select group of guests invited to the third annual **Women Mastering Change** event at the House of Lords in London.

The event, hosted by Baroness Tanni Grey-Thompson and curated by Bernie Davies, founder of Mastering Diversity CIC, brought together leaders from across sectors to share their stories and practical insights for navigating change as women.

It was the first time the Welsh Ambulance Service had been represented at the event, which included a **roundtable discussion** on strategies for embedding diversity.

> "We were delighted to be invited to the House of Lords for a truly inspiring discussion on Women Mastering Change. It was an incredible opportunity to connect with leaders from across various sectors and share insights on fostering an inclusive environment where diversity is celebrated."
>
> *Hayley Jones Dunne*

Advancing Equality, Eliminating Discrimination and Creating Allyship

Improving Women's Health

WAST celebrated **International Women's Day** at the **North Wales Women's Health Conference** at Bangor University. This is the second year this event has run, attracting hundreds of visitors keen to learn more about improving women's health and strengthening networks between the public, private and third sector organisations.

Save a Life Cymru, which is hosted by WAST, was present at the event to gather feedback on a **new prototype bra** which they have developed. The bra can be placed upon mannequins used to teach CPR skills and defibrillator training. This is to help provide a **more realistic training** experience for people who need to perform lifesaving skills on women. Research indicates that women are less likely to receive bystander CPR and this new approach aims to change this and **save more female lives**.

WAST also contributed to the consultation and development day for the new **NHS Wales Women's Health Strategy** to ensure that entry points to healthcare via NHS 111 and emergency healthcare for women were incorporated into the long-term strategic plans.

ACHUB BYWYD CYMRU | SAVE A LIFE CYMRU

Improving Accessibility

Improving our Welsh Language Offer

Alongside our inclusive recruitment initiative, WAST has been encouraging **more Welsh language speakers** into our call handler roles. This is to meet the growing demand on our dedicated **Welsh language 111 service** designed to meet the needs of our Welsh-speaking service users and **improve quality of care**.

More Welsh speaking call handlers have been made available at peak times on the weekends along with more flexible opt-out options during busy periods.

Whereas our ability to answer Welsh language calls to our patient transport booking line remained fairly static at around 75%, our ability to answer calls to our 111 service increased from 45% to 62%.

17% ↑ 62% of calls to our 111 Welsh language line answered by Welsh-speaking call handlers in 2025-2026

BSL Bill Wales

In December 2025, our Executive Director of Nursing and Head of Inclusion and Engagement were invited to present evidence to Welsh Government's Committee for Equality and Social Justice on the proposals to introduce a BSL (Wales) Bill. WAST welcomes the principles of the Act as it will push organisations to **improve accessible communication** for people who use BSL.

Our Head of Inclusion and Engagement has also taken part in Welsh Government Stakeholder Panels, which look at implementation plans for the All Wales Accessible Communication and Information Standards, which were launched in November 2025. This includes plans to **increase accessibility of our 111 website** which provides advice and information on healthcare conditions.

Improving Accessibility

RNIB Cymru
Golwg gwahanol
See differently

As part of our efforts to improve our communication with blind and partially sighted service users, we partnered with the RNIB to deliver a series of **Sight Loss Awareness workshops** in November 2025.

📈 Key insights

Participants reporting significant improvement in knowledge and confidence on:	%
Causes of sight loss	*88%*
Impact on wellbeing	*81%*
Sight loss & falls risk	*75%*
Adapting environments safely	*81%*
Awareness of RNIB & local services	*75%*

⚠️ Barriers identified to applying learning

- 🛠️ Limited resources to make physical changes
- ⏱️ Time constraints

✅ Applying the learning

⭐ **Overall rating**
Excellent: 88% Good: 6%

100% agree or strongly agree they can: Use the learning in their daily role
100% agree or strongly agree they can: Give the right advice to someone with sight loss when needed
Example of application: Improved falls assessments
Example of application: More inclusive communication (e.g. font size, visuals)
Example of application: Better signposting and referrals

👉 Overall conclusion & key takeaway:

Participants showed significant improvements in core sight-loss awareness, confidence, and safety-related understanding, with universal agreement that the training is applicable to their role.

The Vision Friends training is highly valued by Welsh Ambulance Service staff, as it delivers clear and practical learning, significantly improves confidence and awareness around sight loss, and is directly applicable to both clinical and non-clinical roles.

Improving Accessibility

ReciteMe is a cloud-based accessibility and **language support tool** that enhances website inclusivity and usability.

Data tells us that the toolbar is mostly accessed using mobile devices, highlighting the importance of **mobile-optimised accessibility.**

Usage was recorded across 25 countries, including the USA, Spain, Italy, and Norway, although most of the access originated in the UK.

Total pages viewed **2,649**

Translation
The translate tool was used **5,906** times, far more than other features.

Users selected translations in **115 languages, highlighting** a strong need for multilingual access. Languages such as Assamese, Armenian, Serbian and Czech were among the most frequently chosen.

Styling
Other commonly used features included font changes, colour adjustments, and cursor size modification, all supporting readability and reducing visual strain.

Improving Accessibility

New Virtual Chatbot

In 2025, WAST introduced a new, innovative chatbot 'Albot' on our **NHS Wales 111 service**.

NHS 111 Wales is a **first point of access** and a critical gateway to urgent and unscheduled care. Our online platform provides trusted advice, directories and symptom checkers, and our call handlers provide advice via our telephone service.

Albot was conceived to transform NHS 111 Wales' online platform from a static site into an interactive, patient-led platform. Working closely with Robotics AI and Druid AI, we have developed Albot to empower patients to **self-serve safely and confidently**, improving access, consistency and experience, while easing pressure on our call handlers.

The programme was built on strong principles of **collaboration, transparency and patient safety**. Teams from clinical, digital, communications and language services shaped Albot's tone and personality to reflect our values of empathy, clarity and trust. Early prototypes were tested with staff and members of the public to refine content pathways, identify gaps and ensure accessibility across a wide range of devices and literacy levels.

Exclusion risks were actively addressed. **Accessibility specialists** and clinicians reviewed language and tone to ensure empathy and clarity for sensitive topics. The **in-built translation software** means that information is available in multiple languages. User testing also highlighted the importance of maintaining a seamless route back to human support, so Albot was designed to complement, not replace, the 111 telephone service.

NHS 111 Wales

NHS Direct Wales

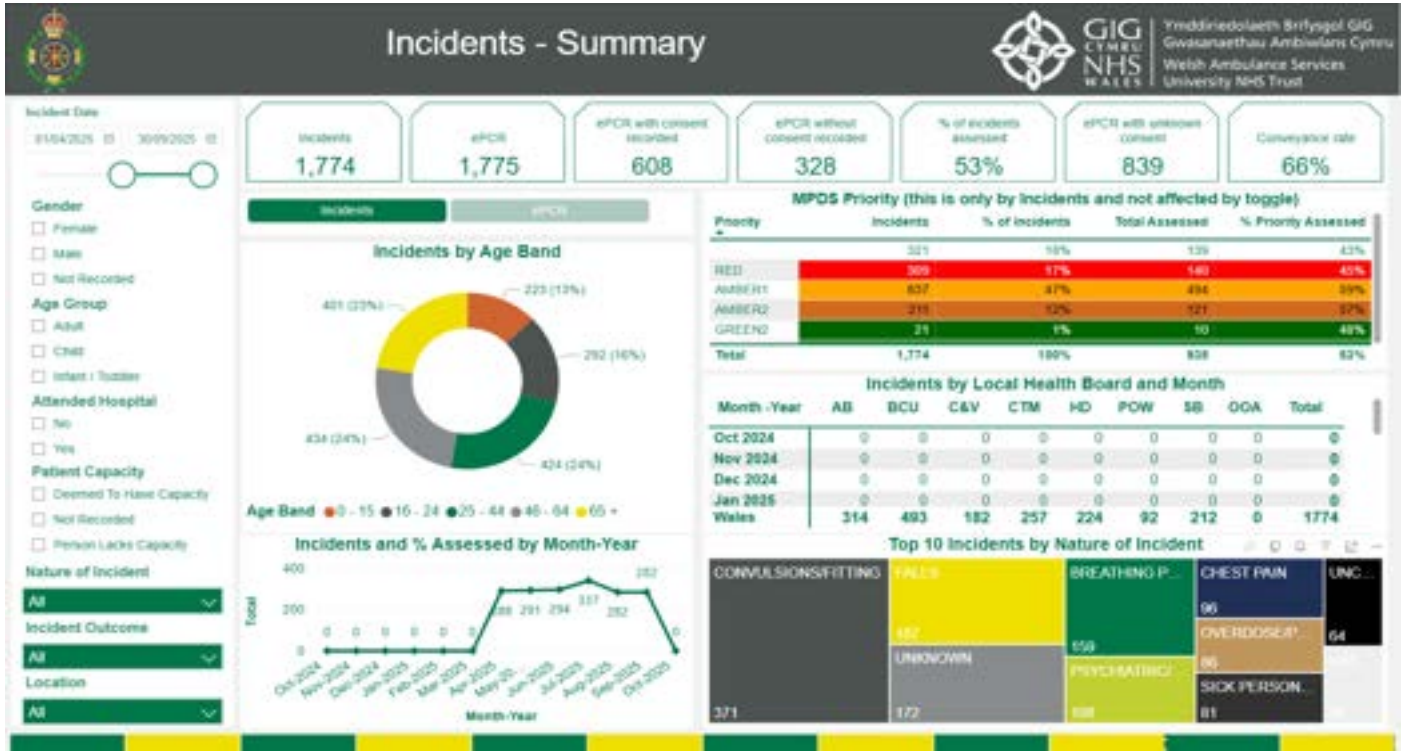
Supporting People with Learning Disabilities

Learning Disabilities Dashboard

The dashboard provides data on increasing incidents where the **additional needs tab** on the electronic Patient Clinical Record (ePCR) was used to record an additional need or learning disability. Convulsions/fitting, falls and breathing problems have been the top three known incident types recorded. This data is valuable in helping us to understand a **wider picture of health** amongst the learning disability population, their potential demand on services and how we can better plan to support this vulnerable patient group in the community.

WAST has now appointed a **Learning Disability Clinical Specialist**, who will sit within the Mental Health, Dementia and Learning Disability Team.

The Patient Experience and Community Involvement Team will work closely with them to ensure that lived experience data, compliments, complaints, and clinical data collated through ePCR are triangulated, and used together to support ongoing improvements in care, patient experience and patient outcomes for people with a learning disability.



Listening to People

Service User Panel

At this year's WAST Quality Event, a panel of people living with dementia or caring for someone with dementia offered their personal insights into using our services, and were available to answer questions from WAST staff in the audience. People attending the event told us how impactful it was to hear directly from people with lived experience, and a similar panel will now form part of all future Quality events.

Learning Disability Clinical Specialist Recruitment

In support of the recruitment of a Learning Disability Clinical Specialist into WAST's Mental Health Team, a learning disability patient sat on the stakeholder panel, supported by the Patient Experience and Community Involvement Team, and they actively participated in the selection process of the successful candidate.

Lived experience representation is crucial for WAST as a healthcare provider, as it brings essential expertise from those who have navigated the system as patients, caregivers, or family members, which helps create more relevant, responsive, and equitable services.

Listening to People

WAST has been preparing to implement **the revised regulatory arrangements for managing concerns and complaints**. The long-standing *Putting Things Right* guidance will be replaced by a new, more **person-centred approach** called *Listening to People*. This shift marks an important step forward in how staff across NHS Wales respond to concerns, support individuals and families, and learn from experiences across our services.

What's changing?

The new *Listening to People* framework strengthens our commitment to openness, compassion and timely responses.

A mandatory offer of a listening discussion
Every concern will now require an in-person, phone or video conversation after acknowledgement, ensuring people feel heard at the earliest stage.

A new early resolution stage
A dedicated 10-working-day window will allow for fast and compassionate resolution where appropriate.

Greater transparency and openness
Stronger obligations around immediate apology, transparency and clear communication when harm occurs.

Clear timeframes and communication standards
Concerns must be acknowledged within five working days, and outcome letters must use plain language and be accessible.

An increased financial redress threshold
The maximum redress available without court involvement will increase from £25,000 to £50,000.

These changes are designed to support a more empathetic and responsive system, which ensures individuals feel listened to, valued and respected throughout the process.

People's Experience of the Welsh Ambulance Service

Our Patient Experience and Community Involvement Team continue to measure **service user feedback** via several channels including service experience surveys, patient stories, and the online *Have Your Say* platform. This often includes **targeted community engagement** with **people with a protected characteristic.**

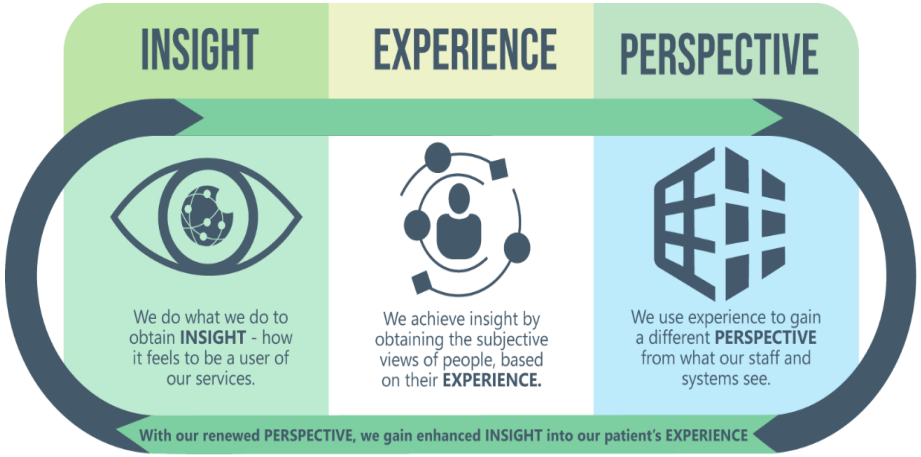
WAST is committed to ensuring that people have the best possible experience when accessing our services. People's experience is a key component of **person-centred care** and is shaped by our staff, individual expectations, and the impressions formed throughout their care journey. It reflects how people feel about accessing and receiving care, based on their feelings of the treatment and support provided.

People's experience is a core component of our **Quality Management System**, providing assurance on the safety, effectiveness and person-centredness of services. It supports delivery of the **Duty of Quality**, Listening to People requirements and **Health & Care Quality Standards**.

Experiential data is reported to the Trust's Quality Management Group (QMG) via user feedback for review and provides assurance that, where applicable, action has been taken to improve the quality of services and experience of its service users.

Where recurring concerns or deterioration in experience are identified, these are escalated through Directorate governance routes and triangulated with incidents, complaints, safety intelligence and operational performance to support targeted improvement and executive oversight.

'The Experience Cycle'



"If quality is to be at the heart of everything we do, it must be understood from the perspective of patients."
Lord Darzi

People's Experience of the Welsh Ambulance Service

Aspects of a quality experience based on people's feedback

A consistent theme from feedback received from patients, carers, communities and individuals over the last six months has focused on waiting and timeliness in general across all service areas. Although the themes have been negative, there have been equally positive themes captured relating to staff working across all services.

- People have complimented the Trust on the professional and caring workforce.
- The booking system introduced within Ambulance Care is appreciated by patients.
- People have praised the good information provided by staff within the 111 service and its reassuring staff.
- People are anxious on the length of time they are waiting in the community for a response and on the ETAs provided.
- People are unhappy about the length of time it takes to return them home after their hospital appointments.
- People are not happy with the length of time they wait for a call back from the 111 Wales service.

Working in Partnership with our Service Users

To address some of the feedback received from our service users, community engagement activity has continued through a more **locally led approach** with the Patient Experience and Community Involvement Team providing support, advice and guidance to operational teams to enable **meaningful engagement** within their **localities and service areas**.

The Team has also been **developing tools and processes** to support the consistent recording and reporting of engagement activity across the organisation, improving oversight, reducing duplication and strengthening assurance regarding the scale, quality and impact of engagement work.

This approach supports a sustainable model of community involvement, enabling the Patient Experience and Community Involvement Team to maintain a strategic focus on capturing people's experience, organisational learning and quality improvement, while ensuring citizen voice continues to inform service development and decision-making.

Citizen Voice - People & Community Network

101 Network Members

WAST's People & Community Network continues to play a vital role in informing and improving services. They have regularly received updates highlighting the breadth of activity across the Trust and its ongoing commitment to community involvement.

Engaging with our Communities

Shoctober is an annual educational campaign, established in 2016, aligned with A Healthier Wales and the NHS Wales Out-of-Hospital Cardiac Arrest Plan (2017).

The programme delivers **face-to-face sessions for pupils** in Years 4–6, focusing on appropriate use of 999 and the development of **basic lifesaving skills**. Its core aim is to build long-term community resilience and **improve cardiac arrest survival rates** across Wales.

Whilst the full impact of Shoctober is realised over the longer term, feedback continues to demonstrate meaningful real-world benefit. Recent examples include **children confidently guiding adults in administering CPR** following previous Shoctober training, providing practical evidence of increased confidence, awareness and early intervention capability.

The campaign also supports delivery of the Wellbeing of Future Generations (Wales) Act 2015 and the United Nations Convention on the Rights of the Child, reinforcing the Trust's contribution to prevention, education, health improvement and future population resilience.

Although impact is primarily long-term, Shoctober provides early prevention benefits and supports wider public health and community resilience objectives.

Delivery during the reporting period was impacted by reduced volunteer availability, resulting in fewer school engagements than in previous years. Despite this, the programme has continued to deliver meaningful community benefit and remains an important prevention and education initiative.

As part of the organisational staffing restructure, responsibility for Shoctober will transition from the Patient Experience and Community Involvement Team to the Clinical and Medical Directorate, providing closer alignment with clinical leadership, strengthening strategic ownership, and supporting the long-term sustainability and development of the programme.

41 Volunteers Involved

35 Hours Delivered

950 Pupils Engaged

Engaging with our Communities

Blue Light Hub App

Following the launch of the **CPR game** last year, and informed by feedback from teachers, young testers and the BMJ Open evaluation, **full bilingual voiceovers** have been developed to **improve accessibility for children with lower literacy levels** and for those whose first language is not English.

This supports a **more inclusive learning experience** and strengthens the app's value as both an educational and engagement tool, helping improve confidence in CPR awareness and emergency response from an early age.

This work supports the Wellbeing of Future Generations (Wales) Act by contributing to a Healthier Wales through **improved CPR knowledge**, a More Equal Wales by **reducing language and literacy barriers**, and a Wales of Vibrant Culture and Thriving Welsh Language through strengthened bilingual provision.

The updated version is due for release in the Spring of 2026 with staff and volunteers reminded that the app can also be used as a play and distraction tool when supporting children during observations or conveyance to hospital.

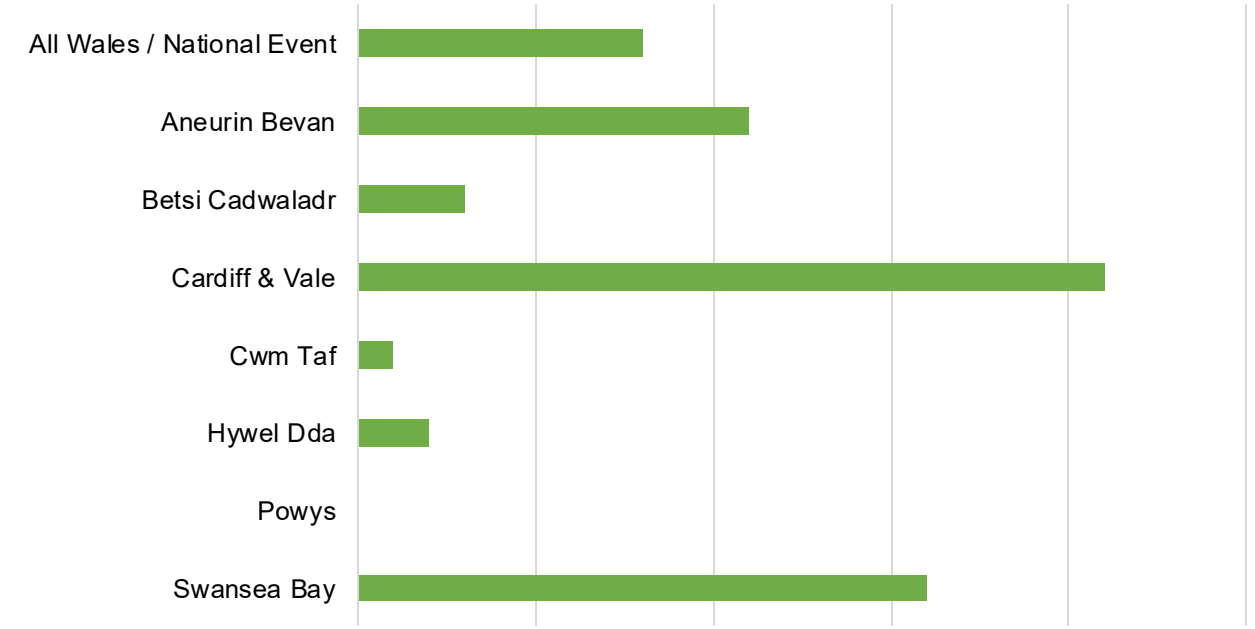
Since the launch of the app, total installations are 14,908 on Android and 5,594 on iOS, providing assurance of sustained reach and continued public engagement.

The app supports prevention, education and early intervention by improving CPR awareness and extending inclusive access to learning across communities.

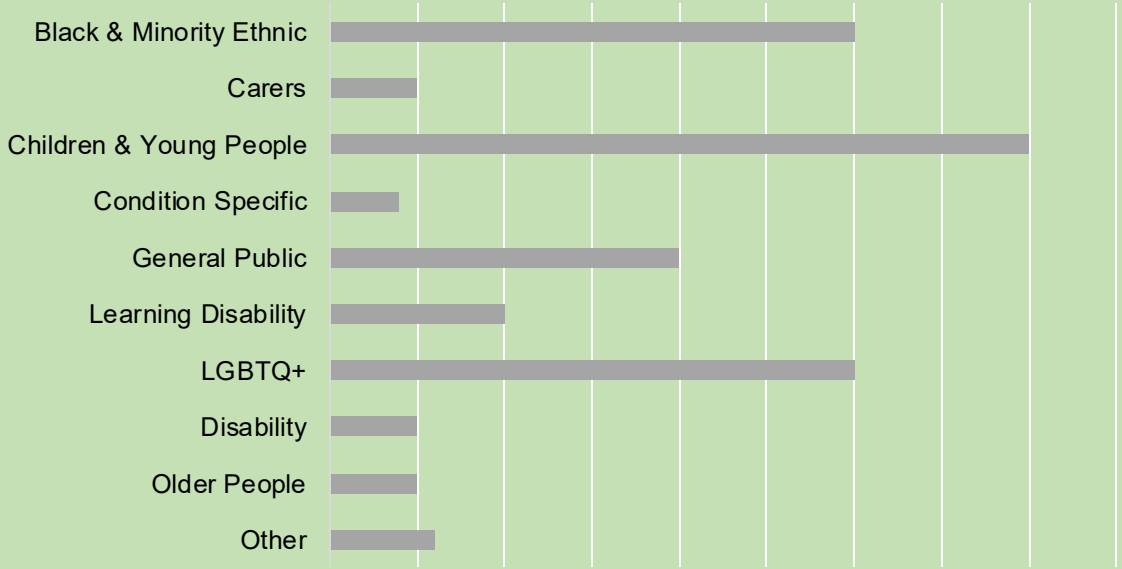
Engaging with our Communities

The Patient Experience and Community Involvement Team attended a total of 73 face-to-face engagement opportunities across Wales, engaging with 2,346 people.

We 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.



Engaging with our Communities



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 healthcare and those who have poorer health outcomes continued, ensuring the voices of the most vulnerable in society had an opportunity to share their views and experiences.

Engaging with our Communities

Increasing Diversity amongst our Volunteers

Our Volunteer and Resources Team have reached out to our communities in areas where ethnic diversity is high to promote available volunteering opportunities as Community First Responders and Volunteer Car Drivers. This has resulted in an increase in the number of Black, Asian and Minority Ethnic volunteers, including those who are Refugees or Asylum Seekers.

Rapid Assessment Maternity Card

In response to the data highlighting the inequalities in outcomes for Black, Asian and Minority Ethnic women within maternity services, our Clinical Lead Midwife has been working with colleagues across Wales to develop a Rapid Assessment Maternity Card for Black, Asian and Minority Ethnic women. This aims to improve women's experience of accessing emergency maternity services via the Welsh Ambulance Service and help staff ensure equitable experiences for all women.

In October, we celebrated Black History Month by inviting key members of the community into our Headquarters at VPH to learn about their personal journeys and lived experience.

Edward Watts, MBE, DL, Community Leader, and Vernesta Cyril OBE, the first Black midwife in Wales joined staff and volunteers to speak about the racism they faced and how they overcame these challenges and have dedicated their lives to helping others to do the same.

Engaging with our Communities

Cardiff Mela and Big Halal Expo

WAST attended Cardiff Mela and the Big Halal Expo again this year. These are annual **multicultural festivals** held in Cardiff which celebrate Cardiff and Wales' diverse heritage.

Attending these events enables us to meet and engage with diverse local communities in an inclusive and accessible setting, connecting with communities that often face barriers to accessing healthcare.

The updated Anti-Racist Wales Action Plan 2024 tells us that experiences of racism when receiving health and social care continue to be reported within and outside of existing complaints systems.

Attending these events provides a platform for us to **continuously engage and build trust** with marginalised communities, giving us an opportunity to listen to the lived experiences of our service users.

Workforce Diversity Report 2024-2025

We are pleased to see **further improvements** to our **overall workforce diversity** with increases in the number of **ethnic minority staff**, staff with a **disability**, those who are **LGB+** and our female staff.

The Trust has also seen an increase in the number of **Welsh speaking staff** and our **veterans.**

Our **targeted inclusive recruitment initiative** is having an impact upon teams where there is ongoing recruitment. Encouraging and supporting Recruiting Managers to gain a better understanding of **unconscious bias** in the recruitment process is also having an impact in how we shortlist and interview. For example, assessing the language skills needed for specific roles and recognising language barriers for people who do not speak English as a first language. Similarly, putting in reasonable adjustments at interview stage for people with a learning disability.

Our **People Networks** also mean that we can **offer additional support** for people joining the Trust who have a protected characteristic. Our increased workforce diversity is reflected in the growing membership of our People Networks.

A full copy of our workforce diversity report can be found in the appendices.

Staff from Black, Asian and Minority Ethnic backgrounds increased from 1.63% to **2.10%**

Staff with a **disability** increased from 7.94% to **9.65%**

Staff who identify as **LGB+** increased from 5.72% to **6.50%**

Women increased from 50.5% to 52.32%

Workforce Diversity – Armed Forces Communities

Since the COVID-19 pandemic where the Trust enlisted the help of our Armed Forces to help with service delivery, our relationship has strengthened and allowed **more partnership working** and collaboration to the benefit of our Armed Forces personnel and their families. This has led to **an increase in Veterans, Cadets and their families joining WAST**. To recognise our appreciation of Armed Forces and to support integration into the Trust, we have implemented several initiatives.

- ✓ **Mobilisation Policy** supports Cadets and Reservists in the workplace
- ✓ Cadet Volunteer Instructors have **flexible working** to balance responsibilities
- ✓ Attendance at regional and national **commemorative events**
- ✓ **Dedicated Community First Responder training** course for Cadets with level 4 medical training
- ✓ Community First Responder Team established at RAF Valley
- ✓ Partnership working with **Fighting With Pride** to raise awareness of historic discrimination against LGBTQ+ Armed Forces personnel
- ✓ Supported **Woody's Lodge** Veterans mental health charity, with staff providing medical support during charitable cycle and running events.

SUPPORTING VETERANS & EMERGENCY SERVICES

WOODY'S LODGE

Workforce Race Equality Standard Report 2025

In June 2025, NHS Wales published its second Workforce Race Equality Standard (WRES) Report which analysed data from the NHS Staff Survey, the Electronic Staff Record System, and disciplinary cases.

The report recognised the efforts made by the Trust to implement a set of targeted recommendations from the previous year and acknowledged the achievements made to attract and recruit more people from Black, Asian and Minority Ethnic backgrounds.

Also noted was our significant reduction in the likelihood of Black, Asian and Minority Ethnic colleagues entering formal disciplinary processes, balancing the probability with those of our white colleagues.

The Trust was recognised for racial equality in access to training opportunities and career progression.

What have we achieved?

- Increase in ethnicity declaration rates on ESR
- Improved attraction rates of applicants from ethnically diverse backgrounds
- Equal opportunities for development and career progression
- Increase in workforce ethnic diversity
- No inequity in likelihood of BAME colleagues entering disciplinary processes

Increasing our Workforce Diversity

WAST is extending our **Inclusive Recruitment Initiative to our Integrated Care Teams** who are recruiting call handlers to our NHS 111 and 999 service**.**

People have been invited to attend dedicated **Contact Centre Open Days** for people from Black, Asian and Minority Ethnic communities. Others who were not from ethnic minority backgrounds were also welcome to attend open days on separate dates. Full analysis of the recruitment activity will be undertaken in 2026-2027 but early indications show that there has been an increase in applications and appointments of diverse applicants.

Unconscious Bias Training delivered to stakeholder panel members for Executive Team appointments.

Director of Culture Change invited to speak at the **National Anti-Racist Wales Public Sector Leadership Conference** to share our successful approach to implementing the Workforce Race Equality Standard

Diverse interview panel members at our Graduate Paramedic recruitment event

Mentorship provided to **HEIW** to introduce similar inclusive recruitment initiatives

Our inclusive recruitment initiative within our Digital Directorate was recognised nationally and was shortlisted for an HSJ Award.

Head of Inclusion and Engagement invited to share best practice on our inclusive recruitment at the **National Anti-Racist Wales Conference.**

Increasing our Workforce Diversity

Aspiring Board Members Programme

WAST embraced the opportunity to take part in Welsh Government's Aspiring Board Members Programme. Academi Wales organised a **development programme** for people from Black, Asian and Minority Ethnic backgrounds where they could learn about the role of NHS Wales Boards and gain insight into the governance and decision-making behind NHS Wales organisations. The lack of ethnic diversity across NHS Boards is stark with historically few applications from people within ethnically diverse communities when vacancies arise. The programme aimed to address this and encourage more diversity in our future Boards. WAST was pleased to mentor one of the programme delegates, **Meshack Ezeadim** for the 12-month programme, where he worked alongside our Director of Culture Change to learn about how Welsh Ambulance Service is managed at an executive level.

Meshack, who comes from Nigeria, came to the UK to study for his Master's in Human Resources, with the aim to work within the NHS. The programme allowed crucial exposure and insight into WAST which has confirmed his ambition to seek a role in supporting workforce culture. Following the completion of the Aspiring Board Members Programme, Meshack has successfully been appointed as a Project Support Officer within our People and Culture Team where he continues to thrive and make a difference to our workplace cultural initiatives.

Gender Pay Gap 2025-2026

We have seen a further reduction in our gender pay gap this year which is now **4.5%.**

In comparison to other UK Ambulance Trusts, the Welsh Ambulance Service is performing well. However, we recognise that our gender pay gap is still 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.

The Trust's efforts to address gender equality within our senior management team have been rewarded this year with the appointment of women to the following roles; Chief Executive Officer, Deputy Chief Executive Officer, a Non-Executive Director and two Assistant Directors within our People and Culture Directorate.

This has seen a better balance in our Executive Board and senior leadership team to help inform our decision-making.

Down
from 5.3%
to **4.5%**

This year, we have achieved Gender Equality at Board level

Women in Leadership

Our new **Chief Executive Officer** (CEO), Emma Wood, is one of only two female Chief Executives within the UK Ambulance Service. She is already making a difference by taking on the role of the UK Ambulance Women's Network Chair and driving national initiatives to improve the experiences of female colleagues across all UK Ambulance Trusts.

Rachel Marsh, our Executive Director of Strategy, Planning and Performance has been successfully appointed as the Trust's **Deputy CEO**. Rachel is passionate about achieving equality for women and has also taken up the role of Executive Mentor to our LGBTQ+ People Network and is helping the Trust to navigate the complexities of ensuring inclusivity of all genders within the Trust.

Our People and Culture Directorate has also seen the appointment of women in leadership roles, with Beverly Flood taking up the role of **Assistant Director of People Services,** and Samantha Chapman who will be joining the Trust as the **Assistant Director of Culture and Organisational Development**. Both women bring a wealth of experience from previous roles within the private and public sectors.

Emma Wood,
CEO

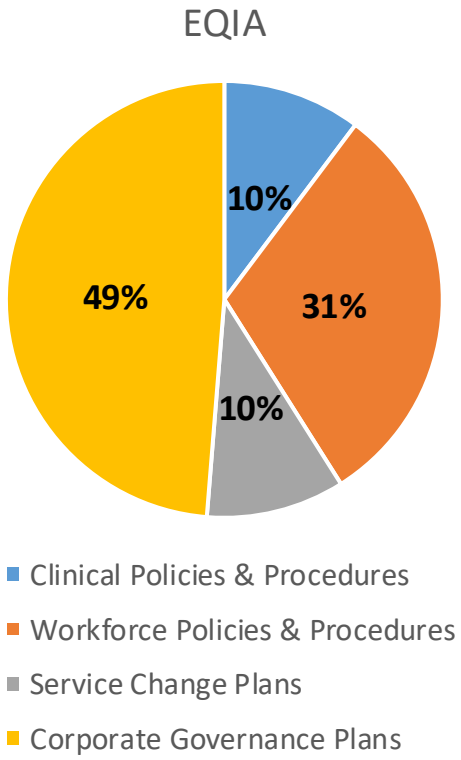
Rachel Marsh,
Deputy CEO
Executive Director
of Strategy, Planning
and Performance

Sam Chapman,
Deputy Director of
Culture and
Organisational
Development

Bev Flood,
Assistant Director of
People Services

Equality Impact Assessments (EQIA)

In 2025-2026 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.
- **Managing Friends and Family at Work** – Ensures fair treatment of colleagues at work.
- **Carers Policy** – Supports unpaid carers at work and provides guidance for line managers on Carer's Leave Act.
- **Working Time Regulations Policy and Contact Centre Roster Review** – Protects colleagues who are vulnerable to stress and burnout and safeguards the quality of care provided to our service users. Provides more flexible working options for colleagues.
- **Relocation of our 111 Contact Centre – ensures colleagues are not disadvantaged** by relocation and that new premises are accessible.
- **Maternity, Paternity, Shared Parental Leave and Neonatal Care Leave** – supports new parents and provides equity for LGBTQ+ parents.

Our Reflections

The Trust knows this has been a difficult year. This is because of changes in politics and money pressures. Even with these challenges, we have made progress. Small changes are helping to make the workplace better for staff and volunteers.

What the report shows

- We are listening more carefully to people.
- We are improving how decisions are made.
- We are doing more to support fairness, inclusion and respect.
- We are also working to make our services easier for everyone to use.

The next step is to show more clearly what difference this work is making. This includes the difference it makes for staff, volunteers, patients and communities.

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 2026-2027

What happens next?

In 2026, we will review our People and Culture Plan. We will also look at new equality information for NHS Wales. This will help us check if our equality aims are still right.

We need to make sure our aims support our wider plans. These include plans about people, quality, services and the future.

Next year will be a time to build on what we have done. It will also help us prepare new equality aims for the future.

Everyone has a role

Fairness, diversity and inclusion are everyone's responsibility.
This work is not only done by one team. It should be part of leadership, recruitment, staff support, patient care and service design. It should also be part of accessibility, Welsh language services and community engagement.

Please contact a member of the team to learn more about our Equity, Diversity and Inclusion Action Plan for 2026-2027:

AMB_Inclusion@wales.nhs.uk

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

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

Adroddiad Bwlch Cyflog rhwng y Rhywiau

2025-2026

Tabl Cynnwys

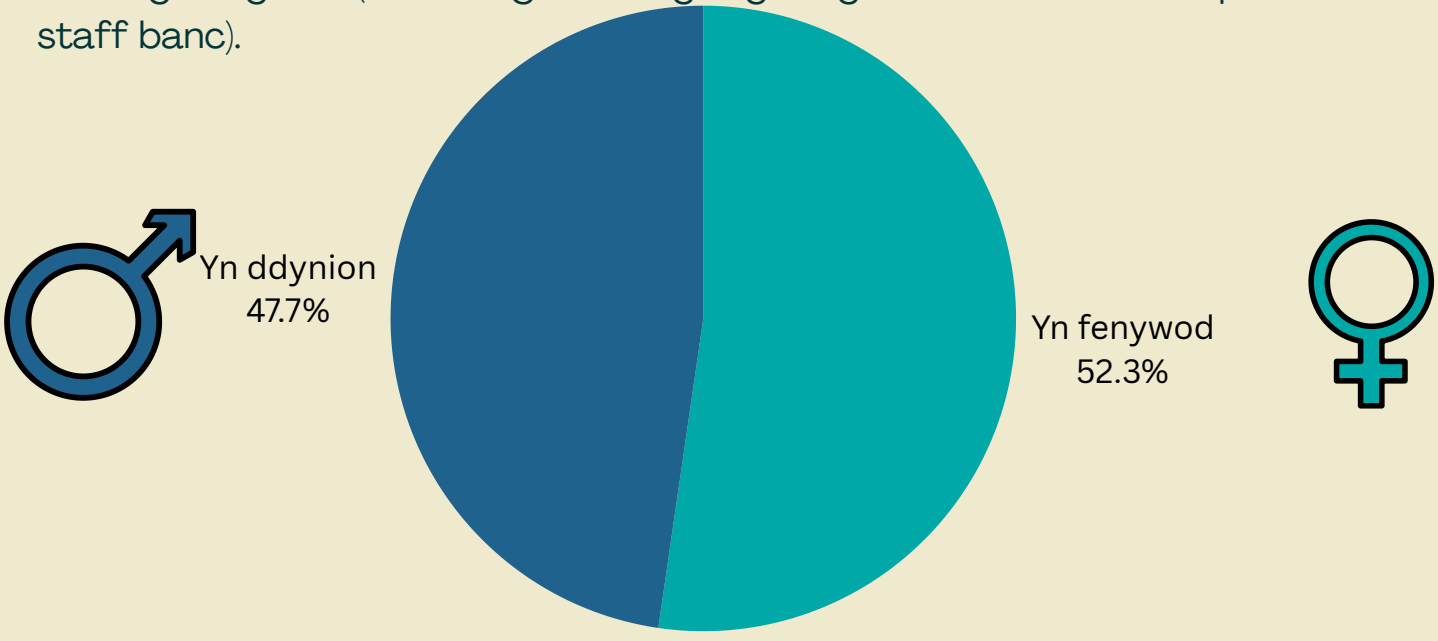
Cyflwyniad

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 Ambiwlans 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 2025 a 31 Mawrth 2026.

Ar 31 Mawrth 2026, roedd Gwasanaeth Ambiwlans Cymru yn cyflogi 2391 o fenywod a 2179 o ddynion, felly roedd tua 52.3% o'r gweithlu yn fenywod a 47.7% yn ddynion. (Mae'r ffigwr hwn yn cynnwys ein haelodau staff parhaol a staff banc).



Ciplun o ddata ar 31 Mawrth 2026

Mae cyfradd gymedrig fesul awr menywod 4.5% yn is na chyfradd dynion. Ar gyfartaledd, telir cyfradd fesul awr o £20.93 i fenywod o gymharu â dynion sy'n cael eu talu £21.93.

IMewn geiriau eraill, wrth gymharu cyfraddau cymedrig fesul awr, mae menywod yn cael eu talu 95.5c am bob £1 y mae dynion yn cael eu talu.

Mae cyfradd ganolrifol fesul awr menywod 6.5% yn is na chyfradd dynion. Y gyfradd ganolrifol fesul awr ar gyfer menywod yw £19.72 o gymharu â dynion, sef £21.09.

Mewn geiriau eraill, wrth gymharu cyfraddau canolrifol fesul awr, mae menywod yn cael eu talu 93.5c am bob £1 y mae dynion yn cael eu talu.

Ni wnaed unrhyw daliadau bonws yn ystod y cyfnod adrodd; felly, nid oes unrhyw fwlch cyflog bonws cymedrig na chanolrifol 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'r bwlch cyflog canolrifol rhwng y rhywiau yw'r gwahaniaeth rhwng cyflog canolrifol fesul awr menywod a chyflog canolrifol fesul awr dynion.

Data chwartel

Cyfrifir chwarteli 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 chwartel yn rhoi syniad o gynrychiolaeth menywod ar wahanol lefelau o'r sefydliad.

Chwartel 1: Chwartel isaf

53.11%	♀
46.89%	♂

Mae 53% o'r chwartel isaf yn fenywod

Chwartel 2: Chwartel canol isaf

58.59%	♀
41.41%	♂

Mae 59% o'r chwartel canol isaf yn fenywod

Chwartel 3: Chwartel canol uchaf

49.25%	♀
50.75%	♂

Mae 49% o'r chwartel canol uchaf yn fenywod

Chwartel 4: Chwartel Uchaf

44.89%	♀
55.11%	♂

Mae 45% o'r chwartel uchaf yn fenywod

Dehongli'r adroddiad:

- Mae menywod yn parhau i gael eu cynrychioli yn chwarteli cyflog isaf a chanol isaf.
- Mae dynion yn parhau i gael eu cynrychioli'n fwy yn y chwarteli cyflog canol uchaf ac uchaf.
- Mae'r chwartel uchaf yn dal i gynnwys mwy o ddynion na menywod, gyda 55.11% yn ddynion o gymharu â 44.89% yn fenywod.

Cymhariaeth â'r llynedd:

Mae cynrychiolaeth menywod yn y chwartel uchaf wedi gwella o 43.09% yn 2024–2025 i 44.89% yn 2025–2026. Fodd bynnag, mae menywod yn dal i gael eu tangynrychioli yn y chwartel â'r cyflog uchaf.

Patrymau gwaith

Mae'r tabl hwn yn dangos cymhareb y gweithwyr gwrywaidd a benywaidd, wedi'u rhannu rhwng patrymau gwaith rhan-amser ac amser llawn. Mae'r data'n dangos bod menywod yn fwy tebygol na dynion o weithio'n rhan-amser. Mae staff rhan-amser benywaidd yn cynrychioli 14.42% o gyfanswm y gweithlu, o'i gymharu â 7.33% ar gyfer staff rhan-amser gwrywaidd. Mae hyn yn parhau i fod yn berthnasol wrth ystyried y bwlch cyflog rhwng y rhywiau, gan y gall patrymau gwaith effeithio ar ddosbarthiad y gweithlu ar draws rolau, bandiau cyflog a chyfleoedd datblygu gyrfa.

Rhywedd	Benyw	Gwryw
Rhan amser	659 (14.42%)	335 (7.33%)
Llawn Amser	1,732 (37.90%)	1,844 (40.35%)

Rhywedd	% sy'n gweithio'n rhan-amser o fewn y grŵp rhywedd
Benyw	27.56%
Gwryw	15.37%

Mae menywod bron ddwywaith yn fwy tebygol na dynion o weithio'n rhan-amser yn y set ddata hon.

Mae'r tabl hwn yn dangos cymhareb y gweithwyr gwrywaidd a benywaidd ar draws y gwahanol fandiau cyflog yn y sefydliad. Mae mwy o fenywod yn cael eu cynrychioli ym mandiau cyflog 3, 4, 6 ac 8d, tra bod mwy o ddynion yn cael eu cynrychioli ym mandiau cyflog 2, 5, 7, 8a, 8b ac 8c. Mae'r data'n awgrymu bod y bwlch cyflog rhwng y rhywiau yn cael ei ddylanwadu'n rhannol gan ddosbarthiad dynion a menywod ar draws y bandiau cyflog, yn enwedig lle mae dynion yn parhau i gael eu cynrychioli'n fwy mewn rhai bandiau cyflog uwch.

Band Cyflog	Menywod	Dynion
Arall	12 (0.26%)	10 (0.22%)
Band 2	47 (1.03%)	48 (1.05%)
Band 3	686 (15.01%)	526 (11.51%)
Band 4	206 (4.51%)	116 (2.54%)
Band 5	512 (11.20%)	530 (11.60%)
Band 6	596 (13.04%)	550 (12.04%)
Band 7	210 (4.60%)	264 (5.78%)
Band 8a	72 (1.58%)	82 (1.79%)
Band 8b	26 (0.57%)	27 (0.59%)
Band 8c	14 (0.31%)	17 (0.37%)
Band 8d	10 (0.22%)	9 (0.20%)
Cyfanswm	2,391 (52.32%)	2,179 (47.68%)

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%	95p	11.2%	89c
2018-2019	4.7%	95p	8.9%	91c
2019-2020	5.5%	94p	9.9%	90c
2020-2021	5.2%	95p	7.94%	92c
2021-2022	6.7%	93p	7.29%	93c
2022-2023	5.4%	95p	6.3%	94c
2023-2024	5.6%	95p	6.0%	93c
2024-2025	5.3%	95p	3.9%	96c
2025-2026	4.5%	95.5p	6.5%	93.5c

Casgliad

Wrth ddatblygu mentrau, mae'n hanfodol cofio bod ein hunaniaethau a'n profiadau yn gymhleth ac yn amrywiol. 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 datgelu haenau'r anghydraddoldebau

Gwneud WAST yn sefydliad gwirioneddol gynhwysol

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

Gender Pay Gap Report 2025-2026

Table of Contents

Introduction

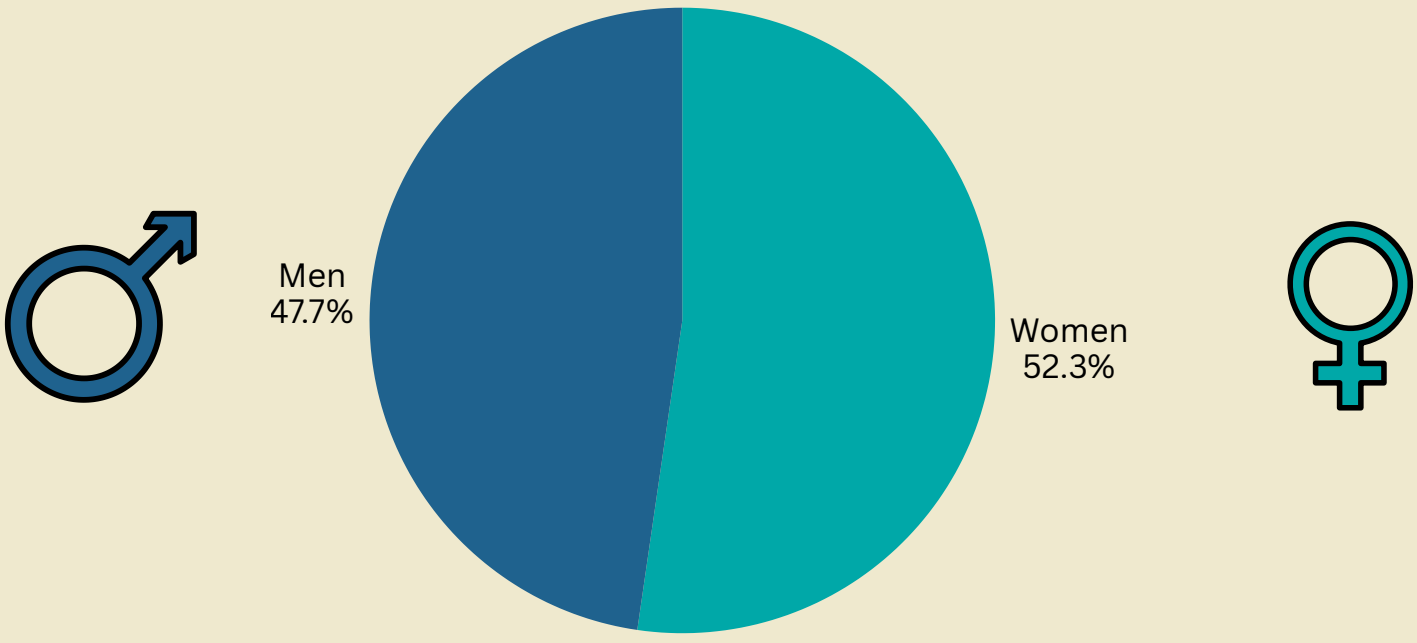
The gender pay gap reporting requirements are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. As an organisation that employs more than 250 people the Welsh Ambulance Services University NHS Trust must publish and report specific information about our gender pay gap both 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 measures 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 2025 and 31st March 2026.

As at 31st of March 2026, the Welsh Ambulance Service employed 2391 women and 2179 men. Therefore approximately 52.3% of the workforce were female and 47.7% were male. These figures include both substantive and bank staff.



Snapshot data as of 31 March 2026

Women's mean hourly rate is 4.5% lower than men's. On average, women are paid an hourly rate of £20.93 in comparison to men who are paid £21.93.

In other words when comparing mean hourly rates, women earn 95.5p for every £1 earned by men.

Women's median hourly rate is 6.5% lower than men's. The median hourly rate of pay for women is £19.72 in comparison to men which is £21.09

In other words when comparing median hourly rates, women earn paid 93.5p for every £1 earned by men.

No bonus payments were made during the reporting period; therefore, there is no mean or median bonus gender pay gap to report.

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

53.11%	♀
46.89%	♂

53% of the Lower Quartile are Women

Quartile 2: Lower Middle Quartile

58.59%	♀
41.41%	♂

59% of the Lower Middle Quartile are Women

Quartile 3: Upper Middle Quartile

49.25%	♀
50.75%	♂

49% of the Upper Middle Quartile are Women

Quartile 4: Upper Quartile

44.89%	♀
55.11%	♂

45% of the Upper Quartile are Women

Report interpretation:

- Women continue to be overrepresented in the lower and lower-middle pay quartiles.
- Men remain overrepresented in the upper-middle and upper pay quartiles.
- The upper quartile remains male-dominated, with 55.11% men compared with 44.89% women.

Comparison with last year:

Female representation in the upper quartile has improved from 43.09% in 2024–2025 to 44.89% in 2025–2026. However, women are still underrepresented in the highest-paid quartile.

Working Patterns

This table shows the proportion of male and female employees who work between part-time and full-time. The data shows that women are more likely than men to work part-time. Female part-time staff represent 14.42% of the total workforce, compared with 7.33% for male part-time staff. This remains relevant when considering the gender pay gap, as working patterns may affect workforce distribution across roles, pay bands and career progression opportunities.

Gender	Female	Male
Part time	659 (14.42%)	335 (7.33%)
Full Time	1,732 (37.90%)	1,844 (40.35%)

Gender	% working part-time within gender group
Female	27.56%
Male	15.37%

Women are nearly twice as likely as men to work part-time in this dataset.

This table demonstrates the distribution of male to female employees across the different pay bands in the organisation. Women are overrepresented in Bands 3, 4, 6 and 8d, while men are overrepresented in Bands 2, 5, 7, 8a, 8b and 8c. The data suggests that the gender pay gap is partly influenced by the distribution of men and women across pay bands, particularly where men remain overrepresented in some higher-paid bands.

Pay Band	Female	Male
Other	12 (0.26%)	10 (0.22%)
Band 2	47 (1.03%)	48 (1.05%)
Band 3	686 (15.01%)	526 (11.51%)
Band 4	206 (4.51%)	116 (2.54%)
Band 5	512 (11.20%)	530 (11.60%)
Band 6	596 (13.04%)	550 (12.04%)
Band 7	210 (4.60%)	264 (5.78%)
Band 8a	72 (1.58%)	82 (1.79%)
Band 8b	26 (0.57%)	27 (0.59%)
Band 8c	14 (0.31%)	17 (0.37%)
Band 8d	10 (0.22%)	9 (0.20%)
Total	2,391 (52.32%)	2,179 (47.68%)

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.

	Women's mean hourly rate as percentage (%) lower than men's.	Women's mean hourly rate for every £1 earned by men.	Women's median hourly rate as percentage (%) lower than men's.	Women's median hourly rate for every £1 earned by men.
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
2025-2026	4.5%	95.5p	6.5%	93.5p

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

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

ADRODDIAD MONITRO CYDRADDOLDEB Y GWEITHLU

2025-2026

Tabl Cynnwys

Cyflwyniad

Mae'n bleser gennym gyflwyno Adroddiad Monitro Cydraddoldeb y Gweithlu Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru ar gyfer 2025-2026.

Mae'r adroddiad hwn yn darparu gwybodaeth monitro cydraddoldeb y gweithlu yn unol â gofynion y Ddeddf Cydraddoldeb 2010 a Dyletswydd Cydraddoldeb y Sector Cyhoeddus. Mae'n rhoi trosolwg o broffil gweithlu'r Ymddiriedolaeth ar 31 Mawrth 2026 ac yn cynnwys gwybodaeth sy'n ymwneud â nodweddion gwarchodedig, patrymau gwaith, staff a ymunodd â'r Ymddiriedolaeth a staff a adawodd yr Ymddiriedolaeth yn ystod y cyfnod adrodd.

Diben yr adroddiad hwn yw cefnogi tryloywder, monitro cynrychiolaeth y gweithlu, nodi meysydd i'w gwella a helpu'r Ymddiriedolaeth i barhau i adeiladu gweithlu sy'n gynhwysol ac yn adlewyrchu'r cymunedau y mae'n eu gwasanaethu.

Cefndir

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. Y rhain yw:

- 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 rydym 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 warchodedig

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 2026 sef 4,570. Sylwer nad yw'r ffigur hwn yn cynnwys ein haelodau staff banc.

DATA CYDRADDOLDEB

Cynyddodd staff o gefndiroedd Du, Asiaidd ac ethnig leiafrifol o 1.63% i 2.10%

Cynyddodd nifer y menywod o 50.5% i 52.32%

Cynyddodd nifer y staff ag anabledd o 7.94% i 9.65%

Cynyddodd nifer y staff sy'n nodi eu bod yn LHD+ o 5.72% i 6.50%

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 nodi y dylai 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 2025-2026

Band cyflog	% o fenywod	% o ddynion
Band 2	1.03%	1.05%
Band 3	15.01%	11.51%
Band 4	4.51%	2.54%
Band 5	11.20%	11.60%
Band 6	13.04%	12.04%
Band 7	4.60%	5.78%
Band 8A	1.58%	1.79%
Band 8B	0.57%	0.59%
Band 8C	0.31%	0.37%
Band 8D	0.22%	0.20%
Arall	0.26%	0.22%

Math o gontract	% o fenywod	% o ddynion
Amhenodol	0. 00%	0. 00%
Rhan Amser	14.42%	7.33%
Llawn Amser	37.90%	40.35%

Oedran

Band oedran	Nifer y bobl	%	CALI
<=20	45	0.98%	41.87
21-25	297	6.50%	286.49
26-30	501	10.96%	483.94
31-35	605	13.24%	569.76
36-40	554	12.12%	519.17
41-45	456	9.98%	428.74
46-50	488	10.68%	467.51
51-55	616	13.48%	585.64
56-60	540	11.82%	485.91
61-65	383	8.38%	311.96
66-70	69	1.51%	49.55
>=71 Years	16	0.35%	11.14
Cyfanswm terfynol	**4,570**	**100.00%**	**4,241.67**

Statws priodasol

Statws priodasol	Nifer y bobl	%	CALI
Mewn partneriaeth sifil	124	2.71	118.35
Wedi ysgaru	303	6.63	272.43
Wedi gwahanu'n gyfreithiol	51	1.12	46.55
Yn briod	2,061	45.10	1885.22
Yn sengl	1,658	36.28	1575.14
Anhysbys	296	6.48	273.40
Amhenodol	42	0.92	40.19
Yn weddw	35	0.77	30.39
Cyfanswm terfynol	**4,570**	**100.00**	**4,241.67**

Religion and Belief

Crefydd a chred	Nifer y bobl	%	CALI
Anffyddiaeth	1,226	26.83	1157.74
Bwdhaeth	15	0.33	14.64
Cristnogaeth	1,855	40.59	1706.24
Hindŵaeth	4	0.09	3.87
Islam	20	0.44	19.11
Iddewiaeth	2	0.04	1.85
Siciaeth	0	0	0
Heb ei ddatgan	713	15.60	668.75
Arall	519	11.36	486.58
Amhenodol	216	4.73	182.89
Cyfanswm	**4,570**	**100.00**	**4,241.67**

Cyfeiriadedd rhywiol

Cyfeiriadedd rhywiol	Nifer y bobl	%	FTE
Deurywiol	101	2.21	95.48
Hoyw neu lesbiaidd	179	3.92	172.90
Gwahanrywiol neu syth	3,734	81.71	3,471.97
Heb ddatgan	320	7.00	298.56
Cyfeiriadedd rhywiol arall nad yw wedi'i restru	17	0.37	16.80
Heb benderfynu	10	0.22	9.50
Amhenodol	209	4.57	176.47
Cyfanswm	4,570	100.00	4,241.67

Ethnigrwydd

Grŵp Ethnig	Nifer y bobl	%	CALI
A Gwyn - Prydeinig	3,535	77.35%	3314.65
B Gwyn – Gwyddelig	28	0.61%	25.74
C Gwyn – unrhyw gefndir Gwyn arall	66	1.44%	63.05
C2 Gwyn Gwyddel/Gwyddeles o Ogledd Iwerddon	2	0.04%	2.00
C3 Gwyn Amhenodol	35	0.77%	30.49
CA Gwyn Seisnig	35	0.77%	30.69
CB Gwyn Albanaidd	0	0.00%	0
CC Gwyn Cymreig	364	7.96%	321.74
CX Gwyn Cymysg	1	0.02%	1.00
CY Gwyn Ewropeaidd Arall	4	0.09%	3.80
D Cymysg – Gwyn a Du Caribïaidd	5	0.11%	5.00
E Cymysg – Gwyn a Du Affricanaidd	4	0.09%	2.80
F Cymysg – Gwyn ac Asiaidd	14	0.31%	13.14
G Cymysg – Unrhyw gefndir cymysg arall	13	0.28%	11.32
GC Cymysg - Du a Gwyn	1	0.02%	1.00
GD Cymysg - Tsieineaidd a Gwyn	1	0.02%	0.61
GF Cymysg - Arall/Amhenodol	1	0.02%	1
H Asiaidd neu Asiaidd Prydeinig – Indiaidd	10	0.22%	9.87
J Asiaidd neu Asiaidd Prydeinig – Pacistanaidd	6	0.13%	5.71
K Asiaidd neu Asiaidd Prydeinig – Bangladeshaidd	3	0.07%	2.33
L Asiaidd neu Asiaidd Prydeinig – unrhyw gefndir Asiaidd arall	5	0.11%	5
LH Asiaidd Prydeinig	1	0.02%	1
M Du neu Ddu Prydeinig – Caribïaidd	5	0.11%	4.84
N Du neu Ddu Prydeinig – Affricanaidd	14	0.31%	13.40
R Tsieineaidd	3	0.07%	2.1
S Unrhyw grŵp ethnig arall	6	0.13%	5.60
SC Ffilipinaidd	2	0.04%	2.00
SE Arall Penodedig	2	0.04%	1.43
Amhenodol	218	4.77%	186.03
Z Heb ei ddatgan	186	4.07%	174.33
Cyfanswm	**4,570**	**100.00%**	**4,241.67**

Anabledd

Baner anabledd	Nifer y bobl	%	CALI
Dim anabledd	3,579	78.32	3,341.28
Heb ei ddatgan	271	5.93	246.34
Gwell gennyf beidio ag ateb	25	0.55	24.15
Amhenodol	254	5.56	221.41
Yn anabl	441	9.65	408.50
Cyfanswm	**4,570**	**100.00**	**4,241.67**

Pobl sydd wedi ymuno â'r Ymddiriedolaeth

Rhwng 1 Ebrill 2025 a 31 Mawrth 2026, penodwyd 535 o staff i swyddi o fewn yr Ymddiriedolaeth.

Roedd 59.25% yn fenywod
Roedd 40.75% yn ddynion

Dywedodd 11.40% eu bod yn LHD+

Roedd 5.42% o gefndir Du, Asiaidd ac ethnig leiafrifol

Roedd gan 11.96% anabledd.







Pobl sydd wedi gadael yr Ymddiriedolaeth

Rhwng 1 Ebrill 2025 a 31 Mawrth 2026, gadawodd 378 o bobl yr Ymddiriedolaeth.

Roedd 50.26% yn fenywod

Dywedodd 6.08% eu bod yn LHD+

Roedd 2.63% o gefndiroedd Du, Asiaidd ac ethnig leiafrifol

Roedd gan 9.26% anabledd

Roedd 49.74% yn ddynion

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

WORKFORCE EQUALITY MONITORING REPORT 2025-2026

Table of Contents

Introduction

We are pleased to present the Welsh Ambulance Services University NHS Trust Workforce Equality Monitoring Report for 2025–2026.

This report provides workforce equality monitoring information in line with the Equality Act 2010 and the Public Sector Equality Duty. It gives an overview of the Trust's workforce profile as of 31 March 2026 and includes information relating to protected characteristics, working patterns, staff who joined the Trust and staff who left the Trust during the reporting period.

The purpose of this report is to support transparency, monitor workforce representation, identify areas for improvement, and help the Trust continue to build a workforce that is inclusive and reflective of the communities it serves.

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
- 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 considering new legislation and other new developments.
- Engage with stakeholders around these issues, providing partners and the public with transparency.

Welsh Ambulance Services 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 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 of 31 March 2026 which was 4,570. 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 1.63% to 2.10%

Women increased from 50.5% to 52.32%

Staff with a disability increased from 7.94% to 9.65%

Staff who identify as LGB+ increased from 5.72% to 6.50%

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 2025-2026

Pay band	Female %	Male %
Band 2	1.03%	1.05%
Band 3	15.01%	11.51%
Band 4	4.51%	2.54%
Band 5	11.20%	11.60%
Band 6	13.04%	12.04%
Band 7	4.60%	5.78%
Band 8A	1.58%	1.79%
Band 8B	0.57%	0.59%
Band 8C	0.31%	0.37%
Band 8D	0.22%	0.20%
Other	0.26%	0.22%

Contract Type	Female %	Male %
Unspecified	0. 00%	0. 00%
Part Time	14.42%	7.33%
Full Time	37.90%	40.35%

Age

Age Band	Headcount	%	FTE
<=20 Years	45	0.98%	41.87
21-25	297	6.50%	286.49
26-30	501	10.96%	483.94
31-35	605	13.24%	569.76
36-40	554	12.12%	519.17
41-45	456	9.98%	428.74
46-50	488	10.68%	467.51
51-55	616	13.48%	585.64
56-60	540	11.82%	485.91
61-65	383	8.38%	311.96
66-70	69	1.51%	49.55
>=71 Years	16	0.35%	11.14
Grand Total	**4,570**	**100.00%**	**4,241.67**

Marital Status

Marital Status	Headcount	%	FTE
Civil Partnership	124	2.71	118.35
Divorced	303	6.63	272.43
Legally Separated	51	1.12	46.55
Married	2,061	45.10	1885.22
Single	1,658	36.28	1575.14
Unknown	296	6.48	273.40
Unspecified	42	0.92	40.19
Widowed	35	0.77	30.39
Grand Total	**4,570**	**100.00**	**4,241.67**

Religion and Belief

Religion and Belief	Headcount	%	FTE
Atheism	1,226	26.83	1157.74
Buddhism	15	0.33	14.64
Christianity	1,855	40.59	1706.24
Hinduism	4	0.09	3.87
Islam	20	0.44	19.11
Judaism	2	0.04	1.85
Sikhism	0	0	0
Not Disclosed	713	15.60	668.75
Other	519	11.36	486.58
Unspecified	216	4.73	182.89
Grand Total	**4,570**	**100.00**	**4,241.67**

Sexual Orientation

Sexual Orientation	Headcount	%	FTE
Bisexual	101	2.21	95.48
Gay or Lesbian	179	3.92	172.90
Heterosexual or Straight	3,734	81.71	3,471.97
Not Disclosed	320	7.00	298.56
Other sexual orientation not listed	17	0.37	16.80
Undecided	10	0.22	9.50
Unspecified	209	4.57	176.47
Grand Total	**4,570**	**100.00**	**4,241.67**

Ethnicity

Ethnic Group	Headcount	%	FTE
A White - British	3,535	77.35%	3314.65
B White - Irish	28	0.61%	25.74
C White - Any other White background	66	1.44%	63.05
C2 White Northern Irish	2	0.04%	2.00
C3 White Unspecified	35	0.77%	30.49
CA White English	35	0.77%	30.69
CB White Scottish	0	0.00%	0
CC White Welsh	364	7.96%	321.74
CX White Mixed	1	0.02%	1.00
CY White Other European	4	0.09%	3.80
D Mixed - White & Black Caribbean	5	0.11%	5.00
E Mixed - White & Black African	4	0.09%	2.80
F Mixed - White & Asian	14	0.31%	13.14
G Mixed - Any other mixed background	13	0.28%	11.32
GC Mixed - Black & White	1	0.02%	1.00
GD Mixed - Chinese & White	1	0.02%	0.61
GF Mixed - Other/Unspecified	1	0.02%	1
H Asian or Asian British - Indian	10	0.22%	9.87
J Asian or Asian British - Pakistani	6	0.13%	5.71
K Asian or Asian British - Bangladeshi	3	0.07%	2.33
L Asian or Asian British - Any other Asian background	5	0.11%	5
LH Asian British	1	0.02%	1
M Black or Black British - Caribbean	5	0.11%	4.84
N Black or Black British - African	14	0.31%	13.40
R Chinese	3	0.07%	2.1
S Any Other Ethnic Group	6	0.13%	5.60
SC Filipino	2	0.04%	2.00
SE Other Specified	2	0.04%	1.43
Unspecified	218	4.77%	186.03
Z Not Stated	186	4.07%	174.33
Grand Total	**4,570**	**100.00%**	**4,241.67**

Disability

Disability Flag	Headcount	%	FTE
No	3,579	78.32	3,341.28
Not Declared	271	5.93	246.34
Prefer Not To Answer	25	0.55	24.15
Unspecified	254	5.56	221.41
Yes	441	9.65	408.50
Grand Total	4,570	100.00	4,241.67

People who have joined the Trust

Between 1st April 2025 – 31st March 2026, 535 staff were appointed to positions within the Trust.

59.25% were Female
40.75% were Male

11.40% identified as LGB+

5.42% were from Black, Asian Minority Ethnic background

11.96% had a disability.

People who have left the Trust

Between 1st April 2025 – 31st March 2026, 378 people left the Trust.

50.26 % were Female

6.08% identified as LGB+

2.63% were from Black, Asian Minority Ethnic background

9.26% had a disability

49.74% were Men

Welsh Ambulance Services University NHS Trust

Strategic Equality Plan Annual Update 2025-2026

GIG CYMRU NHS WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwlans Cymru

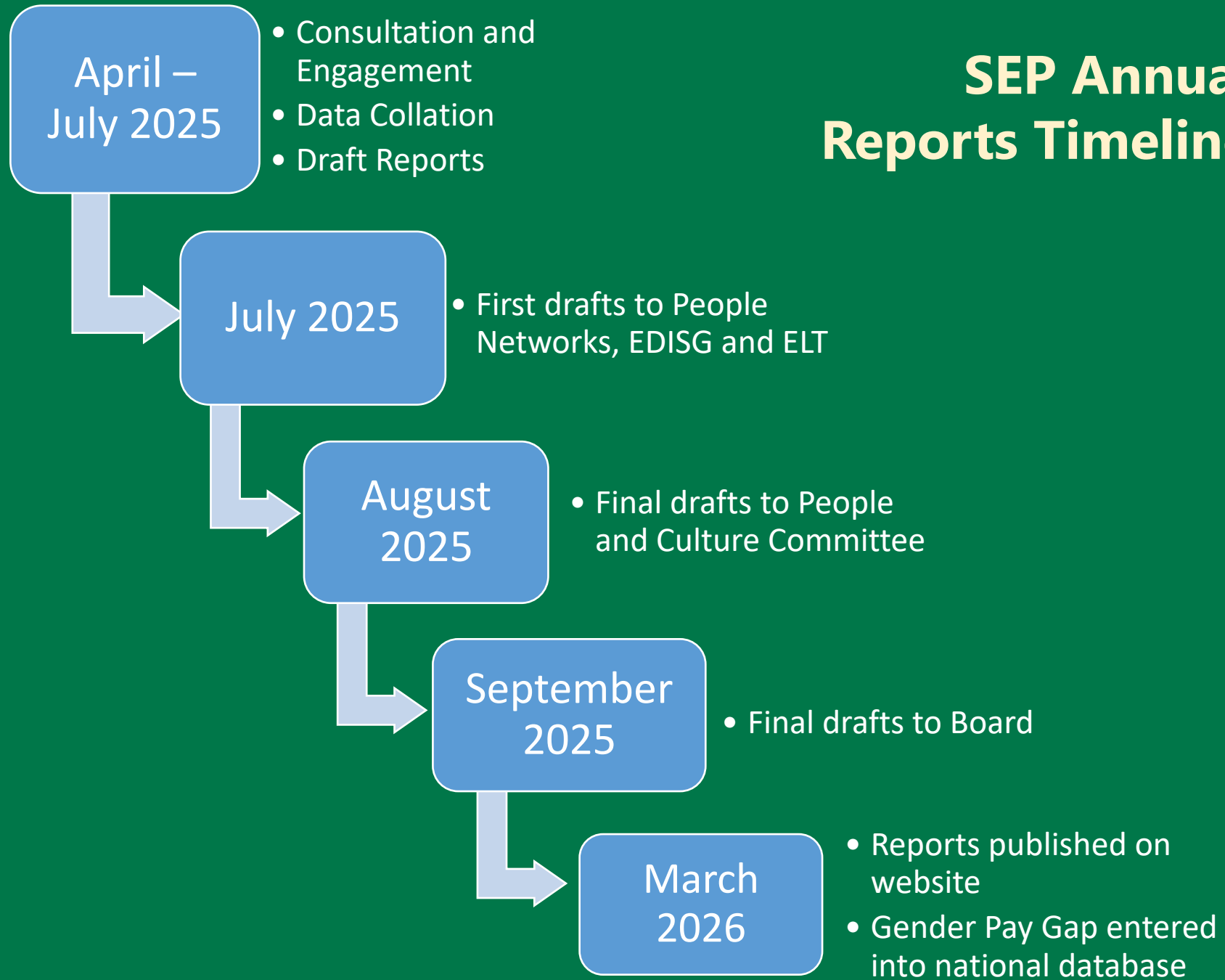
Welsh Ambulance Services
University NHS Trust

AMB_Inclusion@wales.nhs.uk

Our Strategic Equality Objectives

- Design Equitable Services
- Lead by Example
- Be an Employer of Choice
- Create Allyship

SEP Annual Reports Timeline



KEY ACHIEVEMENTS

Design Equitable Services

- ✓ Increased call taking capacity in Welsh Language 111 Services
- ✓ Introduction of multilingual chatbot to improve access to healthcare services
- ✓ In-built accessibility tools and translation software

Lead by Example

- ✓ Launch of Our WAST Way and Essential Conversations (delivered 350+ managers)
- ✓ Strengthening social partnership
- ✓ Culture as a focus at Operational Directorate development days
- ✓ Targeted sexual harassment training to senior management teams
- ✓ Exec Sponsors appointed to People Networks

Be an Employer of Choice

- ✓ Inclusive recruitment activity in our Digital Team and contact centres.
- ✓ Reduced inequities in our Race Equality Standard
- ✓ Employee Carer Confident Level 2 achieved
- ✓ Charitable funds initiatives to improve workforce health and wellbeing

Create Allyship

- ✓ New People Networks, increased membership and people network activity – religious celebrations, endometriosis champions, menopause support, Black History Month and Pride events
- ✓ Introduction of neurodiversity pledge and health and wellbeing passport to support staff with a disability

Workforce Diversity

Black, Asian and Ethnic Minority Staff increased from 1.63 to **2.10%**

Staff with a **disability** increased from 7.94% to **9.65%**

Staff who identify as **LGB+** increased from 5.72% to **6.50%**

Women increased from 50.5% to **52.32%**

Inclusive recruitment initiatives resulting in increased applications from Black, Asian and Minority Ethnic individuals, shortlisting and interview with some successful appointments

Aspiring Board Members Programme has enabled continued reciprocal mentorship

More diverse panel members and support at large-scale recruitment events and for our senior appointment stakeholder panels

Increase in Welsh speaking staff and veterans

Gender Pay Gap

Down from 5.3 to **4.5%**

Stems from Bands 8A and above

Appointment of Female CEO and Deputy CEO

Participation in National Aspiring Operational Directors Programme

What it means for our service users

Quicker access to 111 healthcare advice for Welsh speakers in their preferred language

New Listening to People regulations will make it easier for two-way conversations and offer better resolutions and learning opportunities for the Trust

Service users with dementia and their families working with colleagues at the Quality Conference 2025 to offer their personal insights into using our services and how we can improve them

Appointment of a new Learning Disability Clinical Specialist to support ongoing improvements in care, patient experience and patient outcomes for people with a learning disability

Rapid maternity assessment cards for pregnant Black, Asian and Minority Ethnic individuals to reduce harmful inequities

Easier access to our services for people who do not speak English or Welsh very well

New prototype bra used in CPR training to encourage more CPR for women in our communities

What it means for our colleagues

"I just wanted to say thank you so much for your time the other day; the networks that have been set up are such an amazing support."
(Feedback from attendee at CEO Roadshow promotional event)

Base layers for operational Muslim staff who wish to keep their arms covered in non-clinical settings

More staff have volunteered to take up the role of People Network Chair or Co-Chair, enabling our networks to be led more by colleagues and leading on initiatives that matter most to our workforce:

- Baby loss awareness remembrance trees
- Perimenopause GP-led sessions for staff
- Endometriosis-UK membership and action plan
- Coffee mornings for carers

Quicker access to maternity uniforms

Automatic doors and changes to our estates to improve access and workplace experience for colleagues with a disability

Staff respectfully challenged discriminatory comments on social media demonstrating active bystander behaviour

Challenges and Mitigating Risks

Training Attendance	• Continue to work with HoS to arrange training during team development days • Develop digital learning platform to house allyship and active bystander training modules
Engagement with SEP	• Continue to use Executive Leads to influence and encourage managers to embed the SEP Objectives to drive forward cultural changes
Financial Challenges	• Source best value training and development • Prioritise resources and workforce capacity to best meet the requirements of statutory requirements
Lack of Workforce Diversity	• Review inclusive recruitment initiative outcomes to identify further actions • Engage with diverse communities to promote the Trust as an inclusive employer

Next Steps

Analyse WES Report findings and SEP Self Assessment and meet with Welsh Government to discuss requirement actions

Evaluate the interventions already implemented to assess impact and outcomes for our service users, colleagues and stakeholders

Following robust evaluation, identify a smaller number of targeted activities which will have the biggest impact for our people

Review Strategic Equality Objectives and identify best way to embed EDI throughout the Trust and align to existing plans

Questions

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

Strategic Equality Plan Annual Update
2025-2026

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

Agenda Item No. 14

REPORT TITLE

Welsh Language Standards Annual Report 2025/26

MEETING

Name of meeting	People and Culture Committee
Date of meeting	11 August 2026
Public or Private	Private
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Trish Mills, Director of Corporate Governance/Board Secretary
Author(s) of report	Melfyn Hughes, Welsh Language Services Manager

PURPOSE OF REPORT

☐ Approval	☒ Endorsement
☐ Assurance	☐ Discussion
☐ Information (goes in consent items)	☐ Noting

REPORT SUMMARY

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

1. The Trust presents its seventh 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 Executive Leadership Team is asked to note key developments, challenges, and improvement plans, particularly in relation to call handling performance, governance alignment, and digital service provision.

Key issues to draw out from the annual report include:

2. During 2025/26, the Trust completed a self-assessment, as required by the Welsh Language Commissioner's Office, to evaluate its compliance with the Welsh Language Standards. The assessment identified the following levels of assurance across individual Standards (or groups of Standards), alongside areas targeted for further improvement:
   - High assurance: 46%
   - Medium assurance: 40%
   - Low assurance: 11%
   - No assurance: 3%

   See appendix 1 for the self-assessment questionnaire assurance levels.

3. Between April 2025 and March 2026, NHS 111 Wales Service reported a significant improvement in the proportion of calls answered in Welsh, increasing from 45% in 2024/25 to **62%.**

4. The NHS 111 Wales website redevelopment includes new symptom checkers to improve clinical accuracy, usability, and patient safety, alongside a stronger focus on Welsh-language access. The implementation of the new symptom checkers represents a significant step forward in digital Welsh-language provision, helping to ensure that Welsh-speaking users can safely access online advice and guidance in their language of choice, without delay or disadvantage.

5. The 'AIBot' virtual assistant supports Welsh interaction, allowing users to receive responses in their preferred language. Between 1 August 2025 and 31 March 2026, there were 42,000 interactions, including **72** in Welsh, and the Trust will continue to monitor usage in 2026/27.

6. In 2025/26, **31** staff members completed Welsh language courses designed to develop their skills, including the *Welcome Course*-part of the Welsh Government's *More than Just Words (Mwy na Geiriau)* strategy. The Trust also launched a pilot course, *"Welsh Language in Crisis:* aimed at Paramedics and Emergency Response Technicians. This 10-week online course, delivered via Teams by a Learn Welsh Workplace Tutor and promoted by the Learning and Development Team, was completed by **8** EMS staff and focused on the use of Welsh in to build rapport with patients from first contact through to hospital handover.

7. The Trust's Welsh Language Network, *Rhwyd-iaith*, was launched during the reporting period to provide an open and transparent forum for staff who actively support the use, visibility, and growth of the Welsh language and culture within the organisation. The network currently has **48** members. Rachel Marsh, Executive Director of Strategy, Planning and Performance, has been appointed as the executive sponsor for *Rhwyd-iaith*, providing senior leadership support and advocacy for its work.

8. The Trust's new five year plan on delivering clinical consultations in Welsh (Standard 110) has been developed and currently progressing the Trust's approval process. The plan has a strong focus on NHS 111 Wales call handlers, while also incorporating 111/RICS clinicians and, the 111 digital offer. Engagement with the Welsh Language Commissioner's Office (WLCO) in late 2025 has resulted in a shift in their position in relation to WAST, with recognition that increasing the Active Offer is more likely to be achieved through call handlers and the digital offer. The Commissioner had previously determined that call handlers only fell under Standard 10 for telephone answering rather than Standard 110 on delivering clinical consultations in Welsh.

9. An internal audit during the reporting period provided reasonable assurance of the Trust's compliance with the Welsh Language Standards and highlighted improvements needed in consistent monitoring, the effectiveness of the Welsh Language Advisory Group, and recording of complaints. In response, the Trust is strengthening governance by reviewing the group's structure and membership, improving meeting arrangements and accountability, and introducing a consistent system for capturing and reporting all Welsh language complaints on Datix, including those resolved locally.

10. Since its launch in September 2023 the in-house translation service has translated over 1,000,000 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.

Looking Ahead - Priorities for 2026-2027

11. Workforce development will be a key enabler during 2026/27, with a specific focus on the development of a Welsh Language Recruitment Strategy to support the attraction, retention, and effective deployment of Welsh speaking staff across the Trust.

12. The Trust will finalise, approve and publish its 5-year Clinical Consultation Plan (2026–2031), aligned with Standard 110.

13. A Bilingual Services Mystery Shopper exercise is proposed for 2026/27 to provide an objective assessment of the Trust's compliance with The Standards.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The People and Culture Committee are asked to:

1. Endorse the annual report and recommend for approval by the Board and for publishing the report on the Trust's website.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance here regarding materiality and use of the Reading Room

Annex 1 Welsh Language Standards Annual Report 2025-2026

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
☒ SO1: Providing the right care or advice, in the right place, every time	☒ SO2: Enabling our people to be the best they can be
☐ SO3: Being at the forefront of innovation and technology	☐ SO4: Developing services in collaboration
☒ SO5: Being quality driven and clinically led	☐ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
Regulatory risk of fines being imposed by WLCO for non-compliance with the Standards.

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [link to standards]		
☒ Safe	☒ Timely	☒ Effective
☒ Efficient	☒ Equitable	☒ Person Centred
Quality Enablers (select all that apply) [link to standards]		
☒ Leadership	☒ Workforce	☒ Culture
☒ Information	☐ Learning Improvement and Research	☐ Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
☒ A socially responsible and inclusive employer	☐ An innovative and sustainable organisation	☒ A pro-active, accessible and equitable care provider
☐ n/a	☒ n/a	☐ n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document here for further details.

Does this paper require an impact assessment	☒ No ☐ Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
16 June 2026	Welsh Language Advisory Group
8 July 2026	Executive Leadership Team
15 July 2026	Equality Diversity and Inclusion Steering Group

Appendix 1

Welsh language standards No 7 Regulations self-assessment questionnaire

The purpose of the questionnaire: to gather information about the Trust's compliance with the Welsh Language Standards, indicating an assessed level of compliance with individual standards or groups of standards.

Level of compliance with the Welsh Language Standards are based on the following:

High assurance of compliance

The organisation complies with all requirements at all times, under all circumstances, except for rare exceptions.

Medium assurance of compliance

The organisation generally complies fully, but there are occasional instances or specific requirements where compliance is lacking.

Low assurance of compliance

The organisation complies in some cases or with some requirements, but not fully or consistently.

No assurance of compliance

The organisation does not comply with the requirements at all or only complies occasionally or with very few aspects.

No duty to comply

The requirements have not been imposed on the organisation, or the organisation does not carry out the relevant activity.


Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
University NHS Trust
YMDDIRIEDOLAETH
BRIFYSGOL GIG GWASANAETHAU
AMBIWLANS CYMRU
ADRODDIAD BLYNYDDOL
SAFONAU'R GYMRAEG
2025-2026

Cynnwys

Croeso!

Fel Cadeirydd a Phrif Weithredwr Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru (‘WAST’ / ‘yr Ymddiriedolaeth’), rydym yn falch o gyflwyno ein seithfed adroddiad blynyddol ar weithredu Safonau’r Gymraeg.

Mae Mesur y Gymraeg (Cymru) 2011 yn darparu'r fframwaith statudol sy'n ei gwneud yn ofynnol i'r Ymddiriedolaeth gydymffurfio â Safonau'r Gymraeg. Y tu hwnt i gydymffurfio, mae'r Ymddiriedolaeth yn gweld y Mesur fel cyfle i gryfhau ansawdd a hygyrchedd gwasanaethau drwy'r Gymraeg. Mae cynnydd yn parhau drwy Fframwaith Iaith Gymraeg yr Ymddiriedolaeth, yn unol â *Chynllun Gweithredu Mwy na geiriau 2022–2027*, gan gynnwys datblygu strategaeth recriwtio iaith Gymraeg.

Mae arweinyddiaeth gref gan y bwrdd yn sail i'r gwaith hwn, gyda llywodraethu clir, integreiddio strategol, a goruchwyliaeth o'r Cynllun Cydraddoldeb Strategol, y Cynllun Pobl a Diwylliant, cynnig rhagweithiol yr Ymddiriedolaeth, ac Adroddiad Blynyddol Safonau'r Gymraeg. Mae Safonau Darparu Gwasanaethau wedi gwella, wedi'u cefnogi gan gyflwyno gwasanaeth cyfieithu mewnol, gan wella cyflymder a chysondeb gohebiaeth a chyfathrebu dwyieithog. Mae gwelliant pellach wedi'i gynllunio ar gyfer gwasanaethau derbynfa fel pwynt mynediad allweddol i siaradwyr Cymraeg.

Mae cynnydd sylweddol wedi'i wneud o ran Polisi a Safonau Gweithredu. Mae pob polisi’r Ymddiriedolaeth bellach yn cynnwys asesiadau o’r effaith ar y Gymraeg, ac mae 97% o’r staff wedi cofnodi eu sgiliau iaith Gymraeg ar y Cofnod Staff Electronig (ESR). Mae mynediad at wasanaethau Cymraeg yn parhau i gynyddu, gyda 62% o alwadau GIG 111 Cymru a gynigiwyd yn y Gymraeg yn cael eu hateb yn y Gymraeg. Bydd cynllun ymgynghori pum mlynedd yr Ymddiriedolaeth yn cael ei gyhoeddi yn unol â Safon 110 yn ystod chwarter 2 o 2026/27, gyda chefnogaeth gwaith partneriaeth a Swyddfa Comisiynydd y Gymraeg.

Mae gallu staff wedi’i gryfhau drwy swyddogion ymchwilio sy’n siarad Cymraeg, adnoddau mewnrwyd estynedig, hyfforddiant ymwybyddiaeth o’r Gymraeg gorfodol (79% wedi’i gwblhau), a chwrs Cymraeg i ddechreuwyr newydd ar gyfer staff y Gwasanaeth Meddygol Brys. Rhoddodd archwiliad mewnol yn ystod y cyfnod adrodd

sicrwydd rhesymol o gydymffurfedd yr Ymddiriedolaeth â Safonau'r Gymraeg a nododd feysydd i'w gwella ymhellach.

Mae'r Bwrdd yn edrych ymlaen at barhau i gefnogi'r Gymraeg, gan sicrhau o leiaf fod cwrteisi Cymraeg yn rhan o'i gyfarfodydd, a bod aelodau'r cyhoedd a staff sy'n dymuno cyfathrebu â'r Bwrdd yn Gymraeg yn gallu gwneud hynny yn unol â'r cynnig rhagweithiol.

Colin Dennis
Cadeirydd

Emma Wood
Prif Swyddog Gweithredol

1. Cyflwyniad

Dyma'r seithfed Adroddiad Blynyddol sy'n dangos sut mae Safonau'r Gymraeg wedi cael eu gweithredu o fewn y sefydliad.

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. Amdano'r Ymddiriedolaeth

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 24 awr y dydd, 7 diwrnod yr wythnos. Mae gwasanaethau'n cynnwys y canlynol:

- Gwasanaethau Meddygol Brys (EMS) 999: gan gynnwys ateb galwadau, ymgynghori clinigol o bell, gweld a thrin ac os oes angen, cludo i'r ysbyty neu gyfleuster trin priodol
- Y Gwasanaeth Cludiant Cleifion Di-frys (a elwir hefyd yn Ofal Ambiwlans): gan gynnwys ateb galwadau, cynllunio teithiau, comisiynu gwasanaethau, cludo cleifion 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.

Mae'r Ymddiriedolaeth yn wasanaeth a gomisiynwyd ar gyfer EMS, GIG 111 Cymru a Gofal Ambiwlans trwy Gyd-bwyllgor Comisiynu GIG Cymru. Mae'r Cyd-bwyllgor Comisiynu yn gydbwyllgor o'r saith bwrdd iechyd.

3. Cefndir Safonau'r Gymraeg (y 'Safonau')

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.

O fewn yr Ymddiriedolaeth, mae'r cysylltiad â'i gofynion o ran y Gymraeg yn allweddol, ac mae ei threfniadau llywodraethu diwygiedig yn adlewyrchu hynny. Mae'r Ymddiriedolaeth wedi datblygu cynllun gweithredu sy'n cefnogi'r Cynllun Cydraddoldeb Strategol ac sy'n cyd-fynd â chynllun gweithredu Mwy na geiriau 2022-27, ac sy'n ychwanegol ato.

5. Atebolrwydd a chymorth

5.1 Arweinwyr a Hyrwyddwyr y Gymraeg

Ochr yn ochr â Rheolwr Gwasanaethau'r Gymraeg yr Ymddiriedolaeth, mae Cyfarwyddwr Llywodraethu Corfforaethol ac Ysgrifennydd y Bwrdd yr

Ymddiriedolaeth, Trish Mills, yn gweithredu fel yr arweinydd gweithredol ar gyfer Gwasanaethau'r Gymraeg. Mae'r rôl hon yn darparu arweinyddiaeth a sicrwydd bod strwythurau cryf, llywodraethu a chysondeb ar waith i gefnogi datblygiad y Gymraeg ar draws yr Ymddiriedolaeth. Mae hyn yn cynnwys sicrhau cydymffurfedd â'r Safonau statudol a goruchwylio cyflawniad camau gweithredu o fewn Cynllun Gweithredu Mwy na geiriau 2022–27. Mae Trish hefyd wedi chwarae rhan allweddol wrth hyrwyddo defnydd bob dydd o'r Gymraeg drwy agor cyfarfodydd a gohebiaeth yn ddwyieithog gan ddefnyddio Cymraeg sylfaenol.

Rachel Marsh, Cyfarwyddwr Gweithredol Strategaeth, Cynllunio a Pherfformiad, yw arweinydd gweithredol rhwydwaith iaith Gymraeg yr Ymddiriedolaeth, *Rhwyd-iaith* . Yn rhinwedd y rôl hon, mae wedi arwain a chefnogi'r gwaith o ddatblygu'r fframwaith Cymraeg yn weithredol, gan gyfrannu at wreiddio'r Gymraeg ymhellach ym mhob rhan o'r sefydliad.

Mae Bwrdd yr Ymddiriedolaeth yn cael ei gefnogi gan Gyfarwyddwr Anweithredol a Hyrwyddwr y Gymraeg, sef Bethan Evans. Mae Bethan wedi bod yn allweddol wrth hyrwyddo'r Gymraeg yn fewnol ymhlith staff ac yn allanol gyda defnyddwyr gwasanaeth, gan gynnwys trwy lwyfannau cyfryngau cymdeithasol yr Ymddiriedolaeth. Fel siaradwr Cymraeg rhugl, mae eiriolaeth, cefnogaeth a her adeiladol Bethan yn y maes hwn wedi bod yn hynod werthfawr.

Trish Mills
Cyfarwyddwr Llywodraethu Corfforaethol / Ysgrifennydd y Bwrdd

Bethan Evans
Cyfarwyddwr Anweithredol

Rachel Marsh
Cyfarwyddwr Gweithredol Strategaeth, Cynllunio a Pherfformiad

5.2 Grŵp Cynghori'r Gymraeg

Mae'r Ymddiriedolaeth wedi sefydlu Grŵp Cynghori'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 y Cyfarwyddwr Newid Diwylliant, Angie Lewis. Roedd hwn yn gam pwysig i wreiddio cydymffurfedd drwy newid y diwylliant a'r agweddau tuag at y Gymraeg. Mae polisi a fframwaith yr Ymddiriedolaeth wedi'u strwythuro fel hyn yn gyffredinol.

Mae Grŵp Cynghori'r Gymraeg hwn yn darparu mecanwaith ar gyfer adolygu agweddau ar y Safonau, ac i sicrhau bod gwasanaeth boddhaol yn cael ei gynnal i bob claf ac aelod o'r cyhoedd sy'n defnyddio gwasanaethau'r Ymddiriedolaeth.

Nododd yr archwiliad mewnol ar y Safonau yn 2025/26 feysydd i'w gwella yn ymwneud â chysondeb monitro a gwreiddio safonau ar draws gwasanaethau, effeithiolrwydd Grŵp Cynghori'r Gymraeg, a chofnodi cwynion am y Gymraeg.

Mewn ymateb, mae'r Ymddiriedolaeth yn cryfhau trefniadau goruchwylio a llywodraethu. Mae hyn yn cynnwys adolygu cylch gorchwyl ac aelodaeth y grŵp cynghori fel rhan o newidiadau ehangach i drefniadau llywodraethu integredig, cyflwyno rhaglen gyfarfodydd fwy strwythuredig, a gwella lefelau presenoldeb ac atebolrwydd.

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'r Safonau.

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 – gan gynnwys y gwasanaeth GIG 111 Cymru a'r Gwasanaeth Cludiant Cleifion Di-frys (NEPTS) sy'n dod o dan bortffolio Gweithrediadau (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'r Safonau.

5.4 Bwrdd yr Ymddiriedolaeth

Cyfrifoldeb pennaf y bwrdd dros y Gymraeg yw adolygu a chymeradwyo'r adroddiad blynyddol a goruchwylio dangosyddion perfformiad allweddol y Gymraeg sy'n gysylltiedig â'r MIQPR (GIG 111 Cymru a NEPTS), ac o dan y Cynllun Cydraddoldeb Strategol trwy'r Pwyllgor Pobl a Diwylliant.

5.5 Trefn gwyno

Mae nifer o lwybrau ar gael i gyflwyno pryderon ynghylch cydymffurfedd â'r Safonau, gan gynnwys cysylltu'n uniongyrchol â'r Prif Weithredwr neu Reolwr Gwasanaethau Cymraeg. 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 Gwrando ar Bobl.

Os oes gan aelod o'r cyhoedd bryder ynghylch profiad diweddar o ddefnyddio gwasanaethau Cymraeg yr Ymddiriedolaeth , gallant gofrestru eu pryder drwy anfon neges e-bost at y Tîm Gwrando ar Bobl: amb_WASTListeningtopeople@wales.nhs.uk

Nododd yr archwiliad mewnol o'r Safonau ar gyfer 2025/26 fod y trefniadau ar gyfer cofnodi cwynion yn ymwneud â'r Gymraeg yn faes i'w wella. Mae gwaith ar y gweill i roi dull gweithredu cyson ar waith ar gyfer cofnodi ac adrodd ar bob cwyn sy'n ymwneud â'r Gymraeg ar Datix, gan gynnwys y rhai a allai eisoes fod wedi'u datrys yn lleol, er mwyn sicrhau bod gan yr Ymddiriedolaeth ddarlun cynhwysfawr o'r materion sy'n codi. Bydd yr wybodaeth hon yn cryfhau dysgu sefydliadol, yn gwella goruchwyliaeth, ac yn cefnogi sicrwydd parhaus o gydymffurfedd.

Mae manylion y cwynion a dderbyniwyd gan yr Ymddiriedolaeth yn ystod 2025/26 mewn perthynas â'r Gymraeg i'w gweld yn Adran 9.

SAFONAU'R GYMRAEG

Caiff cydymffurfedd â'r Safonau ei gategoreiddio i'r meysydd cydymffurfio a ganlyn:

- Cyflenwi Gwasanaethau
- Llunio Polisi
- Gweithrediadau
- Cadw Cofnodion

Yn ystod 2025/26, cwblhaodd yr Ymddiriedolaeth hunanasesiad Swyddfa Comisiynydd y Gymraeg o'i chydymffurfedd â'r Safonau. Amlinellir isod y lefelau cydymffurfio sy'n deillio o hyn ar gyfer Safonau unigol, neu grwpiau o Safonau, ynghyd â meysydd arfaethedig ar gyfer gwella.

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 dirwystr 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)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd ganolig ar gyfer Safonau 1–6 (gohebu â'r cyhoedd yn Gymraeg) a Safon 7 (gan gynnwys datganiad sy'n croesawu gohebiaeth yn Gymraeg ac yn cadarnhau na fydd gohebu yn Gymraeg yn arwain at oedi).

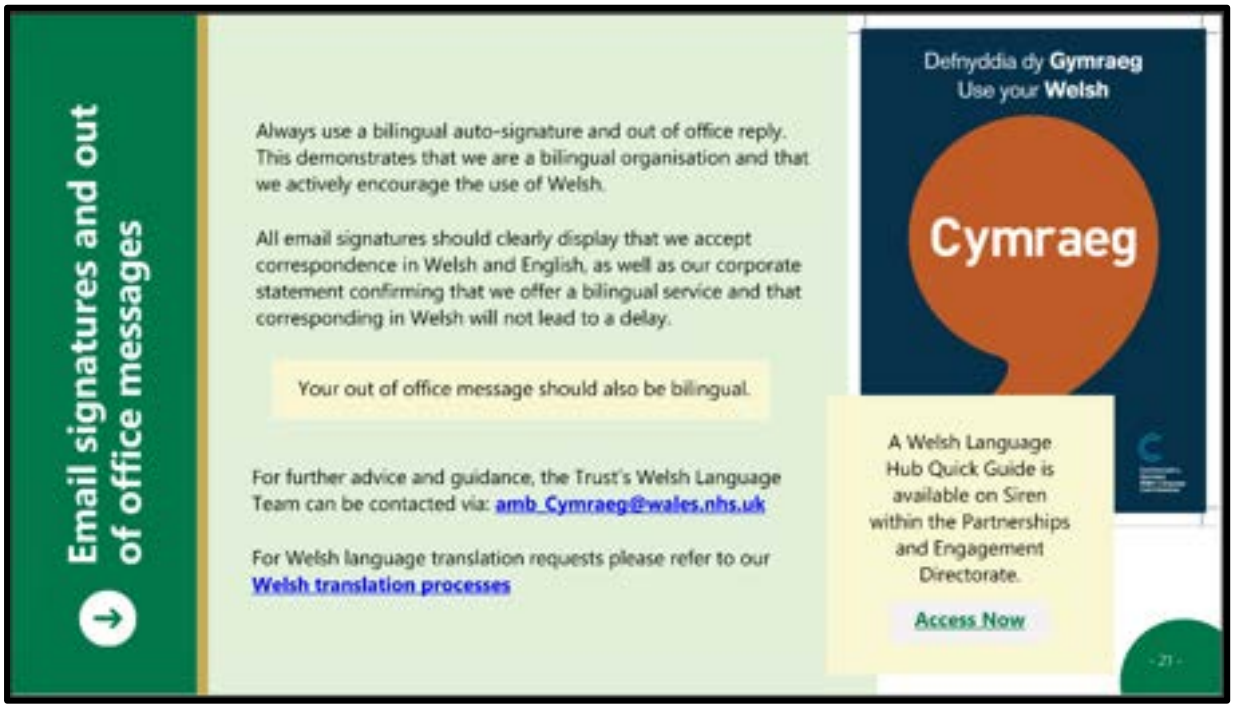
Mae gwasanaeth Cyfieithu'r Ymddiriedolaeth a sefydlwyd ym mis Medi 2023 yn darparu cefnogaeth ar gyfer gohebiaeth yn y Gymraeg gyda'r cyhoedd. Yn dilyn adolygiad o'r gwaith cyfieithu a wnaed gan wasanaeth cyfieithu mewnol yr Ymddiriedolaeth yn ystod 2025/26, darparwyd gohebiaeth yn Gymraeg ar gais yn y categorïau canlynol:

- Ceisiadau Rhyddid Gwybodaeth;
- Gohebiaeth partneriaeth;
- Llythyrau Gwrando ar Bobl;
- Gohebiaeth a gyhoeddwyd ar ran y Prif Weithredwr; a
- Gohebiaeth â Swyddfa Comisiynydd y Gymraeg.

Yn ystod y cyfnod adrodd, cafodd Canllawiau Brand yr Ymddiriedolaeth eu diweddaru i gynnwys adran benodol ar y Gymraeg, gan ddarparu canllawiau ar ddefnyddio llofnodion e-bost dwyieithog a negeseuon y tu allan i'r swyddfa. Yna

postiwyd y canllawiau hyn ar fewnrwyd yr Ymddiriedolaeth (Siren) a'u cysylltu â thudalen SharePoint y Safonau.

Yn ogystal, ym mis Ionawr 2026 adolygwyd a diweddarwyd yr holl bwyntiau mynediad cyhoeddus i wasanaethau a gyhoeddwyd ar wefan yr Ymddiriedolaeth i sicrhau bod yr opsiwn i gyfathrebu yn y Gymraeg yn glir.



Camau gweithredu pellach a gynlluniwyd

Bydd hysbysiad gan y gyfarwyddiaeth i'r sefydliad ehangach yn atgoffa cydweithwyr o'r Safonau a'r gofynion cysylltiedig wrth eu gweithredu yn ymarferol, ac yn gofyn iddynt ddarparu tystiolaeth o gydymffurfedd yn rhagweithiol i Reolwr Gwasanaethau'r Gymraeg er mwyn iddi gael ei chofnodi a'i defnyddio i lywio'r sicrwydd a roddir i'r Bwrdd.

Er mwyn codi ymwybyddiaeth ymhellach, hyrwyddo cydymffurfedd, a chael tystiolaeth i roi sicrwydd ychwanegol, bydd canllaw fideo byr yn helpu i hysbysu staff a gwirfoddolwyr.

Bwriedir cynnal ymarfer cwsmer cudd ar gyfer gwasanaethau dwyieithog yn ystod 2026/27 er mwyn darparu asesiad annibynnol a gwrthrychol o gydymffurfedd yr Ymddiriedolaeth â'r Safonau sy'n ymwneud â gohebiaeth. Bydd yr ymarfer yn cael ei

hwyluso gan Dîm Ymgysylltu â'r Cyhoedd yr Ymddiriedolaeth, gan weithio gydag aelodau o'r Rhwydwaith Pobl a'r Gymuned.

Yn ogystal, bydd archwiliadau chwarterol a monitro parhaus yn cael eu cynnal gan Reolwr Gwasanaethau'r Gymraeg drwy gydol 2026/27 i sicrhau cydymffurfedd â Safon 7 a chanllawiau brand yr Ymddiriedolaeth.

6.2 Galwadau ffôn (Safonau 8 – 20)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd canolig ar gyfer Safonau perthnasol 8-20 (Gwasanaethau ffôn ar gael yn y Gymraeg); gan nodi nad yw'r Safonau'n 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.

Yn ystod 2025/26, datblygodd a gweithredodd yr Ymddiriedolaeth linell ffôn derbynfa bwrpasol, gyda phrif rifau gweinyddol a derbynfa'r Ymddiriedolaeth wedi'u rhestru isod yn cael eu cyfeirio trwy blatfform Finesse. Mae hyn yn sicrhau bod galwyr yn cael cynnig dewislen ddwyieithog ar y pwynt cyswllt cyntaf:

- Tŷ Vantage Point, Cwmbrân: 01633 62 62 62
- Matrix, Abertawe: 01792 562 900
- Tŷ Elwy, Llanelwy 01745 532 900
- Gweinyddiaeth 111: 01792 776 252
- Tŷ Merton, Caerdydd: 02921 707 700

Yn ogystal, ar gyfer staff sy'n ateb galwadau ffôn mewn derbynfeydd a lleoliadau eraill (ac eithrio GIG 111 Cymru a NEPTS), mae cardiau desg "Sut i Ateb y Ffôn" yn cynnwys geirfa safonol wedi'u datblygu. Mae'r rhain yn cynnwys ymadroddion Cymraeg syml i gefnogi cyfarch galwyr a thrin galwadau'n ddwyieithog, gan helpu i gynnal cydymffurfedd â Safonau 17 a 18. Cafodd y cardiau geirfa desg eu hyrwyddo a'u dosbarthu i staff yn Sioeau Teithiol y Prif Weithredwyr a gynhaliwyd ym mis Ebrill a mis Hydref 2025.

Mae llinellau ffôn Gwasanaeth GIG 111 Cymru, NEPTS, a'r Tîm Gwrando ar Bobl (Gweithio i Wella yn gynt) i gyd yn gweithredu'n ddwyieithog. Mae galwyr i GIG 111 Cymru a NEPTS yn cael eu cyfarch â neges ddwyieithog wedi'i recordio, ac yna opsiwn i ddewis eu hiaith, naill ai Cymraeg neu Saesneg. Mae llinell ffôn dwyieithog ar gael i ganslo teithiau NEPTS ar 0300 1311 1390. Mae llinell ffôn Gwrando ar Bobl ar 0300 321 3211 hefyd yn ddwyieithog, ac mae galwyr yn gallu gadael neges ar y llinell honno hefyd. Mae ateb galwadau yn y Gymraeg o fewn Gwasanaeth 111 GIG Cymru yn cael ei fonitro a'i adrodd drwy'r Adroddiad Ansawdd a Pherfformiad Integredig Misol (MIQPR) i'r bwrdd. Mae data perfformiad ar gyfer ateb galwadau GIG 111 Cymru a NEPTS yn cael eu harchwilio'n fanylach yn adrannau canlynol yr adroddiad hwn.

Mae rhifau ffôn y gwasanaethau a restrir ar wefan yr Ymddiriedolaeth wedi cael eu hadolygu a'u diweddaru i sicrhau bod y fersiynau Cymraeg a Saesneg yn cyfateb.

Camau gweithredu pellach a gynlluniwyd

Er mwyn cryfhau cydymffurfedd, monitro a goruchwyliaeth ymhellach, mae'r Ymddiriedolaeth yn archwilio posibilrwydd cofnodi dewisiadau galwyr ar gyfer y gwasanaeth Cymraeg o fewn sgript trin -galwadau Cisco yn ystod 2026/27. Bydd hyn yn cefnogi dadansoddiad gwell o'r galw am y Gymraeg, yn gwella monitro gweithgaredd galwadau, ac yn helpu i nodi cyfleoedd i gryfhau cydymffurfedd a darpariaeth gwasanaeth.

Mae cronfa o staff sy'n siarad Cymraeg yn cael ei sefydlu er mwyn cefnogi adrannau eraill pan fo angen, yn enwedig ar gyfer galwadau ffôn byr lle nad oes angen cyfieithydd ar y pryd.

Er mwyn darparu sicrwydd, mae Rheolwr Gwasanaethau'r Gymraeg yn bwriadu cynnal archwiliad o system teleffoni'r Ymddiriedolaeth (ac eithrio galwadau 999) i sicrhau cydymffurfedd â'r Safonau.

6.2.1 GIG 111 Cymru – Adolygiad o'r gwasanaeth

Rhwng mis Ebrill 2025 a mis Mawrth 2026, adroddodd Gwasanaeth 111 GIG Cymru am welliant sylweddol yng nghyfran y galwadau a atebwyd yn y Gymraeg, gan gynyddu o 45% i 62% (cynnydd o 17% o'i gymharu â'r flwyddyn flaenorol).

Nifer y galwadau Cymraeg i'r Gwasanaeth GIG 111 Cymru a'r gyfradd ateb 2025-26

Dyddiad	Galwadau Cymraeg a gynigiwyd	Cyfanswm y galwadau a atebwyd yn Gymraeg	% y galwadau a atebwyd yn Gymraeg
01/04/25 – 31/03/26	18,282	11,165	62%
01/04/24 – 31/03/25	18,462	8,444	45%

Dros y flwyddyn ddiwethaf, cyflwynwyd sawl menter sydd wedi cyfrannu at gynnydd 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 i alwyr dewis peidio ag aros am driniwr galwadau sy'n siarad

Cymraeg ar ôl 15 munud. Mae hyn yn caniatáu i alwyr ailymuno â'r ciw Saesneg os yw'n well ganddynt, gan roi'r hyblygrwydd iddynt benderfynu a ydynt am barhau i aros am driniwr galwadau sy'n siarad Cymraeg.

Yn dilyn dadansoddiad pellach o batrymau galwadau Cymraeg, ac oherwydd bod y galw am y gwasanaeth Cymraeg ar ei uchaf yn ystod penwythnosau a Gwyliau Banc, mae'r gwasanaeth wedi ymestyn yr oriau y mae trinwyr galwadau Cymraeg penodedig ar gael, o 08:00–14:00 i 08:00–16:00.

Yn ystod yr amseroedd brig hyn, mae proffiliau dau driniwr galwadau sy'n siarad Cymraeg yn cael eu haddasu fel eu bod yn rheoli galwadau sy'n cyflwyno yn Gymraeg yn unig. Mae hyn wedi galluogi'r gwasanaeth i drin nifer uwch o alwadau Cymraeg yn ystod cyfnodau prysur, gan gyfrannu at gyfradd ateb well 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 staff yn parhau i gael eu cefnogi drwy sesiynau ymwybyddiaeth o'r Gymraeg a hyfforddiant ar drin galwadau sy'n cyflwyno yn y Gymraeg. O ganlyniad, mae nifer y cwynion Cymraeg a dderbyniwyd gan y gwasanaeth wedi lleihau, ni dderbyniwyd unrhyw gwynion ffurfiol am y Gymraeg yn ystod y cyfnod hwn.

Mae perfformiad yn erbyn y gyfradd ateb yn y Gymraeg yn parhau i fod yn ffocws allweddol i dîm arwain gweithredol GIG 111 Cymru. Mae'r mentrau hyn yn ffurfio rhan o'r ymroddiad parhaus i ddarparu'r gwasanaeth gorau posibl i alwyr sy'n siarad Cymraeg. Drwy barhau i deilwra'r dull hwn, y nod yw gwella profiad galwyr a sicrhau eu bod yn derbyn cymorth prydlon ac effeithiol.

Yn 2026, bydd Gwasanaeth GIG 111 Cymru yn lansio ei gynllun pum mlynedd newydd ar gyfer darparu ymgynghori clinigol drwy gyfrwng y Gymraeg. Bydd y cynllun yn nodi uchelgeisiau a chyflawniadau allweddol manwl mewn perthynas â'r Gymraeg. Bydd yn cynnwys trin galwadau mewnol/111 yn ogystal â gwasanaethau clinigol 111.

6.2.2 Gwasanaeth Cludiant Cleifion Di-frys

Nifer y galwadau Cymraeg i NEPTS a'r gyfradd ateb 2025-26

Galw am y Gymraeg	Galwadau Cymraeg a gynigiwyd	Cyfanswm y galwadau a atebwyd yn Gymraeg	% y galwadau a atebwyd yn Gymraeg
01/04/25 – 31/03/26	3,545	2,638	74%
01/04/24 – 31/03/25	4,294	4,327	77%

Pan fydd galwyr yn cysylltu â NEPTS byddant yn cwblhau 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. Mae'r asesiad wedi'i gyfieithu'n broffesiynol, caiff ei adolygu a'i ddiweddaru'n rheolaidd, ac mae'r fersiynau Cymraeg yn cael eu diweddaru'n barhaus er mwyn i dderbynwyr galwadau Cymraeg NEPTS allu eu defnyddio.

Dosbarthwyd cardiau geirfa desg i staff yng nghanolfan galwadau NEPTS er mwyn sicrhau bod staff trin galwadau yn gallu cefnogi cleifion Cymraeg eu hiaith yn hyderus ac yn gyson. Mae hyn yn helpu i gasglu gwybodaeth yn gywir, lleihau camddealltwriaethau a gwella profiad cyffredinol y claf drwy ddarparu gwasanaethau yn ei ddewis iaith.

6.3 Cyfarfodydd (Safonau 21 – 30)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd isel ar gyfer Safonau 21-22 a 26-30 (Cynnal cyfarfodydd yn y Gymraeg). Cynhelir y mwyafrif helaeth o gyfarfodydd, yn enwedig cyfarfodydd ffurfiol y bwrdd, pwyllgorau a phwyllgorau mewnol, yn Saesneg.

Cyhoeddir gwahoddiadau i gyfarfodydd Bwrdd yr Ymddiriedolaeth i bartneriaid a rhanddeiliaid yn ddwyieithog drwy e-bost, gyda gwybodaeth ategol hefyd yn cael ei rhannu'n ddwyieithog drwy gyfryngau cymdeithasol a gwefan yr Ymddiriedolaeth.

Mae holl gyfarfodydd Bwrdd yr Ymddiriedolaeth a'r agendâu cysylltiedig ar gael yn Gymraeg, ac mae Adroddiad Blynyddol Safonau'r Ymddiriedolaeth yn cael ei gyflwyno'n ddwyieithog yng nghyfarfodydd Bwrdd yr Ymddiriedolaeth. Lle y bo modd, cynhyrchir cyflwyniadau sleidiau a ddefnyddir yn y Cyfarfod Cyffredinol Blynyddol yn ddwyieithog hefyd.

Mae cefndir corfforaethol dwyieithog newydd wedi'i greu ar gyfer Teams ac mae ar gael i staff ar SharePoint.

Camau gweithredu pellach a gynlluniwyd

Yn ystod 2026/27 byddwn yn gwreiddio ystyriaethau'r Gymraeg mewn cynllunio cyfarfodydd a chyflwyniadau arferol drwy sefydlu dull clir a chyson o gasglu dewisiadau iaith ymlaen llaw. Yn ystod y cyfnod gwahodd, gofynnir i fynychwyr y cyfarfod a ydynt yn dymuno defnyddio'r Gymraeg, a cheisir cadarnhad gan siaradwyr gwadd cyn cyfarfodydd ynghylch a ydynt yn bwriadu cyflwyno yn y Gymraeg.

Ochr yn ochr â hynny, bydd yr Ymddiriedolaeth yn hyrwyddo mynediad at wasanaethau cyfieithu ar y pryd a'u defnyddio er mwyn cynyddu ymwybyddiaeth ac i sicrhau bod y canllawiau dylunio dwyieithog (https://www.comisiynyddygymraeg.cymru/media/pzedsr4l/dylunio-dwyieithog-bilingual-design.pdf) a ddarperir gan Swyddfa Comisiynydd y Gymraeg yn hygyrch ac yn cael eu deall yn eang. Lle y bo modd, bydd Tîm y Gymraeg yr Ymddiriedolaeth yn cefnogi creu cyflwyniadau gyda sleidiau dwyieithog i alluogi cyfranogiad cynhwysol ac atgyfnerthu ymrwymiad yr Ymddiriedolaeth i arferion gwaith dwyieithog.

6.4 Digwyddiadau cyhoeddus (Safonau 31 – 32)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd canolig ar gyfer Safonau 31-32 (Cynnal digwyddiadau cyhoeddus yn y Gymraeg).

Mae digwyddiadau ymgysylltu â'r cyhoedd yn cael eu cydlynu gan y Tîm Profiad y Claf a Chynnwys y Gymuned ac yn cael eu cyfathrebu'n ddwyieithog, gydag adnoddau dwyieithog ar gael i gefnogi cyfranogwyr. Rheolwr Gwasanaethau'r Gymraeg sy'n cydlynu cyfranogiad yr Ymddiriedolaeth mewn digwyddiadau fel yr Eisteddfod.

Eisteddfod Genedlaethol Wrecsam 2025
Cymerodd yr Ymddiriedolaeth ran yn yr Eisteddfod Genedlaethol 2025 yn Wrecsam fel rhan o stondin GIG Cymru a ariannwyd ar y cyd, gyda chefnogaeth Llywodraeth Cymru a sefydliadau GIG Cymru a oedd yn cymryd rhan. Roedd mynychu'r Eisteddfod yn gyfle gwerthfawr i ymgysylltu'n uniongyrchol â'r cyhoedd, codi ymwybyddiaeth o wasanaethau'r Ymddiriedolaeth, a hyrwyddo'r Gymraeg a'r diwylliant mewn ffordd gadarnhaol.

Amlygodd adborth gan staff a mynychwyr gydlynu gweithredol cryf, ymgysylltiad cyhoeddus ystyrlon, a gwaith tîm cadarnhaol drwy gydol y digwyddiad. Bu Jeremy Miles AS, cyn Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol, hefyd yn ymweld â stondin y GIG. Wrth ymgysylltu â staff a chymryd rhan mewn hyfforddiant CPR, helpodd i godi proffil presenoldeb yr Ymddiriedolaeth yn y digwyddiad ac i amlygu ei chyfraniad.

Gan fod gwirfoddolwyr bellach yn cefnogi nifer gynyddol o ddigwyddiadau, mae angen cynyddol i sicrhau bod digon o staff sy'n siarad Cymraeg ar gael i ddarparu cefnogaeth iaith briodol. I fynd i'r afael â hyn, mae'r Ymddiriedolaeth yn archwilio

sefydlu cronfa o staff sy'n siarad Cymraeg y gellir cysylltu â nhw i gynorthwyo mewn digwyddiadau ymgysylltu â'r cyhoedd yn ôl yr angen.

Lle bynnag y derbynnir adborth cadarnhaol, caiff hwn ei rannu'n fewnol i ddarparu canllawiau pellach a hyrwyddo arfer da.

6.5 Dogfennau a ffurflenni (Safonau 36 - 38)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd canolig ar gyfer Safonau 36-38 (Cyhoeddir dogfennau a ffurflenni yn y Gymraeg).

Ers dechrau mis Medi 2023, mae gan yr Ymddiriedolaeth wasanaeth cyfieithu mewnol pwrpasol, sydd ar gael i'r holl staff trwy gyfrif e-bost a blwch negeseuon e-bost cyffredinol.

Yn ogystal, mae canllawiau ar gyfer staff ynghylch sut i gyrchu a chyflwyno gwaith i'w gyfieithu bellach ar gael ar safle SharePoint yr Ymddiriedolaeth. Mae'r cyfleuster hwn wedi bod yn allweddol i alluogi cydymffurfedd â'r Safonau o ran dogfennau a ffurflenni.

Dogfennau'r Ymddiriedolaeth
Dangosodd adolygiad o'r dogfennau a gyhoeddwyd ar wefan yr Ymddiriedolaeth yn ystod 2025 gydymffurfedd o 100% â'r gofynion cyhoeddi yn y Gymraeg ar gyfer dogfennau corfforaethol allweddol yr Ymddiriedolaeth, gan gynnwys strategaethau a chynlluniau. Mae hyn yn cynrychioli gwelliant sylweddol o'i gymharu â chydymffurfedd o 78% a adroddwyd yn 2024, gan ddangos trefniadau llywodraethu cryfach ac ymrwymiad parhaus i sicrhau bod gwybodaeth ar gael yn ddwyieithog yn unol â'r Safonau gofynnol.

Ffurflenni'r Ymddiriedolaeth
Mae sawl ffurflen ar gyfer y cyhoedd bellach ar gael yn y Gymraeg, gan wella hygyrchedd a chefnogi ymrwymiad yr Ymddiriedolaeth i ddarparu gwasanaethau dwyieithog. Mae'r rhain yn cynnwys ffurflen adborth NEPTS, ffurflen canslo cludiant NEPTS, ffurflen adborth gwasanaethau dwyieithog, a ffurflen gyflwyno Gwrando ar Bobl. Mae sicrhau bod y ffurflenni allweddol hyn ar gael yn y Gymraeg yn helpu i sicrhau y gall aelodau'r cyhoedd ymgysylltu â gwasanaethau'r Ymddiriedolaeth yn hyderus ac yn eu dewis iaith.

Camau gweithredu pellach a gynlluniwyd

Er mwyn cryfhau cydymffurfiaeth ymhellach, bydd yr Ymddiriedolaeth yn adolygu a mireinio ei phroses asesu er mwyn helpu awduron dogfennau i benderfynu pa ddogfennau neu ffurflenni y dylid eu darparu yn Gymraeg.

Yn ogystal, bydd y Rheolwr Gwasanaethau Cymraeg yn ymgysylltu â Thîm Cyfathrebu'r Ymddiriedolaeth i archwilio'r posibilrwydd o gynnwys meini prawf ar gyfer cyfieithu i'r Gymraeg o fewn Canllawiau Brand yr Ymddiriedolaeth o ran dogfennau a ffurflenni.

6.6 Deunydd cyhoeddusrwydd a hysbysebu (Safonau 33 – 34)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd uchel ar gyfer Safonau 33-34 (Deunyddiau cyhoeddusrwydd a hysbysebu a gynhyrchwyd yn y Gymraeg).

Mae'r holl ddeunyddiau cyhoeddusrwydd a hysbysebu a gynhyrchir gan yr Ymddiriedolaeth ar gyfer y cyhoedd bellach ar gael yn ddwyieithog, yn Gymraeg ac yn Saesneg. Mae hyn yn cynnwys datganiadau i'r wasg, cynnwys ar draws holl lwyfannau cyfryngau cymdeithasol yr Ymddiriedolaeth, a deunyddiau i'r wefan.

Yn ystod y cyfnod rhwng 1 Ebrill 2025 a 31 Mawrth 2026, cyhoeddodd yr Ymddiriedolaeth 70 o ddatganiadau i'r wasg dwyieithog, gan ddangos cydymffurfedd parhaus â'r Safonau.

Datblygwyd cyhoeddusrwydd i esbonio Model Ymateb Clinigol newydd yr Ymddiriedolaeth, gan amlygu newidiadau i sut mae galwadau 999 i Wasanaeth Ambiwlans Cymru yn cael eu rheoli. Er mwyn sicrhau hygyrchedd a hyrwyddo dealltwriaeth ar draws pob cymuned, cynhyrchwyd a chyhoeddwyd cyfres o fideos YouTube yn y Gymraeg a'r Saesneg. Gellir eu gwylio yma ac yma.

Darperir enghraifft arall o weithgarwch cyhoeddusrwydd dwyieithog yn ystod y cyfnod hwn isod, yn ymwneud â hyrwyddo cyfleoedd gyrwyr ceir gwirfoddol a Model Ymateb newydd yr Ymddiriedolaeth.

Mae'r adnoddau dwyieithog hyn yn helpu i sicrhau cyfathrebu clir â'r cyhoedd ac yn adlewyrchu ymrwymiad yr Ymddiriedolaeth i ddarparu gwybodaeth yn unol â dewis iaith yr unigolyn.

6.7 Gwefannau a gwasanaethau ar-lein (Safonau 39 – 43)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd canolig ar gyfer Safonau 39-43 (Gwefannau a gwasanaethau digidol cyhoeddus (gan gynnwys apiau) ar gael yn Gymraeg).

Mae gan yr Ymddiriedolaeth ddwy wefan, sef gwefan Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru, a gwefan GIG 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, a'r camau gweithredu pellach a gynlluniwyd, wedi'u nodi isod.

6.7.1 Gwefan GIG 111 Cymru

Gwirwyr Symptomau Ar-lein GIG 111 Cymru
Fel rhan o ailddatblygiad parhaus gwefan GIG 111 Cymru, mae gwirwyr symptomau newydd yn cael eu gweithredu ar hyn o bryd i wella cywirdeb clinigol, defnyddioldeb a diogelwch cleifion. Elfen allweddol o'r gwaith hwn yw cryfhau'r ddarpariaeth Gymraeg i sicrhau bod y Gymraeg wedi'i gwreiddio o fewn mynediad digidol at ofal.

Mae'r gwirwyr symptomau'n cael eu cynllunio i gefnogi cynnwys Cymraeg o safon glinigol o'r cychwyn cyntaf, gan sicrhau bod yr wybodaeth yn Gymraeg yn gywir, â sicrwydd clinigol, ac yn cael ei diweddaru ochr yn ochr â'r cynnwys Saesneg. Bydd y dull hwn yn dileu'r risg flaenorol sy'n gysylltiedig â chynnwys Cymraeg yn mynd yn anghyfredol a bydd yn sicrhau cydraddoldeb rhwng ieithoedd wrth i'r gwirwyr symptomau gael eu diweddaru neu eu datblygu. Disgwylir y bydd y gwaith hwn yn cael ei gwblhau erbyn mis Gorffennaf 2026.

Mae gweithredu'r gwirwyr symptomau newydd yn cynrychioli cam sylweddol ymlaen wrth gryfhau'r ddarpariaeth ddigidol Gymraeg. Bydd hyn yn helpu i sicrhau bod siaradwyr Cymraeg yn gallu cael mynediad diogel at gyngor ac arweiniad ar-lein yn eu hiaith o ddewis, heb wynebu oedi na bod dan anfantais o gymharu â defnyddwyr eraill. Mae'r gwaith hwn yn cefnogi'n uniongyrchol ymrwymiad yr Ymddiriedolaeth i'r Safonau, y cynnig rhagweithiol, a darparu gwasanaethau digidol dwyieithog teg a chyfartal i bobl Cymru.

Datblygu Gwefan GIG 111 Cymru
Mae cyllid bellach wedi'i sicrhau i gefnogi cam nesaf datblygu gwasanaeth ar-lein GIG 111 Cymru. Mae gwaith ar y gweill gyda chomisiynwyr a rhanddeiliaid allweddol i gytuno ar y cynllun ar gyfer datblygu'r gwasanaeth yn y dyfodol, y trefniadau gweithredu a'r map ffordd cyflawni, gan ganolbwyntio ar wella profiad y defnyddiwr, hygyrchedd, a darpariaeth gwasanaethau digidol dwyieithog.

Un o brif ffocysau'r ailddatblygiad yw gwella cydraddoldeb rhwng cynnwys digidol Cymraeg a Saesneg, gan leihau'r risg na fydd gwybodaeth Gymraeg yn cael ei chadw'n gyfredol pan fydd cynnwys clinigol yn newid. Mae'r dull hwn yn cefnogi diogelwch cleifion ac yn atgyfnerthu ymrwymiad yr Ymddiriedolaeth i ddarparu mynediad cyfartal at gyngor ac arweiniad ar-lein yn unol â dewis iaith y claf.

Cynorthwyydd Rhithwir (AlBot)
Mae'r cynorthwyydd rhithwir 'AlBot' ar gael ar wefan GIG 111 Cymru ac yn cefnogi rhyngweithio yn y Gymraeg, gan alluogi defnyddwyr i ofyn cwestiynau a derbyn ymatebion yn y Gymraeg (pan fydd y defnyddiwr wedi dewis y Gymraeg fel ei ddewis iaith). Gan adeiladu ar y gallu hwn, cyflwynwyd cynllun peilot pedair wythnos o wasanaeth asiant byw i ategu'r ymatebion awtomataidd, gan ddarparu llwybr i ddefnyddwyr gael cymorth gan gynghorydd go iawn pan fo angen. Cefnogodd y dull hwn well hygyrchedd a pharhad i ddefnyddwyr sy'n siarad Cymraeg, yn enwedig lle

mae ymholiadau'n fwy cymhleth neu angen sicrwydd, gan gynnal cydraddoldeb rhwng gwasanaethau Cymraeg a Saesneg.

O 1/8/25 i 31/3/26 bu 42mil o ryngweithiadau gydag AlBot, gan gynnwys 72 yn y Gymraeg. Bydd yr Ymddiriedolaeth yn parhau i fonitro'r rhyngweithiadau hyn yn 2026/27

Ap Hwb Golau Glas

Mae ap Hwb Golau Glas, a ddatblygwyd gan yr Ymddiriedolaeth, yn adnodd addysgol dwyieithog ar gyfer plant 7 i 12 oed, sydd wedi'i gynllunio i godi ymwybyddiaeth ac i feithrin hyder a sgiliau achub bywyd ymhlith pobl ifanc.

Rhwng 1 Ebrill 2025 a 31 Mawrth 2026, gosodwyd ap Hwb Golau Glas ar **558** o ddyfeisiau Android a **206** o ddyfeisiau iOS. Ers ei lansio, mae'r ap wedi'i osod 14,908 o weithiau ar ddyfeisiau Android a 5,594 o weithiau ar ddyfeisiau iOS. Mae'r ffigurau hyn yn cynnwys achosion lle mae defnyddwyr wedi ailosod yr ap eu dyfais. Gan nad oes unrhyw ddata ar lefel-defnyddiwr yn cael eu casglu drwy'r ap, nid yw'n bosibl darparu gwybodaeth benodol am y defnydd o'r Gymraeg.

6.8 Cyfryngau cymdeithasol (Safonau 45 – 46)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd uchel ar gyfer Safonau 45-46 (nid yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg ar gyfryngau cymdeithasol).

Tystiolaeth i gefnogi'r asesiad

Mae'r Ymddiriedolaeth yn gweithredu cyfrifon cyfryngau cymdeithasol Cymraeg a Saesneg ar wahân ar gyfer Facebook, X ac Instagram. Mae pob postiad Saesneg yn cael ei atgynhyrchu yn y Gymraeg yn rheolaidd. LinkedIn yw'r unig gyfrif dwyieithog o hyd.

Cyfrifon cyfryngau cymdeithasol dwyieithog: data (01 Ebrill 2025 i 31 Mawrth 2026)

Mae'r Ymddiriedolaeth yn gweithredu cyfrifon cyfryngau cymdeithasol Cymraeg a Saesneg ar wahân ar gyfer Facebook, X ac Instagram. Mae pob postiad Saesneg yn cael ei atgynhyrchu yn y Gymraeg yn rheolaidd. LinkedIn yw'r unig gyfrif dwyieithog o hyd.

X

Ym mis Tachwedd 2024, gwnaeth yr Ymddiriedolaeth y penderfyniad i gyfyngu ei weithgarwch ar X i gyhoeddi negeseuon rhybuddio a darparu gwybodaeth yn unig. Nid yw'r Ymddiriedolaeth wedi cyhoeddi unrhyw bostiadau ar y platfform hwn ers 31 Rhagfyr 2024, a'r tro diwethaf iddi rannu cynnwys oedd 16 Tachwedd 2025. Nid yw'r Ymddiriedolaeth wedi ildio ei henw defnyddiwr ar X, gan nad yw am i unrhyw un allu dynwared yr Ymddiriedolaeth ar y platfform. Ar adegau o alw uchel, mae'n bosibl y bydd yr Ymddiriedolaeth yn ailystyried defnyddio'r platfform i gyhoeddi negeseuon brys, ond fel arfer Facebook ac Instagram yw'r prif sianeli a ddefnyddir at y diben hwn. 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	383	23,000

Facebook

	Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru	Welsh Ambulance Services University NHS Trust
Cyfanswm y dilynwyr	316	42,620
Ymweliadau â thudalen	1,734	141,676
Cyfanswm y cyrhaeddiad	29,177	7,517,518
Rhyngweithiadau â'r cynnwys	442	52,905
Y nifer sy'n agor dolenni	14	17

Instagram

	Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru	Welsh Ambulance Services University NHS Trust
Cyfanswm y dilynwyr	42	5,894
Cyrhaeddiad	22	286,399

Ers mis Ionawr 2025, rydym wedi cael dau gyfrif ar wahân ar gyfer y Gymraeg a'r Saesneg. Mae ymgysylltiad ar y cyfrif Cymraeg wedi tyfu, er ei fod wedi bod yn araf iawn o'i gymharu â'r Saesneg.

LinkedIn

Y platfform hwn yw unig gyfrif dwyieithog yr Ymddiriedolaeth lle mae postiadau Cymraeg a Saesneg yn cael eu postio gyda'i gilydd ar yr un dudalen ond fel postiadau unigol.

	WAST
Cyfanswm y dilynwyr	8,761
Argraffiadau	300,909
Ymweliadau â thudalennau	4,083

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
Nifer yr ymweliadau	3,698,268	10,636
Ymweliadau â thudalen	9,815	432
Rhyngweithiadau â'r cynnwys	2,008	72
Dilynwyr	7,071	106

Camau gweithredu pellach a gynlluniwyd

Bydd rheolwyr gwasanaethau a Rheolwr Gwasanaethau'r Gymraeg yn monitro cydymffurfedd â'r safon hon yn rheolaidd, gyda gweithgarwch yn cael ei adrodd yn rheolaidd i Grŵp Cynghori'r Gymraeg o leiaf ddwywaith y flwyddyn.

6.9 Arwyddion a hysbysiadau (Safonau 47 - 49)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd uchel ar gyfer Safonau 47-49 (Mae arwyddion yn cael eu harddangos yn y Gymraeg).

Ystadau'r Ymddiriedolaeth
Mae pob prosiect adeiladu ac adnewyddu newydd ar draws ystâd yr Ymddiriedolaeth yn cynnwys gosod arwyddion dwyieithog newydd. Mae'r arwyddion hyn yn cael eu hadolygu a'u gwirio o ran ansawdd gan Dîm y Gymraeg i sicrhau cywirdeb, cysondeb a chydymffurfedd â'r Safonau.

Mae arwyddion dwyieithog wedi'u gosod yn y safleoedd canlynol:

- Tŷ Bannau (Pencadlys Rhanbarthol)
- Gorsaf Ambiwlans Castell-nedd
- Gorsaf Ambiwlans Abertawe
- Gorsaf Ambiwlans Gorseinon
- Gorsaf Ambiwlans Glynrhedynog

- Gorsaf Ambiwlans Ystradgynlais

Isod mae enghreifftiau o arwyddion mewnol dwyieithog a osodwyd yn y safleoedd hyn, sy'n dangos ymrwymiad parhaus yr Ymddiriedolaeth i amgylchedd dwyieithog.

Pan fo angen arwyddion a hysbysiadau dros dro neu ad hoc ar safleoedd yr Ymddiriedolaeth, mae Tîm y Gymraeg yn gweithio mewn partneriaeth â'r Tîm Ystadau i ddatblygu cyfres o dempledi dwyieithog y gellir eu hargraffu. Bydd y rhain yn ei gwneud yn hawdd i staff argraffu ac arddangos arwyddion a hysbysiadau dros dro sy'n cydymffurfio yn eu gweithleoedd pan fo angen, gan sicrhau bod gwybodaeth ddwyieithog yn parhau i gael ei darparu ledled yr ystâd.

Fflyd yr Ymddiriedolaeth

Prynwyd 44 o Ambiwlansys Argyfwng gyda brandio dwyieithog.

Yn ogystal, prynwyd 65 o gerbydau di-frys a 15 o gerbydau ymateb sengl gyda brandio dwyieithog.

Camau gweithredu pellach a gynlluniwyd

Bydd arwyddion ar draws y sefydliad a'i gerbydau yn cael eu hadolygu a'u monitro'n barhaus.

6.10 Gwasanaethau derbynfa (Safonau 50 - 53)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel o ddim sicrwydd ar gyfer Safonau 50-53 (gwasanaethau derbynfa Cymraeg).

Er bod prosesau recriwtio'r Ymddiriedolaeth yn annog ceisiadau'n weithredol gan ymgeiswyr sy'n siarad Saesneg a Chymraeg, nid oes unrhyw siaradwyr Cymraeg mewn rolau derbynfa pwrpasol o fewn yr Ymddiriedolaeth ar hyn o bryd.

Camau gweithredu pellach a gynlluniwyd

Mewn ymateb i'r sefyllfa hon, mae'r Ymddiriedolaeth yn adolygu'r holl opsiynau sydd ar gael i sicrhau darpariaeth y Gymraeg mewn mannau derbyn lle bo angen. Mae hyn yn cynnwys gweithio gyda thimau ym mhob lleoliad i nodi staff a all ddarparu cefnogaeth yn Gymraeg pan fo angen. Byddwn hefyd yn datblygu rhestr o bwyntiau cyswllt dynodedig i gefnogi darparu gwasanaethau derbynfa neu ymateb i ymholiadau'r cyhoedd yn Gymraeg wrth bwyntiau mynediad i adeiladau.

I gefnogi'r dull hwn, mae cardiau geirfa desg *"Sut i Ateb y Ffôn"* wedi'u dosbarthu i ardaloedd derbynfa. Yn ogystal, mae sesiwn sgiliau cwrteisi iaith Gymraeg newydd wedi'i datblygu ar gyfer staff sy'n gweithio mewn derbynfeydd ar draws safleoedd yr Ymddiriedolaeth, gyda chynlluniau i hwyluso'r sesiynau hyn yn ystod 2026/27.

6.11 Dyfarnu contractau (Safonau 57 - 59)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd canolig ar gyfer Safonau 57-59 (Mae prosesau ar gyfer dyfarnu grantiau a chontractau yn sicrhau nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg)

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.

Camau gweithredu pellach a gynlluniwyd

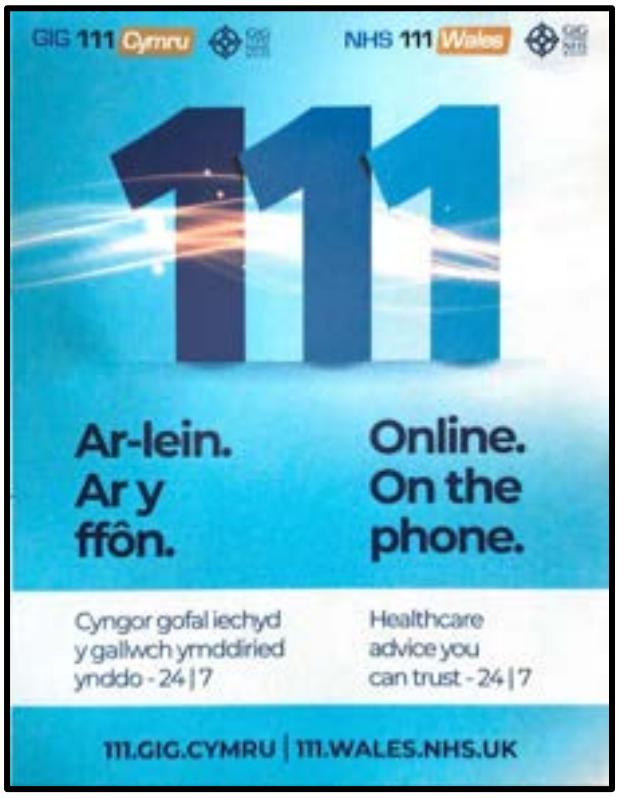
Ar gyfer 2026/27, mae Partneriaeth Cydwasanaethau GIG Cymru (PCGC) yn datblygu Offeryn Asesu Caffael y Gymraeg i'w ddefnyddio gan reolwyr contractau wrth gynnal asesiad o ofynion y Gymraeg ar gyfer unrhyw gontractau a ddyfernir sydd â gwerth cyffredinol sy'n fwy na £5,000.

6.12 Hyrwyddo gwasanaethau cyfrwng Cymraeg (Safonau 60 – 61)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd uchel ar gyfer Safonau 60-61 ar gyfer hyrwyddo defnyddio gwasanaethau cyfrwng Cymraeg yr Ymddiriedolaeth.

Mae'r holl gyhoeddusrwydd ar gyfer gwasanaeth GIG 111 Cymru yn cael ei wneud yn ddwyieithog ar hysbysebion teledu, fideo ar alw a thaflenni.



Camau gweithredu pellach a gynlluniwyd

Hyrwyddo ymhellach wasanaethau presennol yr Ymddiriedolaeth sy'n cynnig gwasanaeth Cymraeg a sicrhau bod y cyhoedd yn ymwybodol eu bod yn gallu cysylltu â'r gwasanaethau hyn yn Gymraeg.

6.13 Hunaniaeth gorfforaethol (Safon 62)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd uchel ar gyfer safon 62 (Hunaniaeth gorfforaethol yn Gymraeg).

Ar 1 Ebrill 2024, dyfarnwyd statws Ymddiriedolaeth Brifysgol i'r Ymddiriedolaeth ac o ganlyniad diweddarwyd logo GIG Cymru yr Ymddiriedolaeth i adlewyrchu hyn. Uchafbwynt nodedig oedd bathu darn arian coffa newydd yn dwyn Bathodyn y Goron wedi'i ddiweddaru, a gyflwynwyd yng Ngwobrau Gwasanaeth Hir yn 2025/26.

6.14 Darparu cyrsiau addysgol yn Gymraeg (Safon 63)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd canolig ar gyfer safon 63 (Darparu cyrsiau addysgol yn Gymraeg).

Mae Restart a Heart (RSAH) Live yn ddigwyddiad ar-lein 12 awr sy'n cael ei ffrydio'n fyw i ystafelloedd dosbarth. Mae amserlen o ddigwyddiadau yn caniatáu i'r athrawon ddewis pa adran / iaith maen nhw am ei gwylio. At ei gilydd, ledled y DU, cymerodd 101,000 o blant ran yn y digwyddiad RSAH Live. O'r rheini, roedd 27,000 o ysgolion yng Nghymru. Dyma'r fenter gyntaf o'i bath yn y DU ac mae Achub Bywyd Cymru wedi sicrhau bod cynnwys ar gael yn y Gymraeg, sydd yn gam mawr ymlaen ynddo'i hun ar gyfer digwyddiad mor genedlaethol.

Camau gweithredu pellach a gynlluniwyd

Nodi staff sy'n siarad Cymraeg o fewn y sefydliad y gellid cysylltu â nhw i gefnogi darparu hyfforddiant yn y Gymraeg.

6.15 Gwneir cyhoeddiadau dros system annerch gyhoeddus yn Gymraeg a gwneir y cyhoeddiad yn Gymraeg yn gyntaf (Safon 64).

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd uchel ar gyfer safon 64.

Mae'r safon hon yn berthnasol i gerbydau'r Ymddiriedolaeth a weithgynhyrchwyd ar ôl 30 Mai 2019 sydd â system rhybudd sain pan fydd cerbyd yn bacio'n ôl. Mae pob cerbyd perthnasol yr Ymddiriedolaeth wedi'i gyfarparu â neges rhybuddio sain ddwyieithog sy'n chwarae pan fydd y cerbyd yn bacio'n ôl, gan sicrhau bod cerddwyr yn derbyn rhybuddion diogelwch clir a hygyrch yn Gymraeg a Saesneg. Mae hyn yn cefnogi cydymffurfedd â'r Safonau wrth hyrwyddo diogelwch y cyhoedd ar draws gweithrediadau'r Ymddiriedolaeth.

Camau gweithredu pellach a gynlluniwyd

Bydd Rheolwr Gwasanaethau'r Gymraeg yn parhau i weithio'n agos gyda'r Pennaeth Fflyd i sicrhau cydymffurfedd â'r Safonau mewn perthynas â cherbydau'r Ymddiriedolaeth.

7. Safonau llunio polisi (Safonau 69 – 77)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd uchel ar gyfer Safonau 69-74; a dim sicrwydd ar gyfer Safonau 75-77 ar gyfer ymchwil a gomisiynwyd neu a gynhaliwyd i ystyried yr effeithiau ar y Gymraeg.

Grŵp Polisi'r Ymddiriedolaeth sy'n gyfrifol am oruchwylio'r broses lywodraethu sy'n ymwneud â datblygu a diwygio polisïau. Mae Bwrdd yr Ymddiriedolaeth a'r pwyllgorau perthnasol yn derbyn sicrwydd bod asesiad o'r effaith ar gydraddoldeb wedi'i gwblhau wrth gymeradwyo polisïau a neilltuwyd. Mae Rheolwr Gwasanaethau'r Gymraeg yn aelod craidd o Grŵp Polisi'r Ymddiriedolaeth i roi cyngor a sicrhau bod y Safonau'n cael eu dilyn er mwyn rhoi sicrwydd.

Mae pob polisi newydd a diwygiedig a gyflwynir i'r Grŵp Polisi yn cael ei ategu gan asesiad o'r effaith ar gydraddoldeb wedi'i gwblhau sy'n ystyried yr effeithiau posibl ar y Gymraeg. Rhaid i'r asesiadau o'r effaith ar gydraddoldeb sy'n ategu polisïau fod wedi'u cynnal mewn partneriaeth â'r Partner Undeb Llafur a enwir, gyda'r fersiwn derfynol yn cael ei hadolygu a'i chymeradwyo gan Bennaeth Cynhwysiant ac Ymgysylltu. Ni dderbynnir unrhyw bolisïau i'w cyflwyno i'r Grŵp Polisi heb asesiad o'r effaith ar gydraddoldeb wedi'i gymeradwyo.

Daeth archwiliad mewnol Safonau 2025/26, a gynhaliwyd gan PCCG, i'r casgliad bod y polisïau a'r gweithdrefnau presennol yn darparu cefnogaeth ddigonol i sicrhau bod y Safonau'n cael eu cymhwyso'n gyson, gan arwain at sicrwydd sylweddol.

Camau gweithredu pellach a gynlluniwyd

Mae gan Reolwr Gwasanaethau'r Gymraeg fynediad at Draciwr Polisïau'r Ymddiriedolaeth ac mae'n darparu cyngor ac arweiniad ynghylch polisïau y mae angen iddynt fod ar gael yn Gymraeg.

Ar adeg ysgrifennu, roedd polisi ymchwil a datblygu yn cael ei ddatblygu. Bydd Rheolwr Gwasanaethau'r Gymraeg yn gweithio gyda'r arweinydd polisi i sicrhau bod ystyriaethau o ran y Gymraeg yn cael eu cynnwys.

Bydd Rheolwr Gwasanaethau'r Gymraeg yn ymgysylltu â meysydd gwasanaeth yr Ymddiriedolaeth sy'n ymwneud â chomisiynu ymchwil i sicrhau bod yr effaith ar y Gymraeg yn cael ei hystyried.

8. Safonau gweithredu (Safonau 79 – 114)

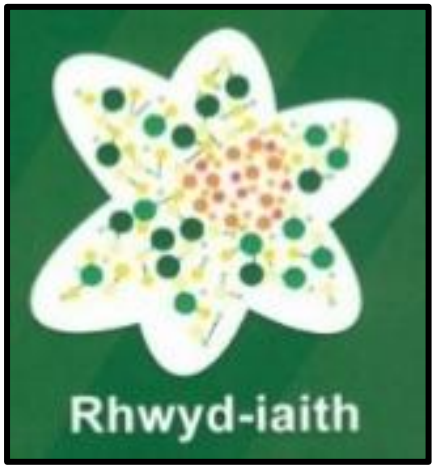
Mae'r set hon o Safonau Gweithredol yn ymdrin â'r ffordd y mae'r Ymddiriedolaeth yn defnyddio'r Gymraeg yn fewnol ac yn rhoi'r hawl i weithwyr dderbyn gwasanaethau Gwasanaethau Pobl yn eu dewis iaith.

8.1 Polisi ar y defnydd mewnol o'r Gymraeg (Safon 79)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd uchel ar gyfer safon 79.

Datblygwyd Polisi'r Gymraeg yr Ymddiriedolaeth yn ystod 2024/25 a'i gymeradwyo'n ffurfiol ym mis Tachwedd 2024. Mae'r polisi'n nodi'r Safonau y mae'n ofynnol i staff gydymffurfio â nhw, gan egluro eu pwysigrwydd i Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru a sut maen nhw'n cefnogi cyflwyno Cynnig Rhagweithiol i staff a chleifion.



Un o'r camau allweddol a ddeilliodd o'r polisi oedd sefydlu Rhwydwaith y Gymraeg. Lansiwyd Rhwydwaith y Gymraeg yr Ymddiriedolaeth, *Rhwyd-iaith*, yn ystod y cyfnod adrodd i ddarparu fforwm agored a thryloyw i staff sy'n cefnogi'n weithredol defnydd, gweledded a thwf y Gymraeg a diwylliant o fewn y sefydliad.

Mae Rhwydwaith y Gymraeg yn eistedd ochr yn ochr â rhwydweithiau staff eraill yr Ymddiriedolaeth ac yn cyfrannu at ddiwylliant ehangach o gynhwysiant a pherthyn ar draws yr Ymddiriedolaeth. Mae gan y rhwydwaith 48 o aelodau ar hyn o bryd. Mae Rachel Marsh, Cyfarwyddwr Gweithredol Strategaeth, Cynllunio a Pherfformiad, wedi'i phenodi'n noddwr gweithredol ar gyfer *Rhwyd-iaith*, gan ddarparu cefnogaeth ac eiriolaeth i uwch arweinwyr ar gyfer ei waith.

Sioeau Teithiol y Prif Swyddog Gweithredol

Yn ystod 2025/26, cymerodd Tîm y Gymraeg ran yn Sioeau Teithiol y Prif Swyddog Gweithredol ledled Cymru i ymgysylltu â staff i hyrwyddo mentrau iaith Gymraeg a chodi ymwybyddiaeth o Bolisi'r Gymraeg yr Ymddiriedolaeth. Roedd staff yn gallu cofrestru ar gyfer y digwyddiad drwy lenwi ffurflen gofrestru ddwyieithog.

Camau gweithredu pellach a gynlluniwyd

Fel cam gweithredu pellach ar gyfer y flwyddyn nesaf, bydd yr Ymddiriedolaeth yn hyrwyddo diwylliant lle mae'r Gymraeg yn cael ei chydnabod fel cyfrifoldeb pawb. Bydd hyn yn cael ei gefnogi drwy gyflwyno ymgyrchoedd ymwybyddiaeth mewnol wedi'u targedu, gan gynnwys mentrau fel Wythnos y Gymraeg a Diwrnod Shwmae, i gynyddu gweledded a defnydd bob dydd ymhlith staff. Yn ogystal, bydd arferion da yn cael eu hatgyfnerthu drwy rannu straeon llwyddiant ac astudiaethau achos yn rheolaidd sy'n amlygu gwasanaethau sy'n darparu gofal yn llwyddiannus drwy gyfrwng y Gymraeg, gyda'r nod o annog mabwysiadu'r arferion hyn yn ehangach ar draws yr Ymddiriedolaeth.

8.2 Dogfennau Cyflogaeth (Safonau 80 – 81)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd canolig ar gyfer Safonau 80-81.

Mae contractau cyflogaeth ar gael yn y Gymraeg drwy TRAC/ESR.

Mae ffurflen gais yr Ymddiriedolaeth yn cynnwys cwestiwn am ddewis iaith. Yn ogystal, mae gwahoddiadau i gyfweliadau yn rhoi opsiwn i ymgeiswyr ofyn am eu cyfweliad yn y Gymraeg. Pan fo angen, caiff gwasanaethau cyfieithu eu trefnu. Dyma'r arfer safonol, a chyhoeddir pob canlyniad yn y Gymraeg drwy system Trac pan gyflwynir y cais yn y Gymraeg.

Camau gweithredu pellach a gynlluniwyd

Mae proses Adolygiad Gwerthuso a Datblygu Personol (AGDP) yr Ymddiriedolaeth yn cael ei hadolygu ar hyn o bryd. Pan fydd wedi'i gwblhau, bydd yr holl ddogfennaeth sy'n ymwneud â'r AGDP ar gael yn y Gymraeg. Mae Rheolwr Gwasanaethau'r Gymraeg yr Ymddiriedolaeth yn aelod o Grŵp Adolygu Canllawiau AGDP Rhanddeiliaid.

8.3 Polisïau mewnol sydd ar gael yn Gymraeg (Safon 82)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd isel ar gyfer safon 82.

Mae Rheolwr Gwasanaethau'r Gymraeg yn adolygu ac yn rhoi cyngor yn rheolaidd i lywio asesiadau o'r effaith ar gydraddoldeb ar gyfer polisïau ac yn cynghori ynghylch a oes angen i bolisïau sy'n eiddo i'r Ymddiriedolaethau fod ar gael yn y Gymraeg hefyd – mae hyn yn ymwneud yn bennaf â nifer fach o bolisïau sy'n ymwneud â'r gweithlu. Mae holl bolisïau GIG Cymru yn cael eu cyflenwi gan Uned Cyflogwyr GIG Cymru yn y Gymraeg a'r Saesneg, a chyhoeddir y ddwy fersiwn yn fewnol gan yr Ymddiriedolaeth. Darperir y canllawiau canlynol i Arweinwyr Polisi sydd naill ai'n datblygu neu'n adolygu polisi sy'n eiddo i'r Ymddiriedolaeth:
Mae'n ofynnol i'r Ymddiriedolaeth gyhoeddi sawl polisi yn Gymraeg; yn enwedig y rhai sy'n ymwneud â'r canlynol:

- *ymddygiad yn y gweithle;*
- *iechyd a lles yn y gwaith;*
- *cyflogau neu fuddion yn y gweithle;*
- *rheoli perfformiad;*
- *absenoldeb o'r gwaith;*
- *amodau gwaith;*
- *patrymau gweithio.*

Camau gweithredu pellach a gynlluniwyd

Hyrwyddo'r uchod yn ystod cyfarfodydd y Grŵp Polisi yn ystod 2026/27

8.4 Prosesau cysylltiadau cyflogeion (Safonau 83 – 88)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd uchel ar gyfer Safonau 83-88.

Yn ystod 2025/26, cryfhaodd yr Ymddiriedolaeth ei threfniadau ar gyfer rheoli cwynion staff a gweithdrefnau disgyblu yn y Gymraeg drwy ddatblygu Gweithdrefn Weithredu Safonol ar gyfer ymdrin â chwynion a phryderon a godwyd gan staff.

Mae'r weithdrefn gweithredu safonol yn nodi gofynion clir i sicrhau cydymffurfedd o ran y Gymraeg, gan gynnwys:

- Y dewis i brosesau cwyno a disgyblu cael eu cynnal drwy gyfrwng y Gymraeg;
- Dyrannu swyddogion ymchwilio, cynrychiolwyr Gwasanaethau Pobl, cadeiryddion a chofnodwyr pan fo angen;
- Llwybr uwchgyfeirio sefydledig at yr Arweinydd Busnes Pobl a Rheolwr Gwasanaethau'r Gymraeg ar gyfer cymorth cyfieithu;
- Gofyniad gorfodol i ddefnyddio geiriad dwyieithog safonol;
- Cadw gohebiaeth Gymraeg a Saesneg ar ffeil yr achos;
- Darparu llythyrau penderfyniad yn Gymraeg; a defnyddio gwasanaethau cyfieithu ar gyfer gohebiaeth sy'n dod i mewn ac yn mynd allan pan fo angen.

Ni dderbyniwyd unrhyw geisiadau gan staff i gynnal cyfweliadau ymchwiliad disgyblu na gwrandawiadau disgyblu yn Gymraeg yn ystod y cyfnod adrodd.
Er mwyn cryfhau llywodraethu a sicrwydd mewn perthynas â chydymffurfedd â'r Safonau, mae maes data ychwanegol wedi'i gyflwyno o fewn y traciwr Cysylltiadau Cyflogeion i gofnodi a ofynnir am gynnal gwrandawiadau yn Gymraeg.

Mae'r Ymddiriedolaeth yn cefnogi *Codi Llais heb Ofn* drwy sicrhau bod yr holl gyfathrebiadau a phosteri ar gael yn ddwyieithog. Mae cymorth cyfieithu ar gael drwy wasanaeth cyfieithu'r Ymddiriedolaeth, gyda chymorth ychwanegol yn cael ei ddarparu gan Reolwr Cymorth Prosiect sy'n siarad Cymraeg a Gwarcheidwad sy'n siarad Cymraeg. Pan fo angen, gellir trefnu cyfieithydd Cymraeg annibynnol hefyd i sicrhau bod staff yn gallu codi pryderon yn hyderus yn eu dewis iaith.

Camau gweithredu pellach a gynlluniwyd

Bydd colofn ychwanegol yn cael ei hychwanegu at y traciwr Cysylltiadau Cyflogeion i gofnodi pryd y gofynnir i wrandawiadau gael eu cynnal yn Gymraeg, er mwyn sicrhau gwell monitro a chefnogi'r gwaith o hyrwyddo'r opsiwn hwn ymhellach.

8.5 Darparu meddalwedd ar gyfer gwirio sillafu a gramadeg y Gymraeg i staff (Safon 89)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd uchel ar gyfer safon 89.

Mae meddalwedd gwirio sillafu, gramadeg a geiriadur Cysgliad/Cysill ar gael i'r holl staff ar gais gan y Ddesg Gymorth Gwybodaeth, Cyfathrebu a Thechnoleg (TGCh).

Camau gweithredu pellach a gynlluniwyd

Hyrwyddo, drwy Hwb Iaith Gymraeg yr Ymddiriedolaeth, canllawiau clir ar sut y gall staff gael mynediad at Cysgliad/Cysill a'i ddefnyddio'n effeithiol.

8.6 Cael mewnrwyd sydd ar gael yn Gymraeg, ac sy'n darparu gwasanaethau a deunyddiau cymorth i gynorthwyo staff i ddefnyddio'r Gymraeg (Safonau 90-95)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd canolig ar gyfer Safonau 90-95.

Mae tudalen gartref y fewnrwyd yn cynnwys tab dewis iaith sy'n cyfeirio defnyddwyr at fersiwn Gymraeg y fewnrwyd. Mae Hwb Iaith Gymraeg dynodedig yn darparu gwybodaeth gynhwysfawr, gan gynnwys cyrsiau dysgu Cymraeg ar-lein, sgiliau cwrteisi yn y Gymraeg, a chanllawiau ar gydymffurfio â'r Safonau.

Camau gweithredu pellach a gynlluniwyd

Gan fod y fewnrwyd staff yn sianel allweddol ar gyfer rhannu gwybodaeth weithredol hanfodol, mae'r Ymddiriedolaeth yn gweithio i gynyddu argaeledd cynnwys Cymraeg sy'n ymwneud â gwasanaethau cymorth i staff, gan gynnwys llesiant staff.

8.7 Darparu geiriad i staff ar gyfer llofnodion e-bost a negeseuon allan o'r swyddfa yn y Gymraeg (Safon 104)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd uchel ar gyfer safon 104.

Mae Tîm y Gymraeg yr Ymddiriedolaeth yn parhau i gefnogi staff yn weithredol drwy eu helpu i ddefnyddio'r Gymraeg yn eu cyfathrebiadau dyddiol, gan gynnwys llofnodion e-bost a negeseuon allan o'r swyddfa wedi'u teilwra.

Yn ogystal, mae templedi llofnod e-bost dwyieithog cymeradwy wedi'u cynnwys yng Nghanllawiau Brand Corfforaethol 2026 wedi'u diweddaru, gan gefnogi cysondeb, proffesiynoldeb a chydymffurfedd â'r Safonau ar draws holl gyfathrebiadau e-bost yr Ymddiriedolaeth.

Camau gweithredu pellach a gynlluniwyd

Er mwyn cryfhau trefniadau monitro, bydd dull gweithredu strwythuredig yn cael ei ddatblygu a fydd yn cynnwys archwiliadau rheolaidd a gwiriadau ar hap o lofnodion e-bost a negeseuon allan o'r swyddfa staff, er mwyn sicrhau eu bod yn cydymffurfio â'r templedi dwyieithog cymeradwy a chanllawiau brand corfforaethol. Bydd y dull hwn yn cael ei gefnogi gan aelodau Grŵp Cynghori'r Gymraeg a Rhwydwaith Cymraeg, a fydd yn chwarae rhan weithredol wrth hyrwyddo cydymffurfedd, nodi arfer da, ac amlygu meysydd i'w gwella.

8.8 Recriwtio a phenodi (Safonau 106 – 109)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd uchel ar gyfer Safonau 106 – 109.

Mae'n ofynnol i reolwyr lenwi ffurflen Asesiad Iaith Gymraeg ar gyfer pob swydd i benderfynu ar y lefel sgiliau iaith Gymraeg briodol. Mae'r ffurflen hon ynghlwm wrth yr hysbyseb swydd, ac mae'r categori sgiliau gofynnol wedi'i nodi'n glir yn nhestun yr hysbyseb er mwyn sicrhau tryloywder i ymgeiswyr.

Cyhoeddir pob hysbyseb swydd yn ddwyieithog yn y Gymraeg a'r Saesneg, gyda'r gofyniad sgiliau iaith Gymraeg wedi'i nodi'n glir. Fel safon, mae hysbysebion hefyd yn nodi y gellir cyflwyno ceisiadau yn y Gymraeg ac na fydd ceisiadau a gyflwynir yn y Gymraeg yn cael eu trin yn llai ffafriol na'r rhai a gyflwynir yn Saesneg.
Mae pob ffurflen gais, deunydd canllaw, gwybodaeth am gyfweliadau, a disgrifiadau swyddi ar gael yn Gymraeg a'r Saesneg, gan sicrhau cydraddoldeb a mynediad cyfartal drwy gydol y broses recriwtio. Caiff ymgeiswyr wybod am ganlyniadau'r broses recriwtio ar yr un pryd, ni waeth ym mha iaith y cyflwynwyd eu cais.

Fel rhan o gyflawniadau Cynllun Tymor Canolig Integredig yr Ymddiriedolaeth ar gyfer 2025/26, cynhaliwyd ymgysylltiad ar draws y sefydliad i sicrhau bod cymwyseddau iaith Gymraeg a gofnodwyd ar y Cofnodion Electronig (ESR) yn gywir ac yn gyfredol. Galluogodd hyn gwblhau dadansoddiad bwlch i sefydlu lefel bresennol sgiliau iaith Gymraeg ar draws meysydd gwasanaeth. Yn dilyn y dadansoddiad hwn, cynhaliwyd ymgysylltu targedig â gwasanaethau blaenoriaeth sydd â chysylltiad uniongyrchol â chleifion a'r cyhoedd. Canolbwyntiodd y gwaith hwn ar ddeall gallu'r gweithlu i ddefnyddio'r Gymraeg o fewn timau, nodi'r ddarpariaeth sydd eisoes ar waith, ac amlygu meysydd lle gallai fod angen capasiti ychwanegol neu ddatblygiad pellach.

Camau gweithredu pellach a gynlluniwyd

Mae proses yr Ymddiriedolaeth ar gyfer cefnogi rheolwyr recriwtio i benderfynu ar y lefel briodol o sgiliau Cymraeg ar gyfer swyddi o fewn yr Ymddiriedolaeth wedi'i diweddaru'n ddiweddar, a bydd yn cael ei gweithredu ar sail beilot o fis Mehefin 2026. Bydd y cyfnod peilot hwn yn ein galluogi i gasglu adborth, asesu effeithiolrwydd y dull diwygiedig, a sicrhau ei fod yn bodloni anghenion gweithredol a gofynion cydymffurfio. Cynhelir adolygiad ffurfiol ym mis Medi, ac ar ôl hynny bydd y broses yn cael ei gweithredu'n llawn ar draws yr Ymddiriedolaeth.

Yn ogystal, yn ystod 2026/27, bydd Strategaeth Recriwtio Iaith Gymraeg yn cael ei datblygu i ymgorffori gofynion iaith Gymraeg ymhellach ym mhrosesau recriwtio'r Ymddiriedolaeth. Bydd hyn yn cynnwys denu ymgeiswyr sy'n siarad Cymraeg yn weithredol a chefnogi staff presennol i ddatblygu eu sgiliau iaith, gan sicrhau bod gwasanaethau cyfrwng Cymraeg o ansawdd uchel yn cael eu darparu.

8.9 Darparu hyfforddiant (yn y Gymraeg) ar ddefnyddio'r Gymraeg yn effeithiol mewn cyfarfodydd, cyfweliadau, gweithdrefnau cwynion a disgyblu (Safon 8.9)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd isel ar gyfer safon 98.

Yn ystod 2025/26, cefnogodd Reolwr Gwasanaethau'r Gymraeg allu'r Ymddiriedolaeth i ddarparu gwasanaethau drwy gyfrwng y Gymraeg drwy roi cyngor a chymorth i staff. Roedd hyn yn cynnwys hwyluso sesiynau hyfforddi iaith Gymraeg, darparu cefnogaeth un i un i uwch arweinwyr ar ddefnyddio ymadroddion Cymraeg priodol wrth gadeirio cyfarfodydd a sut i ddefnyddio gwasanaethau cyfieithu ar y pryd i sicrhau cydymffurfedd â'r Safonau.

Camau gweithredu pellach a gynlluniwyd

Gan adeiladu ar y cynnydd hwn, bydd camau gweithredu yn 2026/27 yn canolbwyntio ar gryfhau a ffurfioli cyfleoedd hyfforddi. Bydd cydweithio pellach yn cael ei archwilio gyda Thiwtor Sgiliau Hanfodol yr Ymddiriedolaeth i asesu'r potensial ar gyfer cyflwyno sesiynau hyfforddi yn y Gymraeg wedi'u teilwra'n fewnol, wedi'u targedu at rolau ac anghenion gwasanaeth penodol.

Ochr yn ochr â hynny, bydd opsiynau i ymgysylltu â darparwyr hyfforddiant allanol yn cael eu hystyried lle mae angen cyrsiau iaith Gymraeg ychwanegol neu arbenigol. Bydd y dull cyfunol hwn yn helpu i ehangu mynediad at hyfforddiant, gwella hyder wrth ddefnyddio'r Gymraeg mewn lleoliadau gweithredol a ffurfiol, a chefnogi nod tymor hwy'r Ymddiriedolaeth o gynyddu'r gallu i ddarparu gwasanaethau drwy gyfrwng y Gymraeg ar draws y gweithlu.

8.10 Asesu a chofnodi sgiliau iaith Gymraeg ar draws y gweithlu (Safonau 96 a 116 (Safon Cadw Cofnodion)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd uchel ar gyfer Safonau 96 a 116.

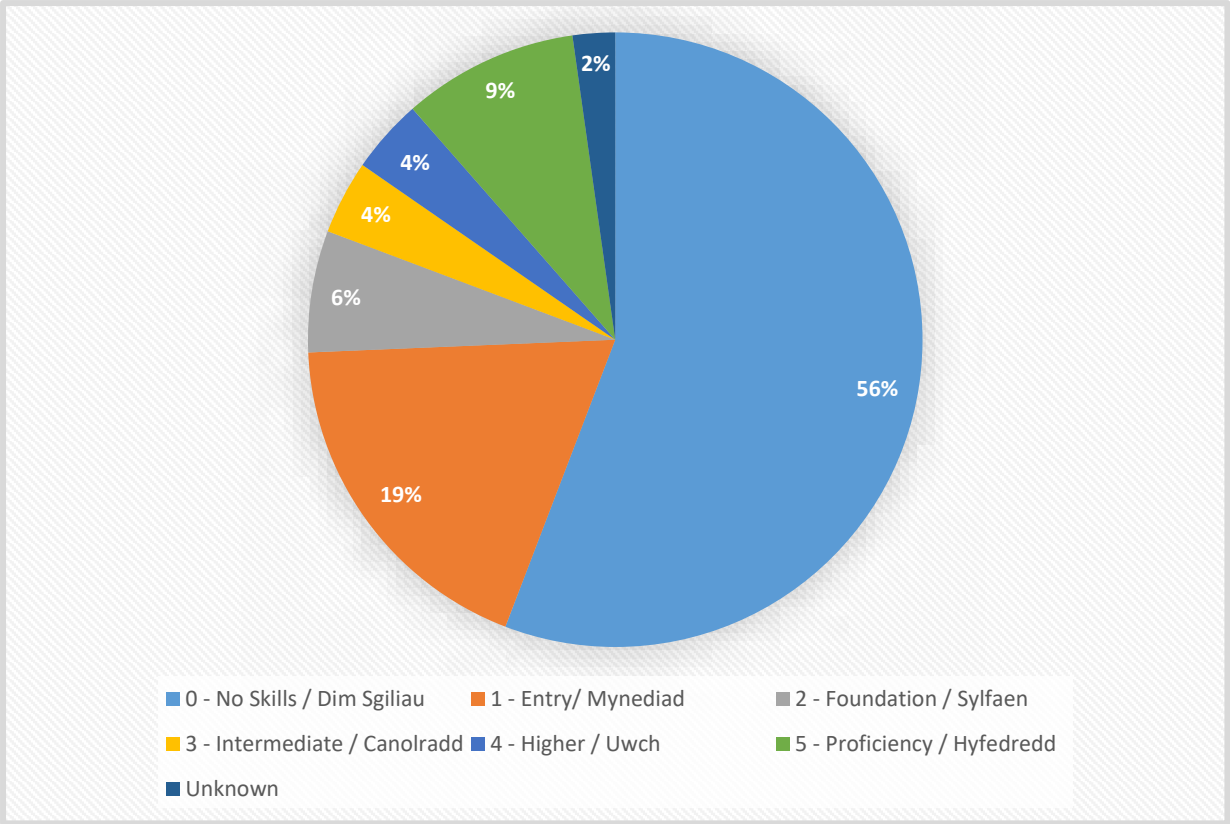
O gyfanswm o 4,579 o aelodau staff, mae 4,477 (97.77%) wedi hunanasesu a chofnodi eu sgiliau iaith Gymraeg ar y system ESR.

Mae'r sgiliau gwrando/siarad Cymraeg a gofnodwyd ar y system ESR fesul cyfarwyddiaeth (ar 31 Mawrth 2026) fel a ganlyn:

Cyfarwyddiaeth	Angenrheidiol	Wedi'i gyflawni	% Cydymffurfedd
Prif Weithredwr	18	17	94.44%
Llywodraethu Corfforaethol	12	12	100%
Digidol	91	91	100%
Cyllid ac Adnoddau Corfforaethol	160	160	100%
Meddygol a Chlinigol	92	92	100%
Gweithrediadau	3,923	3,823	97.45%
Partneriaethau ac Ymgysylltu	14	14	100.00%
Pobl a Diwylliant	112	112	100%
Ansawdd, Diogelwch a Phrofiad y Claf	133	133	100%
Strategaeth, Cynllunio a Pherfformiad	24	23	95.83%

8.11 Sgiliau Iaith Gymraeg y Proffil Staff – Gwrando/Siarad

0 - Dim Sgiliau	1 - Mynediad	2 - Sylfaen	3 - Canolradd	4 - Uwch	5 - Hyfedredd	Anhysbys	Cyfanswm Terfynol
2556	848	293	178	179	423	102	4,579



Hyfedredd yn y Gymraeg fesul cyfarwyddiaeth

Cyfarwyddiaeth	Canolradd	Uwch	Hyfedredd
Prif Weithredwr	1	1	0
Llywodraethu Corfforaethol	0	0	2
Digidol	1	1	9
Cyllid ac Adnoddau Corfforaethol	2	8	10
Meddygol a Chlinigol	2	1	9
Gweithrediadau	157	159	374
Partneriaethau ac Ymgysylltu	0	2	1
Pobl a Diwylliant	5	3	8
Ansawdd, Diogelwch a Phrofiad y Claf	10	4	9
Strategaeth, Cynllunio a Pherfformiad	0	0	1
Cyfanswm Terfynol	**178**	**179**	**423**

Ar ddiwedd mis Mawrth 2026, cofnodwyd bod 780 o aelodau staff yn rhugl yn y Gymraeg (o'i gymharu â 740 yn 2024/25). Mae hyn yn cyfateb i 17% o'r rhai sydd wedi cofrestru eu sgiliau Cymraeg (17% yn 2024/25).

Camau gweithredu pellach a gynlluniwyd

Er mwyn cynyddu sgiliau Cymraeg gweithlu'r Ymddiriedolaeth yn 2026/27 bydd yr Ymddiriedolaeth yn parhau i hyrwyddo'r cwrs Cymraeg sy'n benodol ar gyfer dechreuwyr i'r GIG sydd ar gael i staff yr Ymddiriedolaeth drwy'r Ganolfan Dysgu Cymraeg Genedlaethol ynghyd â chwrs ESR Ymwybyddiaeth Iaith Gymraeg gorfodol yr Ymddiriedolaeth.

8.12 Swyddi newydd a swydi gwag (Safon Cadw Cofnodion 117)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd uchel ar gyfer safon 117.

Mae mynediad gwasanaeth cyfieithu'r Ymddiriedolaeth at feddalwedd cof cyfieithu Partneriaeth Cydwasanaethau GIG Cymru wedi arwain at arbedion effeithlonrwydd sylweddol wrth 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 swydd-ddisgrifiadau cymeradwy at Wasanaeth Cyfieithu mewnol yr Ymddiriedolaeth.

Mae'r tabl isod yn cadarnhau'r swyddi a hysbysebwyd rhwng 1 Ebrill 2025 a 31 Mawrth 2026.

Cyfanswm nifer y swyddi gwag a hysbysebwyd 01/04/2025 - 31/03/2026 320

Categori	Nifer y swyddi wedi'u categoreiddio		Canran y swyddi a hysbysebwyd	
	2025-26	2024-25	2025-26	2024-25
Sgiliau Cymraeg yn hanfodol	2	2	0.63%	0.47%
Sgiliau Cymraeg yn ddymunol	315	420	98%	99%

Disgwylir i ddeiliad y swydd ddysgu'r sgiliau Cymraeg gofynnol ar ôl cael ei benodi i'r post	1	0	0.31%	0%
Nid yw sgiliau iaith Gymraeg yn angenrheidiol	2	0	0.63%	0%

Swyddi lle mae'r Gymraeg yn hanfodol yn cynnwys:

- Triniwr Galwadau NEPTS - Band 2
- Tiwtor Sgiliau Hanfodol – Band 5

Mae cyfweliadau swyddi ar gyfer swyddi gwag wedi cael eu hwyluso yn y Gymraeg mewn ymateb i geisiadau gan ymgeiswyr.

Camau gweithredu pellach a gynlluniwyd

Bydd yr Ymddiriedolaeth yn cryfhau ei dull gweithredu ymhellach drwy ddadansoddi'r data a gofnodwyd er mwyn nodi tueddiadau, patrymau a bylchau yn y broses o ddynodi swyddi lle mae'r Gymraeg yn hanfodol neu'n ddymunol. Bydd hyn yn cefnogi dealltwriaeth fwy strategol o anghenion y gweithlu ac yn sicrhau bod gofynion y Gymraeg yn cyd-fynd â'r galw am wasanaethau nawr ac yn y dyfodol.

8.13 Hyfforddiant (Safon 97)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd canolig ar gyfer safon 97.

Ymsefydlu corfforaethol

Mae *Diwrnodau Croeso* yr Ymddiriedolaeth yn cynnwys elfen ymwybyddiaeth o'r Gymraeg bwrpasol. Yn ystod y cyfnod adrodd, cwblhaodd cyfanswm o 494 o aelodau staff yr hyfforddiant hwn. Ni dderbyniwyd unrhyw geisiadau yn ystod y cyfnod adrodd i gyflwyno'r sesiynau ymsefydlu corfforaethol yn gyfan gwbl yn Gymraeg.

Cyrsiau ar ESR sydd wedi'u cwblhau gan staff yr Ymddiriedolaeth yn y Gymraeg:

Cwrs	Wedi'i gwblhau
Gwneud i Bob Cyswllt Gyfrif	2
Trais yn erbyn menywod, cam-drin domestig, a thrais	73
Ymwybyddiaeth o'r Gymraeg (Mwy na geiriau)	1,026

Camau gweithredu pellach a gynlluniwyd

Bydd yr Ymddiriedolaeth yn ymchwilio i ba gyrsiau ESR a chyrsiau mewnol ychwanegol i'n staff y gellid eu cynnig yn y Gymraeg.

Mae llawlyfr digidol 'Croeso Cynnes WAST' yn elfen ganolog o gyfnod ymsefydlu corfforaethol newydd yr Ymddiriedolaeth, a gynlluniwyd i roi cyflwyniad cyson, cefnogol a hygyrch i'r sefydliad i bob dechreuwr newydd.

Bydd y fformat digidol yn disodli'r dull ymsefydlu corfforaethol presennol a gyflwynir drwy Microsoft Teams, gan ddarparu datrysiad mwy strwythuredig a chynaliadwy; fodd bynnag, ni fydd yn disodli sesiynau ymsefydlu lleol, a fydd yn parhau i chwarae rhan hanfodol wrth gefnogi staff o fewn eu timau a'u lleoliadau penodol.

Mae'r llawlyfr digidol ar hyn o bryd yn mynd i mewn i'w gyfnod peilot cyn ei lansio arfaethedig ddiwedd mis Mawrth 2026. Yn dilyn y cynllun peilot, bydd gwaith yn dechrau ar y fersiwn Gymraeg i sicrhau bod y llawlyfr yn gwbl ddwyieithog ac yn darparu profiad cynhwysol a hygyrch i'r holl staff.

8.14 Hyfforddiant i wella sgiliau iaith Gymraeg (Safonau 99 - 101)

Asesiad o sicrwydd

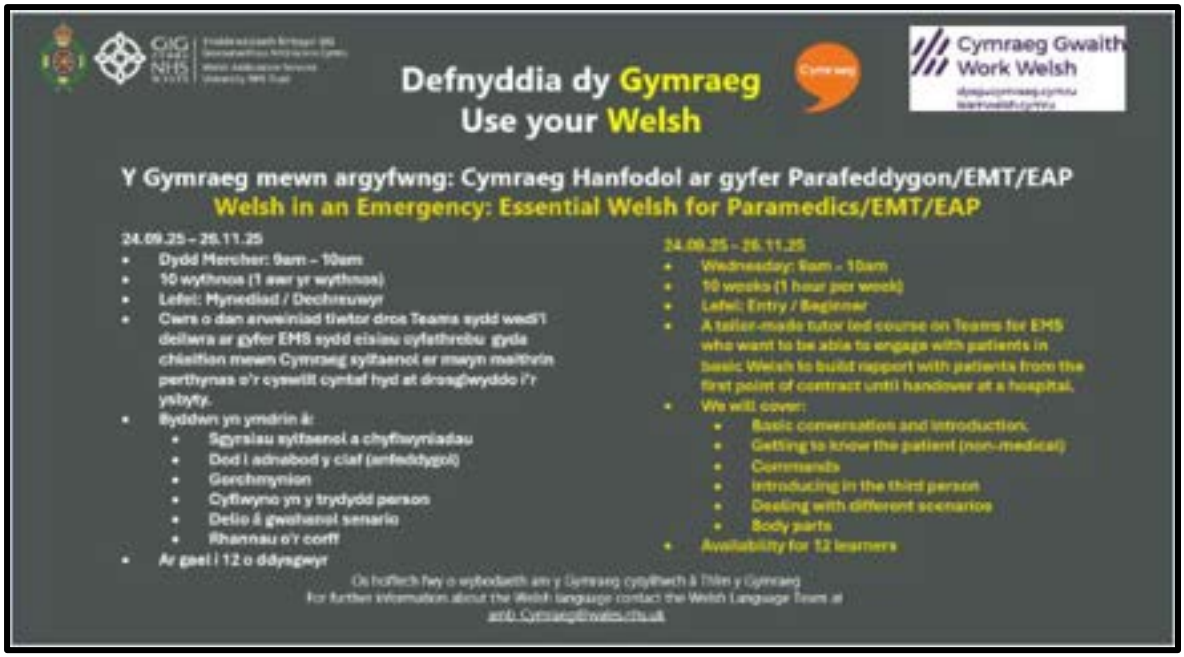
Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd canolig ar gyfer Safonau 99 -101.

Yn ystod y cyfnod adrodd, cwblhaodd 31 o aelodau staff y cyrsiau iaith Gymraeg newydd a oedd ar gael i staff yn ystod 2025/26 i helpu i ddatblygu eu sgiliau iaith Gymraeg. Roedd y rhain yn cynnwys y Cwrs Croeso, sy'n rhan o strategaeth *Mwy na Geiriau* Llywodraeth Cymru a'r cwrs blasu 10 awr ar y Gymraeg.

Cwrs Cymraeg i ddechreuwyr ar gyfer staff EMS

Ym mis Medi 2025, lansiodd yr Ymddiriedolaeth gwrs dysgu Cymraeg peilot ar gyfer Parafeddygon a Thechnegwyr Ymateb Brys, *"Y Gymraeg mewn Argyfwng: Cymraeg Hanfodol ar gyfer Parafeddygon."* Cynhaliwyd y cwrs mynediad 10 wythnos hwn ar-lein drwy Microsoft Teams gan Diwtor Cymraeg Gwaith, a chafodd ei hyrwyddo drwy Dîm Dysgu a Datblygu'r Ymddiriedolaeth. Cwblhaodd wyth aelod o staff EMS y cwrs, a oedd â'r nod o helpu staff i ddefnyddio'r Gymraeg yn ymarferol i feithrin perthynas â chleifion o'r cyswllt cyntaf hyd at drosglwyddo i'r ysbyty.

Amlygwyd effaith y cwrs pan lwyddodd parafeddyg i ddefnyddio'r Gymraeg i gyfathrebu â chlaf oedrannus â dementia a oedd yn siarad Cymraeg yn unig, gan roi sicrwydd a chysur iddo. Ymatebodd y claf a'i theulu'n gadarnhaol i hyn, gan amlygu gwerth yr hyfforddiant o ran gwella profiad y claf.



Cefnogi staff EMS yr Ymddiriedolaeth

Mae set o gardiau annog Cymraeg wedi'u datblygu i gefnogi staff EMS i gychwyn cyfathrebu clir ac effeithiol â chleifion sy'n siarad Cymraeg ar y pwynt cyswllt cyntaf. Mae'r cardiau annog hyn wedi'u cynllunio i feithrin hyder, cefnogi cysur cleifion, a helpu i sicrhau bod anghenion iaith yn cael eu nodi a'u parchu o ddechrau'r gofal.

Camau gweithredu pellach a gynlluniwyd

Yn ystod 2026/27, byddwn yn canolbwyntio ar ehangu cyfleoedd i staff ymgysylltu â'r Gymraeg drwy gynyddu'r ddarpariaeth o Gyrsiau Croeso a rhaglenni meithrin hyder drwy'r cwrs Dysgu Cymraeg. Bydd y cyrsiau hyn wedi'u hanelu at unigolion sydd ar

ddechrau eu taith iaith, gan eu cefnogi i ddatblygu sgiliau sylfaenol, meithrin hyder wrth ddefnyddio'r Gymraeg yn y gweithle, ac annog mwy o ddefnydd o'r iaith o ddydd i ddydd ar draws gwasanaethau.

8.15 Hyfforddiant Ymwybyddiaeth o'r Gymraeg (Safonau 102 – 103)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd canolig ar gyfer Safonau 102-103.

Ers cyflwyno'r cwrs ymwybyddiaeth o'r Gymraeg gorfodol ar 1 Ebrill 2023, roedd 79.30% o staff wedi cwblhau hyfforddiant hyd at 31 Mawrth 2026 o'i gymharu â 70% yn 2024/25.

Camau gweithredu pellach a gynlluniwyd

Bydd yr Ymddiriedolaeth yn parhau i hyrwyddo'r cwrs yn weithredol dros y flwyddyn nesaf i gynyddu cyfraddau cwblhau a chyflawni lefel cydymffurfedd o leiaf 90%. Bydd camau gweithredu i gefnogi hyn yn cynnwys cyfathrebu wedi'i dargedu at staff rhagorol, adrodd cydymffurfedd i reolwyr yn rheolaidd, atgyfnerthu gofynion hyfforddi trwy brosesau sefydlu ac adnewyddu, a mwy o oruchwyliaeth reoli i gefnogi cwblhau amserol.

8.15 Hyrwyddo'r Gymraeg

Yn ystod y cyfnod adrodd, hyrwyddwyd y Gymraeg yn weithredol drwy ddigwyddiadau cenedlaethol a diwylliannol allweddol, gan gynnwys Dydd Gŵyl Dewi a Dydd Miwsig Cymru. Hyrwyddwyd y dathliadau hyn ar draws y rhwydwaith staff Cymraeg, *Rhwyd-iaith*, gan helpu i gynyddu ymgysylltiad, codi ymwybyddiaeth, ac annog cyfranogiad ymhlith staff wrth ddathlu'r Gymraeg a'r diwylliant o fewn yr Ymddiriedolaeth.

Yn ogystal, datblygodd Tîm y Gymraeg yr Ymddiriedolaeth gyfres o fideos YouTube ar sgiliau cwrteisi Cymraeg, a gafodd eu hyrwyddo i staff drwy safle SharePoint yr Ymddiriedolaeth. Mae'r adnoddau hyn yn cefnogi staff i feithrin hyder wrth ddefnyddio'r Gymraeg yn ystod rhyngweithiadau bob dydd ac yn atgyfnerthu ymhellach ymrwymiad yr Ymddiriedolaeth i normaleiddio ac annog defnyddio'r Gymraeg yn y gweithle.

8.16 Cynllun Ymgynghori Clinigol (Safon 110)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd isel ar gyfer safon 110.

Roedd datblygu cynllun ymgynghori clinigol pum mlynedd diwygiedig yn un o brif dargedau i'w cyflawni yng Nghynllun Tymor Canolig Integredig yr Ymddiriedolaeth ar gyfer 2025/26. Arweiniodd cyflwyno model clinigol newydd yr Ymddiriedolaeth yn ddiweddar, gyda cham 1 wedi'i weithredu ar 1 Gorffennaf 2025 a cham 2 wedi'i drefnu ar gyfer 1 Rhagfyr 2025, at benderfyniad i ohirio datblygiad y cynllun er mwyn sicrhau ystyriaeth briodol o'r newidiadau.

Uchelgais y cynllun 2026-2031 yw cynnal ffocws cryf ar drinwyr galwadau GIG 111 Cymru, gan wreiddio clinigwyr 111/RICS a'r cynnig digidol 111 hefyd. Mae ymgysylltu â Swyddfa Comisiynydd y Gymraeg ddiwedd 2025 wedi arwain at newid yn safbwynt y Comisiynydd mewn perthynas â'r Ymddiriedolaeth, gan gydnabod bod cynyddu'r cynnig gweithredol yn fwy tebygol o gael ei gyflawni drwy drinwyr galwadau a'r cynnig digidol.

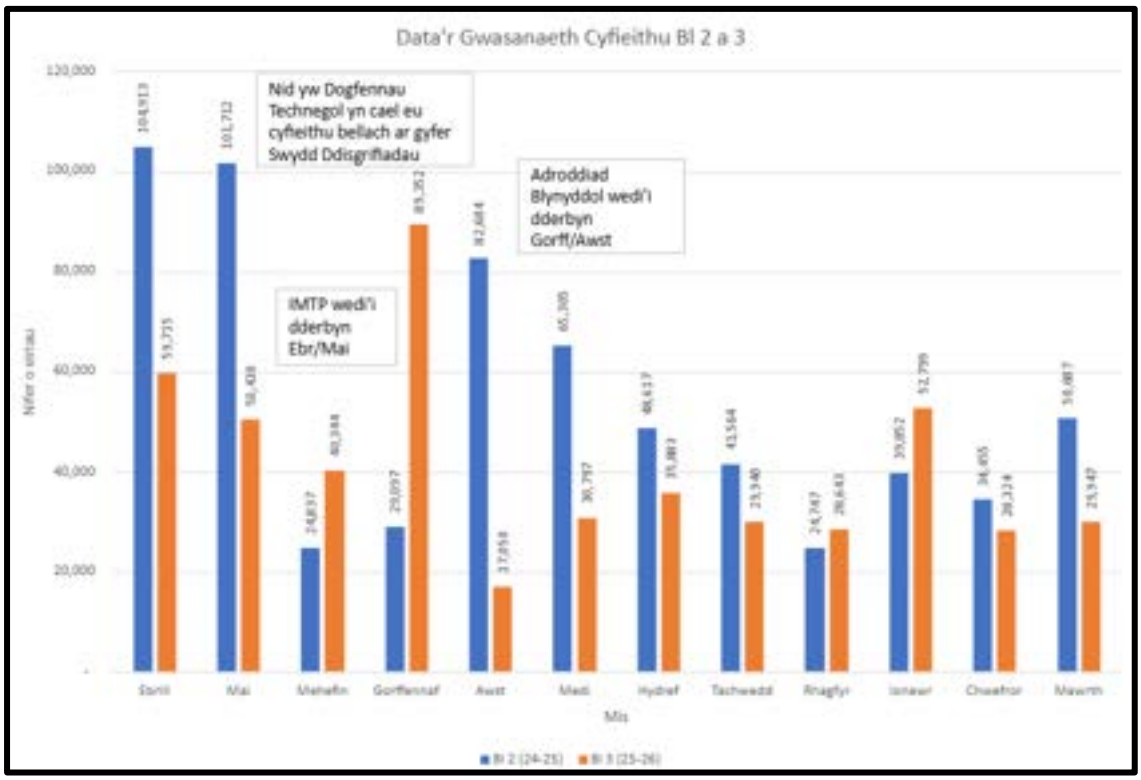
Camau gweithredu pellach a gynlluniwyd

I gwblhau cynllun 2026-2031, mae Asesiad o'r Effaith ar Ansawdd ac Asesiad o'r Effaith ar Gydraddoldeb yn cael eu hystyried gan fforymau ansawdd a chlinigol yr Ymddiriedolaeth cyn symud y ddogfen yn ei blaen drwy'r broses gymeradwyo ffurfiol. Ar ôl ei gymeradwyo, bydd y cynllun yn cael ei gyhoeddi ar wefan yr Ymddiriedolaeth.

8.17 Ein Gwasanaeth Cyfieithu

Ers sefydlu Gwasanaeth Cyfieithu'r Ymddiriedolaeth ym mis Medi 2023, mae wedi mynd o nerth i nerth ac mae'n alluogwr allweddol wrth sicrhau cydymffurfedd â llawer o'r Safonau e.e. gohebiaeth, dogfennau, ffurflenni, arwyddion, cyfryngau cymdeithasol a chynnwys gwe.

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'r data yn y graff uchod yn cymharu ail a thrydedd flwyddyn lawn o weithredu'r Gwasanaeth Cyfieithu ac yn dangos bod gweithgarwch yn gyson uwch ym Mlwyddyn 2, gyda chynnydd nodedig ym misoedd Ebrill, Mai a Medi o ganlyniad i gyfieithu adroddiadau blynyddol. Mae Blwyddyn 3 yn dangos cyfrif geiriau misol is ond mwy cyson, gan ddilyn patrymau tymhorol tebyg iawn gyda chyfnodau tawelach tua diwedd y flwyddyn. At ei gilydd, mae'r gymhariaeth yn amlygu sut mae'r galw wedi sefydlogi wrth i'r gwasanaeth aeddfedu dros ei ddwy flynedd gyntaf.

9. Cwynion (Safon Cadw Cofnodion 115)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd ganolig ar gyfer safon 115 wrth gofnodi nifer y cwynion a dderbyniwyd yn ymwneud â chydymffurfedd â'r Safonau.

Yn ystod y cyfnod adrodd, derbyniwyd un gŵyn drwy Gomisiynydd y Gymraeg. Oherwydd nad oedd digon o wybodaeth wedi'i darparu gan y Comisiynydd, nid oedd yr Ymddiriedolaeth yn gallu ymchwilio'n llawn i'r pryder na'i symud ymlaen, ac fe gaewyd y gŵyn wedi hynny.

Mae pob cwyn a dderbynnir gan neu drwy Gomisiynydd y Gymraeg yn cael ei chofnodi ar Datix. Yn ogystal, mae traciwr pwrpasol ar gyfer cwynion wedi'i ddatblygu i gofnodi, monitro a goruchwylio'r broses o drin pryderon yn amserol ac yn effeithiol, gan sicrhau eu bod yn cael sylw mor brydlon, priodol a chyson â phosibl.

Camau gweithredu pellach a gynlluniwyd

Fel y nodwyd yn adran 5.5, mae camau gweithredu ar y gweill i weithredu dull cyson o gasglu ac adrodd ar bob cwyn, gan gynnwys y rhai a ddatryswyd yn lleol, drwy Datix.

10. Edrych ymlaen - blaenoriaethau ar gyfer 2026-2027

Mae'r camau gweithredu a gynlluniwyd ar gyfer 2026/27 wedi'u manylu drwy gydol yr adroddiad blynyddol hwn.

Bydd datblygu'r gweithlu yn alluogwr allweddol yn ystod 2026/27, gyda ffocws penodol ar ddatblygu Strategaeth Recriwtio Iaith Gymraeg i gefnogi denu, cadw a defnyddio staff sy'n siarad Cymraeg yn effeithiol ar draws yr Ymddiriedolaeth.

Bydd yr Ymddiriedolaeth yn cwblhau ac yn cyhoeddi ei Chynllun Ymgynghori Clinigol 5 mlynedd (2026–2031), yn unol â Safon y Gymraeg 110.

Bwriedir cynnal ymarfer cwsmer cudd ar gyfer gwasanaethau dwyieithog yn ystod 2026/27 er mwyn darparu asesiad annibynnol a gwrthrychol o gydymffurfedd yr Ymddiriedolaeth â'r Safonau sy'n ymwneud â gohebiaeth.

Gwybodaeth bellach

I gael rhagor o wybodaeth am Safonau'r Gymraeg, cysylltwch â:

Melfyn Hughes
Rheolwr Gwasanaethau'r Gymraeg

Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru
Tŷ Elwy
Ffordd Richard Davies
Llanelwy
Sir Ddinbych
LL17 0LJ
E-bost: Melfyn.hughes@wales.nhs.uk


Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
University NHS Trust
WELSH AMBULANCE SERVICES
UNIVERSITY NHS TRUST
WELSH LANGUAGE
STANDARDS
ANNUAL REPORT
2025-2026
Mae'r ddogfen hon ar gael yn Gymraeg / This document is available in Welsh

Contents

Foreword

Croeso! Welcome!

As Chair and Chief Executive of the Welsh Ambulance Services University NHS Trust ('WAST' / 'the Trust'), we are proud to present our seventh annual report on the implementation of the Welsh Language Standards.

The Welsh Language (Wales) Measure 2011 provides the statutory framework requiring the Trust to comply with Welsh Language Standards. Beyond compliance, the Trust views the Measure as an opportunity to strengthen service quality and accessibility through Welsh. Progress continues through the Trust's Welsh Language Framework, aligned with the *More than just words Action Plan 2022–2027*, including the development of a Welsh language recruitment strategy.

Strong board leadership underpins this work, with clear governance, strategic integration, and oversight of the Strategic Equality Plan, People and Culture Plan, the Trust's active offer, and the Welsh Language Standards Annual Report. Service Delivery Standards have improved, supported by the introduction of an in-house translation service, enhancing the speed and consistency of bilingual correspondence and communications. Further improvement is planned for reception services as a key access point for Welsh speakers.

Significant progress has been made in Policy and Operational Standards. All Trust policies now include Welsh language impact assessments, and 97% of staff have recorded their Welsh language skills on the Electronic Staff Record (ESR). Access to Welsh language services continues to increase, with 62% of NHS 111 Wales calls offered in Welsh answered in Welsh. The Trust's five-year clinical consultation plan will be published in line with Standard 110 in quarter 2 of 2026/27, supported by partnership working with the Welsh Language Commissioner's Office.

Staff capability has been strengthened through Welsh speaking investigating officers, expanded intranet resources, mandatory Welsh language awareness training (79% completion), and a new beginner Welsh course for Emergency Medical Service (EMS) staff. An internal audit during the reporting period provided reasonable assurance of the Trust's compliance with the Welsh Language Standards and identified areas for further improvement.

The board looks forward to continuing its support of the Welsh language, ensuring that, at a minimum, meeting courtesies are observed in Welsh and that where members of the public or staff wish to communicate to the board in Welsh that they are able to do so in line with the active offer.

Colin Dennis
Chair

Emma Wood
Chief Executive Officer

1. Introduction

This is the seventh Annual Report showcasing how the Welsh Language Standards have been implemented within the organisation.

On 30 May 2019, the Trust moved from implementing its Welsh Language Scheme, under the Welsh Language Act 1993, to implementing the 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.

About the Trust

The Trust provides health care services for people across the whole of Wales, delivering high quality and patient-led clinical care 24/7. Services include:

- The 999 Emergency Medical Services (EMS): including call taking, remote clinical consultation, see and treat and if necessary, conveyance to an appropriate hospital or treating facility
- Non-Emergency Patient Transport Service (also referred to as 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 NHS111 Wales 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) and uniformed responders to provide additional response resource to emergency calls and a Volunteer Car Service to aid patient transport to planned appointment.

The Trust is a commissioned service for EMS, NHS 111 Wales and Ambulance Care via the NHS Wales Joint Commissioning Committee (JCC). The JCC is a joint committee of the seven health boards.

3. Background to the Welsh Language Standards (the '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.

Within the Trust, the link to its Welsh language requirements is key, and its revised governance structures align to this. The Trust has 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 2022-27 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 and Board Secretary, Trish Mills, acts as the executive lead for Welsh Language Services. This role provides leadership and assurance that strong structures, governance and consistency are in place to support the development of the Welsh language across the Trust. This includes ensuring compliance with the

statutory Standards and overseeing delivery of actions within the More than just words 2022–27 Action Plan. Trish has also played a key role in promoting the everyday use of Welsh by opening meetings and correspondence bilingually using basic Welsh.

Rachel Marsh, Executive Director for Strategy, Planning and Performance, is the executive lead for the Trust's Welsh language network, *Rhwyd-iaith*. In this capacity, she has actively championed the development of the Welsh language framework to further embed the language across the organisation.

In addition, the Trust Board is supported by a Non-Executive Director Welsh Language Champion, Bethan Evans. Bethan has been instrumental in promoting the Welsh language both internally among staff and externally with service users, including through the Trust's social media platforms. As a fluent Welsh speaker, Bethan's advocacy, support and constructive challenge in this area have been invaluable.

Trish Mills
Director of Corporate Governance/
Board Secretary

Bethan Evans
Non-Executive Director

Rachel Marsh
Executive Director of Strategy, Planning and Performance

5.2 Welsh Language Advisory Group

The Trust has established a Welsh Language Advisory Group (WLAG), which reports into the Equality, Diversity and Inclusion (EDI) Steering Group, to strengthen alignment to the Strategic Equality Plan. That Steering Group reports directly to the Executive Leadership Team (ELT) 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. The Trust's policy and framework are generally geared this way.

The Welsh Language Advisory Group provides a mechanism for reviewing aspects of the Standards, and to ensure that a satisfactory service is maintained for all patients and members of the public who use the Trust's services.

The internal audit on the Standards in 2025/26 identified areas for improvement relating to the consistency of monitoring and embedding standards across services, the effectiveness of the Welsh Language Advisory Group, and the recording of Welsh language complaints.

In response, the Trust is strengthening oversight and governance arrangements. This includes reviewing the advisory group's terms of reference and membership as part of wider integrated governance changes, introducing a more structured meeting schedule, and improving attendance and accountability.

5.3 People and Culture Committee

The Trust's People and Culture Committee provide 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 Standards.

The Committee reviews and endorses the annual report for approval by the board and has oversight of Welsh language Key Performance Indicators (KPIs) related to the Monthly Integrated Quality and Performance Report (MIQPR) - including NHS 111 Wales Service, and Non-Emergency Patient Transport Service (NEPTS) which comes under the portfolio of Operations (Ambulance Care), and under the Strategic Equality Plan action plan. It also promotes and supports the cultural change aligned to the active offer as a way of strengthening compliance with the Standards.

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 (NHS 111 Wales and NEPTS), and under the Strategic Equality Plan via the People and Culture Committee.

5.5 Complaints Procedure

Concerns received in relation to compliance with the Standards can be received in several ways, including directly to the Chief Executive 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 Listening to People 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 Listening to People Team: amb_WASTListeningtopeople@wales.nhs.uk

The 2025/26 Standards internal audit identified the recording of Welsh language complaints as an area for improvement. Action is underway to implement a consistent approach to the capturing and reporting of all Welsh language related complaints on Datix, including those that may have already been resolved locally to ensure the Trust has a rich picture. This intelligence will strengthen organisational learning, improve oversight, and support ongoing assurance of compliance.

Details of the complaints received by the Trust during 2025/26 in relation to the Welsh language can be found in Section 9.

THE WELSH LANGUAGE STANDARDS

Compliance with the Standards is categorised into the following areas of compliance:

- Service Delivery
- Policy Making
- Operations
- Record Keeping

During 2025/26, the Trust completed a Welsh Language Commissioner's Office self-assessment of the Trust's compliance with the Standards. The resulting levels of compliance for individual Standards, or groups of Standards, along with planned areas for improvement, are outlined below.

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)

Assessed Assurance

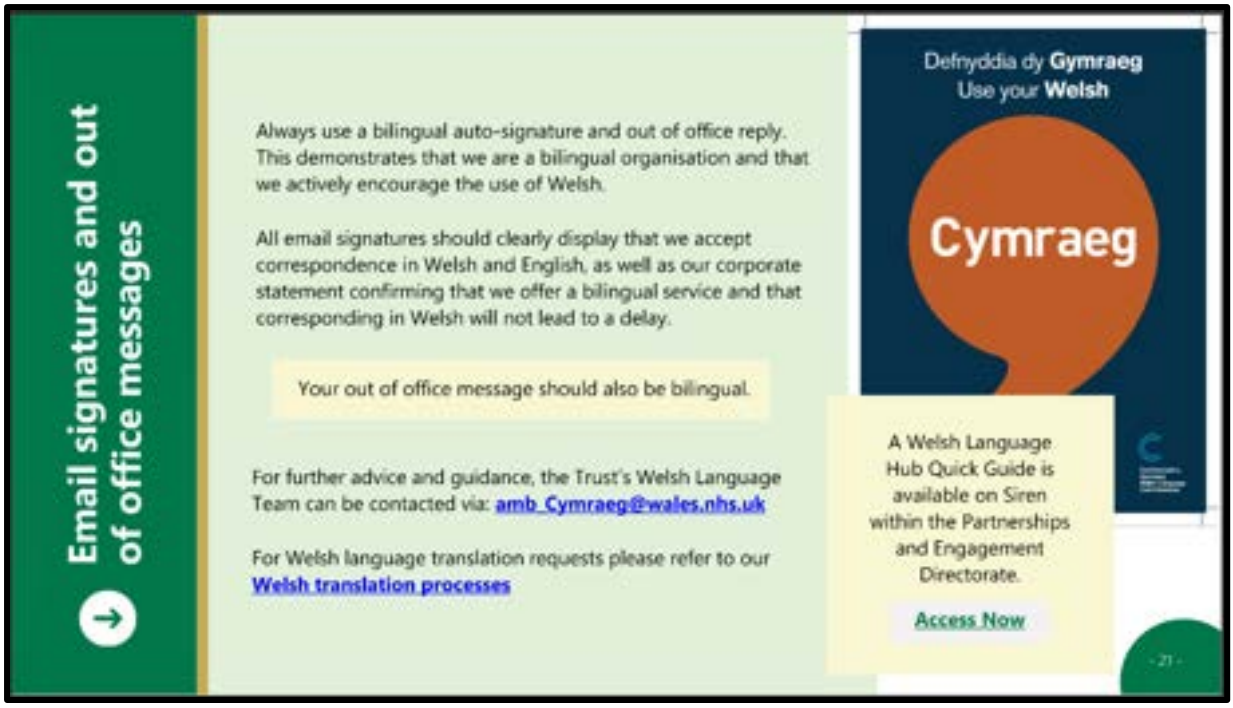
The Trust self-assessed at a medium level of assurance for Standards 1-6 (corresponding with the public in Welsh), and standard 7 (including a statement welcoming Welsh correspondence and that correspondence in Welsh will not lead to a delay).

The Trust's Translation service established in September 2023 provides support for Welsh language correspondence with the public. Following a review of translation work undertaken by the Trust's internal translation service during 2025/26, where Welsh language correspondence was requested, this was provided across the following categories:

- Freedom of Information (FOI) requests;
- Partnership correspondence;
- Listening to People letters;
- Correspondence issued on behalf of the Chief Executive; and
- Correspondence with the Welsh Language Commissioner's Office (WLCO).

During the reporting period the Trust's Brand Guidelines were updated with a dedicated section to the Welsh language that included guidance on bilingual email signatures, and out of office messages. These guidelines were then posted on the Trust's intranet (Siren) and linked to the Standards SharePoint page.

In addition, in January 2026 all public access points to services published on the Trust website were reviewed and updated to ensure that the option to communicate in Welsh was clear.



Further Actions Planned

A directorate notice to the wider organisation will remind colleagues of the Standards and associated requirements in practice, and to request that evidence of compliance be supplied proactively to the Welsh Language Services Manager so that this can be recorded and used to inform assurance to the board.

To raise awareness further, promote compliance, and obtain evidence to provide additional assurance, a bite-size video guide will help inform staff and volunteers.

A Bilingual Services Mystery Shopper exercise is proposed for 2026/27 to provide an objective assessment of the Trust's compliance with the Standards relating to correspondence. The exercise will be facilitated by the Trust's Public Engagement Team, working with members of the People and Community Network.

In addition, quarterly audits and continuous monitoring will be undertaken by the Welsh Language Services Manager throughout 2026/27 to ensure compliance with Standard 7 and the Trust's brand guidelines.

6.2 Telephone Calls (Standards 8 – 20)

Assessed Assurance

The Trust self-assessed at a medium level of assurance for applicable Standards 8-20 (Telephone services available in Welsh); Noting that the 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.

During 2025/26, the Trust developed and implemented a dedicated reception telephone line, with the Trust's main administrative and reception numbers listed below routed through the Finesse platform. This ensures that callers are offered a bilingual menu at the first point of contact:

- Vantage Point House, Cwmbran: 01633 62 62 62
- Matrix, Swansea: 01792 562 900
- Tŷ Elwy, St Asaph: 01745 532 900
- 111 Administration: 01792 776 252
- Merton House, Cardiff: 02921 707 700

In addition, for staff answering telephone calls in reception areas and other locations (excluding NHS 111 Wales and NEPTS), "How to Answer the Phone" desk tent prompt cards have been developed. These include simple Welsh phrases to support bilingual greetings and call handling, helping to maintain compliance with Standards 17 and 18. The desk-tent prompt cards were promoted and distributed to staff at the Chief Executive Roadshows held in April and October 2025.

The NHS 111 Wales Service, NEPTS, and the Listening to People Team (previously Putting Things Right) telephone lines all operate on a bilingual basis. Callers to both NHS 111 Wales and NEPTS are greeted with a recorded bilingual message, followed by an option to select their preferred language, either Welsh or English. The NEPTS transport cancellation line 0300 1311 1390 is bilingual; as is the Listening to People telephone line 0300 321 3211 where callers are also able to leave a message.
Welsh language call answering within the NHS 111 Wales Service is monitored and reported through the Monthly Integrated Quality and Performance Report (MIQPR) to the board. Performance data for both NHS 111 Wales and NEPTS call answering is explored in further detail in the following sections of this report.

Telephone numbers of services listed on the Trust's website have been reviewed and updated to ensure that the Welsh and English versions correlate.

Further Actions Planned

To further strengthen compliance, monitoring and oversight, the Trust is exploring the feasibility of capturing Welsh language menu selections within the Cisco call-handling script during 2026/27. This will support improved analysis of Welsh

language demand, enhance monitoring of call activity, and help identify opportunities to strengthen compliance and service provision.

A 'bank' of Welsh speaking staff who could support other departments when required for quick telephone call interactions that may not necessitate an interpreter, is in the process of being developed.

For assurance, the Welsh Language Services Manager is planning to undertake an audit of the Trust's telephony system (with the exception of 999 calls) to ensure compliance with the Standards.

6.2.1 NHS 111 Wales - Service Review

Between April 2025 and March 2026, NHS 111 Wales Service reported a significant improvement in the proportion of calls answered in Welsh, increasing from 45% to 62% (a rise of 17% compared with the previous year).

NHS 111 Wales Service Welsh Language call demand and answer rate 2025-26

Date	Welsh Calls Offered	Total calls answered in Welsh	% of calls answered in Welsh
01/04/25 – 31/03/26	18,282	11,165	62%
01/04/24 – 31/03/25	18,462	8,444	45%

Over the past year, several initiatives have been introduced that have contributed to a noticeable increase in the number of calls answered in Welsh compared with the previous year. One significant change, implemented in June 2025, was the introduction of an option for callers to opt out of waiting for a Welsh-speaking call handler after 15 minutes. This allows callers to rejoin the English queue if they prefer, giving them the flexibility to decide whether to continue waiting for a Welsh-speaking call handler.

Following further review of Welsh-language call activity, the period over Saturdays, Sundays and Bank Holidays when Welsh call demand is at its highest the service has extended the cover for exclusive Welsh Language Call handlers only from 0800-1400 to 0800-1600 hours.

During these peak times, the profiles of two Welsh speaking call handlers are adjusted so they manage Welsh-presenting calls exclusively. This has enabled the service to handle a higher volume of Welsh language calls during busy periods, contributing to an improved Welsh language answer rate.

Targeted recruitment of Welsh speaking call handlers has also been relatively successful, helping to sustain the Welsh language answer rate. In addition, staff continue to be supported through Welsh language awareness sessions and training on handling Welsh-presenting calls. As a result, the number of Welsh language complaints received by the service has reduced, no Welsh language formal complaints were received during this period.

Performance against the Welsh-language answer rate remains a key focus for the NHS 111 Wales operational leadership team. These initiatives form part of the ongoing commitment to provide the best possible service to Welsh speaking callers. By continuing to tailor this approach the aim is to enhance callers' experience and ensure they receive timely and effective support.

In 2026, the NHS 111 Wales Service will launch its new five-year Welsh Clinical Consultation Plan. The plan will set out ambitions and detailed key deliverables in relation to the Welsh language. It will cover 111 inbound/call handling as well as 111 clinical services.

6.2.2 Non-Emergency Patient Transport Service

NEPTS Welsh Language Call demand and answer rate 2025-2026

Welsh language demand	Welsh Calls Offered	Total calls answered in Welsh	% of calls answered in Welsh
01/04/25 – 31/03/26	3,545	2,638	74%
01/04/24 – 31/03/25	4,294	4,327	77%

When callers contact NEPTS they 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. The PNA has been professionally translated, is regularly reviewed and revised, and the Welsh translations are always updated for use by the NEPTS Welsh speaking call takers.

Telephone desk-tent prompt cards were issued to the NEPTS Call Centre staff to ensure call handlers can confidently and consistently support Welsh speaking patients, enabling accurate information gathering, reducing misunderstandings, and improving the overall patient experience by delivering services in the patient's preferred language.

6.3 Meetings (Standards 21 – 30)

Assessed Assurance

The Trust self-assessed at a low level of assurance for Standards 21-22 and 26-30 (Conducting meetings in Welsh). The great majority of meetings, particularly formal board, committee and internal committee meetings, are held in English.

Trust Board meeting invitations to partners and stakeholders are issued bilingually via email, with supporting information also shared bilingually through social media and the Trust's website. All Trust Board meetings, agendas are available in Welsh, and the Trust's Standards Annual Report is presented bilingually at Trust Board meetings. Where possible, slide presentations used at the Annual General Meeting are also produced bilingually.

A new bilingual corporate Teams background has been created and available to staff on SharePoint.

Further Actions Planned

During 2026/27 we will be embedding Welsh language considerations into routine meeting and presentation planning by establishing a clear and consistent approach to capturing language preferences in advance. At the invitation stage, meeting attendees will be asked whether they wish to use Welsh, and confirmation sought from guest speakers ahead of meetings as to whether they intend to present in Welsh.

In parallel, access and use of simultaneous translation services will be promoted actively the Trust to increase awareness and to ensure that the bilingual design guidance (https://www.welshlanguagecommissioner.wales/media/niknstqs/bilingual-design-guide-eng.pdf) supplied by the Welsh Language Commissioner's Office is accessible and widely understood. Where possible, the Trust's Welsh Language Team will support the creation of presentations with bilingual slides to enable inclusive participation and reinforce the Trust's commitment to bilingual working practices.

6.4 Public Events (Standards 31 – 32)

Assessed Assurance

The Trust self-assessed at a medium level of assurance for Standards 31-32 (Conducting public events in Welsh).

Public engagement events are coordinated by the Patient Experience & Community Involvement Team and are communicated bilingually, with bilingual resources made available to support participants. The Welsh Language Services Manager coordinates the Trust's involvement in events such as the Eisteddfod.

Eisteddfod Genedlaethol Wrecsam 2025

The Trust participated in the National Eisteddfod 2025 in Wrexham as part of a jointly funded NHS Wales stand, supported by Welsh Government and participating NHS Wales organisations. Attendance at the Eisteddfod provided a valuable opportunity to engage directly with the public, raise awareness of the Trust's services, and positively promote the Welsh language and culture.

Feedback from both staff and attendees highlighted strong operational coordination, meaningful public engagement, and positive team working throughout the event. The NHS stand was also visited by Jeremy Miles MS, Former Cabinet Secretary for Health and Social Care, who engaged with staff and took part in CPR training, further reinforcing the visibility and impact of the Trust's presence at the event.

As an increasing number of events are now supported by volunteers, there is a growing need to ensure sufficient Welsh speaking staff are available to provide appropriate language support. To address this, the Trust is exploring establishment of a 'bank' of Welsh speaking staff who can be approached to assist at public engagement events as required.

Wherever positive feedback is received, this is shared internally to provide further guidance and promote good practice.

6.5 Documents and Forms (Standards 36 - 38)

Assessed Assurance

The Trust self-assessed at a medium level of assurance for Standards 36-38 (Documents and forms are published in Welsh).

Since the beginning of September 2023, the Trust has had a dedicated in-house translation service, which is available to all staff through a generic email account and mailbox.

In addition, guidance for staff on accessing and submitting work for translation has been made available on the Trust's SharePoint site. This facility has been a key enabler of compliance with the Standards, related to documents and forms.

The Trust's Documents

A review of documents published on the Trust's website during 2025 showed 100% compliance with Welsh language publication requirements for key Trust documents, including strategies and plans. This represents a significant improvement compared with 78% compliance reported in 2024, demonstrating strengthened governance arrangements and a continued commitment to ensuring information is made available bilingually in line with required Standards.

The Trust's Forms

Several public facing forms are now available in Welsh, improving accessibility and supporting the Trust's commitment to bilingual service provision. These include the NEPTS feedback form, the NEPTS transport cancellation form, the bilingual services feedback form, and the Listening to People submission form. Making these key forms available in Welsh helps ensure that members of the public can engage with Trust services confidently and in their language of choice.

Further Actions Planned

To further strengthen compliance the Trust will be refreshing its assessment process to enable document authors to assess whether a document or form is required to be made available in Welsh.

In addition, the Welsh Language Services Manager will be engaging with the Trust's Communications Team to explore whether criteria for Welsh translation could be included within the Trust Brand Guidelines in respect of documents and forms.

6.6 Publicity and Advertising Material (Standards 33 – 34)

Assessed Assurance

The Trust self-assessed at a high level of assurance for Standards 33-34 (Publicity and advertising materials produced in Welsh).

All publicity and advertising material produced by the Trust for the public is now made available bilingually in Welsh and English. This includes press releases, content across all Trust social media platforms, and website material.

During the period 1 April 2025 to 31 March 2026, the Trust published 70 bilingual news releases, demonstrating continued compliance with the Standards.

Publicity was developed to explain the Trust's new Clinical Response Model, highlighting changes to how 999 calls to the Welsh Ambulance Services University NHS Trust are managed. To ensure accessibility and promote understanding across all communities, a series of YouTube videos was produced and published in both Welsh and English. They can be viewed here and here.

Another example of bilingual publicity activity during this period is provided below, relating to the promotion of volunteer car driver opportunities and the Trust's new Response Model.

These bilingual resources support clear public communication and reinforce the Trust's commitment to providing information in the language of choice.

6.7 Websites and Online Services (Standards 39 – 43)

Assessed Assurance

The Trust self-assessed at a medium level of assurance for Standards 39-43 (Websites and public digital services (including apps) are in Welsh).

The Trust has two websites, the Welsh Ambulances Services University NHS Trust website, and the NHS 111 Wales website which we operate as the commissioned provider of 111 across Wales. Some of the challenges associated with these websites, and the further actions planned, are set out below.

6.7.1 NHS 111 Wales Website

NHS 111 Wales Online Symptom Checkers

As part of the ongoing redevelopment of the NHS 111 Wales website, new symptom checkers are currently being implemented to improve clinical accuracy, usability, and patient safety. A key element of this work is the strengthening of Welsh-language provision to ensure that the language is embedded within digital access to care.

The symptom checkers are being designed to support medical-grade Welsh translations from the outset, ensuring that Welsh-language content is accurate, clinically assured, and kept in step with English updates. This approach will remove the previous risk associated with Welsh content becoming out of date and will ensure parity between languages as the symptom checkers are updated or expanded. It is expected that work will be completed by July 2026.

The implementation of the new symptom checkers represents a significant step forward in digital Welsh-language provision, helping to ensure that Welsh-speaking users can safely access online advice and guidance in their language of choice, without delay or disadvantage. This work directly supports the Trust's commitment to the Standards, the active offer, and the delivery of equitable, bilingual digital services for the population of Wales.

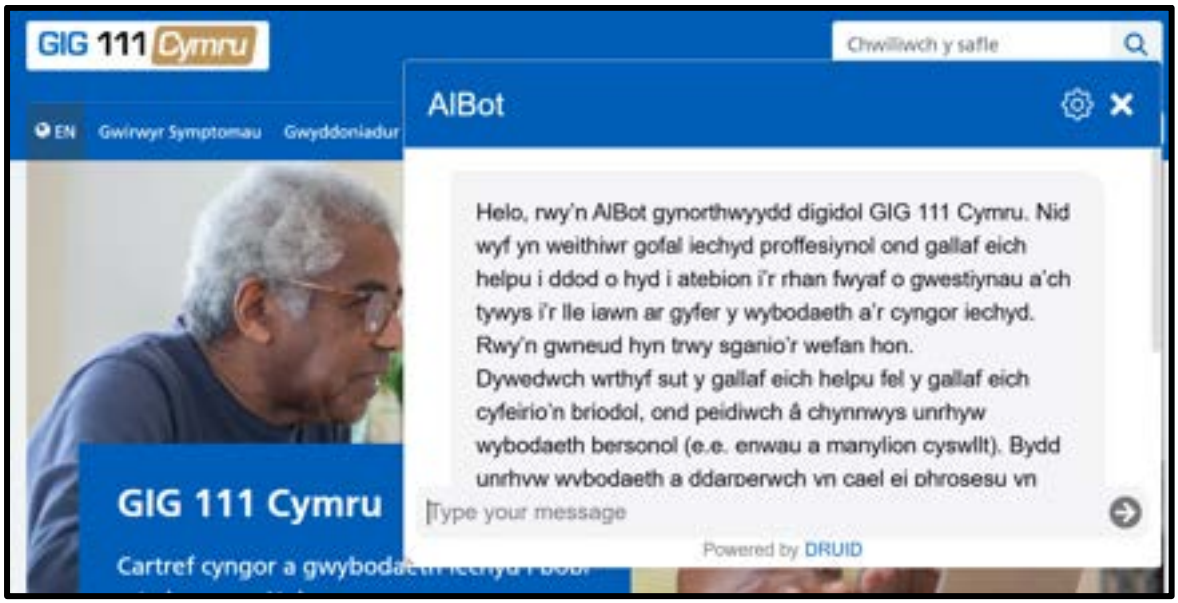
NHS 111 Wales Website development

Funding has now been secured to support the next phase of development of the NHS 111 Wales online service. Work is underway with commissioners and key stakeholders to agree the future rebuild plan, implementation approach and delivery roadmap, with a focus on improving user experience, accessibility and bilingual digital services.

A key focus of the redevelopment is improving parity between Welsh and English digital content, reducing the risk of Welsh language information becoming outdated where clinical content changes. This approach supports patient safety and reinforces the Trust's commitment to providing equitable access to online advice and guidance in a patient's language of choice.

Virtual Assistant ('AIBot')

The virtual assistant 'AIBot' is available on the NHS 111 Wales website and supports Welsh-language interaction, enabling users to ask questions and receive responses in Welsh (where Welsh is selected as the preferred language). Building on this capability, a live agent pilot (4-week pilot) was introduced to complement automated responses, providing a pathway for users to be supported by a human advisor where required. This approach supported improved accessibility and continuity for Welsh speaking users, particularly where queries are more complex or require reassurance, while maintaining parity between Welsh and English language services.



From 1/8/25 to 31/3/26 there have been 42,000 interactions with Albot, including 72 in Welsh. The Trust will continue to monitor these interactions in 2026/27

Blue Light Hub App

Designed by the Trust the Blue Light Hub App, is a bilingual educational resource designed for children aged 7–12, aimed at increasing awareness and improving confidence and life-saving skills among young people.

Between 1 April 2025 and 31 March 2026, the Blue Light Hub App was installed by **558** Android users and **206** iOS users. Since its launch, the app has been installed a total of 14,908 times on Android and 5,594 times on iOS. These figures include installations by users who may have reinstalled the app. As no bespoke user-level usage data is collected through the app, it is not possible to provide specific insights relating to Welsh language usage.

6.8 Social Media (Standards 45 – 46)

Assessed Assurance

The Trust self-assessed at a high level of assurance for Standards 45-46 (Welsh language is not treated less favourably than English on social media).

Evidence to Support Assessment

The Trust operates separate Welsh language and English social media accounts for Facebook, X and Instagram. Each English post is replicated in Welsh routinely. LinkedIn remains the only bilingual account.

Bilingual Social Media Accounts: Data (01 April 2025 to 31 March 2026)

The Trust operates separate Welsh language and English social media accounts for Facebook, X and Instagram. Each English post is replicated in Welsh routinely. LinkedIn remains the only bilingual account.

X

In November 2024, the Trust took the decision to limit its activity on X to warning and informing only. The Trust has not posted to this platform since 31 December 2024, and its last share was 16 November 2025. The Trust has not relinquished its X handle as it does not want anyone impersonating the Trust. In times of extreme demand, the Trust may revisit the platform to post urgent messaging, but this is usually reserved for Facebook and Instagram. 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	383	23,000

Facebook

	Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru	Welsh Ambulance Services University NHS Trust
Total followers	316	42,620
Page visits	1,734	141,676
Total reach	29,177	7,517,518
Content interactions	442	52,905
Link clicks	14	17

Instagram

	Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru	Welsh Ambulance Services University NHS Trust
Total followers	42	5,894
Reach	22	286,399

Since January 2025, we have had two separate accounts for Welsh and English. Engagement on the Welsh language account has grown, although it's been very slow in comparison to the English.

LinkedIn

This platform is the Trust's only bilingual account where both Welsh and English posts are posted together on the same page but as individual posts.

	WAST
Total followers	8,761
Impressions	300,909
Page views	4,083

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
Views	3,698,268	10,636

Metric	NHS 111 Wales FB	GIG 111 Cymru FB
Page visits	9,815	432
Content interactions	2,008	72
Followers	7,071	106

Further Actions Planned

Compliance with this standard will be monitored regularly by both service managers and the Welsh Language Services Manager, with activity reported routinely to the Welsh Language Advisory Group on at least a bi-annual basis.

6.9 Signs and Notices (Standards 47 - 49)

Assessed Assurance

The Trust self-assessed at a high level of assurance for Standards 47-49 (Signs are displayed in Welsh.

The Trust's Estates
All new builds and refurbishment projects across the Trust's estate include the installation of new bilingual signage. This signage is reviewed and quality checked by the Welsh Language Team to ensure accuracy, consistency, and compliance with the Standards.

Bilingual signage has been installed at the following sites:

- Beacon House (Regional Headquarters)
- Neath Ambulance Station
- Swansea Ambulance Station
- Gorseinon Ambulance Station
- Ferndale Ambulance Station
- Ystradgynlais Ambulance Station

Below are examples of bilingual internal signage installed at these sites, demonstrating the Trust's ongoing commitment to a bilingual environment.

For occasions where temporary or ad hoc signage and notices are required at Trust sites, the Welsh Language Team is working in partnership with the Estates Team to develop a suite of printable bilingual templates. These will enable staff to easily print and display compliant temporary signs and notices in their workplaces as needed, ensuring continued provision of bilingual information across the estate.

The Trust's Fleet

44 Emergency Ambulances purchased with bilingual a livery package.

In addition, 65 non-emergency vehicles and 15 single response vehicles purchased with a bilingual livery.

Further Actions Planned

Signage across the organisation and its vehicles will be reviewed and monitored on an ongoing basis.

6.10 Reception Services (Standards 50 - 53)

Assessed Assurance

The Trust self-assessed at a level of no assurance for Standards 50-53 (Welsh language reception services).

Despite the Trust's recruitment processes in actively encouraging applications from both English and Welsh speaking candidates, there are currently no Welsh speakers undertaking dedicated reception roles within the Trust.

Further Action Planned

In response to this situation, the Trust is reviewing all available options to ensure Welsh language provision at reception points where required. This includes working with teams at each location to identify staff who can provide Welsh language support when needed. We will also develop a list of designated points of contact to support the delivery of reception services or respond to public enquiries in Welsh at building entry points.

To support this approach, *"How to Answer the Phone"* desk tent prompt cards have been distributed to reception areas. In addition, a new Welsh language courtesy skills session has been developed for staff working in reception areas across Trust sites, with plans to facilitate these sessions during 2026/27.

6.11 Awarding Contracts (Standards 57 - 59)

Assessed Assurance

The Trust self-assessed at a medium level of assurance for Standards 57-59 (Processes for awarding grants and contracts ensure that the Welsh language is not treated less favourably than the English language)

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.

Further Actions Planned

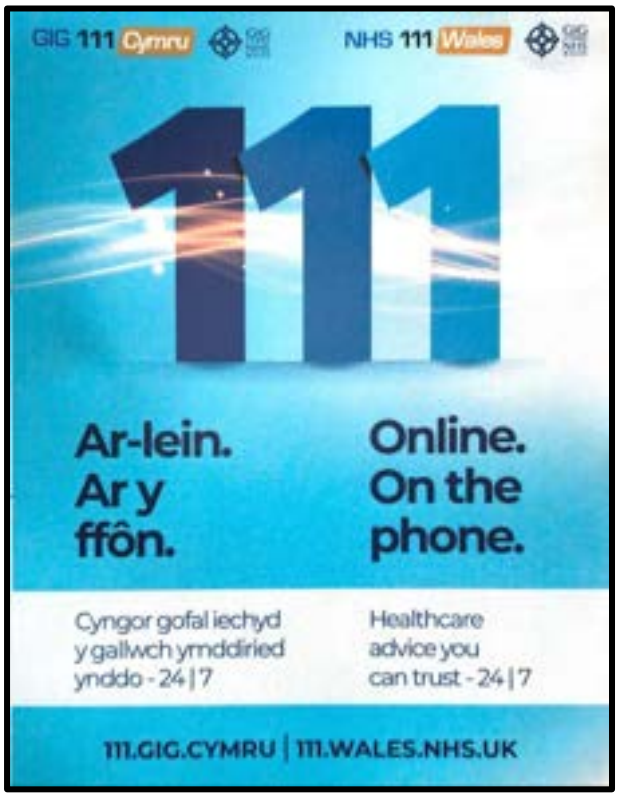
For 2026/27, the NHS Wales Shared Services Partnership (NWSSP) is creating a Welsh Language Procurement Assessment Tool for use by contract managers when completing an assessment of Welsh language requirements for any contracts that would be awarded with an overall value exceeding £5,000

6.12 Promoting Welsh Medium Services (Standards 60 – 61)

Assessed Assurance

The Trust self-assessed at a high level of assurance for Standards 60-61 for promoting the use of the Trust's Welsh medium services.

All publicity for the NHS 111 Wales service is carried out bilingually on TV advertisements, video on demand and leaflets.



Further Actions Planned

Further promotion of the Trust's existing services which offer a Welsh language service and ensure it is known that the public is able to contact these services in Welsh.

6.13 Corporate Identity (Standard 62)

Assessed Assurance

The Trust self-assessed at a high level of assurance for standard 62 (Corporate identity is in Welsh).

On 1 April 2024, the Trust was granted University Trust status and as a result the Trust's NHS Wales logo was updated to reflect this. A notable highlight was the minting of a new commemorative coin featuring the updated Crown Badge, which was presented at the Long Service Awards in 2025/26.

6.14 Providing educational courses in Welsh (standard 63)

Assessed Assurance

The Trust self-assessed at a medium level of assurance for standard 63 (Providing educational courses in Welsh).

Restart a Heart (RSAH) Live is a 12hr online event that is live streamed to classrooms. A timetable of events allows the teachers to choose which section / language they wish to watch. In total, UK wide, 101,000 children engaged with RSAH Live. Of those, 27,000 were from schools in Wales. This initiative is the first of its kind in the UK and Save a Life Cymru (SaLC) have ensured that content in Welsh is available, this in itself is a big step forward for such a national event.

Further Actions Planned

Identify Welsh speaking staff within the organisation who could potentially be approached to support training in Welsh.

6.15 Announcements over a public address system are made in Welsh and the announcement is made in Welsh first (Standard 64).

Assessed Assurance

The Trust self-assessed at a high level of assurance for standard 64.

This standard applies to Trust vehicles manufactured after 30 May 2019 that are fitted with an audible reversing warning system. All applicable Trust vehicles are

equipped with a bilingual audio warning message that activates when the vehicle is reversing, ensuring pedestrians receive clear and accessible safety warnings in both Welsh and English. This supports compliance with The Standards while promoting public safety across Trust operations.

Further Action Planned

The Welsh Language Services Manager will continue to work closely with the Head of Fleet to ensure compliance with the Standards in respect of Trust vehicles.

7. Policy Making Standards (Standards 69 – 77)

Assessed Assurance

The Trust self-assessed at a high level of assurance for Standards 69-74; and no assurance for Standards 75-77 for research commissioned or conducted to consider the effects on the Welsh language.

The Trust's Policy Group has oversight of the policy governance process for new and revised policies. The Trust Board and relevant committees receive assurance that an EqIA has been completed when approving assigned policies. The Welsh Language Services Manager is a core member of the Trust Policy Group to provide advice and ensure that Standards are adhered to provide assurance.

All new and revised policies submitted to Policy Group are accompanied by a completed Equality Impact Assessment (EqIA) which includes consideration of the potential impacts on the Welsh language. EqIAs accompanying policies must have been undertaken in partnership with the named Trade Union Partner, with the final version reviewed and signed off by the Head of Inclusion and Engagement. No policies are accepted for submission to Policy Group without an approved EqIA.

The 2025/26 Standards internal audit conducted by NWSSP, concluded that current policies and procedures adequately support the consistent application of the Standards, resulting in substantial assurance.

Further Actions Planned

The Welsh Language Services Manager has access to the Trust's Policy Tracker and provides advice and guidance regarding policies which need to be made available in Welsh.

At the time of writing, a research and development policy was in development. The Welsh Language Services Manager will work with the policy lead to ensure that Welsh language considerations are included.

The Welsh Language Services Manager will engage with the Trust's service areas that are involved in the commissioning of research to ensure that a Welsh language impact is considered.

8. Operational Standards (Standards 79 – 114)

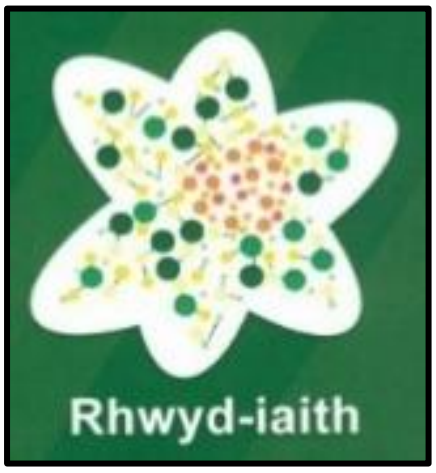
This set of Operational Standards deals with the way in which the Trust uses the Welsh language internally and gives employees the right to receive People Services in their chosen language.

8.1 Policy on the Internal Use of Welsh (Standard 79)

Assessed Assurance

The Trust self-assessed at a high level of assurance for standard 79.

The Trust's Welsh Language Policy was developed during 2024/25 and formally approved in November 2024. The policy sets out the Standards that staff are required to comply with, explaining their importance to the Welsh Ambulance Services University NHS Trust and how they support the delivery of an Active Offer to both staff and patients.



A key action arising from the policy was the establishment of a Welsh Language Network. The Trust's Welsh Language Network, *Rhwyd-iaith*, was launched during the reporting period to provide an open and transparent forum for staff who actively support the use, visibility, and growth of the Welsh language and culture within the organisation. The Welsh Language Network sits alongside the Trust's other staff networks and contributes to a wider culture of inclusion and belonging across the Trust. The network currently has 48 members. Rachel Marsh, Executive Director of Strategy, Planning and Performance, has been appointed as the executive sponsor for *Rhwyd-iaith*, providing senior leadership support and advocacy for its work.

Chief Executive Officer (CEO) Roadshows

During 2025/26 the Welsh Language Team participated in the CEO Roadshows across Wales to engage with staff to promote Welsh language initiatives and raise awareness of the Trust's Welsh Language Policy. Staff were able to register for the event via a bilingual registration form.

Further Actions Planned

As a further action for the coming year, the Trust will promote a culture in which the Welsh language is recognised as everyone's responsibility. This will be supported through the delivery of targeted internal awareness campaigns, including initiatives such as Welsh Language Week and Diwrnod Shwmae, to increase visibility and everyday use among staff. In addition, good practice will be reinforced through the regular sharing of success stories and case studies highlighting services that successfully deliver care in Welsh, with the aim of encouraging wider adoption across the Trust.

8.2 Employment Documents (Standards 80 – 81)

Assessed Assurance

The Trust self-assessed at a medium level of assurance for Standards 80-81. Employment contracts are available in Welsh through TRAC/ESR.

The Trust's application form includes a question about preferred language. Additionally, interview invitations provide an option for candidates to request their interview in Welsh. Where required, translation services are arranged. This is standard

practice, and all outcomes are issued in Welsh via the Trac system when the application was submitted in Welsh.

Further Actions Planned

The Trust's Personal Appraisal Development Review (PADR) process is currently being reviewed. When finalised all documentation relating to PADRs will made available in Welsh. The Trust's Welsh Language Services Manager is a member of the Stakeholder PADR Guidance Review Group.

8.3 Internal policies are available in Welsh (Standard 82)

Assessed Assurance

The Trust self-assessed at a low level of assurance for standard 82.

The Welsh Language Services Manager routinely reviews and provides advice to inform policy equality impact assessments and advises on whether Trust-owned policies need to also be available in Welsh – this mainly relates to a handful of workforce-related policies. All NHS Wales policies are supplied by the NHS Wales Employers Unit in both Welsh and English, and both versions published internally by the Trust. The following guidance is provided to Policy Leads who are either developing or reviewing a Trust-owned policy:
The Trust is required to publish several policies in Welsh; particularly those that relate to the following:

- *behaviour in the workplace;*
- *health and well-being at work;*
- *salaries or workplace benefits;*
- *performance management;*
- *absence from work;*
- *working conditions;*
- *work patterns.*

Further Actions Planned

Promotion of the above during the Policy Group meetings during 2026/27

8.4 Employee Relations Processes (Standards 83 – 88)

Assessed Assurance

The Trust self-assessed at a high level of assurance for Standards 83-88.

During 2025/26, the Trust strengthened its arrangements for managing staff complaints and disciplinary procedures in Welsh through the development of a Standard Operating Procedure (SOP) for handling complaints and concerns raised by staff. The SOP sets out clear requirements to ensure Welsh language compliance, including:

- The option for complaint and disciplinary processes to be conducted through the medium of Welsh;
- Allocation of Welsh speaking investigating officers, People Services representatives, chairs and note-takers where required;
- An established escalation route to the People Business Leader and the Welsh Language Services Manager for translation support;
- A mandatory requirement for the use of standard bilingual wording;
- Retention of both Welsh and English correspondence on the case file;
- Provision of decision letters in Welsh; and Engagement of translation services for both incoming and outgoing correspondence where required.

No requests were received from staff for disciplinary investigation interviews or disciplinary hearings to be conducted in Welsh during the reporting period.
To strengthen governance and assurance in relation to compliance with the Standards, an additional data field has been introduced within the Employee Relations tracker to capture whether hearings are requested to be conducted in Welsh.

The Trust supports the *Speaking Up Safely* approach by ensuring all communications and posters are available bilingually. Translation support is accessible through the Trust's translation service, with additional support provided by a Welsh speaking Project Support Manager and a Welsh speaking Guardian. Where required, an independent Welsh language translator can also be arranged to ensure staff are able to raise concerns confidently in their preferred language.

Further Actions Planned

An additional column will be added to the Employee Relations tracker to record whether hearings are requested to be held in Welsh so that recording of these can be improved and, where appropriate, the process further promoted.

8.5 Provide software for checking Welsh spelling and grammar for staff (Standard 89)

Assessed Assurance

The Trust self-assessed at a high level of assurance for standard 89.

Cysgliad/Cysill Welsh spellcheck, grammar check and dictionary software is available to all staff upon request from the Information, Communication and Technology (ICT) Helpdesk.

Further Actions Planned

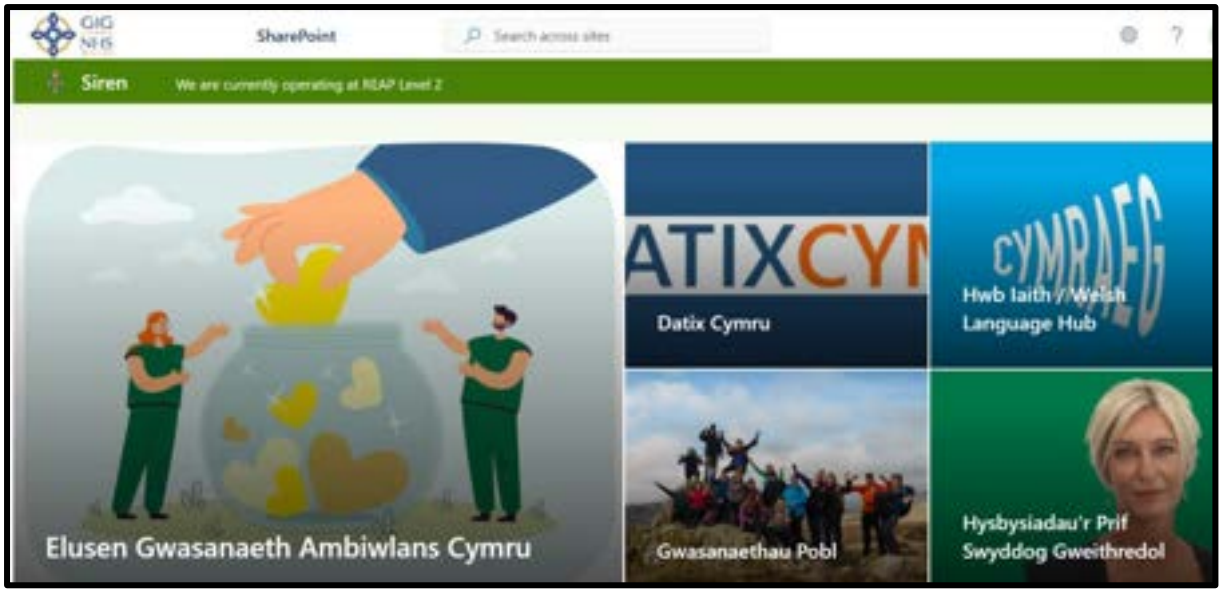
To promote via the Trust's Welsh Language Hub, clear guidance on how staff can access and use Cysgliad/Cysill effectively.

8.6 Intranet is available in Welsh, and provides services and support materials to assist staff in using Welsh (Standards 90-95)

Assessed Assurance

The Trust self-assessed at a medium level of assurance for Standards 90-95.

The intranet home page includes a language selection tab that directs users to the Welsh-language version of the intranet. A designated Welsh Language Hub provides comprehensive information, including online Welsh learning courses, Welsh language courtesy skills, and guidance on compliance with the Standards.



Further Actions Planned

As the staff intranet is a key channel for sharing operationally critical information, the Trust is working towards providing Welsh language versions of content related to staff support services, such as staff wellbeing.

8.7 Provide wording for staff for e-mail signatures and out-of-office messages in Welsh (Standard 104)

Assessed Assurance

The Trust self-assessed at a high level of assurance for standard 104.

The Trust's Welsh Language Team continues to actively support staff by providing Welsh translations for email signatures and bespoke out-of-office messages.

In addition, approved bilingual email signature templates are included within the updated 2026 Corporate Brand Guidelines, supporting consistency, professionalism, and compliance with the Standards across all Trust email communications.

Further Actions Planned

To strengthen monitoring arrangements, a structured approach will be developed combining regular audits and spot checks of staff email signatures and out-of-office

messages to ensure adherence to approved bilingual templates and corporate brand guidelines. This approach will be supported by members of the Welsh Language Advisory Group and the Welsh Language Network, who will play an active role in promoting compliance, identifying good practice, and highlighting areas for improvement.

8.8 Recruiting and Appointing (Standards 106 – 109)

Assessed Assurance

The Trust self-assessed at a high level of assurance for Standards 106 - 109.

Managers are required to complete a Welsh Language Assessment form for each post to determine the appropriate Welsh language skill level. This form is attached to the job advert, and the required skill category is clearly stated within the advert text to ensure transparency for applicants.

All job adverts are published bilingually in Welsh and English, with the Welsh language skill requirement clearly identified. As standard, adverts also state that applications may be submitted in Welsh and that applications submitted in Welsh will be treated no less favourably than those submitted in English.
All application forms, guidance materials, interview information, and job descriptions are available in both Welsh and English, ensuring parity and equal access throughout the recruitment process. Applicants are informed of recruitment outcomes at the same time, regardless of the language used in their application.

As part of the Trust's Integrated Medium Term Plan (IMTP) deliverables for 2025/26, engagement was undertaken across the organisation to ensure that Welsh language competencies recorded on ESR were accurate and up to date. This enabled the completion of a gap analysis to establish the current level of Welsh language skills across service areas. Following this analysis, targeted engagement was carried out with priority services that have direct contact with patients and the public. This work focused on understanding the Welsh language capability within teams, identifying existing provision, and highlighting areas where additional capacity or development may be required.

Further Actions Planned

The Trust's process for supporting recruiting managers in determining the appropriate level of Welsh language skills for Trust roles has recently been updated and will be implemented on a trial basis from June 2026. This trial period will enable us to gather feedback, assess the effectiveness of the revised approach, and ensure it meets both operational needs and compliance requirements. A formal review will be undertaken in September, following which the process will be fully implemented across the Trust.

In addition, during 2026/27, a Welsh Language Recruitment Strategy will be developed to further embed Welsh language requirements within the Trust's recruitment processes. This will include actively attracting Welsh-speaking candidates and supporting existing staff to develop their language skills, ensuring the delivery of high-quality Welsh medium services.

8.9 Provide training (in Welsh) on using the Welsh language effectively in meetings, interviews, complaints and disciplinary procedures (Standard 98)

Assessed Assurance

The Trust self-assessed at a low level of assurance for standard 98.

During 2025/26, the Welsh Language Services Manager supported Welsh language capability across the Trust by providing advisory support to staff. This included facilitating Welsh language training sessions, providing one-to-one support to senior leaders on the use of appropriate Welsh phrases when chairing meetings and how to use simultaneous translation services to ensure compliance with The Standards.

Further Actions Planned

Building on this progress, action in 2026/27 will focus on strengthening and formalising training opportunities. Further collaboration will be explored with the Trust's Essential Skills Tutor to assess the potential for delivering tailored Welsh language training sessions internally, targeted to specific roles and service needs.

In parallel, options to engage external training providers will be considered where additional or specialist Welsh language courses are required. This combined

approach will help to broaden access to training, improve confidence in using Welsh in both operational and formal settings, and support the Trust's longer-term aim of increasing Welsh language capacity across the workforce.

8.10 Assessing and Recording Welsh Language Skills across the Workforce (Standards 96 and 116 (Record Keeping Standards)

Assessed Assurance

The Trust self-assessed at a high level of assurance for Standards 96 and 116.

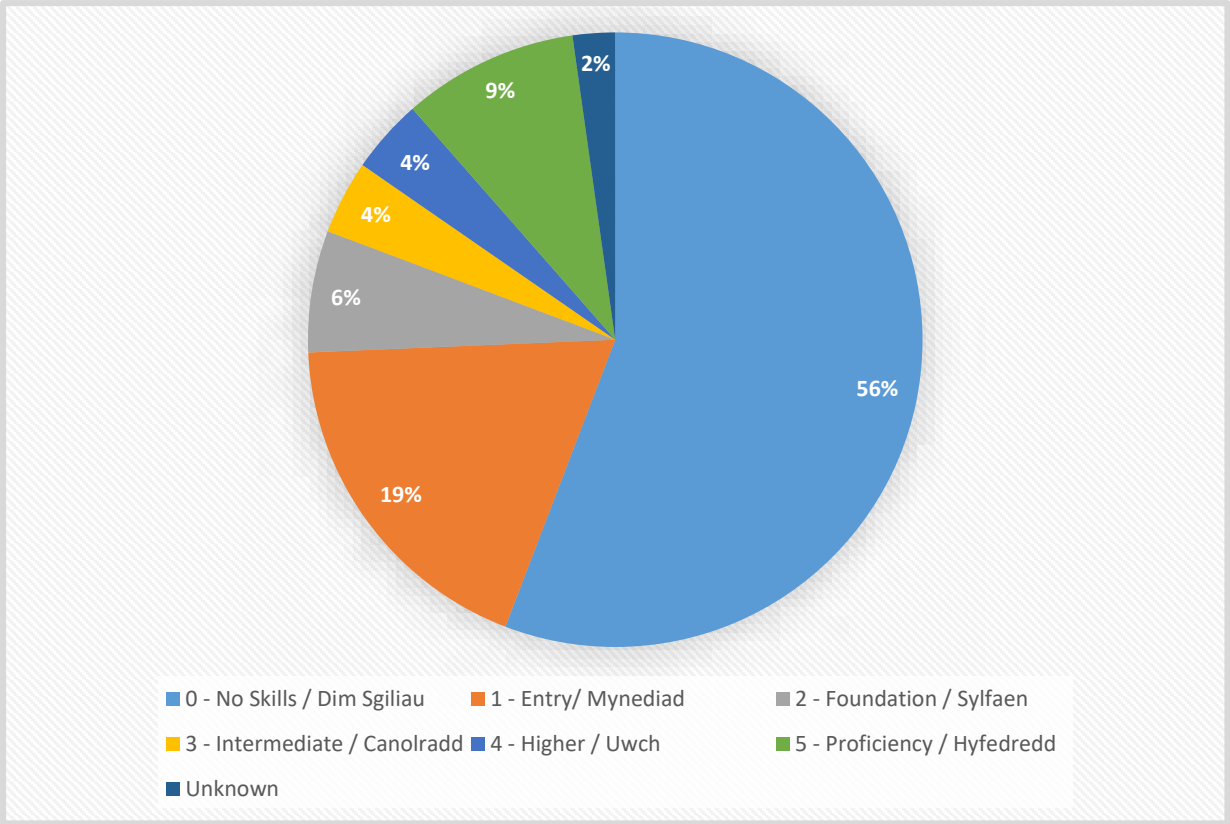
From a total of 4,579 members of staff, 4,477 (97.77%) have self-assessed and recorded their Welsh language skills on the ESR system.

The Welsh language listening/speaking skills recorded on ESR per directorate (as of 31 March 2026) were as follows:

Directorate	Required	Achieved	Compliance %
Chief Executive	18	17	94.44%
Corporate Governance	12	12	100%
Digital	91	91	100%
Finance & Corporate Resources	160	160	100%
Medical & Clinical	92	92	100%
Operations	3,923	3,823	97.45%
Partnerships & Engagement	14	14	100.00%
People & Culture	112	112	100%
Quality, Safety & Patient Experience	133	133	100%
Strategy, Planning & Performance	24	23	95.83%

8.11 Welsh Language Skills of Staff Profile – Listening/Speaking

0 - No Skills	1 - Entry	2 - Foundation	3 - Intermediate	4 - Higher	5 - Proficiency	Unknown	Grand Total
2,556	848	293	178	179	423	102	4,579



Welsh Language proficiency per directorate

Directorate	Intermediate	Higher	Proficiency
Chief Executive	1	1	0
Corporate Governance	0	0	2
Digital	1	1	9
Finance & Corporate Resources	2	8	10
Medical & Clinical	2	1	9
Operations	157	159	374
Partnerships & Engagement	0	2	1
People & Culture	5	3	8
Quality, Safety & Patient Experience	10	4	9
Strategy, Planning & Performance	0	0	1
Grand Total	**178**	**179**	**423**

At the end of March 2026, 780 staff members (compared to 740 in 2024/25) were recorded to have Welsh fluency. This equates to 17% of those who have registered their Welsh language skills (17% in 2024/25).

Further Actions Planned

In order to increase the Welsh language skills of the Trust's workforce in 2026/27 the Trust will continue promoting the NHS specific Welsh language beginners' course that is available to Trust staff via the National Centre for Learning Welsh together with the Trust's mandatory ESR Welsh Language Awareness course.

8.12 New and Vacant Posts (Record Keeping Standard 117)

Assessed Assurance

The Trust self-assessed at a high level of assurance for standard 117.

Due to the Trust's translations service having access to NHS Wales Shared Services Partnership'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.

The table below confirms posts advertised between 1 April 2025 and 31 March 2026.

Total Number of vacancies advertised 01/04/2025 - 31/03/2026: 320

Category	Number of posts categorised		Percentage of posts advertised	
	2025-26	2024-25	2025-26	2024-25
Welsh language Essential	2	2	0.63%	0.47%
Welsh language Desirable	315	420	98%	99%
Welsh language skills need to be learnt when appointed to post	1	0	0.31%	0%
Welsh language skills are not necessary	2	0	0.63%	0%

Welsh essential posts include:

- NEPTS Call Taker – Band 2
- Essential Skills Tutor - Band 5

Job interviews for vacant posts have been facilitated in Welsh in response to requests from applicants.

Further Actions Planned

The Trust will further strengthen its approach by analysing recorded data to identify trends, patterns, and gaps in the designation of Welsh essential and desirable posts. This will support a more strategic understanding of workforce needs and ensure that Welsh language requirements are aligned with current and future service demand.

8.13 Training (Standard 97)

Assessed Assurance

The Trust self-assessed at a medium level of assurance for standard 97.

Corporate Induction

The Trust's *Welcome Days* include a dedicated Welsh language awareness element. During the reporting period, a total of 494 members of staff completed this training. No requests were received during the reporting period for the corporate induction to be delivered fully in Welsh.

Courses on ESR that have been completed by Trust staff in Welsh:

Course	Completed
Make Every Contact Count (MECC)	2
Violence against women, domestic abuse and violence	73
Welsh Language Awareness (More than just words)	1,026

Further Actions Planned

The Trust will investigate what additional ESR and in-house courses to our staff that could be made available in Welsh.

The ‘Warm WAST Welcome’ digital handbook is a central element of the Trust’s new corporate induction, designed to provide all new starters with a consistent, supportive, and accessible introduction to the organisation.

The digital format will replace the current Teams based corporate induction approach, providing a more structured and sustainable solution; however, it will not replace local inductions, which will continue to play a vital role in supporting staff within their specific teams and locations.

The digital handbook is currently entering its pilot phase ahead of a planned launch at the end of March 2026. Following the pilot, work will commence on the Welsh language version to ensure the handbook is fully bilingual and delivers an inclusive, accessible experience for all staff.

8.14 Training to Improve Welsh Language Skills (Standards 99 - 101)

Assessed Assurance

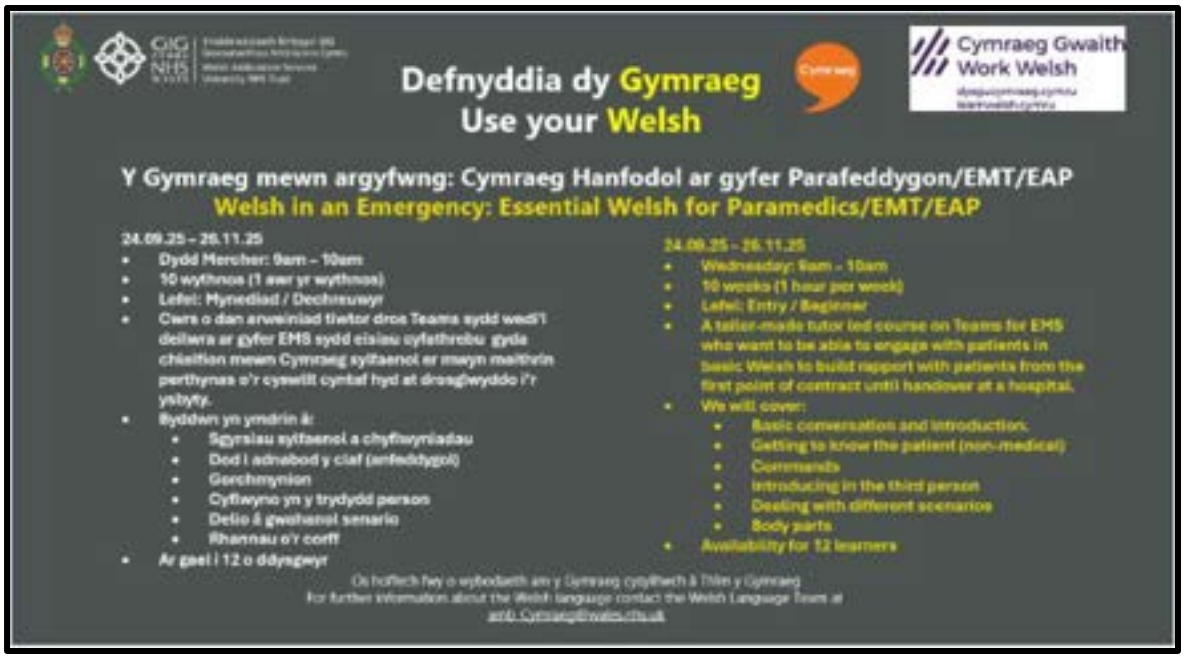
The Trust self-assessed at a medium level of assurance for Standards 99 -101.

During the reporting period, 31 members of staff completed the new Welsh language courses that were made available to staff during 2025/26 to help develop their Welsh language skills. These included the Welcome Course, which forms part of the Welsh Government’s *More than Just Words (Mwy na Geiriau)* strategy and the Welsh language 10 hour taster course.

Welsh language beginners' course for EMS staff
In September 2025, the Trust launched a pilot Welsh learning course for Paramedics and Emergency Response Technicians, *“Welsh Language in Crisis: Essential Welsh for Paramedics.”* This 10-week entry-level course was delivered online via Teams by a Learn Welsh Workplace Tutor and was promoted through the Trust’s Learning and Development Team. Eight EMS staff completed the course, which aimed to help staff use Welsh in practice to build rapport with patients from first contact through to hospital handover.

The impact of the course was demonstrated when a paramedic successfully used Welsh to communicate with an elderly dementia patient who spoke only Welsh,

providing reassurance and comfort. This was positively received by the patient and her family, highlighting the value of the training in improving patient experience.



Supporting the Trust's EMS staff

A set of Welsh language prompt cards has been developed to support EMS staff in initiating clear and effective communication with Welsh speaking patients at the first point of contact. These prompt cards are designed to build confidence, support patient comfort, and help ensure that language needs are identified and respected from the outset of care.

Further Actions Planned

During 2026/27, we will focus on expanding opportunities for staff to engage with the Welsh language by increasing the provision of Welcome Courses and confidence-building programmes through Learn Cymraeg. These courses will be aimed at individuals at the early stages of their language journey, supporting them to develop basic skills, build confidence in using Welsh in the workplace, and encourage greater day-to-day use of the language across services.

8.15 Welsh Language Awareness Training (Standards 102 – 103)

Assessed Assurance

The Trust self-assessed at a medium level of assurance for Standards 102-103.

Since the introduction of the mandatory Welsh language awareness course on 1 April 2023, 79.30% of Trust staff had completed the training as of 31 March 2026, compared to 70% in 2024/25.

Further Actions Planned

The Trust will continue to actively promote the course over the coming year to increase completion rates and achieve a minimum compliance level of 90%. Actions to support this will include targeted communications to outstanding staff, regular

compliance reporting to managers, reinforcement of training requirements through induction and refresher processes, and increased managerial oversight to support timely completion.

8.15 Promoting the Welsh Language

During the reporting period, the Welsh language was actively promoted through key national and cultural events, including Dydd Gŵyl Dewi (St David's Day) and Dydd Miwsig Cymru (Welsh Language Music Day). These celebrations were promoted across the Welsh Language staff network, *Rhwyd-iaith*, helping to increase engagement, raise awareness, and encourage participation among staff while celebrating Welsh language and culture within the Trust.

In addition, the Trust's Welsh Language Team developed a series of Welsh language courtesy skills YouTube videos, which were promoted to staff via the Trust's SharePoint site. These resources support staff to build confidence in using Welsh during everyday interactions and further reinforce the Trust's commitment to normalising and encouraging the use of Welsh in the workplace.

8.16 Clinical Consultation Plan (Standard 110)

Assessed Assurance

The Trust self-assessed at a low level of assurance for standard 110.

The development of a revised 5-year clinical consultation plan was a key deliverable within the Trust's Integrated Medium-Term Plan (IMTP) for 2025/26. The recent introduction of the Trust's new clinical model, with phase 1 implemented on 1 July 2025 and phase 2 scheduled for 1 December 2025, prompted a considered delay in the plan's development.

It is the ambition of the 2026-2031 plan to maintain a strong focus on NHS 111 Wales call handlers, while also incorporating 111/RICS clinicians and, the 111 digital offer. Engagement with the Welsh Language Commissioner's Office in late 2025 has resulted in a shift in the Commissioner's position in relation to the Trust, with recognition that increasing the active offer is more likely to be achieved through call handlers and the digital offer.

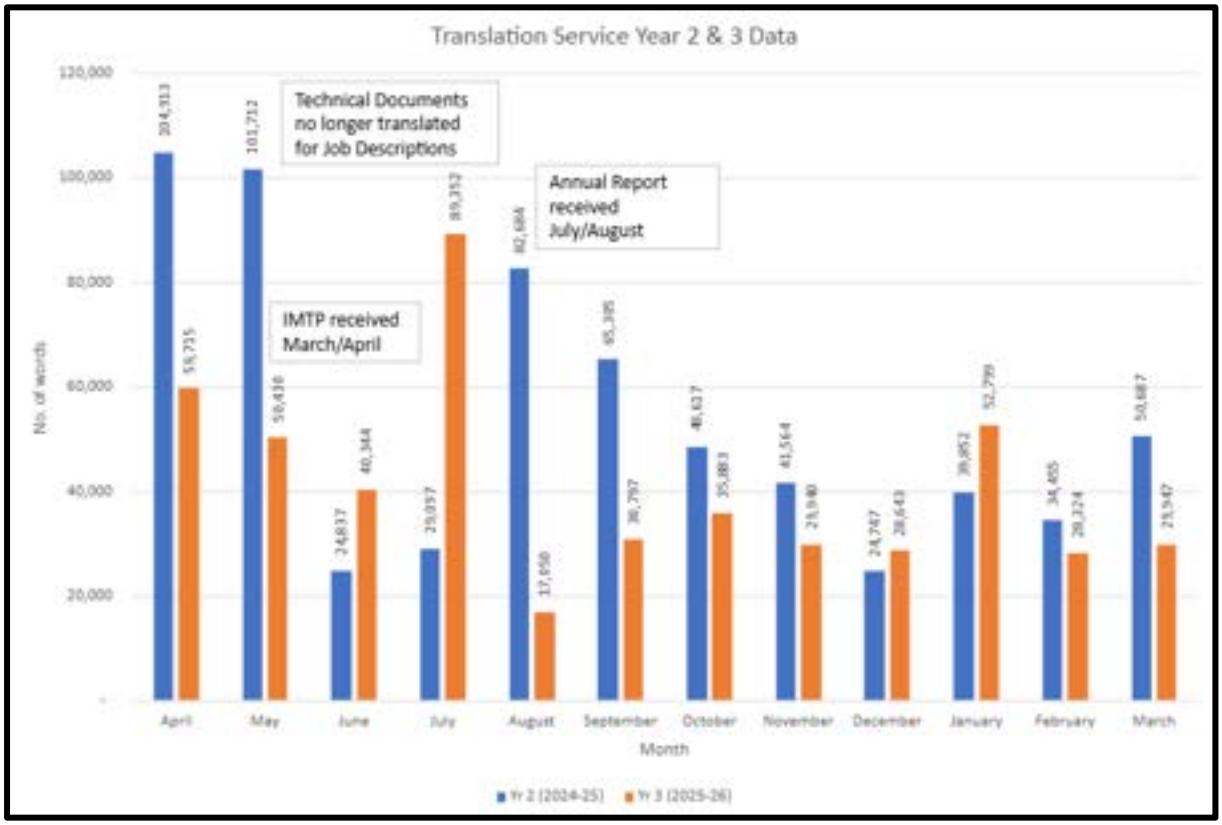
Further Actions Planned

To finalise the 2026-2031 plan, a Quality Impact Assessment (QIA) and Equality Impact Assessment (EqIA) are being considered by the Trust's quality and clinical forums prior to progressing the document through the formal approval process. Once approved, the plan will be published on the Trust's website.

8.17 Our Translation Service

Since the Trust's Translation Service was established in September 2023, it has gone from strength to strength and is a key enabler of compliance with many of the Standards e.g. correspondence, documents, forms, signage, social media and web content.

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.



The data in the above graph compares the Translation Service's second and third full years of operation and shows that activity was consistently higher in Year 2, with notable peaks in April, May, and September due to the translation of annual reports. Year 3 shows lower but steadier monthly word counts, following broadly similar seasonal patterns with quieter periods toward the end of the year. Overall, the comparison highlights how demand has stabilised as the service has matured over its first two years.

9. Complaints (Record Keeping Standard 115)

Assessed Assurance

The Trust self-assessed at a medium level of assurance for standard 115 in recording the number of complaints received relating to compliance with the Standards.

During the reporting period, one complaint was received via the Welsh Language Commissioner. Due to insufficient information being provided by the Commissioner, the Trust was unable to fully investigate or progress the concern, and the complaint was subsequently closed.

All complaints received from or via the Welsh Language Commissioner are recorded on Datix. In addition, a dedicated complaints tracker has been developed to log, monitor, and oversee the timely and effective handling of concerns, ensuring they are addressed as promptly, appropriately, and consistently as possible.

Future Actions Planned

As noted in section 5.5, action is underway to implement a consistent approach to capturing and reporting all complaints, including those resolved locally, through Datix.

10. Looking Ahead - Priorities for 2026-2027

The future actions planned for 2026/27 are detailed throughout this annual report.

Workforce development will be a key enabler during 2026/27, with a specific focus on the development of a Welsh Language Recruitment Strategy to support the attraction, retention, and effective deployment of Welsh speaking staff across the Trust.

The Trust will finalise and publish its 5-year Clinical Consultation Plan (2026–2031), aligned with Welsh Language Standard 110.

A Bilingual Services Mystery Shopper exercise is proposed for 2026/27 to provide an objective assessment of the Trust's compliance with The Standards relating to correspondence.

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

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

Agenda Item No.	15

REPORT TITLE

Health Safety and Violence and Aggression Annual Report 2025/26

MEETING

Name of meeting	People and Culture Committee
Date of meeting	11 August 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Penny Durrant, Director of Nursing (Interim)
Author(s) of report	Graham Stockford, Head of Health and Safety

PURPOSE OF REPORT

☐ Approval	☐ Endorsement
☒ Assurance	☐ Discussion
☐ Information (goes in consent items)	☐ Noting

REPORT SUMMARY

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

1. The Health, Safety and Violence & Aggression Annual Report 2025/26 provides assurance that the Trust continues to strengthen its arrangements for managing health, safety and violence and aggression risks, whilst maintaining effective systems of governance, compliance and assurance.

2. During the year, significant progress was made in strengthening workplace risk assessment governance, Control of Substances Hazardous to Health (COSHH) compliance, legislative compliance monitoring and violence and aggression case management.

3. The Health and Safety Team also provided specialist support across operational services, fleet, estates and major capital projects, ensuring risks were identified and managed effectively.

4. Incident reporting increased during 2025/26, reflecting greater confidence in reporting systems and a continued developing safety culture. Importantly, the frequency of moderate and severe harm incidents continued to reduce, while Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reportable incidents fell from 57 to 49, and no specified injuries were recorded.

5. Incidents of Violence and aggression remain a significant strategic risk, with reported incidents increasing year-on-year, although the majority resulted in low levels of harm and robust support arrangements remain in place for affected staff.

6. Manual handling continues to be the leading cause of workplace injury and remains a key priority for improvement.

7. Overall, the report provides Moderate Assurance that appropriate operational controls, risk management and statutory compliance arrangements are in place to support the health, safety and wellbeing of staff, patients and volunteers. Assurance is strongest in workplace risk management, statutory compliance, incident management and reporting arrangements, and targeted health and safety assurance activity. Continued Executive oversight is required in relation to violence and aggression, manual handling, completion of key assurance programmes and the continued development of organisational assurance arrangements. Collectively, the evidence demonstrates improving organisational control, strengthening compliance and a positive direction of travel towards a more mature and evidence-led health and safety assurance framework.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The People and Culture Committee is requested to:

1. Receive the Health, Safety and Violence & Aggression Annual Report 2025/26. and note the overall judgement of Moderate assurance that effective governance, risk management and compliance arrangements are in place to manage health, safety and violence and aggression risks across the Trust;

2. Note the key sources of assurance, including no red-rated premises, improved legislative compliance, significant COSHH compliance progress, reduction in RIDDOR incidents and the continued reduction in moderate and severe harm events;

3. Recognise the principal areas of residual risk requiring continued Executive oversight during 2026/27, specifically violence and aggression, manual handling injuries, statutory compliance assurance, and the continued development of a mature health and safety culture; and

4. Receive regular assurance on delivery of the 2026/27 Health and Safety Improvement Programme, including the continued strengthening of governance and assurance arrangements supporting Executive oversight.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance here regarding materiality and use of the Reading Room

The People and Culture Committee is requested to receive the following:

Annex 1 Health Safety and Violence & Aggression Annual Report PowerPoint Presentation

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
☒ SO1: Providing the right care or advice, in the right place, every time	☒ SO2: Enabling our people to be the best they can be
☐ SO3: Being at the forefront of innovation and technology	☐ SO4: Developing services in collaboration
☐ SO5: Being quality driven and clinically led	☐ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
ID199 Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance **ID 400** Risk of violence and aggression towards Welsh Ambulance Services University NHS Trust (WAST) staff, students and volunteers **ID 637** Potential for health effects on patients and staff resulting from diesel fume inhalation

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [link to standards]		
☒ Safe	☐ Timely	☐ Effective
☐ Efficient	☐ Equitable	☒ Person Centred
Quality Enablers (select all that apply) [link to standards]		
☐ Leadership	☐ Workforce	☒ Culture
☐ Information	☐ Learning Improvement & Research	☐ Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
☒ A socially responsible and inclusive employer	☐ An innovative and sustainable organisation	☐ A pro-active, accessible and equitable care provider
☐ n/a	☒ n/a	☒ n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document here for further details.	
Does this paper require an impact assessment	☒ No ☐ Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
22 July 2026	National Health Safety and Welfare Committee

SITUATION

1. This report presents the annual assurance position for health, safety and violence and aggression during 2025/26. It draws together evidence from workplace risk assessments, legislative compliance monitoring, COSHH assurance, violence and aggression case management, incident reporting and targeted assurance activity undertaken across the Trust. Collectively, this evidence demonstrates improving operational control, statutory compliance and organisational learning, whilst identifying the principal areas requiring continued Executive oversight during 2026/27.

2. The evidence presented demonstrates that the Trust's health and safety control environment remained effective throughout 2025/26, with increased incident reporting reflecting growing confidence in organisational reporting and learning systems. At the same time, the continued reduction in moderate and severe harm incidents, together with fewer RIDDOR reportable incidents, provides assurance that existing controls are supporting safer outcomes whilst enabling the Trust to identify, investigate and learn from workplace incidents more effectively.

BACKGROUND

3. During 2025/26, the Trust continued to strengthen its arrangements for managing health, safety and violence and aggression risks through delivery of the Health and Safety Strategy, implementation of the Health and Safety Plan, and a continued focus on statutory compliance, workforce safety and risk management. This work has contributed to improved organisational assurance across the following areas:

    - Delivery of the Health and Safety Strategy and implementation of the Health and Safety Plan.
    - Continued development of violence and aggression case management and staff support arrangements.
    - Strengthened manual handling governance and risk reduction activity.
    - Enhanced workforce wellbeing and prevention initiatives.
    - Development of organisational capability and resilience within the health and safety function.

4. Throughout the year, the Health and Safety Team also provided specialist advice and independent assurance across major capital developments, fleet, estates, operational services and contact centres. This supported the early identification and management of emerging risks, informed operational decision making and contributed to the overall assurance presented within this report.

ASSESSMENT

Overall Assurance Position

5. The evidence presented within this report demonstrates that the Trust has maintained an effective operational health and safety control environment during 2025/26. Assurance activity indicates improving statutory compliance, stronger organisational controls and increased maturity across several key areas of risk management. Whilst important risks remain, particularly in relation to violence and aggression, manual handling and organisational safety culture, the evidence supports an overall position of Moderate Assurance.

Workplace Risk Assessment Programme

6. The Workplace Risk Assessment Programme continues to provide assurance that workplace hazards are being systematically identified and managed across the Trust estate. Seventy-three per cent of premises have an up-to-date assessment in place, supported by a new electronic submission and monitoring process that has strengthened governance, auditability and compliance oversight. Importantly, no premises are currently classified as red risk rated, indicating that there are no known sites presenting a high level of unmanaged risk.

COSHH Compliance

7. The COSHH Programme provides increased assurance that hazardous substances are being identified, assessed and managed consistently across the Trust. During 2025/26, reviews were completed at 105 of the Trust's 117 premises, establishing a comprehensive baseline of compliance information and making COSHH Assessments available for identified hazardous substances. This work has strengthened the Trust's understanding of chemical management arrangements and identified opportunities to further improve storage, procurement and standardisation processes.

Legislative Compliance

8. The Trust's legislative compliance performance improved during 2025/26, increasing from 2.32 to 2.36 against the Compliance Assessment Framework. Improvements were primarily driven through focused work on COSHH compliance and regulatory oversight. While the overall assurance rating remains moderate, the direction of travel is positive, with further audit activity planned to support continued compliance improvement. This provides assurance that arrangements are becoming increasingly robust, although continued monitoring is required to sustain improvement.

Violence and Aggression

9. Violence and aggression incidents continue to represent a significant organisational risk. Reported incidents of verbal and physical aggression increased during the year, although this is partly attributable to improved staff confidence in incident reporting processes, particularly within contact centres. The majority of incidents resulted in no or low levels of physical harm and severe harm incidents remain comparatively uncommon. Comprehensive welfare and case management support arrangements remain in place, with proactive engagement between the Violence and Aggression Team, staff, police and criminal justice partners providing assurance that affected staff are appropriately supported and that opportunities to pursue enforcement action are maximised. Violence and aggression therefore remain a principal organisational risk requiring continued Executive oversight despite the strength of the support arrangements now in place.

Incident and RIDDOR Performance

10. Despite increased incident reporting levels, the frequency of moderate and severe harm incidents has continued to decline, suggesting that existing controls remain effective in preventing more serious outcomes. RIDDOR reportable incidents reduced from 57 in 2024/25 to 49 during 2025/26, and no specified injuries were recorded. The pattern of incident reporting indicates that manual handling continues to represent the principal source of workplace injury and therefore remains a strategic priority for risk reduction. Although Health & Safety Executive (HSE) reporting compliance remains stable, further improvement is required to achieve full compliance with statutory reporting timescales.

Operational and Specialist Assurance Activity

11. Targeted assurance activity undertaken during the year has provided independent evidence regarding the effectiveness of operational controls across a range of services. Assessments relating to vehicle noise exposure, workplace lighting, fleet workshops, operational environments and major capital projects have confirmed that identified risks are either appropriately controlled or subject to agreed improvement actions, providing additional assurance in response to concerns raised by staff and managers.

Key Areas Requiring Continued Focus

12. While assurance levels have improved across a number of areas, continued focus is required to support the management of violence and aggression risks, reduce manual handling injuries, complete outstanding Workplace Risk Assessments and COSHH Reviews, improve statutory reporting compliance and further embed a mature and interdependent health and safety culture across the organisation. Collectively, these areas represent the principal residual health and safety challenges for 2026/27. Alongside these operational priorities, the Trust will continue to strengthen the governance arrangements supporting Executive oversight and organisational assurance as part of the wider governance transition during 2026/27.

Assurance Conclusion

13. The evidence presented within this Annual Report demonstrates that the Trust maintained effective operational health and safety arrangements during 2025/26, supported by strengthening statutory compliance, improved risk management, targeted assurance activity and a continued reduction in more serious harm incidents. Collectively, this provides evidence of improving organisational control and a positive direction of travel across several key areas of health and safety performance.

14. Whilst violence and aggression, manual handling injuries and the continued development of organisational safety culture remain significant areas of organisational focus, there is clear evidence that the Trust's control environment continues to mature. During 2026/27, further work will strengthen the governance and assurance arrangements that support Executive oversight, ensuring emerging risks are effectively identified, escalated and monitored through the Trust's Governance Framework.

15. On this basis, Moderate Assurance is provided that appropriate operational controls, risk management and statutory compliance arrangements are in place to support the health, safety and wellbeing of staff, patients, volunteers and visitors. The evidence demonstrates improving organisational maturity and provides confidence that the Trust is well placed to continue strengthening its health and safety arrangements during 2026/27.

RECOMMENDATION

16. See Recommendations above.

NEXT STEPS

17. During 2026/27 the Health and Safety Team will focus on strengthening organisational assurance, supporting effective Executive oversight and delivering targeted improvements across the Trust's principal health and safety risks. This will include:

- Strengthen organisational assurance systems and support the continued development of Executive and Committee assurance arrangements.
- Embed a positive and interdependent health and safety culture across the organisation.
- Expand audit and compliance monitoring to provide earlier identification of emerging risks and strengthen organisational assurance.
- Further develop violence and aggression assurance through enhanced Key Performance Indicator (KPI) reporting, case management and organisational learning.
- Continue implementation and evaluation of controls to mitigate risks associated with diesel fume exposure.
- Deliver targeted assurance and improvement activity to reduce manual handling risks and workplace injuries.
- Provide regular assurance through the Trust's Governance Framework on progress against these priorities, the effectiveness of associated controls and emerging strategic risks.

Welsh Ambulance Services University NHS Trust

Health Safety & Violence and Aggression Annual Report 2025/26

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

Health & Safety Annual Report 25-26
Version 1.0
Released: 15th July 2026

Graham Stockford – Head of Health and Safety
Graham.Stockford@wales.nhs.uk

Overall Assurance Position

Overall Assurance: Moderate

- WAST continues to maintain a moderate level of assurance over its statutory health, safety and violence & aggression responsibilities, with measurable progress across several key risk areas during 2025/26. This assurance is derived from multiple complementary sources including risk management, audit, legislative compliance, incident reporting, targeted assurance activity and governance oversight.

- Key Areas of Assurance:
  - 73% Workplace Risk Assessment compliance with no Red-rated premises;
  - 105 premises reviewed under the COSHH programme;
  - legislative compliance improved to 2.36/3; and a
  - There is a sustained downward trend in moderate and severe harm despite rising incident reporting.

- Continued Executive oversight and ongoing focus is required in the areas of violence and aggression and manual handling as these are the leading cause of workplace injury, along with diesel fume exposure which remains a principal area of concern.

Strategic Risk Profile

Risk 199

Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance

Risk 400

Risk of violence and aggression towards WAST staff, students and volunteers

Risk 637

Potential for health effects on patients and staff resulting from diesel fume inhalation

The remainder of the report demonstrates how assurance is obtained against Risks 199, 400 and 637.

Our Assurance Framework

Assurance has been obtained throughout 2025/26 through eight complementary sources of Board assurance

- **Workplace Risk Assessments** have identified potential hazards and putting controls in place to mitigate risk.
- **Legislative Compliance** monitoring shows a year-on-year improvement as polices and procedures are embedded within the Trust.
- **Violence & Aggression** incident reporting remains strong, and the number of severe harm is declining.
- **Governance and Partnership Working** has been maintained through Local Partnership Forums and National Health Safety & Welfare Committee.
- **COSHH** reviews across WAST premises has identified chemicals stored on site that have the potential to cause harm as suitable controls have been identified.
- **Incident Reporting** has increased as a result of greater confidence in the Daix system whilst the severity of incidents shows a sustained reduction.
- **Targeted Assurance** reviews have been conducted in areas of staff concern relating to noise and lighting.
- **Specialist Advice** given across operational services in areas such as DSE Assessment and Complex Case Patient Risk Assessments

Workplace Risk Assessments

Overall position

Compliance continues to improve, with 73% of Trust premises holding an in-date Workplace Risk Assessment and no unmanaged Red-rated premises identified providing increased confidence that workplace risks are being effectively identified and managed.

Evidence supporting assurance

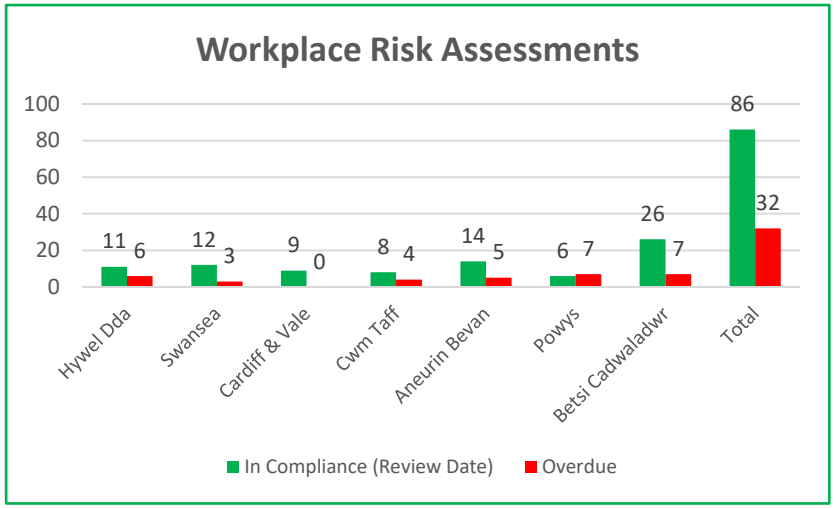
- 73% of premises have an up-to-date Workplace Risk Assessment.
- 68% of premises are Green Risk Rated, with no Red-rated premises.
- Risk rating performance has continued to improve during the reporting period.

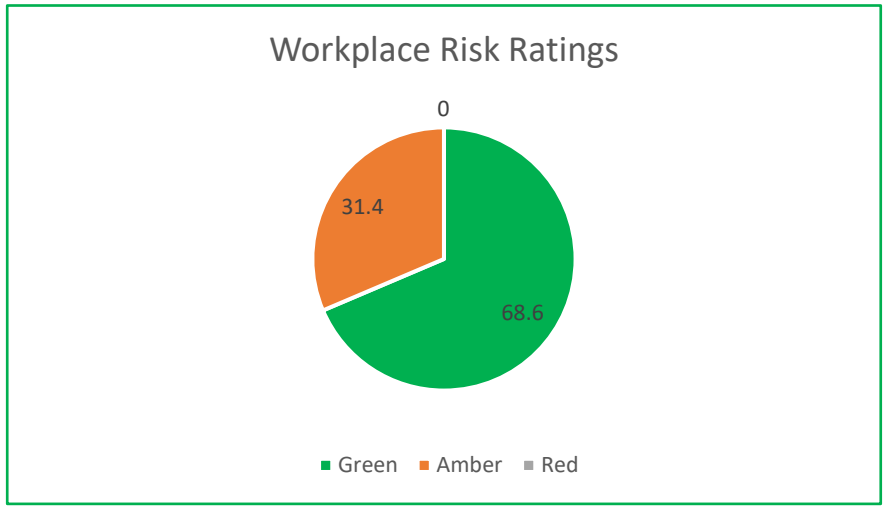
Strengthening assurance

A new Workplace Risk Assessment submission and tracking system has been implemented, providing live monitoring, quality assurance and automated reminders to improve compliance.

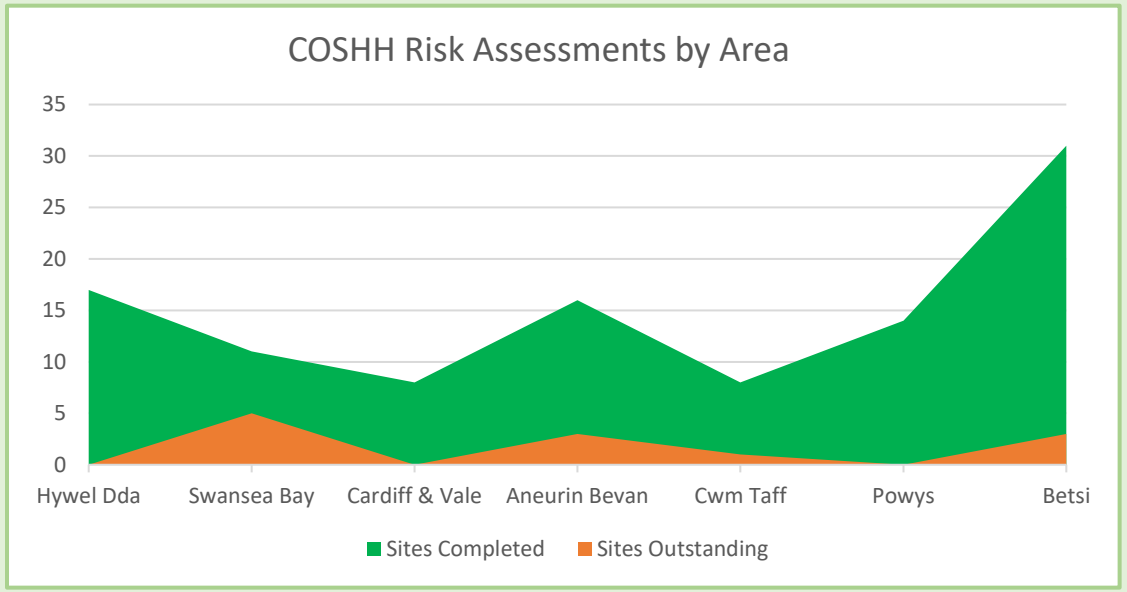
Why this matters

The evidence provides increasing confidence that workplace hazards are being identified, assessed and managed systematically, reducing the likelihood of unmanaged risks and





COSHH Compliance



Overall position

The Trust has made substantial progress in strengthening COSHH compliance, with assessments completed across 105 premises and a consistent baseline established for the safe management of hazardous substances.

Evidence supporting assurance

COSHH assessments have been completed across **105 Trust premises**.

A consistent inventory of hazardous substances and associated controls is now established across the estate.

Compliance requirements have been identified for all reviewed sites.

Strengthening assurance

Recommendations have been identified to improve chemical storage, spill containment and standardisation of products.

These improvements will further strengthen compliance and reduce variation across the Trust.

Why this matters

The evidence provides increasing confidence that hazardous substances are being identified, stored and managed consistently across the Trust, reducing risks to staff and supporting compliance with COSHH legislation.

Legislative Compliance

Overall position
Legislative compliance has continued to improve during 2025/26, providing increasing confidence that the Trust is meeting its statutory health and safety obligations.

Evidence supporting assurance
The Legislative Compliance Register was reviewed during Q4 2025/26.
Overall compliance improved from **2.32 to 2.36 (out of 3)**.
Targeted work has strengthened compliance with the Control of Substances Hazardous to Health Regulations.

Strengthening assurance
Further audit activity is planned to improve assurance in building refurbishment and asbestos management.
Ongoing audit and action planning will continue to strengthen legislative compliance across the Trust.

Why this matters
Improving legislative compliance provides increasing confidence that statutory health and safety duties are being met, regulatory risks are being effectively managed, and areas requiring further attention are identified through a structured programme of audit and assurance.

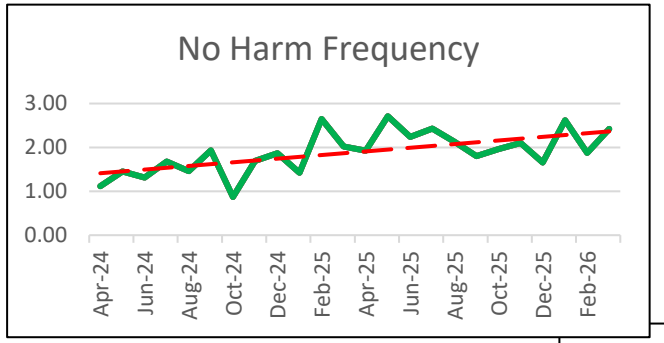
Incident Performance

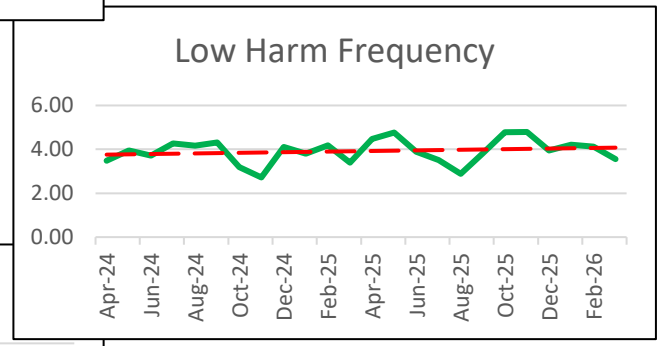
Overall position
Incident reporting demonstrates a maturing safety culture, with increased reporting of no and low harm incidents alongside a sustained reduction in moderate and severe harm.

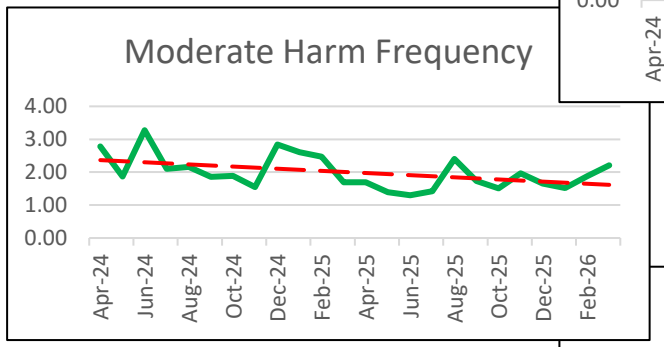
Evidence supporting assurance
Reporting of no and low harm incidents has increased over the past 24 months, reflecting improved confidence in the Datix reporting system.
Moderate and severe harm incident frequency has continued to decline despite increased reporting volumes.
Incident rates are monitored per 1,000 emergency calls, providing a consistent measure of performance against demand.

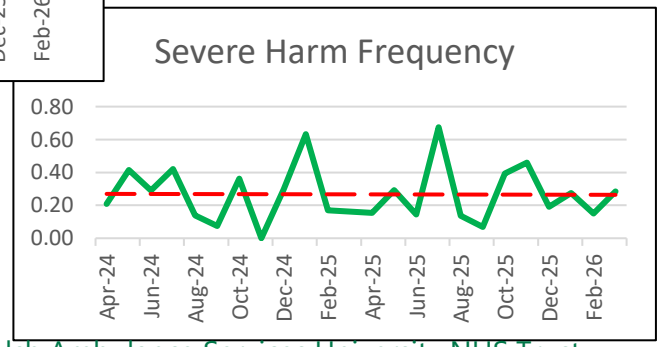
Strengthening assurance
Trend analysis is used to identify emerging risks and inform targeted improvement activity.
Increasing reporting provides greater organisational visibility of risk and supports learning and continuous improvement.

Why this matters
The combination of increased reporting and reducing harm provides increasing confidence that staff are identifying and reporting safety events, organisational learning is being strengthened, and existing controls are helping to prevent more serious incidents.









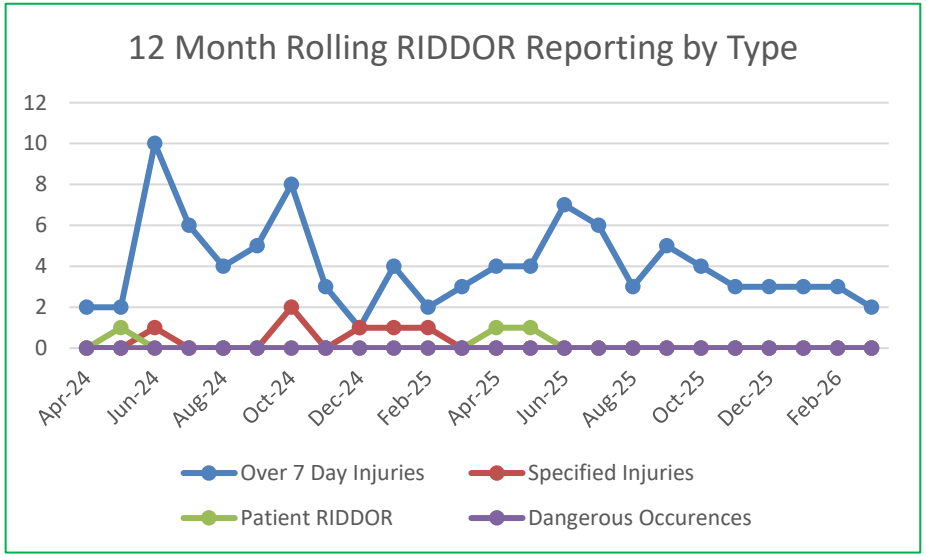
RIDDOR Performance 2025/26

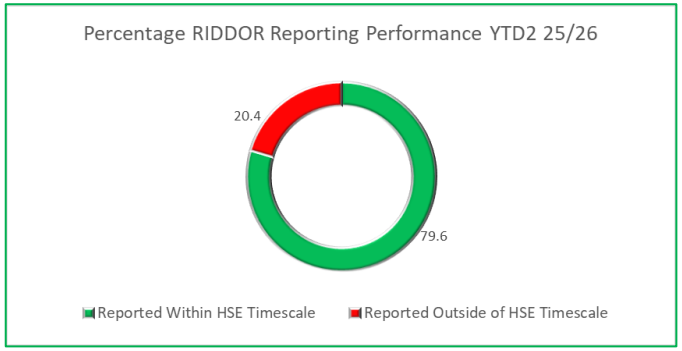
Overall position
RIDDOR-reportable incidents have reduced during 2025/26, with no specified injuries reported and continued oversight of reporting compliance and workplace injury trends.

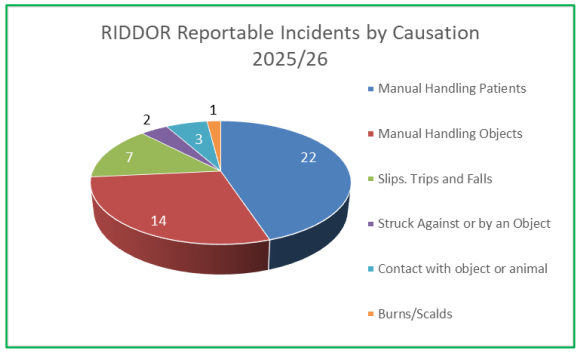
Evidence supporting assurance
49 RIDDOR-reportable incidents were recorded during 2025/26, a reduction from **57** in 2024/25.
No specified injuries were reported during the year.
Manual handling remained the leading cause of RIDDOR-reportable incidents, primarily associated with patient and equipment handling.
HSE reporting compliance remained stable at **79.6%**, with further improvement required to achieve full compliance with reporting timescales.

Strengthening assurance
Regular review of RIDDOR incidents continues to identify trends and inform targeted improvement activity.
Revised safer handling arrangements and focused interventions are supporting efforts to reduce workplace injuries and strengthen reporting compliance.

Why this matters
The reduction in RIDDOR-reportable incidents and the absence of specified injuries provide increasing confidence that workplace health and safety controls are effective. Continued focus on manual handling and reporting timescales will further strengthen compliance and organisational assurance.







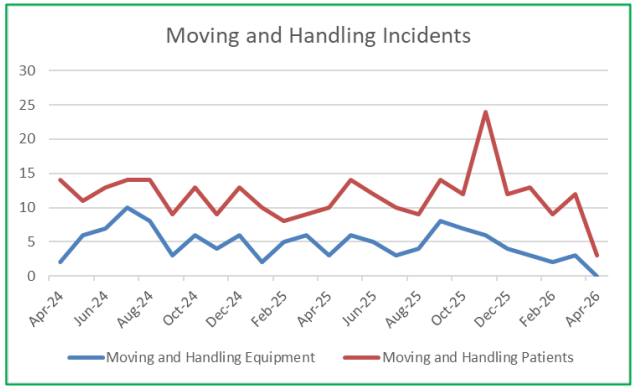
Manual Handling

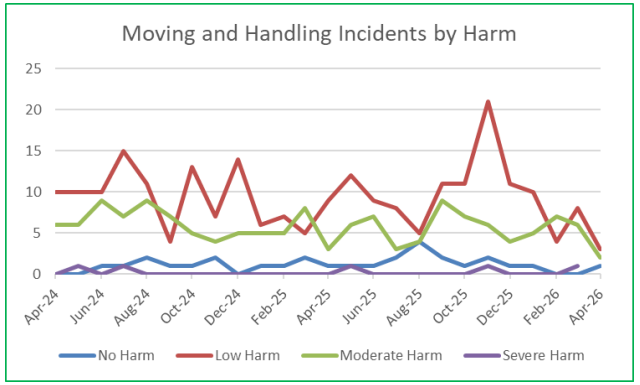
Overall position
Manual handling remains the Trust's leading cause of workplace injury. Targeted improvements during 2025/26 have strengthened the arrangements in place to identify, assess and manage this strategic risk.

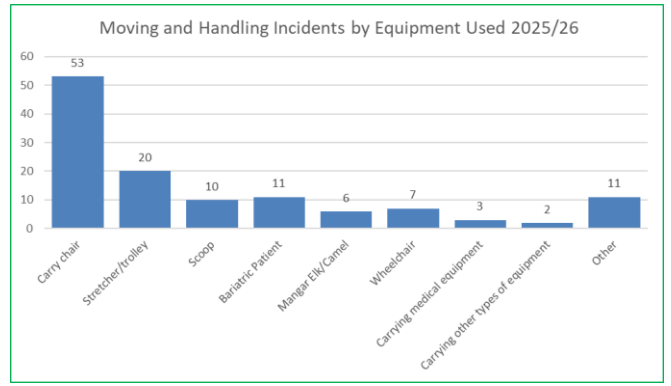
Evidence supporting assurance
Manual handling remains the highest reported cause of non-patient incidents. Patient handling incidents continue to occur more frequently than equipment handling incidents.
Specialist support has been provided through Complex Case Risk Assessments where additional expertise has been required.

Strengthening assurance
The Safer Handling Policy has been revised to include equipment-specific Action Cards.
The Complex Case Risk Assessment process has been embedded within Ambulance Care services.
Specialist manual handling advice continues to support operational teams managing high-risk patients.

Why this matters
Manual handling remains one of the Trust's principal strategic health and safety risks. The revised policy, strengthened risk assessment processes and specialist support provide increasing confidence that manual handling risks are being identified and managed effectively. Continued Executive oversight will focus on reducing workplace injuries and further strengthening assurance through ongoing monitoring and improvement.







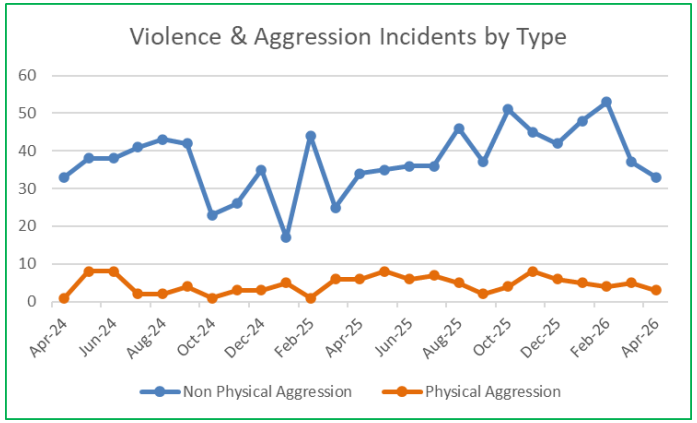
Violence & Aggression

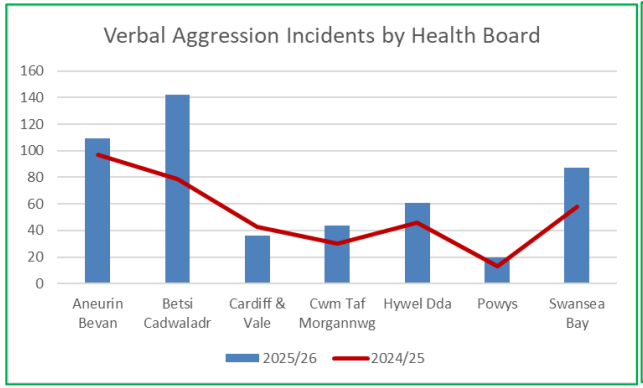
Overall position
Violence and aggression remains one of the Trust's principal strategic health and safety risks. During 2025/26, increased reporting has reflected improving confidence in reporting arrangements, while the majority of reported incidents continue to result in low harm.

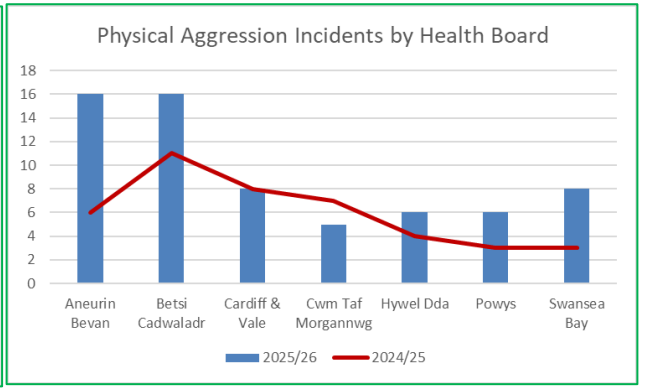
Evidence supporting assurance
Reporting of verbal and physical aggression has increased during 2025/26.
Most reported incidents resulted in low harm, with severe harm incidents remaining uncommon.
Increased reporting within Clinical Contact Centres reflects greater staff confidence in recognising and reporting incidents.

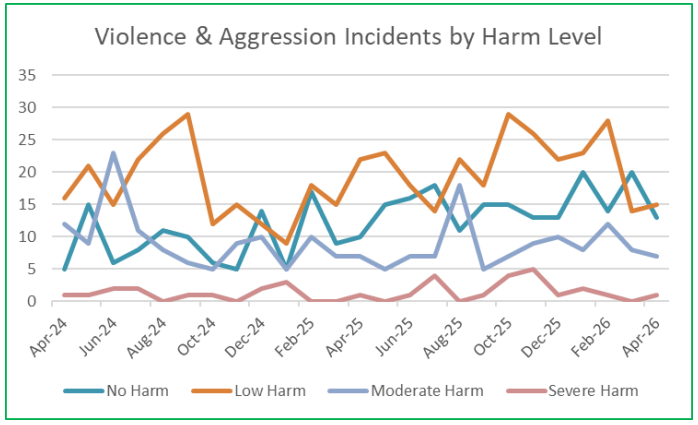
Strengthening assurance
The Lone Working Policy has been revised, incorporating practical Action Cards to support staff managing violence and aggression risks.
The Violence and Aggression Policy has been reviewed and strengthened to reflect current practice.
Dedicated case management and ongoing thematic review continue to support affected staff and identify opportunities for organisational learning and improvement.

Why this matters
As one of the Trust's principal strategic risks, effective management of violence and aggression is essential to protecting staff wellbeing, maintaining operational resilience and meeting the Trust's statutory health and safety responsibilities. The evidence demonstrates increasing confidence in reporting, strengthened governance arrangements and a continued focus on learning and prevention, providing moderate assurance that appropriate controls are in place while recognising that sustained Executive oversight remains necessary.









Violence and Aggression Case Management

Violence & Aggression Case Management Process

V&A Case Management Staff Support

Victim Welfare

- **508** Welfare Emails sent to victims
- **24** Information follow up requests made
- **30** Phone calls made to support staff
- **205** Incidents where case management was required

Police Matters

- **10** Incidents where CPS were involved
- **7** Prosecutions authorised by CPS
- **220** Cases where Police contacted
- **58** Police updates requested
- **2** Incidents attended by Police
- **3** Police attendance requests refused

Court Cases

- **5** Cases opened
- **8** Cases yet to be confirmed
- **1** Positive case outcome
- **12** Cases awaiting outcomes

Targeted Workplace Assurance

Independent Assurance Reviews

Overall position
Targeted workplace assurance provides independent assessment of emerging workplace risks, enabling timely intervention, evidence-based decision making and targeted improvements to protect staff and strengthen compliance.

Evidence supporting assurance
Independent assessments have been undertaken in response to concerns raised by staff and operational teams.
Reviews have addressed environmental risks including workplace lighting, vehicle noise and workshop conditions.
Findings have confirmed compliance where appropriate and identified opportunities for targeted improvement.

Strengthening assurance
LED lighting has been introduced across all Trust Clinical Contact Centres following independent assessment.
Noise assessments confirmed exposure levels within regulatory limits, providing assurance that additional controls were not required.
A detailed lighting assessment at Merthyr Workshop identified improvement actions that have informed both remedial works and the design of the new Bangor Workshop.

Why this matters
Independent assurance reviews provide confidence that staff concerns are investigated objectively and translated into proportionate action. This approach strengthens compliance with health and safety legislation, supports evidence-based investment decisions and demonstrates a proactive approach to identifying and managing workplace risks before they result in harm.


Welsh Ambulance Services University NHS Trust
Lighting Assessment

Welsh Ambulance Services University NHS Trust

Capital Projects and Operational Support

Overall position
Health and Safety continues to provide independent advice and assurance across the Trust's capital and estate programmes, ensuring new and refurbished environments are safe, compliant and operationally fit for purpose before occupation.

Evidence supporting assurance
Health and Safety supported major capital and estate projects across the Trust, including:

- Thanet House/Matrix One relocation
- Llangunnor operational relocation
- Monmouth Ambulance Station redevelopment
- Bassaleg Ambulance Station refurbishment
- Abergavenny Ambulance Station refurbishment

Strengthening assurance
Health and Safety involvement has been embedded throughout project design, construction and occupation.
Workplace risks have been identified and addressed before operational use.
Post-occupancy workplace risk assessments provide ongoing assurance that new environments remain safe and effective.

Why this matters
Embedding Health and Safety expertise throughout capital projects provides assurance that investment delivers compliant, safe and operationally effective workplaces. Early identification and mitigation of risks reduces the need for costly remedial action and supports the wellbeing of staff from the point of occupation.

This demonstrates that Health and Safety is engaged proactively at the design stage rather than responding to risks after occupation, strengthening governance and reducing operational risk.

Key Contributions

SAFE TRANSITION
Supported safe relocation of operational and support teams into new work environments

DESIGN ASSURANCE
Influenced design and workplace layouts to improve operational safety and staff welfare

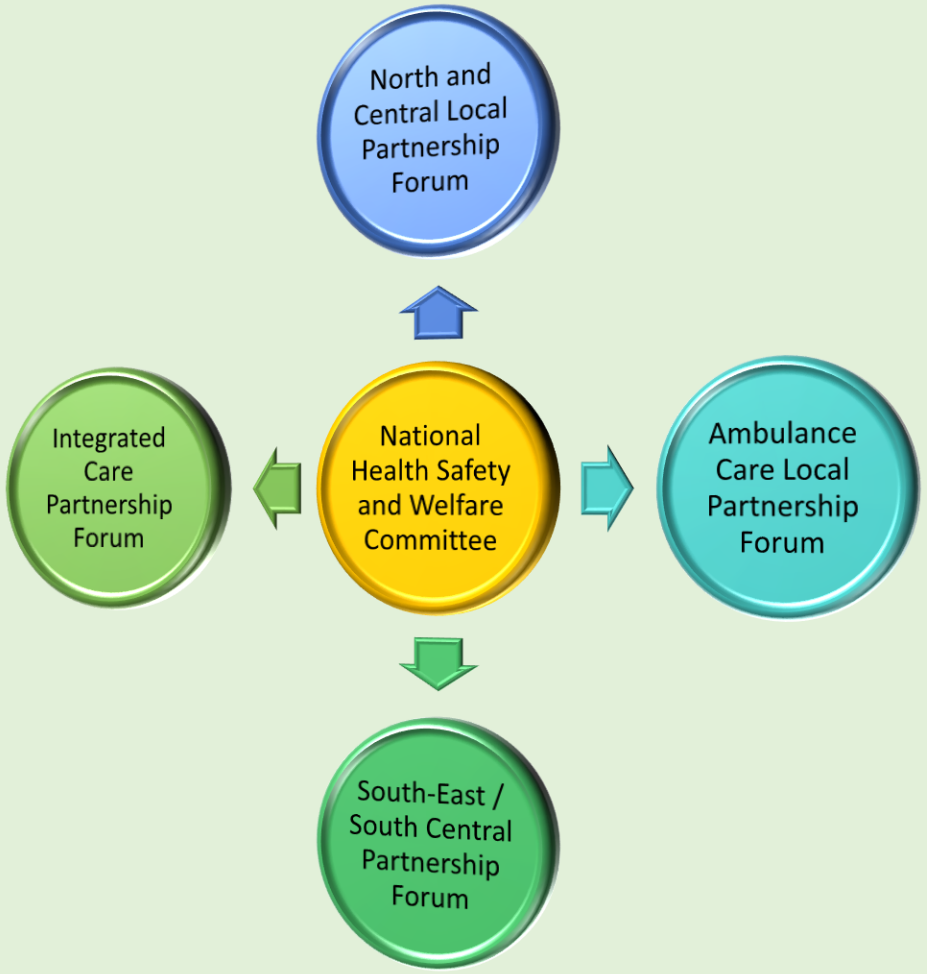
RISK MITIGATION
Identified and resolved risks before occupation, including:

- Pedestrian/vehicle segregation
- IT cabling and workstation safety
- Lighting and noise assessments
- Welfare facilities and staff amenities
- Station access and storage arrangements

ONGOING ASSURANCE
Completed post-occupation workplace risk assessments to provide ongoing assurance

Governance and Partnership

Partnership Meetings



Overall position
The Trust's Health, Safety and Welfare governance arrangements provide structured oversight of strategic health and safety risks through effective partnership working with Trade Union representatives, operational services and Executive leadership.

Evidence supporting assurance
The National Health, Safety and Welfare Committee operates in accordance with the Safety Representatives and Safety Committees Regulations 1977.
Local Partnership Forums provide a structured mechanism for raising, monitoring and escalating health and safety concerns across the Trust.
During 2025/26, fifteen strategic health and safety issues were escalated to the Executive Leadership Team through established governance arrangements.

Strengthening assurance
Partnership working has informed the development and review of key policies, including Lone Working, Violence and Aggression and Safer Handling.
Governance arrangements have supported the escalation of strategic issues including workforce capacity, staff wellbeing, violence and aggression, training compliance and policy implementation.
During 2026/27, governance arrangements will continue to be strengthened to enhance Executive oversight, reporting and organisational assurance.

Why this matters
Effective governance and partnership working provide assurance that health and safety risks are identified early, scrutinised appropriately and escalated through clear lines of accountability. This enables informed Executive decision-making, meaningful staff engagement and continuous improvement in the management of strategic health and safety risks.

Building Organisational Capability

Graham Stockford – Head of Health and Safety
Achieved Chartered Fellowship Membership of IOSH (CFIOSH)

Hannah – Health & Safety Advisor
Completed COSHH Management and Risk Assessment Training.
ISO 45001 Internal Auditor Training

Hollie Ryan – Business Support Officer
Completed NEBOSH National General Certificate of Occupational Health and Safety.

Donna Jones – H&S Manager for SE/SC
Completed 2 years of her Master's degree in Occupational Health, Safety & Wellbeing & is now in her final year.
Achieved Chartered Membership of IOSH (CMIOSH)

Paul Aston Jones – Health & Safety Advisor
Completed COSHH Management and Risk Assessment Training.
In final stages of Level 6 NVQ Diploma in Occupational Health and Safety Practice.

Phil Lloyd – V&S Manager
RSPH Level 3 in Violence Prevention & Reduction for Strategic Specialists.

Jon Cushen – H&S Manager for North & Central
Achieved Chartered Membership of IOSH (CMIOSH)

Spencer Perrin– Health & Safety Advisor
Achieved Chartered Membership of IOSH (CMIOSH)
Completed COSHH Management and Risk Assessment Training.

Natasha McBeth – Interim V&A Case Manager
Completed Level 7 module in Violence Prevention, Reduction and Public Health.
NEBOSH National General Certificate of Occupational Health and Safety.
RSPH Level 3 in Violence Prevention & Reduction for Strategic Specialists.

Tom Jones- Health & Safety Advisor
Completed Level 6 NVQ Diploma in Occupational Health and Safety Practice
Completed COSHH Management and Risk Assessment Training.

Beth Jenkins - Safer Handling and DSE Advisor
Completed the NEBOSH Level 6 Diploma in Occupational Health and Safety.

Strategic Health & Safety Priorities 2026/27

1. Health & Safety Culture

Develop and implement a Health and Safety Culture Framework to strengthen organisational learning, promote positive safety behaviours and recognise best practice across the Trust

2. Vehicle Fumes

Complete the evaluation of vehicle fume mitigation measures within Emergency Departments and implement further improvements to protect staff, patients and colleagues where required.

3. Audit Governance

Implement an audit governance framework to strengthen compliance, organisational assurance and continuous improvement across Health and Safety.

4. Violence & Aggression

Establish Violence and Aggression Key Performance Indicators and implement a reporting framework to strengthen Executive oversight, governance and organisational assurance.

5. Manual Handling

Complete manual handling risk assessments for key patient handling equipment and embed control measures consistently across operational services to support safe practice and compliance.

6. Health & Safety Procedures

Review Trust-wide Health and Safety procedures and implement a risk-based audit programme, reporting findings through established governance arrangements to strengthen assurance and continuous improvement.

2026/27 Strategic Focus: Strengthening organisational assurance • Reducing strategic risk • Embedding a positive safety culture • Driving continuous improvement

Key Deliverables for 2026/27

High Quality Health and Safety Systems

Develop and implement the WAST Health and Safety Strategy and Delivery Plan, strengthening legislative compliance, organisational assurance and continuous improvement in response to existing and emerging risks.

Development and implement the Trust's Health and Safety Strategy

Strengthen the Violence and Aggression service through continued professionalisation of the Case Manager role and enhanced staff support.

Embed improvements in manual handling practice to reduce workplace injuries and improve staff safety.

Strengthen the Trust's approach to preventing workplace stressors that affect staff health, wellbeing and attendance.

Develop workforce resilience through succession planning and capability development within the Health and Safety Team.

What Success Will Look Like

By the end of 2026/27, success will be demonstrated through:

- Improved compliance with Workplace Risk Assessments through the implementation of the electronic management system and timely completion of review programmes.
- Stronger COSHH compliance, with identified control measures embedded consistently across Trust premises.
- Enhanced legislative compliance supported by a risk-based audit programme and robust action planning.
- A reduction in manual handling injuries through the implementation of improved risk assessments, equipment controls and safer working practices.
- A sustained reduction in serious workplace harm through proactive risk identification, targeted interventions and organisational learning.
- Enhanced support for colleagues affected by violence and aggression through strengthened case management, staff welfare and partnership working with criminal justice agencies.
- More mature organisational assurance through strengthened governance, effective partnership working and clear escalation of strategic health and safety risks to Executive Leadership and the People & Culture Committee.

Overall Assurance

Overall Assurance: Moderate

The evidence presented within this report demonstrates improving compliance, strengthening governance and effective management of key health and safety risks. While further work remains in several strategic risk areas, the controls currently in place provide Moderate Assurance that appropriate systems, processes and oversight arrangements are operating effectively.

Evidence Supporting Assurance Rating:

- Workplace Risk Assessment compliance continues to improve through strengthened governance and the implementation of electronic monitoring.
- COSHH assessments have established a consistent baseline for the safe management of hazardous substances across the Trust. Legislative compliance continues to improve through structured audit and assurance activity.
- Incident reporting and trend analysis continue to strengthen organisational learning and targeted risk reduction.
- RIDDOR reporting arrangements provide assurance that statutory reporting requirements are being effectively managed. Strengthened Violence and Aggression case management arrangements continue to improve staff support, partnership working and organisational oversight.

Remaining Residual Strategic Risks

- Violence and aggression remains a principal strategic risk requiring sustained organisational focus.
- Further manual handling risk assessments are required to strengthen controls for high-risk patient handling activities.
- Diesel fume exposure remains an area requiring continued partnership working and targeted environmental improvements.

Executive Focus 2026/27: continued oversight of these risks and delivery of the 2026/27 assurance priorities.

Recommendations

The Committee is asked to:

- Receive the Health, Safety and Violence & Aggression Annual Report 2025/26 and note the overall judgement of Moderate Assurance.

- Take assurance from the progress made during 2025/26 in strengthening health and safety governance, legislative compliance, risk management and staff safety.

- Support the strategic priorities for 2026/27, including continued Executive oversight of the Trust's principal residual health and safety risks and delivery of the improvement programme.

Committee Discussion and Feedback...

Diolch am wrando / Thank you for listening

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

Health Safety & Violence and Aggression
Annual Report
2025/26

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

Agenda Item No. 16

REPORT TITLE

End of Season Flu Campaign 2025/26

MEETING

Name of meeting	People & Culture Committee
Date of meeting	11 August 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Greg Lloyd, Assistant Director of Clinical Delivery
Author(s) of report	Ruth Lemin, Interim Project Manager

PURPOSE OF REPORT

☐ Approval	☐ Endorsement
☐ Assurance	☐ Discussion
☒ Information (goes in consent items)	☐ Noting

REPORT SUMMARY

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

1. The report provides information of the annual Seasonal Influenza Campaign 2025-26 and the uptake of the flu vaccination in the Welsh Ambulance Services University NHS Trust.

2. The final uptake of the Trust was 28.8% of staff vaccinated against flu, which was a 0.1% decrease from the previous year. The engagement rate from staff towards the campaign was 33.5%, which was a slightly larger decrease from the previous year, seeing a 1.7% drop.

3. There were a number of influencing factors to the Flu Campaign, including the capacity of Occupational Health and use of dedicated peer vaccinators.

4. There have been key areas of learning and improvement this year that have resulted in recommendations for future campaigns to implement should they be able to so. One of the key recommendations, focuses on the continued inclusion of dedicated peer vaccinators for the campaign, which this year had a positive impact on the Flu Campaign according to feedback. They played a pivotal role from their introduction this year and quickly became integral to the delivery of vaccinations to our staff offering continuity and reliability throughout.

5. Full details of recommendations for future campaigns can be found in the End of Season Report attached.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The People and Culture Committee is requested to:

1. The findings from the Seasonal Influenza Campaign 2025/26 are noted; and

2. The suggested recommendations from the End of Season Report are explored further, particularly in relation to the possible use of dedicated peer vaccinators in future campaigns and further engagement with staff.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance here regarding materiality and use of the Reading Room

The People and Culture Committee is requested to receive the following:

Annex 1 End of Season Report 2025/26

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
☒ SO1: Providing the right care or advice, in the right place, every time	☐ SO2: Enabling our people to be the best they can be
☐ SO3: Being at the forefront of innovation and technology	☐ SO4: Developing services in collaboration
☐ SO5: Being quality driven and clinically led	☒ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

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

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [link to standards]		
☒ Safe	☐ Timely	☐ Effective
☐ Efficient	☐ Equitable	☒ Person Centred
Quality Enablers (select all that apply) [link to standards]		
☐ Leadership	☒ Workforce	☐ Culture
☐ Information	☐ Learning Improvement and Research	☐ Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
☐ A socially responsible and inclusive employer	☐ An innovative and sustainable organisation	☐ A pro-active, accessible and equitable care provider
☐ n/a	☐ n/a	☐ n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document here for further details.

Does this paper require an impact assessment	☒ No ☐ Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

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

SITUATION

1. The Welsh Ambulance Services NHS Trust (WAST) are required alongside NHS Wales to offer all members of staff the opportunity to receive the seasonal influenza vaccine. Although the vaccine isn't mandatory, Welsh Government (WG) have a target of 60% of patient facing staff to receive the vaccine.

2. This is the sixth year that the coordination of the flu vaccine roll out to staff has been overseen by the Clinical Directorate, in close collaboration with the Occupational Health Team.

3. Societal changes following the COVID-19 pandemic, have resulted in a knock-on effect to the annual Flu Campaign. The team are still competing with vaccination fatigue amongst the workforce, as well as a change to the working patterns of many corporate staff.

BACKGROUND

4. The annual Flu Campaign has seen a continuous decrease in uptake for the past three seasons amongst WAST staff, since the 2022/23 campaign.

5. Two channels were created on Microsoft Teams as a digital venue to host documents for the campaign. The first one was specifically designed for the Project Team and the Occupational Health Team to share needed data and files. While the second had the addition of Flu Leads from each area. The second channel focused on planning elements of the campaign as well as updates and an online meeting space.

6. The digital flu form was designed and created by the Project Lead with support from Health Informatics and approved for use by Data Governance. The form was uploaded to Trust platforms for ease of access. The digital form led directly into a Power BI platform that was used by the Project Team.

7. The incentive for the flu vaccination was not offered during this campaign, after an unsuccessful bid to the Charitable Funds Committee.

8. Regular communications were sent to staff across the Trust's platforms advising them to check the Intranet for details of where they could get the vaccine. If cancellations of clinics were experienced, staff were advised of the situation and the opportunities to re-arrange.

ASSESSMENT

9. The Flu Campaign within WAST came to an end on 28th February 2026, when collection of data ceased.

10. There was a slight decrease in the uptake of the flu vaccination with an overall drop of 0.1% from last year's campaign, 28.8% of WAST staff. Majority of areas across the Trust saw a decrease in their uptake, other than Operations who saw an overall increase in their uptake from 2024/25.

11. Majority of colleagues did not engage with the form to advise whether they have had the vaccine elsewhere or would like to opt out of receiving the flu vaccine.

12. There were a number of impacting factors on the success of the flu campaign:

Vaccinators

13. There were 50 peer vaccinators signed off as competent in the Trust for the 2025/26 campaign, 22 of which were new. A number of peer vaccinators withdrew their nominations from the campaign after realising the capacity needed to undertake a lengthy ESR training module, the Immunisation Programme.

14. The campaign saw a big difference this year following the introduction of 3 peer vaccinators to work solely on the Flu Campaign for 3 months. This allowed for significant increased capacity for vaccinations, especially when short notice abstractions arose in the Occupational Health Team.

15. It is highly recommended that this approach continues in the future to maintain stability, resilience and continuity in the campaign. These staff assigned created a dependable buffer for the team, and sustaining in the future would allow an agile and well-resourced team to protect against work fluctuations.

16. They were able to provide further dedicated clinics to staff and received positive feedback from multiple Flu Leads.

17. If a dedicated peer vaccinator role is introduced, it is recommended that further preparatory work takes place to ensure the role is implemented effectively and able to run from the start of the annual campaign.

Vaccine Supply

18. The vaccine for the 2025/26 campaign was the TIVc vaccine that was centrally procured and disseminated Pan Wales.

19. Challenges arose in November when certain sites in the Trust were experiencing supply issues. After failure to place a further order of TIVc, due to lack of evidence of usage on WIS a number of stations ran out of vaccines to offer staff and the team struggled to get to remote locations to retrieve the small number that remained in the Trust.

20. It was advised that the Trust could order aTIV vaccines (originally for over 65s) for use on over 50s until further TIVc were able to be obtained. The aTIV vaccines were kept by the Occupational Health Team in order to keep control of conflicting vaccines.

Reporting Mechanisms

21. The campaign reported its data via a Power BI Dashboard for the second year running. The Digital Team assisted in embedding the MS Forms results into a Power BI Dashboard that updated weekly, showing the number of staff that had received the vaccine in WAST, elsewhere or were choosing to opt out of said vaccine.

22. All WAST staff were able to access this dashboard, allowing Flu Leads and relevant Managers to retrieve the needed information for their respective areas.

23. There has not been a link between ESR and these interfaces as of yet, therefore the ESR team manually uploaded the required data to ESR profiles this year. This can be a time-consuming task for the workforce systems team.

24. For the first time WAST were given the ability to access the Welsh Immunisation System (WIS) where data is held for those who have received the vaccination at other NHS Wales vaccination settings. The expectation was that WAST would also upload their vaccination data to the platform. Unfortunately, this resulted in a time-consuming process for the Occupational Health Team who had to manually upload, experiencing challenges as the system is set up for Health Board use. It also showed that retrieving the data of WAST staff vaccinated elsewhere would often not be possible via WIS at this time.

Operational Pressures

25. As expected with every Flu Campaign, it takes place during significant operational pressures experienced during the winter season. This often leads to limited availability of peer vaccinators but also affects the capacity of Occupational Health and patient facing staff looking to receive the vaccine.

Communication and Engagement

26. There was an engagement rate of 33.5% of WAST staff, which is a decrease of 1.7% from 2024/25. Similar to uptake of the vaccine, the overall engagement with the campaign has seen a continuous decrease over recent years.

27. Staff engagement is once again proving to be an issue for the Trust. There is only a third of Trust staff that are interacting with the campaign by completing the flu consent / opt out form. Further communication is needed with those wishing to opt out of the vaccination in order for them to share this decision, without believing they will be discriminated against.

28. Unfortunately, there were no Directorates with a 100% engagement rate for this campaign, which has not been seen in recent years. The highest engagement rate for a Directorate did not reach 80%, with the Chief Executive Directorate coming top with a total of 72%.

29. After an unsuccessful bid, the Flu Incentive Programme was not offered to WAST staff during the 2025/26 Flu Campaign.

RECOMMENDATION(S)

30. The recommendation(s) are set out in the front cover of the report.

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

Welsh Ambulance Services University NHS Trust

End of Season Flu Report

Seasonal Influenza Campaign 2025/26
Clinical Directorate

Version 0.3 1st June 2026

Contents

Executive Summary

The following report provides a conclusion to the annual Seasonal Influenza Campaign 2025/26, detailing the uptake of the flu vaccine within the Welsh Ambulance Service University NHS Trust.

The campaign ended with a final uptake of 28.8%, which was a slight decrease of 0.1% from the previous year. However, the engagement rate in the campaign decreased by a larger 1.7%, concluding with 33.5% engagement.

There have been key areas of learning and improvement this year that have resulted in recommendations for future campaigns to implement should they be able to so. One of the key recommendations, focuses on the continued inclusion of dedicated peer vaccinators for the campaign, which this year had a positive impact on the Flu Campaign according to feedback. They played a pivotal role from their introduction this year and quickly became integral to the delivery of vaccinations to our staff offering continuity and reliability throughout.

Influencing Factors

There are several influencing factors that are believed to have affected the 2025/26 Flu Campaign in the Welsh Ambulance Services University NHS Trust (WAST), including:

1. **Peer Vaccinators**

   Similar to the challenges seen last year, any new Peer Vaccinators joining the campaign, were required to undertake an additional ESR module which required up to 10 hours to complete.

   Unfortunately, due to capacity many of the peer vaccinators had to withdraw their nomination and of the original 115 nominated, there were 50 signed off as competent for the 2025/26 campaign. This year there were 22 new Peer Vaccinators who joined the campaign, having not vaccinated for WAST before, these vaccinators undertook the lengthy Immunisation Programme on ESR. Although this is a slight improvement on the previous year, the number of peer vaccinators had not reached the levels prior to the extended ESR module being added.

   The biggest influencing factor for our Peer Vaccinators was the introduction of three dedicated Peer Vaccinators who were introduced at the end of November and worked solely on the campaign. This allowed for increased capacity for the OH Team's dedicated clinics and some areas of the Trust where we did not have

peer vaccinators. Their exclusive focus on vaccinating against flu allowed us to expand capacity that became limited at times and respond flexibly to demand.

The three vaccinators were able to hold OH clinics when short notice abstractions were experienced, including those that were organised for Public Health Wales to fulfil our contractual obligations. This went hand in hand with adding clinics in specific locations where we felt additional help may be needed. Operational managers reached out to these individuals during clinics to provide feedback on areas that may benefit from additional support.

Our success this season was strengthened by the vaccinators who joined us specifically for the Flu Campaign who were reactive to the needs of the team. Their focused contribution helped us to get within 0.1% of last years total, which wouldn't have been achieved without their adaptability.

2. **Occupational Health Vaccinators**

Due to unexpected abstractions in the Occupational Health (OH) team, there were a number of times that they weren't able to cover planned flu clinics that had been advertised.

The additional peer vaccinators that were added to the team were able to cover majority of these clinics and mitigate the need for cancellations where possible. However, there were some that couldn't be covered and therefore unable to go ahead.

A positive change for the Flu Campaign this year by the OH vaccinators was the scheduled drop-in flu clinics taking place on set days of the week to help easily communicate to staff when the vaccinators were available. The message this year to staff were for them to attend the drop-in clinics in HQs, every Tuesday and every other Friday to receive the flu vaccine. By having regular clinics on the same day, it implies an emotional connection can occur and create a 'habit' that is easily recognisable.

3. **Working from Home**

The new reality across today's society in the UK is the ability to now work from home since the COVID-19 pandemic, and this is no different for majority of corporate colleagues in WAST. This lasting effect from the pandemic has meant

many of our corporate colleagues have continued to work from home on a full-time basis or partake in hybrid working.

Over the past few years, it is thought that this has had a significant impact on the Trust's flu campaigns, as many colleagues are not available in the office where the OH clinics have been held this year. Understandably staff may choose not to drive to a HQ to solely receive the flu vaccine, or on the other hand if they can only attend the office on a set day, there may not be a scheduled clinic on this day.

This does not necessarily mean that those no longer choosing to receive the vaccine in WAST are no longer getting it, they may now choose to receive at a more convenient location such as a local pharmacy, which has been illustrated in the Microsoft Form used by the team to collect data. However, once colleagues choose to have the flu vaccine elsewhere, the Trust no longer have control over the data as it is reliant on the member of staff advising the Trust.

4. **Flu Campaign Engagement Incentive**

As we have done in previous campaign, a Charitable Bid was submitted for vouchers to prize draw for those who have engaged with the Flu Campaign; this includes any engagement with the campaign, those who have had the flu vaccine in WAST, those who have completed the MS Form to state they have had the flu vaccine elsewhere, and those who have completed the MS Form to advise they are opting out altogether.

Our Charitable Bid this year was not successful and we were unable to offer an incentive for staff to engage with the MS Form. This could account for the larger drop in engagement with the MS Form. Despite the small decrease in uptake of 0.1%, the overall engagement dropped by a larger 1.7% in this year's campaign where there was no incentive offered to staff.

5. **Supply of Vaccines**

The vaccine that was procured for the Flu Campaign 2025/26 was TIVc. The TIVc vaccine was centrally procured in a new scheme by the Welsh Government. This allowed WAST to be supplied to with the PHW chosen vaccine for ages 18 - 65 year olds for the 2025/26 campaign. The vaccines were delivered to the three Occupational Health sites and was appropriately disseminated across Wales to all required locations in WAST.

Following a promising start to the annual campaign, WAST began to experience supply issues at certain sites and on 29th October 2025, the Occupational Health Team attempted to order more flu vaccinations to the three HQ sites. However, on 4th November 2025, WAST were denied the ability to order further flu vaccines as vaccination data had not been uploaded onto the Welsh Immunisation System (WIS) due to initial set up and input issues for our Trust and therefore lack of evidence to the number of vaccines remaining in WAST.

Due to the distribution of vaccines to all regional sites and remote locations across Wales, it became challenging to move vaccines form one location to another to meet the demand effectively. This led to several stations having no vaccines to offer staff and advising them to visit elsewhere to receive the vaccine due to stock issues.

It was later advised that the Trust could order further aTIV vaccines instead, originally aTIV was advised for over 65s and not ordered by the Trust due to the demographics of our workforce. However, the advice from Public Health Wales was revised to offer this to over 50s during the campaign, as the vaccine was licenced for; and the first line for over 50's was and was updated to include both TIVc and aTIV; therefore, this was ordered by the team until further TIVc were available.

The aTIV vaccines were kept between the OH Team and the dedicated peer vaccinators in order to not confuse peer vaccinator colleagues with the change in age range. On 27th November 2025, a TIVc order of 500 vaccines was received and vaccinating continued as normal.

During the first month of the campaign there were 17 members of staff that received the TIVc vaccine, where the aTIV would've been the preferred option for their age group. While the aTIV would've remained the preferred option, the TIVc still provides a good level of protection and is recommended by Public Health Wales as the second preferred vaccine for the over 65 age group, considered both safe and effective with no cause for concern.

This group largely consisted of members who would have a birthday to reach this age group during the 2025/26 flu season. They were all contacted by Occupational Health offering the opportunity to have a discussion with a clinician if desired or attend a WAST clinic / GP to receive the aTIV if they thought necessary. All cases were internally added to DATIX by the team.

6. **Recording of Vaccines**

The ongoing utilisation of the digital consent form by peer vaccinators and occupational health has proven to be an effective tool for the Trust, providing valuable weekly insights into delivery progress throughout the campaign. The form has operated without issue and has shown continual improvement each season. Vaccine records are entered into the occupational health system at a later stage, supported by additional administrative resources.

Recording vaccines in the Welsh Immunisation System (WIS), as mandated across Wales, remains a challenge. WIS is set-up by individual health boards and requires that all vaccine locations and vaccinators be registered by the health board they reside in rather than employer; every vaccination must then be recorded according to its health board location, after which the employer can be designated as WAST. Currently, there is no method for retrieving data from WIS, other than by manual search of employee details.

Since vaccines are centrally procured by the Welsh Government, WIS updates are essential for monitoring stock levels across trusts, health boards, pharmacies, etc., which is advantageous when placing additional orders. The complex process of recording staff flu vaccinations in WIS and subsequently accessing this data has been discussed with DHCW, who are considering improvements based on feedback received. They are also exploring options to make WIS accessible via iPad or tablet devices, which may benefit peer vaccinators, though it may still require entering details into the digital consent form during vaccination to ensure comprehensive data capture if information cannot be retrieved directly from WIS.

End of Campaign 2025/26

The Flu Campaign within WAST came to an end on 28th February 2026, when the collection of data ceased.

A summary of the flu data collected for the 2025/26 campaign can be found in the following table, including a small breakdown of patient facing staff into: Emergency Medical Services (EMS) and Ambulance Care (AC) data.

Flu Data as of 28th February 2026				
Staff Group	**Total Staff In Post**	**Received Vaccine** (in WAST / elsewhere)	**% Of Group**	**+/- On Last Year**
Total WAST	4538	1305	28.8%	- 0.1%
Total AC and EMS	3152	820	26.0%	
Ambulance Care	949	199	21.0%	- 4.3%
Emergency Medical Services	2203	621	28.2%	+ 4.3%

Table 1. Final flu data for the 2025/26 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.

The data for the Flu Campaign has been captured digitally through MS Forms for six years now, which allows continual oversight for the Project Team throughout the campaign. The implementation of the Power BI Dashboard in the 2024/25 campaign enabled all internal stakeholders the chance to view the updated figures when required, this continued for a second year in order to allow the visibility needed for the campaign.

Flu Data as of 28th February 2026				
Staff Group	**% of Group Vaccinated**	**+/- On Last Year**	**% Engaged via MS Form**	**+/- On Last Year**
Chief Executive	72.2%	- 1.5%	72.2%	- 1.5%
Clinical	46.6%	- 12.0%	60.3%	- 11.0%
Corporate Governance	41.7%	- 8.3%	41.7%	- 20.8%
Digital	44.4%	+ 7.3%	45.6%	- 8.7%

Finance & Corporate Resources	22.3%	- 10.7%	32.5%	- 29.4%
Operations	27.6%	+ 0.8%	32.5%	+ 0.5%
Partnership & Engagement	58.3%	+/- 0.0%	66.7%	- 16.6%
People & Culture	33.3%	- 3.0%	35.2%	- 5.5%
Quality, Safety & Patient Experience	36.3%	- 8.2%	37.9%	- 10.5%
Strategy, Planning & Performance	29.2%	- 27.9%	62.5%	- 8.9%
Ambulance Care	21.0%	- 4.3%	24.8%	- 4.8%
Emergency Medical Services (EMS)	28.2%	+ 4.3%	33.9%	+ 3.9%
Integrated Care	33.0%	- 5.4%	35.1%	- 6.1%
National Operations & EMS Support	35.7%	- 5.4%	38.4%	- 6.5%
Resourcing & EMS Coordination	21.4%	- 4.2%	21.4%	- 13.5%

Table 2. Breakdown of the vaccine uptake for the 2025/26 Flu Campaign in comparison to the 2024/25 Flu Campaign.

As shown in Table 2, there were only two Directorates that have improved their vaccination rates in comparison to the 2024/25 Flu Campaign: Digital Directorate and Operations Directorate. This is alongside Partnerships and Engagement Directorate who equalled their previous vaccination rate from the last campaign.

The engagement rate in the Flu Campaign saw a bigger decrease as only one Directorate saw an increase from the previous year, and that was the Operations Directorate.

When focusing on the Operations breakdown towards the end of the table, it shows which areas of the Directorate were responsible for the increase in uptake: Emergency Medical Services (EMS). The EMS department were the only departments within Operations that increased in both uptake and engagement and therefore responsible for the overall improvement for the Directorate.

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

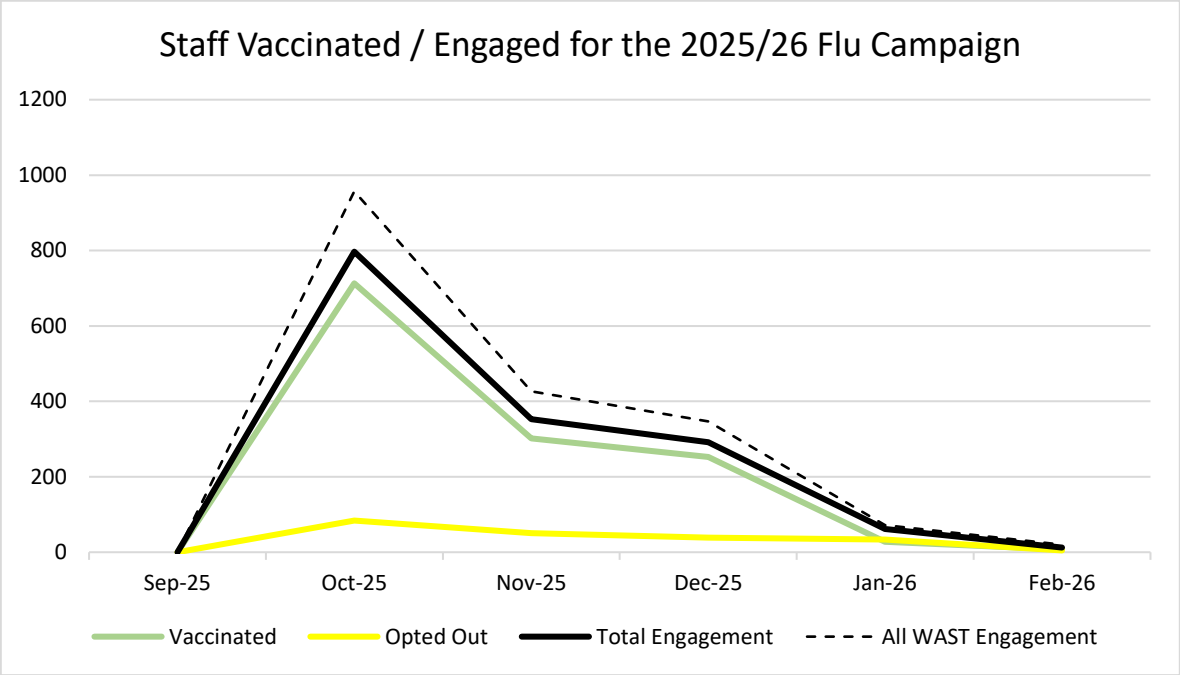
Flu Data as of 28th February 2026		
Other Staff Group	**Vaccines Administered in WAST Setting**	**MS Form – Had Vaccine Elsewhere**
Other Staff Groups		
CFRs	18	4
EMRTS	1	0
HCS	1	0
PHW	380	0
St John Cymru	2	0
VCS	2	1
Other	30	1
WAST *(this group shows leavers, temporary staff and bank)*	217	16

Table 3. Vaccine uptake of other staff groups.

Table 3 shows the scale of vaccinations given to Public Health Wales (PHW) staff during the campaign this year, with a 50% increase to the vaccines administered in a WAST setting than last year.

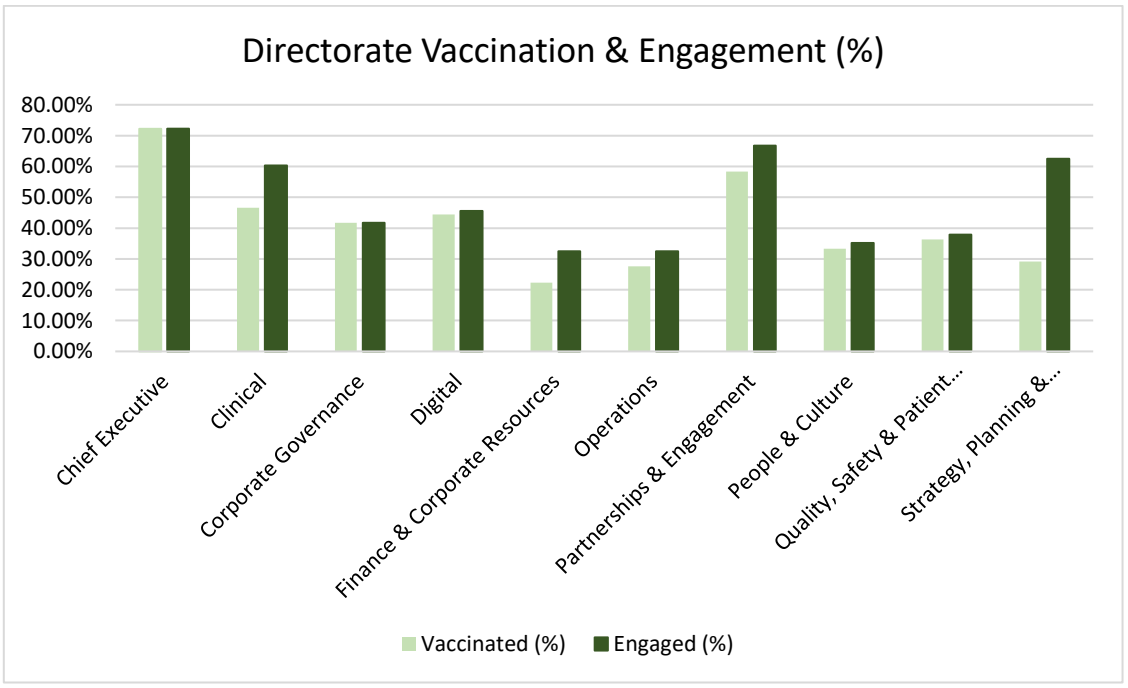
The graph below (Graph 1), shows the number of staff that were vaccinated during each month of the campaign, both in a WAST setting and elsewhere. It also shows how many people engaged with the campaign each month to complete the form and opt out. The Flu Campaign began in the first week of October 2025, which is reflected in the largest number of vaccination and engagement taking place during this month. The highest number of vaccinations (713) and those opting out (84) lead to a total engagement of 797, this increases to 957 members of staff if you include temporary, bank and leavers in the mix. These numbers are higher than that of the previous campaign in October and represent a good start to the Flu Campaign.

Following this month it slowly drops off in November and December before falling completely in the remaining months, January and February. The final month of February saw just 7 people vaccinated and 5 people opting out. This is against previous patterns seen for the Flu Campaign, as it is expected to see an increase in opting out in the final weeks of the campaign.



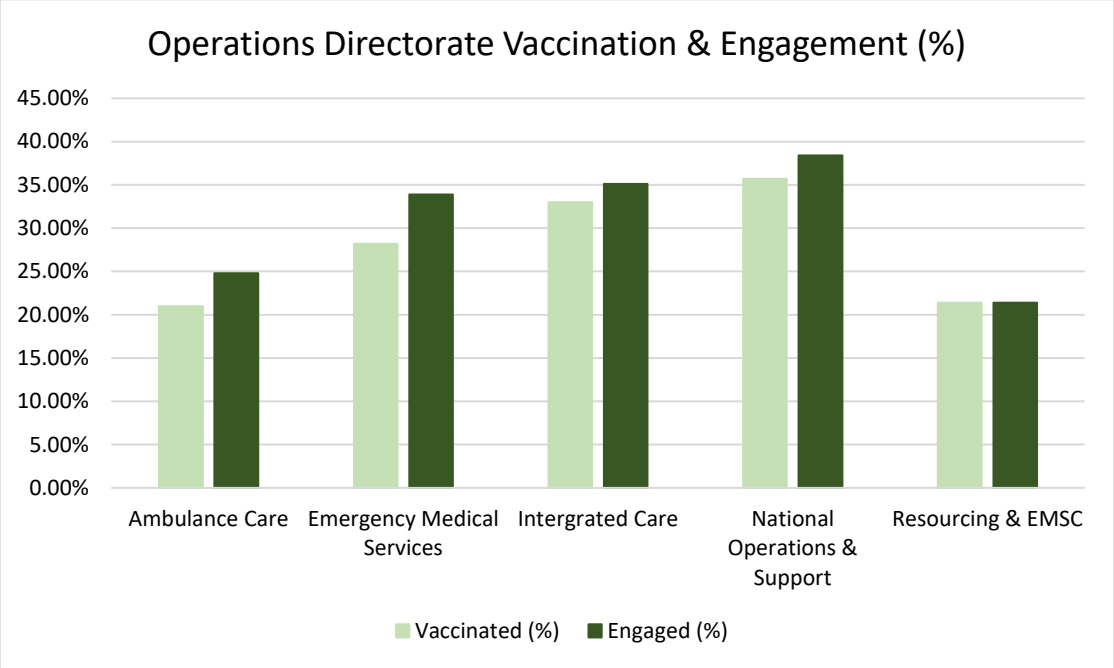
Graph 1. Number of WAST staff vaccinated and engaged with campaign per month.

Graph 2 highlights how the vaccination and engagement rates differ by Directorate. It shows that all but two Directorates have a higher engagement rate than vaccination rate, demonstrating that the knowledge to complete the MS Form is widespread.



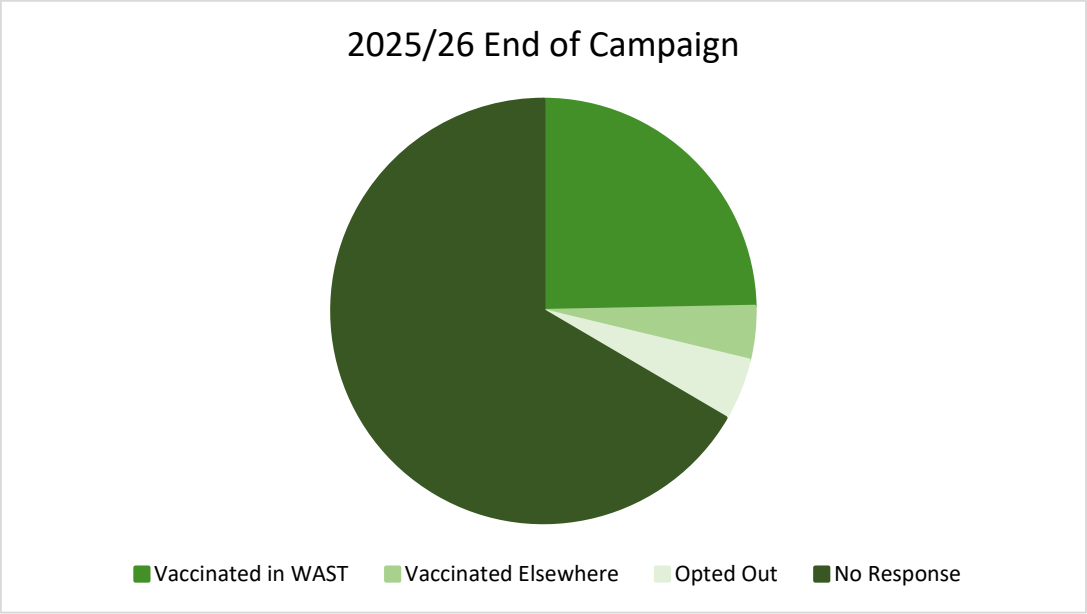
Graph 2. Vaccination and engagement rates (%) shown by Directorates in WAST.

Unlike previous years, there are no Directorates with 100% engagement rate, and the highest % did not reach 80% for this campaign, with Chief Executive at the top with 72%. This slight drop in engagement could be expected with the removal of the incentive to complete the MS Form to engage.



Graph 3. Vaccination and engagement rates (%) shown for Departments in Operations.

The graph above (Graph 3), shows how each department in Operations, the largest Directorate in WAST, breaks down for vaccination and engagement rates. Similar to previous years, National Operations & Support have the highest rates despite seeing a decrease in their overall percentage (35.7% vaccinated). However, Emergency Medical Services (EMS) has seen the biggest growth in percentage, with a 4.3% increase.



Graph 4. Final figures for the end of 2025/26 Flu Campaign.

Graph 4 illustrates the final figures for the 2025/26 Flu Campaign, demonstrating the number of colleagues in the Trust that did not respond or interact with the campaign. The end of the campaign saw 1,120 vaccinated in a WAST setting, 185 vaccinated elsewhere and 213 that completed the MS Form to opt out of receiving the vaccine. This left a total of 3,020 colleagues that did not interact with the campaign in any way, however, this is not to say they didn't receive the vaccine elsewhere but without completing the MS Form to advise of this choice.

Those that had the vaccine elsewhere stated some of the following options:

- Health Board site
- GP Surgery
- Pharmacy

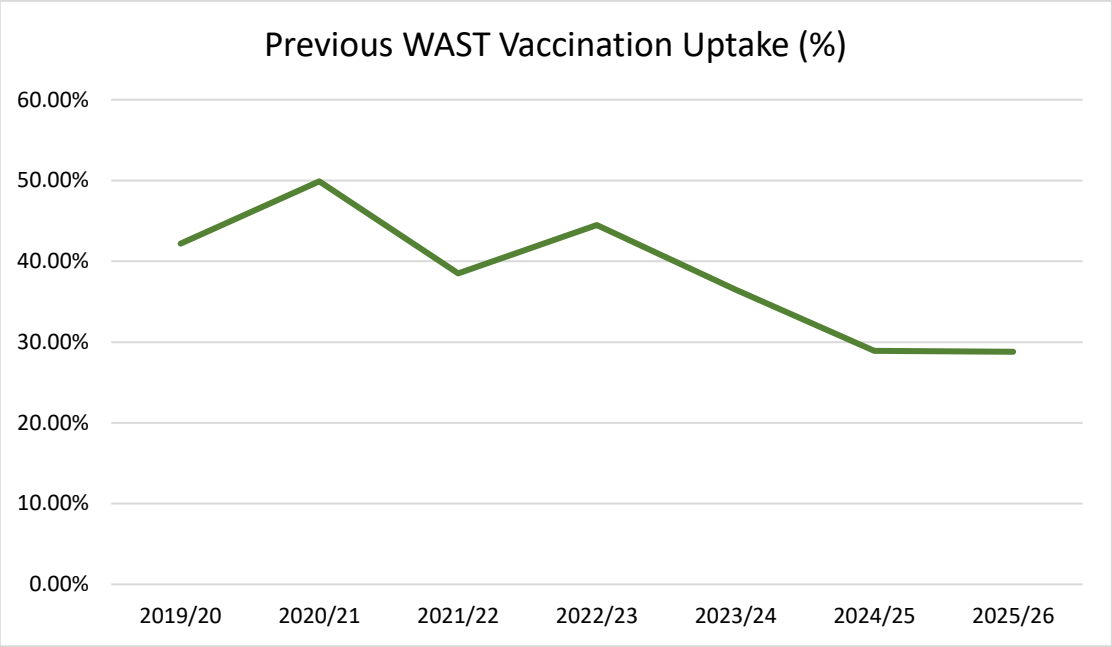
Additionally, some of the reasoning behind opting out of the flu vaccine included:

- Do not want the vaccine
- Disbelief in vaccines
- Previous reaction to flu vaccines / Allergies
- Never had flu previously

Data Summary

The summary of data at the end of the campaign shows that WAST achieved a 28.8% vaccination rate for the 2025/26 Flu Campaign which is a small decrease of 0.1% than what was achieved last year.

The final engagement rate for WAST was 33.5%, which is a decrease of 1.7%. Therefore, the data shows that there was a larger reduction in engagement rate than vaccination uptake, compared to the 2024/25 season.



Graph 5. Flu vaccination rates in WAST for the past seven years.

In comparison to previous campaigns over the past seven years, the gradual decrease in vaccination rates has plateaued during the latest two campaigns, at the 28/29% mark.

Reporting

The 2025/26 Flu Campaign saw the second year were data was reported via a Power BI Reports Dashboard, where the Digital team are able to embed the results from the MS Form into a Power BI Dashboard for staff to see a weekly update on the number of people who have received the vaccine in WAST, had it elsewhere or chose to opt out.

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

Due to the often-diminished attendance at monthly flu campaign meetings, the list of members was streamlined to include only one representative for each appropriate area. This did improve the attendance at the monthly meetings; however, it was noted by a handful of Flu Leads that they did not have invites to the usual meetings.

The campaign utilised two separate Teams Channels similar to last year, both being updated with relevant information. One is solely for the Project Team and includes the information from the MS Form that is automatically transferred to the Power BI. In order to remain confidential this must be held on the correct Teams Channel, so it is not readily available to all Flu Leads.

Similarly to the previous campaign, the team utilised the WAST's SharePoint platforms as a main mechanism to communicate with staff. Throughout the campaign regular communications and reminders were put out to staff and hosted on a specific Intranet page.

Differing from usual practice, the team focused on sending Peer Vaccinators to smaller meetings and gatherings rather than the CEO Roadshows. Due to the limited timing offered at CEO Roadshows and the introduction of our new CEO, Emma Wood, at the October events; it was thought that smaller meetings would offer a comfortable environment for colleagues to receive their vaccine. This was largely made possible by the introduction of our designated peer vaccinators that were able to go to locations and offer this service.

The onboarding of these vaccinators proved to be one of the most effective elements of this season. The temporary funded roles proved to be critical, providing the team with colleagues assigned specifically to the workstream offering continuity when other members were unavailable. Continued investment in this model will ensure the campaign remains agile and able to meet demands in future seasons.

Lessons Learnt

1. **Vaccine Supply**

The 2025-26 Flu Campaign, there were challenges that arose with the supply of the selected TIVc vaccine. The TIVc vaccine was centrally procured and supplied to WAST as the chosen vaccine for up to 65 for the 2025/26 campaign and was disseminated Pan Wales to all required locations in WAST. In November, WAST experienced supply issues at certain sites, running out of the TIVc vaccine and struggling to get to remote locations to retrieve any that remained in the Trust. The

OH Team tried to place a further order but unfortunately were unable to do so due to lack of evidence of number of vaccines remaining, as the data was not available on WIS. This led to a number of stations having no vaccines to offer staff and having to send them elsewhere to receive the vaccine due to stock issues.

It was later advised that the Trust could order further aTIV vaccines, originally for over 65s and not ordered by the Trust due to the demographics of our workforce. However, the age had been altered to over 50s and was therefore ordered by the team until further TIVc were available.

The aTIV vaccines were kept between the OH Team and the dedicated Peer Vaccinators in order to not confuse colleagues with the change in age range. A few weeks later a TIVc order was received and vaccinating continued as normal.

2. **Health Boards**

During an NHS Wales meeting in August before the commencement of the national Flu Campaigns, all Health Boards in Wales advised that WAST members of staff were welcome to be vaccinated in their sites, if wearing uniform or carrying a WAST ID badge. Only two Health Boards passed on their location and timings of clinics in the area, but it was fed to staff that attendance at Health Board sites would allow them to receive their flu vaccine if there was a clinic on site.

A further challenge that presents itself when staff attend Health Board sites for their flu vaccination, is the lack of control over the data. It is thought that a large number of staff in Betsi Cadwaladr University Health Board and Cwm Taf Morgannwg University Health Board were attending the clinics in Health Boards however this did not necessarily transfer over to our MS Forms to advise it had been received elsewhere. It is also more challenging to pull this information from WIS compared to our own systems.

3. **Technology**

Despite the new and improved Power BI Dashboard where the campaign is now able to automatically populate and report on data, it is reminded that it is not linked to a live ESR feed and therefore weekly reporting may have some slight inaccuracies.

Due to a change in vaccine following supply issues, alterations were made to the consent form that allowed pop-up alerts to show when offering the vaccine to someone who may be better suited to another vaccine type e.g. due to age or allergies. This will be useful to take forward for future campaigns to remind vaccinators of age suggestions or any ingredients that may affect allergies present.

Towards the end of the 2025/26 Flu Campaign, a small handful of our Project Team were given access to Welsh Immunisation System (WIS) for the first time. This holds records of WAST colleagues that have received the vaccine at other sites across Wales. However, this comes with its own challenges as the data inside the system is not readily available. Data of those who have been vaccinated is not downloadable or exportable and needs to be individually searched. It also requires vaccinators at other sites to input that the colleague being vaccinated does in fact work for WAST, which is not a mandatory field when vaccinating.

In the future, it is suggested that the digital form that is used in WAST, lines up to match the fields in WIS to make the transferring of our own data easier to the Occupational Health staff.

4. **Peer Vaccinators and Flu Leads**

There was a total of 115 peer vaccinators nominated for the 2025/26 Flu Campaign, with 50 being signed off as competent, 22 of these were new Peer Vaccinators that undertook the Immunisation Programme. A number of Peer Vaccinators withdrew their nominations from the campaign after realising the capacity needed to undertake lengthy ESR training modules had they not vaccinated in 2 years.

The biggest difference for our Peer Vaccinators this year was the introduction of 3 peer vaccinators working solely on the campaign. This allowed for increased capacity, especially in the OH Team when short notice abstractions arose. These vaccinators administered 145 vaccines from the end of November, allowing further OH clinics to go ahead and providing clinics in areas that had struggled to sign off their own peer vaccinators, receiving positive feedback from multiple Flu Leads.

This report highly recommends the continuation of the approach of dedicated peer vaccinators in future campaigns to maintain stability, resilience and continuity. This year demonstrated that having staff assigned solely to Flu created a dependable buffer for the team, meaning delivery did not stall and quality did not drop when abstractions or competing operational pressures rose. Sustaining this in the future will allow the team to remain agile, well-resourced and help to protect against work fluctuations.

However, if a dedicated peer Flu vaccinator role was to be introduced, further preparatory work would be required to ensure the role is implemented effectively. This would include maximising its scope, particularly in supporting the initial sign-off for peer vaccinators in areas where no established vaccinator is available. A role

specific job description would also be necessary to clearly outline responsibilities and ensure the duties are accurately and consistently reflected.

It is acknowledged that there were discrepancies within the previous recruitment process, and these would need to be addressed for future utilisation of this role. Ensuring clarity, consistency and compliance will be essential before any future arrangements progress.

5. **Age Restrictions**

The vaccine that was supplied to WAST (TIVc) had a recommendation to be given to 65 and under, as there was a better suited vaccine (aTIV) for those over 65 who would receive it with their GP. It is thought that for best practice those that are 65 but turning 66 during the flu season should receive the aTIV vaccine that is for the over 65.

During the campaign it was seen in the data received that a handful of those who were not 65, but soon to be having their 65th birthday before the end of March 2026, were receiving the TIVc vaccine in WAST. Alongside a small number that were already over 65. Communication was made by the OH Team to any Peer Vaccinators responsible and also the individuals that had received the vaccine to advise it was not as effective as another one available. All incidents were added to DATIX.

Although highlighted within the ESR training modules; if there continues to be separate vaccines in future campaigns for age groups within our working staff groups; Further learning may need to be implemented to ensure staff and vaccinator are understanding of the age related vaccine recommendations and the clinical efficacy reasons for such; and where to signpost the colleague if they are to turn 65 within the flu season. It is recommended that the pop-up alerts are utilised on the consent form in the next campaign, if the vaccine requires, to offer a reminder to staff if they are vaccinating someone who may benefit from going elsewhere to receive the most effective vaccine.

Recommendations

Following the completion of the 2025/26 Flu Campaign, the following recommendations are highlighted in the table below, providing suggestions for future Flu Campaigns to implement if able to do so.

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.
Ensure vaccine supply predictions cover the increased vaccination rate of PHW staff.
Consistent Approach across HBs
Liaise with Health Boards to build on last years success 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.
Insert appropriate pop-up alerts in the consent form on MS Forms (age, allergy etc.)
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.
Match the information requested on our MS Forms to that in WIS to allow the transferring of data easier for Occupational Health Team.
Explore further departmental breakdowns within the Flu Power BI Reports Dashboard i.e. Finance and Corporate Resources > Estates / Finance etc.
Peer Vaccinators and Flu Leads
The inclusion of dedicated Peer Vaccinator roles for the campaign to increase capacity and ability to adapt to unpredicted changes: ensure the correct job evaluation and timely recruitment processes are in place to support this.

Ensure continuity of delivery by investing in specifically assigned roles to the Flu Campaign, that strengthen capacity for vaccinations.
Encourage previous peer vaccinators to undertake the role again to limit the number having to undertake lengthy initial ESR training modules.
Research ways to increase engagement from peer vaccinators and Flu Leads and support the promotion of the campaign.
Continue using a set day schedule for clinics, to support consistent planning and ensure staff can easily remember when services are available.
Review all competencies required for Peer Vaccinators to make sure they are appropriate and necessary.

Table 4. Suggested recommendations for future Flu Campaigns.

Conclusion

The Seasonal Influenza Campaign for Welsh Ambulance Services University NHS Trust saw a slight decrease in vaccination uptake for 2025/26.

The campaign ended with 28.8% vaccine uptake, a very small decrease of 0.1% from the previous year, but saw a bigger decrease of 1.7% in the engagement rate which concluded on 33.5%. There have been continued lessons learnt from this campaign and therefore these have been highlighted for future teams to take forward allowing continued development.

NHS Wales have indicated that vaccination rates across Health Boards have also seen a decrease for previous campaigns. Therefore, insinuating that there may be larger societal issue impacting the current vaccination programmes throughout Wales and the UK.

The addition of dedicated Peer Vaccinators saw a welcome response in support and capacity for the team, contributing to the overall delivery of the campaign and the number of staff vaccinated.

Version Control

Version Number	Change	Author/ Reviewer/ Approver	Date
V0.1	Initial first draft report created	Ruth Lemin	03/03/26
V0.2	Comments and updates from the Flu Project Team	Ruth Lemin	24/03/26
V0.3	Comments from the Clinical Directorate Business Meeting	Ruth Lemin/Greg Lloyd	01/06/26

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

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	21 April 2026
People and Culture Committee Meeting Date	5 May 2026
Chair	Emma Wood

KEY ESCALATION AND DISCUSSION POINTS

ALERT

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

1. No alerts arise from this meeting for the People and Culture Committee's attention.

ADVISE

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

2. No issues were sought to be added to the agenda by trade union partners following their **pre-meet**.
3. The recent **staff roadshows** were discussed, with feedback indicating that the revised format supported better flow and engagement, creating more space for dialogue and staff voice. It was noted that colleagues raised understandable anxieties, particularly in relation to financial pressures, and that there is a need for clear, balanced communication that informs without causing unnecessary concern. The importance of myth-busting, consistency of messaging, and ongoing engagement with staff and trade union partners was emphasised.
4. It was noted that the Ops Christmas Planning Group is in place and has been tasked to consider future arrangements for **Christmas lunches**, including affordability, value, and potential options.
5. Discussion took place on **retire and return** arrangements, noting that these continue to be considered on a case-by-case basis, taking account of service need, workforce skill mix, and financial affordability. In EMS, applications are currently on hold pending further work on EA Skills Mix implementation. It was recognised that recent workforce changes and financial constraints have reduced flexibility compared with previous years, leading to understandable uncertainty among staff. The importance of clear, consistent communication was emphasised, alongside signposting to available pre-retirement and pensions support. It was noted that seminars and guidance are

available via the Siren financial wellbeing page, and that further communications and FAQs will be developed to support managers and staff as decisions are progressed.

6. Angie Lewis, Director of Culture Change and Sarah Davies, Head of Change and People Insights, facilitated discussion on the results from the **2025 NHS staff survey**. Members reviewed shared insights and discussed areas to focus and prioritisation of levers for change, which included:

   - workload, capacity and resource pressure (theme of care)
   - leadership and management behaviours (theme of connect)
   - fairness, opportunity and career experience (theme of value everyone)

   The People and Culture Committee will continue to have oversight of the actions in place to address issues in the staff survey over the year.

7. It was agreed that the **spotlight item in Siren** will focus on the corporate partnership forum to ensure that corporate staff are aware of the work of this forum and to their ability to bring items forward for discussion.

8. Members **reflected** that discussions were robust and respectful.

ASSURE

(Detail here any areas of assurance)

ACAS Action Plan

9. Members were updated on progress on the action plan developed from the ACAS report to improve working relationships between leadership and trade union partners within WAST. It highlighted:

   - a new digital induction handbook on the Learn365 platform includes information about trade unions and social partnership for new starters, receiving positive feedback on its content and usability
   - events for line managers and trade union partners are scheduled in April and June at various locations, featuring sessions on safeguarding, disciplinary policy, and crucial conversations, with keynote by Welsh Government's Head of Social Partnership Reform
   - development of training for trade union partners to help identify and appropriately route speaking up safely issues is underway, expected to be completed by May with sessions planned for delivery in the second quarter of 2026/27
   - Head of Inclusion and Engagement has encouraged trade union partners to participate in existing EDI sessions, such as bystander training, with the option for bespoke sessions if needed

10. It was noted that relationships between management and trade unions had not been as strong in recent weeks as they had been previously. This was described as relating to an isolated incident that is currently subject to due process, and it was not considered appropriate to discuss further in the meeting. It was recognised that relationships can experience peaks and troughs, with a commitment to address matters constructively offline. It was noted that, should concerns escalate, they could be reflected through the relevant risk arrangements for risk 163 – partnership relationships.

Local Partnership Forums

11. The *Senior Leadership Team/Trade Union Partnership (SLT/TUP) AAA from 17 March 2026* was received with no matters raised for escalation. Of note for this highlight report:

    - proposed savings measures across workforce establishment, overtime, taxi usage and contracts, with trade union partners having highlighting concerns about cumulative impacts on frontline capacity, workload and staff wellbeing. It was confirmed that Quality Impact Assessments are in development and will inform assurance and decision making
    - financial and staff wellbeing impacts of overruns, noting the Dispatch Optimisation Steering Group is bringing together work on the dispatch framework, smart tethering and travel time benchmarking, with continued engagement welcomed
    - existing reporting mechanisms potentially underrepresenting the level of abuse experienced by call handlers, particularly within EMSC, with Datix reporting seen as a barrier due to time pressures. Management committed to exploring more proportionate reporting approaches, drawing on sector learning and forthcoming legislative changes on third party harassment
    - progress was shared towards finalising the e timesheets technical specification. It was agreed that the draft specification will be shared with trade union partners to support future decisions.

12. The *Corporate Partnership Forum (CPF) AAA from 19 January* 2026 was received. The CPF did not meet in February. Of note for this highlight report:

    - new health impact assessments will come into force from April 2027, with a focus on health inequalities and population health, aligned to value-based healthcare
    - the introduction of the Listening to People regulations from April 2026 will require parallel management of concerns under old and new frameworks, creating significant operational and reporting complexity
    - The IMTP 2026-2029 was reviewed
    - a new high-level organisational change process (OCP) tracker has been introduced to provide wider oversight of workforce change, including timing, capacity impacts, and coordination and will be supported by a standard operating procedure and business case process
    - progress continues across the estate programme, including condition surveys, transition to a new facilities management system, and delivery of major capital schemes.

13. Members recognised the importance of ensuring the CPF remains a meaningful and effective route for raising issues impacting corporate staff. It was recognised that the forum has tended to consider higher-level organisational topics, and that clarity is needed on its purpose, scope, and how matters should be escalated where appropriate. There was agreement that upcoming meetings should place greater emphasis on communicating the role and value of the CPF to corporate colleagues, to encourage awareness, engagement, and use of the forum as a mechanism for raising and resolving corporate workforce issues.

RISKS

Risk 163 (maintaining effective and strong trade union relationships) was discussed in relation to the ACAS action plan, however no changes to the score was proposed at this stage.

AGENDA FOR MEETING		
Items raised by TUPs after pre-meet	ACAS action plan update	SLT/TUP AAA 17 March 2026
Roadshow feedback	Corporate Partnership Forum AAA 19 January 2026	NHS Staff survey 2025
Siren spotlight		
WASPT WORKSHOP		
No workshop but extended session on NHS staff survey		

ATTENDANCE							
Name	**21 April 26**	**18 June 26**	**20 Aug 26**	**22 Oct 26**	**8 Dec 26**	**18 Feb 26**	**22 Dec 26**
Emma Wood	Chair						
Mark Marsden							
Carl Kneeshaw							
Lee Brooks							
Rachel Marsh							
Chris Turley							
Andy Swinburn							
Estelle Hitchon							
Trish Mills							
Chair Corporate LPF	Liz Rogers						
Unite representative	Christian Fox						
Unite representative	Hugh Parry						
Unite representative	Alison Williams						
GMB representative	Marcus Viggers						
GMB representative	Maldwyn Jones						
GMB representative	John Phillips						
UNISON representative	Mark Marsden						
UNISON representative	Damon Turner						
UNISON representative	Carol Roberts						
RCN representative	Aimee Williams						
RCN representative							
RCN representative							

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

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

Agenda Item No. 18

REPORT TITLE

Risk Management and Board Assurance Framework Report

MEETING

Name of meeting	People & Culture Committee
Date of meeting	11 August 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Trish Mills, Director of Corporate Governance / Board Secretary
Author(s) of report	Julie Boalch, Assistant Director of Corporate Governance & Risk

PURPOSE OF REPORT

☐ Approval	☐ Endorsement
☒ Assurance	☐ Discussion
☐ Information (goes in consent items)	☐ Noting

REPORT SUMMARY:

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

1. The purpose of the report is to provide assurance in respect of the management of the Trust's principal risks, specifically the risks that are relevant to this committee's remit.

2. The summary of these risks is set out in Annex 1, and the more detailed Board Assurance Framework (BAF) is in the reading room. This provides the committee with an opportunity to review the controls in place against each principal risk and the assurance provided against those controls where applicable.

3. **Risk 680** *Failure to prioritise people capability and organisational culture could result in deteriorating Employee Experience, reduced wellbeing and absence*, remains static at a score of 16 (4x4) during this review period, reflecting the continuing pressures on workforce wellbeing and organisational capacity. While improvement activity is ongoing, progress is constrained by variation in leadership capability and sustained operational demand across the service.

4. **Risk 163** *Maintaining Effective & Strong Trade Union Partnerships* remains unchanged at a score of 12 (3x4) in this review period. This risk remains stable, reflecting established partnership arrangements, with continued engagement required to manage emerging tensions associated with financial pressures and organisational change.

5. Additionally, work has continued to articulate the first risk on the strategic BAF related to strategic objective 2 – enabling our people to be the best they can be. The summary of this risk is included in Annex 2. Work will continue with the People Services Directorate on the detailed controls, assurances and the effectiveness of these over the three lines of defence.

6. The Executive Leadership Team (ELT) risk management session scheduled for 8 July 2026 will now take place on 12 August 2026. However, the committee can take assurance that risk reviews have been completed by risk owners in line with the schedule set out in Annex 3, with continued oversight and dynamic monitoring of the Trust's highest rated risks (scores 15–25).

7. Whilst there have been no further material changes made during this period, the BAF includes a commentary for each risk for the risk owner to describe the rationale for each of the risk ratings which is particularly important where ratings have remained static.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The People & Culture Committee is requested to receive assurance that risks have been reviewed in quarter and that work continues to strengthen the supporting detail of the new risk 680 and the strategic risk aligned to strategic objective 2.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance here regarding materiality and use of the Reading Room

The Committee is requested to receive the following:
Annex 1 Principal Risk Summary Table
Annex 2 Strategic Risk Extract
Annex 3 Board Assurance Framework (in Reading Room)

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
☐ SO1: Providing the right care or advice, in the right place, every time	☒ SO2: Enabling our people to be the best they can be
☐ SO3: Being at the forefront of innovation and technology	☐ SO4: Developing services in collaboration
☐ SO5: Being quality driven and clinically led	☐ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
As above, this paper goes to mitigations against people and culture related risks

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [link to standards]		
☒ Safe	☒ Timely	☒ Effective
☒ Efficient	☒ Equitable	☒ Person Centred
Quality Enablers (select all that apply) [link to standards]		
☒ Leadership	☒ Workforce	☒ Culture
☐ Information	☒ Learning Improvement & Research	☐ Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
☒ A socially responsible and inclusive employer	☐ An innovative and sustainable organisation	☒ A pro-active, accessible and equitable care provider
☐ n/a	☒ n/a	☐ n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document here for further details.

Does this paper require an impact assessment	☒ No ☐ Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
27 May 2026	Executive Leadership Team
23 June 2026	Audit, Risk and Assurance Committee

Annex 1 – Summary

CORPORATE RISK REGISTER				
RISK ID	**RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
680 PCC	Failure to prioritise people capability and organisational culture could result in deteriorating Employee Experience, reduced wellbeing and absence.	**IF** insufficient focus on people capability and organisational culture **THEN** will lead to a poor employee experience, low morale, burnout, fatigue, reduced wellbeing and increased sickness absence **RESULTING IN** Adversely impacted workforce capacity, patient safety and the Trust's ability to deliver safe and effective ambulance services	Director of People	**16 (4x4)** →
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 effectively deliver change is compromised **RESULTING IN** a negative impact on colleague experience and/or services to patients.	Director of People & Culture	**12 (3x4)** →

Annex 2 – Strategic Board Assurance Framework Risk Extract

STRATEGIC BOARD ASSURANCE FRAMEWORK EXTRACT					
RISK ID	**STRATEGIC OBJECTIVE**	**RISK TITLE**	**SUMMARY DESCRIPTION**	**RISK APPETITE LEVEL**	**RISK SCORE**
TBD	SO2 - Enabling Our People to Be the Best That They Can Be	Organisational Culture, Capability and Capacity Risk	**If** the organisation is unable to create and sustain the culture, capability and capacity needed for our people to develop and perform at their best **Then** we will not be able to build and maintain a skilled, engaged and empowered workforce capable of meeting current and future service demands **Resulting in** reduced organisational resilience, impaired ability to innovate and improve, and failure to deliver our strategic objectives	**Open** Fostering a positive culture to promote, develop, and motivate our people through providing support for upskilling, comprehensive training, and personal development.	TBD

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

Agenda Item No.	19

REPORT TITLE

Audit Tracker 26-27 Q1 (Apr-Jun26) - Exception Reporting

MEETING

Name of meeting	People and Culture Committee
Date of meeting	11 August 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Trish Mills, Director of Corporate Governance/Board Secretary
Author(s) of report	Lisa Trounce, Head of Compliance and Assurance

PURPOSE OF REPORT

☐ Approval	☒ Endorsement
☒ Assurance	☒ Discussion
☐ Information (goes in consent items)	☐ Noting

EXECUTIVE SUMMARY

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

1. This paper provides the Committee with the 2026/27 quarter 1 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 quarter 1 of 2026/27. To reduce the volume of papers presented to committee, rather than supply a copy of the tracker, the committee is provided with an audit exception report, of which this is the first version. This will provide the committee with details of high audit actions or audit actions from limited assurance audits, where a final revised date has been sought.

4. It is intended that exception reporting will provide committee with the information it requires to receive assurance regarding the mitigation in place to address the risks identified via internal audits, and where appropriate to levy appropriate challenge where further assurance may be needed. The content and format of the exception report will evolve as feedback is received regarding committee requirements.

Internal Audit

5. During 2026/27 quarter 1, there were a total of 34 open internal audit recommendations relevant to the committee. Of these, 15 were due to be completed in quarter, and 19 were not yet due.

6. By end of quarter, nine of the 15 audit actions due for closure were confirmed as completed. Five of these nine completed actions met their original implementation date, three by their 1st revised date, and the remaining one completed by its 2nd (final) revised date. The remaining six had a first revised date applied.

7. During quarter 4, there were two high priority key findings related to a Limited Assurance audit, i.e. 2024/25 Resourcing Policy internal audit, with one of these on its 2nd (final) revised date:

Audit Ref & Description	Directorate / Action Owner	Original Deadline	1st Revised Date	2nd Revised Date
Audit Ref: 015-24/25 Resourcing Policy (Action 1.2)	Operations / Siobhain Frain	31/03/2025	30/09/2025	30/09/2026
Key Finding: The functional SOPs for each area should be completed, approved and communicated to all staff.				
Management Response/Agreed Action: Resourcing will construct departmental Standard Operating Procedures to support consistent application relevant to individual functions. SOT will review and agree each of the SOPS will be published and communicated to staff and resourcing teams.				
26/27 Q1 Update: Workshops have taken place 11th/12th March, 23/24th April and 3rd/4th June 2026 to progress the Resourcing Policy and the functional SOPs. Action remains on track for completion by its 2nd (final) revised date of September 2026.				

8. There were no new 2nd (final) revised dates were applied to open internal audit actions at the end of quarter 1.

External Audit

9. During 2026/27 quarter 1, there were no open external audit recommendations relevant to the Committee.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Committee is requested to:

1. Review and scrutinise the current position regarding high priority audit actions and ensure that there is sufficient assurance in terms of mitigation of associated risks.

ADDITIONAL PAPER(S)

See writing and presentation guidance here to inform this section

n/a

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
☐ SO1: Providing the right care or advice, in the right place, every time	☒ SO2: Enabling our people to be the best they can be
☐ SO3: Being at the forefront of innovation and technology	☐ SO4: Developing services in collaboration
☐ SO5: Being quality driven and clinically led	☒ SO6: Delivering exceptional value

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [link to standards]		
☒ Safe	☒ Timely	☒ Effective
☒ Efficient	☐ Equitable	☐ Person Centred
Quality Enablers (select all that apply) [link to standards]		
☒ Leadership	☒ Workforce	☐ Culture
☒ Information	☐ Learning Improvement & Research	☐ Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
☒ A socially responsible and inclusive employer	☒ An innovative and sustainable organisation	☒ A pro-active, accessible and equitable care provider
☐ n/a	☐ n/a	☐ n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document here for further details.

Does this paper require an impact assessment	☒ No ☐ Yes
If yes, what impact assessment	N/A [DPIA Checklist > DPIA not indicated]

APPROVAL/SCRUTINY ROUTE

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

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

SUMMARY OF POLICIES FOR COMMITTEE APPROVAL

Name of Committee	People and Culture Committee	**Date of Meeting**	11/08/2026

Policy Name	**EqIA**	**Policy Group**	**ELT**	**Points of note**
Violence and Aggression Policy	Completed – No Issues	24/06/2026	15/07/2026	Reviewed Trust policy – FOR APPROVAL AND ADOPTION

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

Violence and Aggression Policy

Policy Number:	093	**Version No:**	V3.15	**Supersedes:**	V2.9
Date of Approval:	TBA	**Review Date:**	3 Years from Date of Approval	**Impact Assessments Completed:**	Yes - EqIA
Classification of Document:	Corporate	**Type of Document:**	Policy	**Approved by:**	People and Culture Committee
Brief Summary of Document:	The purpose of this Policy is to protect staff, so far as is reasonably practicable from the risks associated with violence and aggression. [NB: For the purposes of this policy the word 'staff' refers to staff, bank workers, volunteers, students, Non-Executive Directors, and contractors]				
Scope:	This Policy applies to all staff that are directly employed by WAST and encompasses Non-Executive Directors, bank workers, volunteers, contractors, and all those that it has legal responsibility for such as students and trainees.				
To be read in conjunction with:	Health and Safety Policy Lone Worker Policy Adverse Incident/Hazard Reporting Investigation and Learning Policy Risk Management Strategy and Framework High Risk Records Policy Welsh Health Circular 024/2024 Obligatory Response to Violence in Healthcare (Wales) 2024 All Wales Disciplinary Policy All Wales Anti-Harassment Policy All Wales Anti-Sexual Harassment Policy Strategic Equality Plan People and Culture Plan				
Owning Committee	People and Culture Committee				
Policy Lead: **Trade Union Lead:**	Graham Stockford Hugh Parry Mal Jones	**Job Title:**	Head of Health and Safety Trade Union Partner Trade Union Partner		
Executive Director:	Penny Durrant	**Job Title:**	Interim Director of Nursing		

Version Control Sheet

Version	Date	Author	Summary of Changes
V3.0	03/02/2025	Philip Lloyd	First Draft Sent out for Comment
V3.1	07/02/2025	Task and Finish Group	Comments added and amendments suggested
V3.2	06/03/2025	Task and Finish Group	Final Review with Task and Finish Group to confirm all actions are complete
V3.3	06/03/2025	Natasha McBeth	Amendments made in line with advice provided by Policy Team
V3.4	08/05/2025	Hollie Ryan	Policy transferred to latest Trust policy template
V3.5	12/05/2025	Hollie Ryan	Formatting prior to submission to Policy Group
V3.6	25/05/2025	Lisa Trounce	Quality check/edit prior to presentation to the Policy Group
V3.7	24/07/2025	Philip Lloyd / Natasha McBeth	Policy Group comments actioned: • PDF copy of approved EqIA supplied • Bank staff amended to bank 'workers' • Policies to be read in conjunction checked and confirmed • Job titles of some TFG members confirmed and amended •
V3.8	03/09/2025	Philip Lloyd	Remaining Policy Group comments actioned: • 3.3 Risk Assessments – clarification re: how risk assessments will be stored in terms of personal information • 3.5 Process Guidance and Support – clarification of those groups included
V3.9	10/09/2025	Lisa Trounce	Review and formatting prior to Trust-wide consultation

Version	Date	Author	Summary of Changes
V3.10	10/10/2025	Philip Lloyd	Changes made to draft policy in response to feedback received during Trust-wide consultation period: • One change to a TFG member's title
V3.11	07/11/2025	Lisa Trounce	Policy prepared for ELT endorsement
V3.12	13/02/2026	Lisa Trounce	Policy updated for ELT endorsement
V3.13	11/05/2026	Graham Stockford	Impact Assessment Dates added
V3.14	30/06/2026	Lisa Trounce	Policy prepared for presentation to the Executive Leadership Team for advice
V3.15	20/07/2026	Lisa Trounce	In line with ELT decision, note added to acknowledge forthcoming legislation regarding third party harassment and providing a commitment to amending the policy to ensure appropriate provision within the Trust.

Keywords	Violence, Aggression, Health, Safety, Lone, Worker, Adverse, Incident, Hazard, High Risk, Anti-Harassment, Equality, People and Culture, Disciplinary.

Impact Assessment Reviews

Area	Date of Review	Name of Reviewer
Data Protection	04/03/2026	Kelly Holding
EqIA	06/02/2026	Kathryn Cobley
Welsh Language	26/02/2026	Melfyn Hughes
Environment	01/04/2026	Chris Davies
Quality	?11/05/2026	William Clarke

Task and Finish Group Members

Name	Job Title
Philip Lloyd	V&A Lead Manager
Natasha McBeth	V&A Case Manager
Huw Summers	Trade Union Partner
Paul Greatorex	Service Manager, 111
Maldwyn Jones	Trade Union Partner
Timothy Cahalane	Trade Union Partner
Gareth Parry	Trade Union Partner
Hugh Parry	Trade Union Partner
Mark Harris	Assistant Director of Operations, Ambulance Care
Lynne Haddow	Local Counter Fraud Specialist
Jo Kelso	Head of Workforce Education and Development (representing People Services)
Susan Woodham	Head of Estates and Facilities
Nic Anderson	Operations Manager, Volunteer Service
Laura Schell	Occupational Health Clinical Team Leader
Christian Fox	Trade Union Partner
Stephen Sheldon	Service Manager, EMS
Gemma Green	111 Clinical Site Manager (representing Integrated Care)
Carol Roberts	TU Partner
Adam Cann	Head of Workplace Wellbeing
Carl Window	Counter Fraud Manager
Kim Crichton	Occupational Health Manager
Alison Johnstone	Dementia Programme Lead

Policy Approval Route

Meeting Title	Meeting Date	Purpose/Outcome
Task and Finish Group	07/02/2025	To work through the policy set any actions and make necessary amendments
Task and Finish Group	21/02/2025	To work through the policy set any actions and make necessary amendments
Task and Finish Group	27/02/2025	To work through the policy set any actions and make necessary amendments
Task and Finish Group	06/03/2025	To work through the policy, set any actions and make necessary amendments
Task and Finish Group	20/03/2025	To confirm all actions have been completed and conclude
Policy Group	30/05/2025	For Review and Approval
Trust-wide consultation	10/09/2025 – 07/10/2025	Staff engagement
Policy Group	29/10/2025	Review any changes made post consultation and recommend for approval
Executive Leadership Team	12/11/2025	Endorsement / Withdrawn by EDoN - to be presented to Trust H&S Committee
National Health Safety and Welfare Committee	27/01/2026	Reviewed and noted
Policy Group	24/06/2026	For noting / Deferred to ELT
Executive Leadership Team	15/07/2026	For Advice and Direction / ELT endorsed the policy for onward travel to committee for approval, with an added note which acknowledges the forthcoming legislative changes.
People and Culture Committee	1/08/2026	For Approval and Adoption

Contents

POLICY NOTE – FORTHCOMING LEGISLATIVE CHANGES

At the time of approval, this policy was reviewed in the context of forthcoming legislative changes relating to the prevention of sexual harassment, including harassment by third parties, which is due to come into effect on 1 October 2026.

The Trust recognises that the legislative requirements in this area may continue to develop. Whilst the definitions and principles contained within this policy already encompass behaviours relating to harassment, the policy will be reviewed leading up to and following implementation of the legislation.

Any additional requirements identified will be incorporated through the Trust's policy review process to ensure continued compliance with statutory and best practice requirements.

1. INTRODUCTION AND AIM

Welsh Ambulance Service University NHS Trust ('The Trust') takes Personal Safety extremely seriously. The health, safety and welfare of all staff is paramount to the Trust. It recognises that violence and aggression towards staff is unacceptable, and that staff have the right to be able to perform their duties without fear of abuse or violent acts. No member of staff should consider violence or abuse to be an acceptable part of their job

The Trust is a partner in the NHS Anti-Violence Collaborative across Wales and will implement the advice and guidance from the 'Obligatory Responses to Violence in Healthcare Document 2024 in compliance with the Welsh Health Circular 024/2024.

It also recognises that some staff are required to work by themselves for significant periods of time without close or direct supervision in the community, in isolated work areas and at any time of the day or night. Working alone can bring risks to the work activity and the dangers cannot always be foreseen or avoided.

The purpose of this policy is to protect staff, so far as is reasonably practicable, from the risks associated with violence and aggression. Herby ensuring the aim of providing for the safety of staff in the workplace.

There are many different situations where staff are required to work, and it would be impractical to address each situation individually. This policy has been designed to be as wide ranging as possible but still assist managers and staff to minimise risks.

The Trust will be supportive to staff who suffer violence, abuse and harassment and will provide support in warning offenders against further such conduct and/or in securing prosecution of offenders. Staff are encouraged to report such instances to the Police

The Trust also recognises it has an obligation under the Health and Safety at Work Act (1974), Management of Health and Safety at Work Regulations (1999). For the health, safety and welfare at work of its staff Manual Handling Regulation 1992, Personal Protection Equipment at Work Regulations 1992 and Work-Related Stress (HSE Management Standards).

These responsibilities equally apply to all employees, volunteers and contractors. They require the Trust to identify hazards, assess the risks and put measures in place to avoid or control the risks.

2. SCOPE

This Policy applies to all Trust employees directly employed and also includes Non-Executive Directors, student paramedics, bank workers, volunteers, contractors, and all those for whom it has legal responsibility. The policy covers all Trust property and premises and all locations in which Trust employees may be working in connection with their duties. For the purposes of this policy all groups will be referred to as 'staff'.

3. VIOLENCE AND AGGRESSION

3.1 Definition of Violence

The definition of violence and aggression in the workplace, is:

'*Any incident where staff are abused, threatened or assaulted in circumstances relating to their work, involving explicit or implicit challenges to their safety, well-being or health. This can incorporate behaviour identified as harassment and bullying, including verbal abuse and sexual safety*.'

3.2 Risk Management

It is recognised that risk is present in any organisation. We work in an environment where many of our colleagues are working in the community, in patient facing roles, within clinical contact centres, and others are office based. Personal safety is paramount, therefore we need to take account of known or anticipated risks and ensure that these are continuously managed in a systematic and consistent manner in all areas

3.3 Risk Assessment

The threat of violence cannot be eliminated completely and will be addressed through a process of risk assessment. The risk assessment process will include the recording, provision and sharing of information about people who have acted violently, aggressively or who have issued threats against staff all risk assessments that contain personal information (PI) will be attached to the Datix Incident Report as a document and managed in accordance with Data Protection Act and GDPR. All other risk assessments will be manage locally and stored on the relevant department's SharePoint files.

3.4 Reporting

All staff are expected to be aware of the duties placed upon them by the Health and Safety at Work Act 1974.

Reporting of incidents is important as this enables the organisation to continually learn and improve the service we provide and the safety afforded to those who are working for the Trust.

The new **Obligatory Responses to Violence in Healthcare** (ORV) document sets out details of the process that staff can expect to be used should they wish to pursue offenders because of a Violent/Abusive incident.

Anti-Violence Collaborative Wales - NHS Wales Shared Services Partnership

Incidents of actual or potential violence including verbal abuse/harassment must be reported using the Trust's DATIX System - DATIX Login

When recording incidents, staff are asked to kindly provide alternative contact details in order that the Case Manager can contact them to offer additional support, guidance and advice.

Where the injury and/or ill effects caused by the violent or aggressive incident indicate that a full investigation is required; this must be undertaken and documented in accordance with the Trust's Adverse Incident/ Hazard Reporting, Investigation and Learning Policy.

Reported incidents will be analysed and monitored to inform improvements to the policy, procedure or local practice, to help prevent future similar incidents. Specific feedback, in a written format will be given to staff members involved in an incident.

3.5 Process, Guidance and Support

Staff will be provided with clear guidance and appropriate training on how to minimise the risk of violence to themselves and others.

In the event of incidents of violence, staff will be provided with help and assistance in coping with the incident by their line manager immediately.

Advice and support in dealing with these types of incidents can be accessed via the Occupational Health and Wellbeing Service, and a Violence and Aggression case Manager or from specialised counselling services where necessary.

Staff are also encouraged to reach out to Trade Union Representatives for further support.

Staff, volunteers, contractors and students who have been subjected to an assault will be supported by the Trust in the prosecution of the assailant(s), in line with the ORV document:

1. ORV Part 1
2. ORV Part 2.

Employees will have information shared in line with the High-Risk Records Policy.

Staff affected by incidents of violence and/or aggression may require support and counselling – this includes those who may have witnessed the event, as well as the individuals directly involved. This can be provided in many forms dependent on the nature of incident and the impact it has on an individual.

Any employee who requires further support following an incident may seek guidance from:

- Line Manager
- People Services
- Occupational Health and Wellbeing Service
- Employee Assistance Programme (EAP)
- Trauma Risk Management Network (TRiM)
- Trade Union Partners

Employees are entitled to expect that their managers and colleagues will consider their actions and reactions with understanding

Further support and guidance can be found at the internet page of the WAST Violence and Aggression Team.

4. TRAINING AND IMPLEMENTATION

In line with the All Wales NHS Violence and Aggression Training Passport Scheme, staff will receive the appropriate level of training in relation to dealing with violent or potentially violent situations, as follows:

Module(s)	Service Areas	Frequency
Module A	Corporate staff (e-Learning	Refreshed every 3 years
Modules A and B	EMS Coordination and Integrated Care	Refreshed every 2 years
Modules A, B and C	All Operational staff (including volunteers and students)	Refreshed every 2 years

This training will be provided on induction and refreshed as per the refresher periods outlined within the UK Core Skills Training Framework:.

- Skills for Health, UK Core Skills Training Framework

https://www.skillsforhealth.org.uk/services/item/146-core-skills-training-framework

This training provides staff with the necessary knowledge and skills to operate as both lone workers and as part of a crew.

- All Wales Violence and Aggression Training and Information Passport – This training has been developed to help to diffuse potentially dangerous situations and help protect in the event of conflict it provides staff with knowledge and skills to effectively recognise, manage and mitigate the risks associated with workplace violence and aggression.

WAST is committed to providing high quality evidence-based education to an engaged and skilled workforce operating within an organisational culture and framework that enables colleagues to work to the top of their skill set to deliver high quality care and services with competence and confidence. Staff are encouraged to discuss any concerns or queries regarding education and training with a member of the Education and Training Team, by telephoning the Learning and Development Hub on 0300 123 2319 or via email at amb_LDHub@wales.nhs.uk.

5. IMPACT ASSESSMENTS

5.1. Equality Impact Assessment

A full Equality Impact Assessment (EqIA) has been undertaken. The outcome of this assessment was that there are no negative impacts identified regarding the adoption and implementation of this policy. The policy will act to drive improvements to all who are experience or are affected by violence and aggression. The policy offers protections and procedures to avoid discrimination.

5.2. Welsh Language Impact Assessment

Under the The Welsh Language (Wales) Measure 2011 the Trust's Welsh Language Scheme has been replaced by Welsh Language Standards. This means that the Trust, when formulating new policies or reviewing or revising existing policies, is required to assess what effect a policy decision would have on opportunities for persons to use the Welsh language and on treating the Welsh language no less favourably than the English language. Further guidance can be obtained from the Welsh Language Officer.

In order to comply with the Welsh Language Standards and the Trust's Compliance Notice, the Trust is required to publish several policies in Welsh; particularly those that relate to:

- behaviour in the workplace;
- health and well-being at work;
- salaries or workplace benefits;
- performance management;
- absence from work;
- working conditions;
- work patterns

5.3. Environmental Standards and Impact Assessment

This policy will put the relevant requirements in place (such as waste management plan, reduction of CO_2 emissions and reduction of carbon footprint) in order to ensure that the Welsh Ambulance Services NHS Trust ongoing commitment to reduce its impact on the environment is maintained and to become a more sustainable organisation in line with Trust policy and Environmental Governance System.

5.4. Counter Fraud

Anti-Fraud and Corruption Concerns

The Welsh Ambulance Services University NHS Trust is committed to taking all necessary steps to counter fraud, bribery and corruption within the Trust. Staff should report suspected incidents of fraud and corruption to the Trust Local Counter Fraud Specialist, who will be happy to discuss any issues or concerns. Alternatively staff may contact the confidential NHS Counter Fraud Authority, Fraud and Corruption Reporting telephone line 0800 028 40 60; or the on-line reporting facility Service https://cfa.nhs.uk/report-fraud. Fraud investigations may lead to disciplinary action and/or prosecution and civil recovery procedures.

5.5. Records Management

The Welsh Ambulance Services University NHS Trust (WAST) recognises the importance of sound records management arrangements for both clinical and corporate records. The Trusts' records are its corporate memory, providing evidence of actions and decisions and representing a vital asset to support daily functions and operations. Records support policy formation and managerial decision-making, protect the interests of the Trust and the rights of patients, staff and members of the public. Any record created to be managed locally by way of Risk Assessment templates stored and managed locally in accordance with the Data Protection Act and GDPR.

5.6. Information Governance

Information Governance (IG) is an overarching term used to describe all aspects of information management. The Trust and its staff shall ensure that they provide satisfactory assurance to stakeholders as to how the organisation fulfils its statutory

and organisational responsibilities in relation to the management of information. It will enable management and staff to make correct decisions, work effectively and comply with relevant legislation and the organisations aims and objectives.

The IG framework ensures that it sets out the high-level principles for confidentiality, integrity and availability of information to promote and build a level of consistency across the Trust which will be adhered to in respect of this policy.

6. ROLES AND RESPONSIBILITIES

6.1 Chief Executive

The Chief Executive, as Accountable Officer, has overall responsibility for ensuring the Trust has appropriate policies in place to ensure the organisation works to best practice and complies with all relevant legislation.

6.2 Directors

Are responsible for:

- The effective management of and compliance with this policy.
- Ensuring that all policies within their remit are maintained and updated by liaising with the appropriate policy leads.
- Ensuring that the appropriate advice and assistance is provided to authors and that consideration is given to any training and resources implications that are defined.
- Appointing a Policy Lead for their Directorate.

6.3 Head of Compliance and Assurance

The Head Compliance and Assurance will act as the Trust's 'Policy Process Manager' and operational gatekeeper with the responsibility for providing guidance, advice and support for the process on behalf of the Trust.

In addition, be responsible for:

- Managing the maintenance of the Trust's central Policy Tracker and Policy Database (including ensuring a record of completed equality impact assessments submitted with policies is maintained).
- Facilitation of the Trust's internal Policy Group.
- Management of the Trust wide consultation process for all policies.
- Issuing reminder notices to ensure the timely review of policies.
- Ensuring up-to-date guidance and documentation regarding the policy process is accessible.

- Publishing policies onto the Trust's internet/intranet sites and working with the Communications Team to ensure comprehensive notification that new policies is maintained across the Trust.
- Maintain an archive of previous versions of any revised or reviewed policies.

6.4 Violence and Aggression Lead Manager

Are responsible for:

- Advising Heads of Department in relation to the effective implementation of policy and procedure in relation to Violence and Aggression.
- Advise Education and Development regarding changes and updates, and agreeing the content of learning materials co-produced with the Education and Development team.
- To ensure that the management of violence and aggression is integrated into the organisational and operational structure.
- Promote best practice in the management of violence and aggression across the organisation.
- Compliance with Health Care Standards in particular Theme 2, Safe Care: Standard 2.1 Managing Risk and Promoting Health and Safety.

6.5 Violence and Aggression Case Manager(s)

Are responsible for:

- Providing competent professional advice on all matters of Violence and Aggression to all levels of Managers and Employees within the Trust. To include support regarding internal sanctions against perpetrators, injunctions, warning makers, Community Behaviour orders etc.
- Promoting the Welsh Health Circular 024/2024 and associated Obligatory Response to Violence in Healthcare Wales 2024 collaborative agreement. This includes collaborative work with all stakeholders, including all Police forces in Wales, Courts and Crown Prosecution Service providing feedback/outcomes to individuals who have experienced violence and/or aggression whilst performing their duties.
- Researching and disseminating best practice in health and safety management of risks associated with violence and aggression and security across the Trust.
- Supporting persons affected and the handler in investigating incidents of violence and aggression and security, to identify root causes and share learning.
- Reviewing training mandatory compliance for violence and aggression and advise of innovative ways to deliver training to enhance/maintain compliance.
- To represent the Trust at All Wales and relevant U.K. National Ambulance Security Emergency Group (i.e. NAVSeG), and All Wales Case Managers Group meetings regarding Violence and Aggression.

- To establish and maintain excellent working relationships with operational managers/Investigators to encourage full participation and confidence in the Case Management process.
- To provide specialised and professional support, advice and guidance to all members of WAST staff involved in a Violence and Aggression incident.

6.6 Service Managers / Clinical Leads / Locality Managers

Are responsible for**:**

- Ensuring that new members of staff that join the Trust are made aware of the policy control system at local induction, and how to access Trust wide and local policy documents specific to their area.
- Understanding the violence and aggression management and reporting process, and their role in supporting best practice.
- Working with staff without access to the intranet to ensure they have access to relevant documentation.
- Ensuring that local arrangements are established to monitor the receipt and understanding of all relevant Trust documents; thus reducing the risk of misuse of misinterpretation.

6.7 Line Managers

Are responsible for:

- Ensuring that the staff for whom they are responsible are aware of and adhere to this document. This includes ensuring that:

    - Copies of the Trust policies are readily available and accessible to all staff.
    - Information is disseminated on a regular basis, to ensure staff have read and understood the relevant documents and are aware of any new guidance or revisions.
    - The identification of specific staff training needs on the implementation of new or updated documents.
    - Systems exist to enable the review, audit and compliance testing of all relevant departmental policies as required.
    - Investigate incident via Datix consultation with V&A Team who will ensure lines of inquiry are followed up.
    - Refer to other relevant policies - covered in guidance and policies listed under 'To be read in conjunction with'

6.8 All Staff

Are responsible for ensuring that:

- They comply with the provision of this policy and where requested, to demonstrate such compliance.
- Information regarding failure to comply with the policy, for example, lack of training, inadequate equipment, is reported to their line manager and that the incident reporting system is used where appropriate.
- Their practice is in line with policies in use across the Trust and specific to their area of work.
- Information regarding any changes in practice, organisational structure or legislation that would require an urgent review of documents is immediately reported to their line manager
- Individuals' have a personal and professional responsibility to operate safely and adhere to relevant mechanisms/arrangements in place to protect them

7. AUDIT AND MONITORING

Any incidents associated with violence and aggression will be reported via the Datix system. These reports will be themed to identify the nature of the incidents.

Incidents will be monitored through Local Partnerships Forums via Highlight Reports to the National Health and Safety Committee The National Health Safety and Welfare Committee and then to People and Culture Committee Meetings

Local Partnership Forum Highlight Reports will be reported via the National Health Safety and Welfare Committee quarterly, and subsequently the People and Culture Committee on a quarterly basis.

Compliance to violence and aggression training will be reported via The National Health Safety and Welfare Committee and subsequently through to the People and Culture Committee.

Regular deep dives will be undertaken into specific areas of concern where an emerging trend has been identified.

8. REFERENCES

RIDDOR Regulations 2024 RIDDOR – Reporting of Injuries, Diseases and Dangerous Occurrences Regulations - HSE

Assault on Emergency Workers Act 2018 Assaults on Emergency Workers (Offences) Act 2018

Welsh Health Circular 024/2024 Anti-violence collaborative obligatory responses document (WHC/2024/024) | GOV.WALES

Obligatory Response to Violence in Health Care (Wales NHS) 2024Anti-violence collaborative obligatory responses document (WHC/2024/024) [HTML] | GOV.WALES

Worker Protection Act 2023 (Amendment of Equality Act 2010) (Sexual Safety) Worker Protection (Amendment of Equality Act 2010) Act 2023

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	28 May 2026
Committee Meeting Date	5 May 2026
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 did not receive a **staff experience** at this meeting. An update was received on the previous staff experience given in February by Ben Collins, in relation to work around cultural improvements in EMS South Central.

3. The **report from the Director of Culture Change** and the **Director of People** was received. The report highlighted the significant external impact of the Trust's People and Culture work during the quarter, particularly through staff networks and leadership activity across the ambulance sector. Key achievements included national leadership on the neurodiversity pledge through the Disability Forum, wide engagement through International Women's Day activity and women's health events, and continued progress on inclusive recruitment initiatives.

   Members were reminded of the recent decision not to appoint Newly Qualified Paramedics (NQPs) in the current year acknowledging the recent media interest. This is due to a reassessment of workforce demand following improved retention, changes to post-COVID planning assumptions, the introduction of a new clinical model, and ongoing financial pressures. This was noted in relation to the system-level decision by Welsh Government and Health Education and Improvement Wales (HEIW) not to commission the full-time direct entry paramedicine course this year. Assurance was

provided that internal conversion routes to become a paramedic remain unaffected; that a dedicated project team are working on delivering a range of options to create capacity for NQP recruitment opportunities such as ring-fenced Emergency Medical Technician opportunities, flexible deployment options and continued engagement with universities and trade unions.

Members explored the impact of workforce decisions on managers and the balance between compassionate leadership, performance management and 24/7 service delivery. Assurance was given managers are being supported through organisational development, essential conversations training and access to People Services, with a focus on early intervention and avoiding escalation. The committee noted the inherent tension within people leadership and reaffirmed the importance of supporting sustainable leadership to maintain staff experience and long-term service resilience in a challenging financial context.

4. The committee was reminded of the breadth and depth of work underway across the **Operations Directorate from the Q4 update** which demonstrated the scale of insight, intelligence and staff feedback routinely captured across this large and complex directorate. Members noted the richness of information being generated through multiple routes, including quality and support days, culture reviews and routine operational engagement, providing strong assurance on how operational issues and staff experience are understood and responded to. Specific discussion highlighted the significant progress on TOIL, with an 80% approval rate over the winter period, reflecting positive collaboration and a focus on staff wellbeing. The Committee acknowledged the improved MIST training compliance following considerable management effort and welcomed the revised approach for the year ahead aimed at improving and sustaining that position.

5. Members **reflected** on the richness of information and intelligence presented throughout the meeting, while recognising that discussion at times became operational in nature. Members reflected on the inherent challenge of balancing detailed operational insight with a strategic, system-level perspective, particularly in relation to workforce pressures, leadership capacity and cultural change. There was recognition that the Trust is at a critical point in sustaining momentum on culture and people-focused improvement against a backdrop of financial constraint, and that continued focus, challenge and coherence across reporting will be essential to avoid regression and to support long-term organisational resilience.

ASSURE

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

6. The committee received the **MIQPR** and the **People and Culture Plan metrics and workforce scorecard**. The committee welcomed the additional analysis included sickness absence and discussed areas of higher absence and acknowledged that while there had been a spike in a particular month, overall levels had reduced and were trending downwards. Assurance was provided that the Trust is broadly holding its position in comparison with other ambulance services. Members noted the actions being taken to do more in this area, including bolstering the wellbeing offer, focusing on the least performing areas, and undertaking targeted work to better understand what is

driving absence and how improvements can be sustained over time.

Members discussed the capacity of investigating officers, recognising the positive impact of dedicated resource in reducing investigation times, while noting the potential knock-on effects where capacity is constrained and the importance of managing delays given the impact on staff experience.

7. Two related internal audits were reviewed as set out below. They had both been discussed in the Audit, Risk and Assurance Committee the week previously.

    - Job evaluation – reasonable assurance. Members discussed the progress made since the previous audit, including action taken to address historic backlogs, strengthen capacity and improve resilience within the function, particularly in the context of sustained organisational change and workforce transformation. Committee noted the positive direction of travel since the last review and that this triangulated the workforce metrics report.

    - Welsh language standards – reasonable assurance. Members discussed the strong foundations now in place, including clear roles and responsibilities, an established policy framework, and consistent statutory reporting, with recognition of progress in embedding Welsh language considerations into service delivery. Overall, the Committee was reassured by the direction of travel achieved with limited dedicated resources and noted the emphasis on cultural embedding rather than compliance alone.

8. The **NHS staff survey results** were reviewed. The Committee discussed the NHS Staff Survey findings, noting that following consideration at the Board. Further workshops had been held with the Executive Leadership Team and Trade Union colleagues to agree upon priorities for action. These conversations identified three critical areas for organisational focus (a) workload, capacity and resourcing, (b) leadership and management behaviours, and (c) fairness, opportunity and career experience.

    Members were assured that actions to address these priorities are already reflected within the IMTP and Local Delivery Plans, providing a strong foundation to build from rather than starting afresh. However, the Committee noted the limited time available before the next staff survey in October, emphasising the importance of focusing on tangible, meaningful changes that can be evidenced and felt by staff over the coming months.

9. The **health and safety and violence and aggression report** from January to March 2026 was reviewed with members noting that incidents of violence and aggression remain a concern, particularly verbal abuse affecting contact centre staff, with higher prevalence in areas aligned to Betsi Cadwaladr and Aneurin Bevan University Health Boards. All incidents are reviewed and support is provided to affected staff, with improved reporting compliance evident. The committee reflected on the impact of wider system pressures and community frustration on staff experience, acknowledging that while a direct correlation has not yet been assessed, continued focus is required on prevention, staff support and mitigating the impact of sustained aggression on staff experience and wellbeing.

10. The Welsh Ambulance Services Partnership Team (WASPT) is the Board's local partnership advisory forum. The **WASPT highlight reports** for January and March noted:

    - a workshop on social partnership and the Public Procurement Act was held, including a collective self-assessment, with learning to be embedded through ongoing development sessions
    - the industrial injuries process was reviewed, noting progress but also continued reliance on paper-based systems, associated administrative burden, and variable quality of submissions
    - updates were received on skill mix changes, including EMT to EAP progression and the workforce skill mix programme, with assurance that there was no intention to pursue redundancies or voluntary exits
    - progress on ACAS actions and social partnership development days for line managers was noted
    - the draft IMTP and associated financial planning context were discussed, highlighting a highly challenging financial environment and a focus on embedding recent changes and maximising benefit
    - financial saving proposals were discussed, based on no redundancies, vacancy controls, a focus on recurrent savings, and protection of frontline services
    - workforce commitments were noted, including sexual safety, sickness absence, staff engagement, leadership development and recruitment approaches
    - updates were received on All-Wales disciplinary policy training, with assurance of alignment to national guidance, and on paid parental leave, confirming that any changes would need to be progressed on an all-Wales basis
    - shift overruns were reviewed, with actions taken, early signs of improvement, and emphasis on consistent application of SOPs, with progress noted on integrated overrun action planning, alternative dispatch models, the smart tether proof of concept, and quality and support days
    - actions linked to the non-pay elements of the 2024 collective agreement are now complete

11. The **Q4 Audit Tracker** report focused on high priority actions or actions from limited assurance audits that were on their final revised date. For this meeting it was only one – the audit on the Resourcing Policy and an action related to standard operating procedures. Members were assured that this would be progressed by the revised date and that there was no increased risk.

12. In the **private session,** the committee reviewed progress against suspensions over four months, and cases in the Employment Tribunal. Members were assured on the actions in place to manage these cases.

13. The committee received the **cycle of business monitoring report** and noted the Strategic Equality Plan will be presented in quarter 2 due to the timing of the meeting and end of year data production.

RISKS

Risks Discussed:

As foreshadowed at the last meeting, risks 160 (sickness absence) and 558 (wellbeing) have been streamlined into one holistic risk. Risk 680 is the failure to prioritise people capability and organisational culture which could result in deteriorating employee experience, reduced wellbeing and absence. That risk is currently scored at 16 (4x4) and members were assured that the controls, gaps and actions were appropriately identified to mitigate the risk.

The first sight of the strategic board assurance framework (BAF) risk for strategic objective 2 – enabling our people to be the best they can be – was discussed. The risk is articulated as: *if the organisation is unable to create and sustain the culture, capability and capacity needed for our people to develop and perform at their best then we will not be able to build and maintain a skilled, engaged and empowered workforce capable of meeting current and future service demands resulting in reduced organisational resilience, impaired ability to innovate and improve, and failure to deliver our strategic objectives.*

The risk will continue to be developed with scoring (noting an open risk appetite for this strategic objective), controls and assurance, as well as actions – linked to the principal risk 680 above.

New Risks Identified: No new risks identified at this meeting for the register.

COMMITTEE AGENDA FOR MEETING		
Directors update	Operations quarterly report Q4	Staff experience and staff experience update
NHS staff survey update	People and culture plan metrics and workforce scorecard	Internal audit report – job evaluation
MIQPR	Health and safety, and violence and aggression – January to March 2026	Internal audit report on Welsh language standard
WASPT highlight report 22 January and 18 March	Risk management and board assurance framework	Audit tracker Q4
Cycle of business monitoring report		

COMMITTEE ATTENDANCE				
Name	**5 May 2026**			
Ceri Jackson				
Bethan Evans				
Hayley Hutchings				
Hannah Rowan				
Angela Lewis				
Carl Kneeshaw				
Chris Turley				
Lee Brooks				
Liam Williams				
Estelle Hitchon				

COMMITTEE ATTENDANCE				
Name	**5 May 2026**			
Andy Swinburn				
James Houston				
Trish Mills				
Damon Turner				
Marcus Viggers				
Christian Fox				
Tim Cahalane				

	Attended
	Deputy attended
	Apologies received
	No longer member